Leonardo, a Scientist in Milan

WCN 2009
World Congress of Nephrology
MILAN, MAY 22 - 26

Organised by
European Renal Association – European Dialysis and Transplant Association (XLVI Congress)
and
International Society of Nephrology (XX Congress)

www.wcn2009.org
Dear Colleague

The management of patients with anaemia associated with chronic kidney disease (CKD) remains a challenge, despite advances brought by erythropoietin-stimulating agents (ESAs) in recent years. As a result, our approaches to managing anaemia need to be continually reviewed and optimised as treatments evolve to ensure that patients benefit from new therapies. I am therefore delighted to invite you to a Roche-sponsored satellite symposium, *Advancing anaemia management: targeting stability, simplifying care*, which tackles these issues and presents data on effective and simplified anaemia management with the continuous erythropoietin receptor activator, MIRCERA® (methoxy polyethylene glycol-epoetin beta).

Among the key topics discussed will be the importance of a target haemoglobin (Hb) range and patient compliance, the issue of Hb cycling, the safety of available treatments for CKD-associated anaemia, and the management of anaemia in patients both on dialysis and not on dialysis. A panel discussion among experts in the field will underpin the meeting, reviewing current practice based on considerable experience gained treating patients with anaemia and CKD in the clinic.

We will have the opportunity to discuss whether all ESAs are equal, highlighting the design of the PATRONUS study that directly compares once-monthly MIRCERA® with darbepoetin alfa, the first data from which will be presented the following day at the World Congress of Nephrology.

We look forward to welcoming you to this timely symposium, which I am sure will be highly relevant to the current challenges faced by physicians treating patients with anaemia and CKD.

Francesco Locatelli (Chair)
Programme

Welcome and introduction
F Locatelli (Italy)

Setting the scene: key factors in anaemia management
E Ritz (Germany)

Safety first: managing renal anaemia
G Deray (France)

Simplifying anaemia management: caring for patients not on dialysis
D O’Donoghue (UK)

Rethinking anaemia management: are all ESAs equal on dialysis?
A Covic (Romania)

Summary: haemoglobin stability in renal anaemia
F Locatelli (Italy)

Q&A
Panel

Complimentary lunch
Since the birth of chronic dialysis treatment almost 50 years ago, significant technological and medical advancements have influenced the way patients are dialyzed. However, mortality amongst patients with ESRD is still unacceptably high. This year’s Fresenius Medical Care lunch symposium therefore focuses on aspects which might set standards in dialysis.

**M. Feriani, Mestre**, updates on biocompatible low glucose degradation product PD solutions and addresses the question how they improve outcome and if we can consider them already as gold standard in PD.

HD treatment starts already with the implementation of the "optimal" vascular access. Worldwide, aged diabetic patients represent the most rapidly growing group of ESRD patients. Preexisting arterial as well as venous problems are more and more common. The challenge for the 21st century is to find strategies – presented by **K. Konner, Cologne** – to achieve the best access for an efficient HD treatment.

To set a high standard in HD treatment, Online HDF offers major options to enhance dialysis efficacy by combining the use of high-flux membrane dialyzers, ultrapure dialysis fluid and high convective fluid exchange volumes with the lowest bioreactive profile. The improved technique has a big impact on patients’ well-being and lead to a reduced risk of mortality. **B. Canaud, Montpellier**, one of the leading experts in convective therapy, discusses this issue during his talk.

Online HDF can be further improved by Mixed Online HDF controlled by the transmembrane pressure feedback. The new technology and the resulting advantages for the patients are presented by **L. Pedrini, Seriate**, one of the pioneers of this technology.
Final Programme

Fresenius Medical Care Lunch Symposium
Saturday, May 23, 2009, 12.00 – 13.30, Violet 1, MIC Level 0

Setting Standards in Dialysis

Chairmen: B. Canaud, Montpellier, Ch. Chazot, Tassin

Presentations:

- Biocompatible low GDP-PD solutions – already the Gold Standard in PD?
  M. Feriani, Mestre

- The AV fistula – the patient’s lifeline: How to achieve the best vascular access?
  K. Konner, Cologne

- How innovative technology can improve haemodialysis: The example of Mixed Online HDF
  L. Pedrini, Seriate

- From high-flux to Online HDF – convective transport to improve patient outcomes in HD
  B. Canaud, Montpellier
Welcome to Dialysis Opinions with Focus on Innovation

Dialysis Opinion Symposium with Focus on Innovation
Time: Saturday, May 23, 12.00-13.30
Room Violet 1, MIC Level 0
Milano International Convention Centre

Chairman: Claudio Ronco, Italy
Ingrid Ledebo, Sweden

The Gambro Lunch Symposium will be a traditional Dialysis Opinion Symposium based on the survey performed during 2008, “Focus on Innovation”.

Responses from over 5,000 renal care professionals were collected at international dialysis and nephrology meetings – the ERA-EDTA Congress in Stockholm, the EDTNA-ERCA Conference in Prague and the ASN Meeting in Philadelphia.

The symposium will be moderated by Professor Claudio Ronco and Dr Ingrid Ledebo and a panel of renowned experts will discuss their priorities for future innovations on dialysis products and therapies. The global response from nephrology professionals worldwide as well as geographical highlights and differences will be presented.

Lunch boxes will be provided.

A new Dialysis Opinion Survey will be initiated at the Milan Congress and focus on “Facilitating Dialysis Delivery”. Please do not miss contributing your opinion on how the delivery of dialysis can be facilitated in the future. Questionnaires and gifts are available in the Gambro booth.

Welcome!
Program

Why Dialysis Opinions?
Claudio Ronco, Vicenza, Italy

Focus of innovations on vascular access?
Miguel Riella, Curitiba, Brazil

Priority for innovations on fluids for HD/HDF?
Jeroen Kooman, Maastricht, The Netherlands

Priority for innovations on fluids for PD?
Wim van Biesen, Ghent, Belgium

Priority for innovations on membrane and filter?
Richard A Ward, Louisville, KY, USA

Focus of future development on mode and application?
Angel de Francisco, Santander, Spain

Results from the survey
Ingrid Ledebo, Lund, Sweden

Round table discussion and conclusions
Claudio Ronco, Vicenza, Italy
We are pleased to invite you to the Changing the Paradigm: Selective VDR Activation and the Cardio-Renal Syndrome symposium taking place on Saturday May 23, 2009, 12:00–13:30.

We will be exploring the extent of the physiologic effects of VDR activation and how selective VDR activator therapy can benefit patients with renal disease and avoid side effects. We will also be focusing on the relationships of the RAAS, proteinuria, and left-ventricular hypertrophy in CKD, and we will examine how selective VDR activation therapies may ameliorate progression of these conditions.

We hope that you will join our distinguished faculty for what will be an informative and rewarding meeting.

Professor Diego Brancaccio, MD
Renal Division, Ospedale San Paolo
University of Milan
Italy
Agenda

Chair and Moderator: Diego Brancaccio (Italy)

Differential Effects of VDR Activation
Eduardo Slatopolsky (USA)

Revelations of Cardio-Renal Syndrome Type 4
Ilkka Pörsti (Finland)

Exploring the Role of Selective VDR Activation in CKD
Bruce Hendry (UK)

Faculty

Professor Diego Brancaccio, MD (Chair)
Renal Division
Ospedale San Paolo
University of Milan
Italy

Professor Eduardo Slatopolsky, MD
University School of Medicine
St. Louis
Missouri
USA

Ilkka Pörsti, MD, PhD
Department of Internal Medicine
Medical School
University of Tampere
Finland

Professor Bruce Hendry, MD, PhD
King’s College Hospital
London
UK

WCN 2009 SYMPOSIUM  MILAN  SATURDAY MAY 23, 2009 | 12:00–13:30
RED ROOMS, LEVEL 1, MILANO CONVENTION CENTRE

Lunch will be provided
Lunch Symposium: Dialysis Strategies for “Risk Patients”
Saturday May 23, 12:00-13:30 hrs, Level 1, Blue Room 1-2

Program and speakers:

- "Tailoring dialysis to the needs of nowadays “risk patients""
  Prof. Dr. Danilo Fliser, Homburg/Saar, Germany

- "Dialytic strategies to improve the outcomes of patients at risk"
  Dr. Angel Argiles, Séte, France

- "Kt/V monitoring to safeguard dialysis adequacy – changes and pitfalls"
  Prof. Dr. Ralf Schindler, Berlin, Germany

Chair:
Prof. Juergen Bommer, Heidelberg, Germany

Visit us at our booth:
Hall 5
Booth No. E 08
Lunch Symposium:  
Dialysis Strategies for „Risk Patients“

Saturday May 23, 12:00–13:30 hrs,  
Level 1, Blue Room 1–2

Program and speakers:

- **Tailoring dialysis to the needs of nowadays „risk patients“**  
  Prof. Dr. Danilo Fliser, Homburg/Saar, Germany

- **Dialytic strategies to improve the outcomes of patients at risk**  
  Dr. Angel Argiles, Séte, France

- **Kt/V monitoring to safeguard dialysis adequacy – changes and pitfalls**  
  Prof. Dr. Ralf Schindler, Berlin, Germany

**Chair:** Prof. Juergen Bommer, Heidelberg, Germany  
Prof. Dr. Danilo Fliser, Homburg/Saar, Germany

Visit us at our booth:  
Hall 5  
Booth No. E 08
Renal glucose reabsorption as a potential target for the treatment of type 2 diabetes

Saturday 23 May 2009
12.00–13.30

Yellow 1-2-3, Level 1, Milano Convention Centre
Milan, Italy

Lunch will be provided at 12.00

The World Congress of Nephrology, Milan, Italy
22–26 May 2009

Faculty:

Murray Epstein (Chair)
University of Miami, USA

Ele Ferrannini
University of Pisa, Italy

Carol Pollock
University of Sydney, Australia

Vito M. Campese
University of Southern California, USA

The symposium “Renal glucose reabsorption as a potential target for the treatment of type 2 diabetes” is accredited by the European Accreditation Council for Continuing Medical Education (EACCME). The EACCME is an institution of the European Union of Medical Specialists (HEMS), www.uems.net
INVITATION FROM THE CHAIR

Dear Colleague,

I am pleased to invite you to attend the symposium Renal glucose reabsorption as a potential target for the treatment of type 2 diabetes, to be held during the World Congress of Nephrology on Saturday 23 May, 12.00–13.30. This symposium is accredited by the European Accreditation Council for Continuing Medical Education.

In patients with type 2 diabetes, reduction of renal and cardiovascular risk remains a challenge and adequate glycaemic control is difficult to achieve. In these patients, normal renal mechanisms of glucose transport are now being targeted as a novel means of enhancing glycaemic control. This symposium will focus on the role of the sodium-glucose cotransporter 2 (SGLT2) in glucose regulation and the emerging clinical evidence for the use of SGLT2 inhibitors in patients with type 2 diabetes mellitus.

I look forward to seeing you and hope that you find the symposium enjoyable.

Murray Epstein
University of Miami School of Medicine, Miami, Florida, USA

AGENDA

Chair:
Murray Epstein
University of Miami School of Medicine, Miami, Florida, USA

Welcome
Murray Epstein

Why do we still need new therapies in type 2 diabetes?
Ele Ferrannini
University of Pisa School of Medicine, Pisa, Italy

Renal glucose transporters: novel targets for the management of hyperglycaemia
Carol Pollock
University of Sydney, Sydney, Australia

Emerging evidence for the use of SGLT2 inhibitors in the management of type 2 diabetes
Vito M. Campese
University of Southern California, Los Angeles, USA

Q&A session

Closing remarks
Murray Epstein
Dear Colleagues

We are very pleased to invite you to this Vifor-sponsored educational symposium. During this meeting we will explore the prevalence and consequences of iron deficiency anaemia in pre-dialysis chronic kidney disease patients. There will also be an opportunity to discuss current treatment options for these patients with our expert faculty. We anticipate that this symposium will be relevant and useful to you in your clinical practice and we look forward to receiving your questions.

Dr Iain C Macdougall
Co-chair

Dr Fernando Carrera
Co-chair
Dear Colleagues

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Dr Iain C Macdougall
Dr Fernando Carrera

Co-chair
Co-chair

Past, present and future of iron therapy in pre-dialysis patients

Co-chairs: Iain C Macdougall, UK
Fernando Carrera, Portugal

12.15 Introduction
Fernando Carrera, Portugal

12.20 Pre-dialysis: from here to there, an overview
Ronald Pisoni, USA

12.35 Lessons learned from the safety of intravenous iron preparations
George R Bailie, USA

12.50 Pre-dialysis patients: do they really get what they deserve?
Iain C Macdougall, UK

13.05 Panel discussion
Contraindications include patients with severe renal impairment (GFR <30 ml/min/1.73m²) and those who have had or are undergoing liver transplantation. OMNISCAN should not be used in patients known to have hyper-sensitivity to OMNISCAN or its constituents. PRECAUTIONS, WARNINGS, ETC. The possibility of a reaction, including serious, life-threatening, fatal, anaphylactic or cardiovascular reactions or other idio-syn-cratic reactions should always be considered, especially in those patients with a known clinical hypersensitivity or a history of asthma or other allergic respiratory disorders. A course of action should therefore be planned in advance, with necessary drugs and equipment available for immediate treatment should a serious reaction occur. Transitory changes in serum iron (within the normal range in the majority of cases) have been observed. OMNISCAN interferes with serum calcium measurements with some complexometric methods. Such methods should not be used for 12-24 hours after administration. Elimination of OMNISCAN is prolonged in patients with impaired renal function. Due to lack of information on such patients the interval between repeated administration should be at least seven days. Severe renal impairment and liver transplant patients. There have been reports of nephrogenic systemic fibrosis (NSF) associated with use of gadodiamide and some other gadolinium-containing contrast agents in patients with severe renal impairment (GFR <30 ml/min/1.73m²) and those who have had or are undergoing liver transplantation. Therefore OMNISCAN should not be used in these populations. Cases of NSF have also been reported in patients with moderate renal impairment (GFR <60 ml/min/1.73m²) with gadodiamide. OMNISCAN should be used in these patients with caution. Haemodialysis shortly after OMNISCAN administration in patients currently receiving haemodialysis may be useful at removing OMNISCAN from the body. There is no evidence to support the initiation of haemodialysis for prevention or treatment of NSF in patients not already undergoing haemodialysis. Neonates and Infants: Due to immature kidney function in neonates and infants up to 1 year of age, OMNISCAN should only be used in these patients after careful consideration. PREGNANCY AND LACTATION: There is no experience of the use of OMNISCAN during pregnancy or lactation. The product should not be used in pregnancy unless essential. Breast feeding should be discontinued prior to administration and should not be re-commenced until at least 24 hours after OMNISCAN administration. UNDESIRABLE EFFECTS. The most commonly reported spontaneous adverse effects are hypersensitivity reactions; nausea and vomiting. In clinical trials common adverse reactions are headache, nausea, transient sensation of warmth, coolness, local pressure and pain at injection site. Less frequently reported are dizziness, paraesthesia, a paroxysmal sensation of taste, allergy-like skin and mucous membrane reactions, hyper-sensitivity, flushing, vomiting, diarrhoea and pruritus. Rare reactions are anxiety, convulsions, tremor, somnolence, transient perfused sensation of smell, visual disturbances, dyspnoea, coughing, rash, urticaria, oedema including face oedema and angioedema. Arthralgia, acute renal failure, chest pain, fever, shivering. Reported with unknown frequency are anaphylactic/anaphylactoid reactions, tachycardia, sneezing, throat irritation, bronchospasm, respiratory distress and nephrogenic systemic fibrosis (NSF). Anaphylactoid reactions may occur irrespective of the dose. Late adverse reactions can occur hours to days after OMNISCAN administration. OVERDOSE Clinical consequences of overdose have not been reported. Acute symptoms of toxicity are unlikely in patients with normal renal function. In patients with delayed elimination due to renal insufficiency and patients who have received excessive doses, contrast medium can be eliminated by haemodialysis. INSTRUCTIONS FOR USE AND HANDLING: Containers for single use only, any unused portions must be discarded. The product in glass vials and polypropylene bottles should be drawn into the syringe immediately before use. MARKETING AUTHORIZATION HOLDER: GE Healthcare AS, Nycoveien 1-2, Postboks 4220 Nydalen, NO-0401 Oslo, Norway. CLASSIFICATION FOR SUPPLY: Subject to medical prescription (POM). UK MARKETING AUTHORIZATION NUMBERS: 00637/0015 (glass viials), 00637/0025 (polypropylene bottles), 00637/0030 (pre-filled syringes). PRICE: 20ml £59.24 DATE OF REVISION OF THE TEXT: 23 October 2008.
GE Healthcare

Contrast-induced nephropathy and nephrogenic systemic fibrosis: Reviewing the evidence to balance risk in severe kidney disease

Date: **Saturday 23 May 2009**

**Scientific Programme**

12:00 Chairman’s Welcome & Introduction

**Professor Peter Gross**

Universitätsklinikum C. G. Carus, Dresden, Germany

12:15 NSF: Understanding the causal mechanisms and patient-based management strategies

**Dr Steven Weisbord**

University of Pittsburgh, School of Medicine, Pittsburgh, USA

12:35 CIN: Optimising patient management through evidence from the latest data

**Professor Maurice Laville**

Hôpital Edouard Herriot, Lyon, France

12:55 MRI or CT in the patient with advanced CKD: Is there a right answer?

**Dr Steven Weisbord**

13:10 Questions and Discussion

13:30 Adjourn

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We look forward to welcoming you at our symposium and at our exhibition stand
New waves in ESA therapy: Developments and controversies

Building on 20 years experience

Sandoz Scientific Symposium
12.00, Saturday 23 May 2009, Room Turquoise 1, MIC Level -1

CHAIRLED BY

Professor Gerard London
Department of Nephrology, Manhes Hospital, Fleury-Merogis, France

Professor Loreto Gesualdo
Department of Nephrology, University of Foggia, Italy
SYMPOSIUM PROGRAMME

12.00  Lunch available

12.30  Introduction  
      Professor Loreto Gesualdo,  
      Department of Nephrology,  
      University of Foggia, Italy

12.35  Erythropoiesis stimulating agents – a revolution in anaemia management?  
      Professor Wolfgang Jelkmann,  
      Institute of Physiology,  
      University of Luebeck, Germany

12.50  Biotechnology and renal anaemia – the evolution continues?  
      Dr. Carsten Brockmeyer,  
      Sandoz Biopharmaceuticals,  
      Holzkirchen, Germany

13.05  Anaemia in CRF – controversies in patient management today  
      Dr. Simon Roger,  
      Department of Renal Medicine,  
      Gosford Hospital, Gosford, NSW, Australia

13.20  Discussion and conclusion  
      Professor Gerard London,  
      Department of Nephrology,  
      Manhes Hospital, Fleury-Merogis, France

13.30  Symposium closes
Improving patient outcomes in CKD anaemia: new perspectives in 2009

The Auditorium, MIC Level 2
Sunday 24 May 2009, 12.00–13.30,

Scientific Committee: Professor Tilman B Drüeke and Dr Iain C Macdougall

Lunch will be provided from 11.45

Collect your voucher for a complimentary book after the symposium:
OXFORD DESK REFERENCE NEPHROLOGY (2009)
Chapters:
CKD and Special Problems in CKD
Chair: **Professor Dick de Zeeuw**  
*University Medical Center Groningen, The Netherlands*

- **CKD: definition, thresholds and consequences**  
  **Dr Josef Coresh**  
  *Johns Hopkins Medical Institutions, USA*

- **Role of anaemia and ESA therapy in the course of kidney disease**  
  **Professor Giuseppe Remuzzi**  
  *Ospedali Riuniti di Bergamo, Italy*

- **Does ESA hyporesponsiveness impact on mortality in CKD patients?**  
  **Dr Iain C Macdougall**  
  *King’s College Hospital, UK*
The Kidney–Bone–Vascular Axis: understanding the role of phosphate in CKD–MBD
Sunday 24 May 2009, 12:00–13:30

Programme
12:00–12:30  Lunch
   (Lunch will be served on arrival)
12:30–12:35  Welcome
   Dr Alastair Hutchison, Manchester, UK
12:35–12:55  Mineral and bone disorder: the impact of a failing kidney
   Dr Geoffrey Block, Denver, CO, USA
   Professor Jorge Cannata Andía, Oviedo, Spain
   Dr Edward Ross, Gainesville, FL, USA
13:25–13:30  Meeting close

A Shire-sponsored symposium at the World Congress of Nephrology 2009

Room Violet 1, MIC Level 0, Milano Convention Centre, Milan, Italy

FOSRENOL® UK prescribing information is available overleaf
Welcome

It is my pleasure to invite you to a Shire-sponsored lunchtime symposium at the 2009 World Congress of Nephrology. This year, Faculty presentations are covered under the session title ‘The Kidney–Bone–Vascular Axis: understanding the role of phosphate in CKD–MBD’.

In this symposium, Faculty presentations and discussions are aimed at broadening our understanding of the relationships between the kidney, bone and vasculature in chronic kidney disease (CKD), as our focus returns to the role of the skeleton and the importance of its regulation of phosphate as the driving force behind vascular disease in chronic kidney disease and mineral and bone disorder (CKD–MBD). The Faculty will also review current thinking on the most effective ways of managing phosphate burden to improve cardiovascular outcomes in CKD.

On behalf of the Faculty, I hope that you will be able to join us at 12:00 on Sunday 24 May for what promises to be a highly stimulating session.

Dr Alastair Hutchison, Manchester Institute of Nephrology & Transplantation, UK

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Fosrenol* 500 mg, 750 mg and 1000 mg Chewable Tablets

Prescribing Information

(please refer to the current full summary of Product Characteristics [SmPC] before prescribing.)

Presentation: Chewable tablets containing 500 mg, 750 mg or 1000 mg of lanthanum (as lanthanum carbonate hydrate). Excipients are dextrose (hydrated), colloidal anhydrous silica and magnesium stearate.

Indication: Fosrenol is indicated as a phosphate binding agent for use in the control of hyperphosphataemia in chronic renal failure patients on haemodialysis or continuous ambulatory peritoneal dialysis (CAPD).

Dosage and Administration: For oral use. Adults, including elderly (> 65 years): Fosrenol should be taken with or immediately after food, with the daily dose divided between meals. The tablets should be chewed and not swallowed whole. The dose of Fosrenol should be titrated every 2–3 weeks until an acceptable serum phosphate level is reached. Control of serum phosphate level has been demonstrated at doses starting from 750 mg. The maximum daily dose studied, in a limited number of patients, is 3750 mg.

Patients who respond to lanthanum therapy usually achieve acceptable serum phosphate levels at doses of 1500–3000 mg lanthanum per day. Children and Adolescents (< 18 years): Not recommended.

Contra-indications: Hypersensitivity to lanthanum carbonate hydrate or to any of the excipients. Hypophosphataemia.

Special Warnings and Precautions: Patients with acute peptic ulcer, ulcerative colitis, Crohn’s disease or bowel obstruction were not included in clinical studies with Fosrenol. No data is available in patients with hepatic impairment. Caution should be exercised in these patients, and monitoring of liver function may be required. Patients with renal insufficiency may develop hypocalcaemia. Serum calcium levels should therefore be monitored at regular intervals for this patient population and appropriate supplements given. The risk/benefit for longer term administration (over 2 years) should be carefully considered as experience with therapy beyond 2 years is limited.

Interactions: Fosrenol may increase gastric pH. Therefore it is recommended that compounds that are known to interact with antacids should not be taken within 2 hours of dosing with Fosrenol (e.g. chloroquine, hydroxychloroquine and ketoconazole). Interactions with drugs such as tetracycline, doxycycline and the floxacins are theoretically possible. Therefore it is recommended that they are not taken within 2 hours of dosing with Fosrenol.

Pregnancy and Lactation: Fosrenol is not recommended in pregnancy. The risk/benefit for continuing/discontinuing either Fosrenol or breast feeding should be carefully considered.

Undesirable Effects: Common adverse reactions (> 1/100, < 1/10 patients) include gastrointestinal reactions (such as abdominal pain, constipation, diarrhoea, dyspepsia, flatulence, nausea and vomiting); hypocalcaemia. Uncommon adverse reactions (> 1/100, < 1/1000 patients) include gastroenteritis; laryngitis; eosinophilia; hyperparathyroidism; hypercalcaemia; hyperglycaemia; hyperphosphataemia; hypophosphataemia; anorexia; appetite increased; dizziness; headache; taste alteration; vertigo; eructation; indigestion; irritable bowel syndrome; dry mouth; oesophagitis; stomatitis; loose stools; tooth disorder; gastrointestinal disorder NOS; alopecia; itching; pruritus; erythematous rash; sweating increased; arthralgia; myalgia; osteoporosis; asthenia; chest pain; fatigue; malaise; peripheral oedema; pain; thirst; blood aluminium increased; increase in GGT; increases in hepatic transaminases; alkaline phosphatase increased; weight decrease.

Legal Category: POM.


Marketing Authorisation Number: PL 08081/004244.

Date of Preparation: January 2007.

Further information is available from: Shire Pharmaceuticals Ltd, Hampshire International Business Park, Chineham, Basingstoke, Hampshire RG24 8EP, UK.

UK adverse events should be reported to the Yellow Card Scheme. Information about adverse event reporting via this scheme can be found at www.yellowcard.gov.uk. Adverse events should also be reported to Shire Pharmaceuticals Ltd on +44 (0)1256 894000. Healthcare professionals from other countries should report adverse events in accordance with their local requirements.

*The prescribing information above is for the UK. Product presentations and indications may differ from those in your own country. Please consult your local prescribing information.

Date of preparation: March 2009

Item code: INT/FOS/09/0018
Creating The New Style of Care
Renal Pharmaceuticals from Fresenius Medical Care

Integrating renal pharmaceuticals and leading dialysis therapies for comprehensive renal care

Please visit Renal Pharma at WCN 2009: Hall 5, Booth E10

Fresenius Medical Care

Contact: Fresenius Medical Care Deutschland GmbH · 61346 Bad Homburg v. d. H. · Germany · Phone: +49 (0) 6172-609-0 · Fax: +49 (0) 6172-609-5638
E-mail: renalpharma@fmc-ag.com · Head office: Else-Kröner-Straße 1 · 61352 Bad Homburg v. d. H.
www.fmc-renalpharma.com
Welcome to Fresenius Medical Care Renal Pharma
Scientific Lunch Symposium

New Insights in Bone Mineral Metabolism
& Anaemia Management

Chairmen:
Ziad Massy, France
Christoph C. Haufe, Germany

WCN 2009
Sunday 24th May 2009, 12.00 am – 1.30 pm
MIC Level 0, Room Violet 2

• Factors influencing vascular calcification – is it the phosphate binder or the phosphate level? (Ziad Massy, France)

• Calcium balance – using a combination of a very low dialysate calcium and a calcium-containing phosphate binder – a pilot study (Christoph C. Haufe, Germany)

• Anaemia management: Iron, EPO and dialysis therapy – stand alone or integrated therapies? (Gere Sunder-Plassmann, Austria)

• A mathematical model to predict iron dosage (José D. Martín, Spain)
Welcome to
The Membrane Innovation Symposium

New Therapeutic Fields
Using Innovative Membranes

Time: Sunday, May 24, 12.00 noon – 1.30 pm
Room: Room Red 1, MIC+1, at the Milan Convention Center

Chairman: Prof. Michèle Kessler, Nancy, France
Abstract

This symposium will present two therapeutic options that have evolved from the development of new blood purification membranes.

ESRD patients may benefit from minimal or no heparin anticoagulation during dialysis, often at an increased risk of clotting events. The first talk will discuss potential benefits and initial clinical experience of using in such cases a newly developed heparin-coated membrane.

Multiple myeloma patients with acute renal failure due to cast nephropathy have been shown to benefit from aggressive free light chain removal. The second talk will present initial clinical results with such a therapy approach.
Dialysis for High Quality of Life
– Complications and Prognosis –

Date: Sunday, May 24, 2009  12.00 – 13.30
Hall: Red 2 Room at MIC+1
Chairpersons:
Dr. Antonio Santoro (Policlinico S.Orsola-Malpighi, Bologna, Italy)
Dr. Filippo Aucella (Casa Sollievo della Sofferenza Hospital, San Giovanni Rotondo, Italy)

Program:
1. High quality dialysis; Lessons from the Japanese experience – Effect of membrane material on nutritional status, dialysis pruritus and other dialysis related symptoms possibly relating to removal of low molecular weight proteins –
   Dr. Ikuto Masakane (Yabuki Shima Clinic, Yamagata, Japan)

2. Effect of different synthetic membranes on laboratory parameters and survival in chronic hemodialysis patients
   Dr. Wilhelm Kreusser (Marien-Hospital, Duisburg, Germany)

3. Deficient immunological function of dialysis patients – New finding of its modification by selecting membrane –
   Dr. Cecile Contin-Bordes (University Hospital, Bordeaux, France)

Introduction:
Current standard dialysis treatment of renal replacement therapy provides less than 10% of the clearance power of the natural kidneys and therefore is still a long way from providing adequate renal replacement. Although they are successful in sustaining life and improving quality of life somewhat for patients with end-stage renal disease, they have many limitations that result in still unacceptably high morbidity and mortality. Nowadays, the availability of synthetic membranes with high performances increases the convective transport and adsorbability. It also offers the opportunity for a more biological renal replacement therapy. Dialysis therapy may mimic glomerular function better in an economically feasible and safe way.
Cardiovascular and Metabolic Risk Management After Renal Transplant

Luncheon Symposium | Milan, Italy
Sunday, 24 May 2009 | 12:00 – 13:30
MlC - Milano Convention Centre
Level 1, Blue Room 1-2

Programme Chair
Professor Hans-H. Neumayer, MD
Charité Campus Mitte
Berlin, Germany

David Goldsmith, MA, FRCP
Guy’s and St Thomas’ Hospital
London, England

Professor Christophe Legendre, MD
Université Paris Descartes
Hôpital Necker
Paris, France

Sponsored by:

Bristol-Myers Squibb

CTI
Clinical Trial and Consulting Services
Genzyme symposium

In pursuit of improved outcomes in CKD-MBD by early phosphate management with a novel therapy

Sunday 24 May 2009
12.00pm - 1.30pm
MIC+1, Room Yellow 1-2-3

Now is the right time...
...to rethink CKD treatment
Programme

Chair:
M. Ketteler (Germany)

Speakers:
F. Locatelli (Italy)
Defining the role of phosphate in CKD-MBD

M. Wolf (US)
FGF-23; a paradigm shift in phosphate homeostasis in CKD

D. Molony (US)
Improving clinical outcomes in CKD patients

M. Ketteler (Germany)
Early management of phosphate dysregulation with a novel therapy

This symposium will review the role of FGF-23 in mineral metabolism, including the interaction between phosphorus, FGF-23, PTH and clinical outcomes in CKD patients. A novel phosphate binder will be introduced, providing the option of initiating therapy early in the CKD continuum with management of serum phosphate levels.
Urine NGAL elevates in AKI 24 to 48 hours before serum creatinine\(^1\)

AKI isn’t silent anymore

Urine NGAL elevates in AKI 24 to 48 hours before serum creatinine\(^1\)

Acute Kidney Injury
Pathophysiology and Applications of Urine NGAL

A Lunchtime Satellite Symposium (Lunch provided)

Chairperson:
Professor Murray

Pathophysiology of Acute Kidney Injury and Urine NGAL
Professor Murray

Urine NGAL in the Diagnosis of Acute Kidney Injury – An Overview
Dr Parikh

Diagnosis of Acute Kidney Injury in the Emergency Room – The Role of Urine NGAL
Dr Barasch

Panel Discussion
Professor Ronco

Sunday May 24, 2009
12:00–13:30
Green Rooms 1-2-3
Level –1
Milano Convention Centre

Professor Patrick Murray, MD
(Chairperson)
University College, Dublin, Ireland

Chirag Parikh, MD
Yale University, New Haven, Connecticut, USA

Jonathan Barasch, MD
Columbia University, New York, New York, USA

Professor Claudio Ronco, MD
San Bortolo Hospital, Vicenza, Italy
How do I best treat my CKD-MBD patients?

The Auditorium, MIC Level 2, Monday 25 May 2009, 12.00–13.30

Lunch will be provided from 11.45

Chair:
Professor Jürgen Floege, Aachen, Germany

Introduction – meeting the challenge of CKD-MBD management in 2009 and beyond
Professor Francesco Locatelli, Lecco, Italy

What is the optimal range for PTH?
Professor Jürgen Floege, Aachen, Germany

What is the optimal range for calcium?
Professor John Cunningham, London, UK

What is the optimal range for phosphate?
Professor Tilman B Drüeke, Paris, France
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Aachen, Germany

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London, UK

What is the optimal range for phosphate?
Professor Tilman B Drüeke
Paris, France
Agenda

Chairpersons
Professor H. Haller
Hannover Medical School, Hannover, Germany
Associate Professor M. Nangaku
University of Tokyo School of Medicine, Tokyo, Japan

Vascular inflammation and regeneration – new concepts
Professor D. Fliser
Saarland University Medical Centre, Homburg/Saar, Germany

New insights about end stage renal failure
Professor S. Ito
Tohoku University Graduate School of Medicine, Sendai, Japan

Conclusion
Professor H. Haller

A Daiichi Sankyo satellite symposium held during The World Congress of Nephrology 2009

Invitation
Translating the evidence from basic science to clinical practice in the realm of nephrology

Monday 25 May 2009
12.00–13.30
Violet 1, MIC level 0
Milan Convention Centre

WCN 2009
MILAN, MAY 22–26
Leading the way in hypertension
Dear Colleague,

It is our pleasure to invite you to attend our symposium, ‘Advancing Renal Protection with Direct Renin Inhibition’, to be held on Monday 25 May 2009. This symposium, sponsored by Novartis, will take place from 12:00 to 13:30 in Room Violet 2 of the Milano Convention Centre, Milan, Italy, during the World Congress of Nephrology 2009.

The renin-angiotensin-aldosterone system (RAAS) is implicated in both cardiovascular and renal disease continuums. Local and systemic RAAS operate throughout the body – an overactive RAAS will lead to elevated blood pressure (BP), cardiac, renal and vascular damage. Not only do pharmaceutical agents that inhibit the RAAS lower BP, they can also delay renal impairment. A wealth of clinical data exist to show the renal-protective effects of angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs), yet there is room for improvement. Aliskiren is the first and only direct renin inhibitor (DRI) to be approved for the treatment of hypertension. DRIs have a unique mode of action and are able to suppress the RAAS at its point of activation. Completed clinical trials, including a study from the ongoing ASPIRE HIGHER clinical trials programme, indicate the potential for aliskiren to provide renal protection greater than that provided by ACEI or ARB therapy.

Our symposium will evaluate current treatment strategies for renal protection and will review clinical evidence regarding the emerging protective potential of aliskiren. In addition, we will consider the role of ongoing studies in assessing the potential for Direct Renin Inhibition to reduce cardio-renal morbidity and mortality.

On behalf of the eminent faculty, we look forward to welcoming you to Milan, and hope that you will find this symposium to be educational and thought-provoking.

Professor Hans-Henrik Parving
Chair
A satellite symposium sponsored by Novartis at WCN 2009

Advancing Renal Protection with Direct Renin Inhibition

Monday 25 May 2009, 12:00–13:30, Room Violet 2, Milano Convention Centre, Milan, Italy

Programme

12:00 Lunch boxes will be provided

12:15 Welcome and introduction
   Chair: Hans-Henrik Parving (University of Copenhagen, Denmark)

12:20 Renal protection – do we need a more comprehensive approach?
   Dick de Zeeuw (University Medical Center Groningen, The Netherlands)

12:35 Aliskiren: BP control and emerging renal protection potential
   Roland E Schmieder (University of Erlangen, Germany)

12:50 Aliskiren: clinical evidence for moving renal protection beyond ACEIs and ARBs
   Hans-Henrik Parving (University of Copenhagen, Denmark)

13:05 Discussion and summary
   Panel

13:15 Close
Invitation to the Teva Satellite Symposium

Generic Immunosuppression: Friend or Foe?

Monday, May 25th, 2009
12:00 - 13:30
Room Red 1, MIC, 1st floor
Milano Convention Centre
Milan, Italy
Invitation to the Teva Satellite Symposium

Generic Immunosuppression: Friend or Foe?

Prof. U. Christians, Colorado, USA
Generics Approval: Same Conditions for Drugs with Narrow Therapeutic Index?

Prof. G. Sunder-Plassmann, Austria
Maintenance immunosuppressive therapy in adult renal transplantation: A single center analysis

Prof. S. Vitko, Czech Republic
EQUART - the biggest clinical trial on Generic Cyclosporine
Inverness Medical Symposium

Acute Kidney Injury (AKI) and the Impact of New Diagnostic Biomarkers

Monday 25th of May, 12:00 - 13:30
Red Room 2, MIC+1

The body talks. We translate.

Inverness Medical Innovations - c/o Biosite International
Rue des Vignerons 1A - 1110 Morges, Switzerland
info.cardiology@invmed.com
Chairwoman: Dr. Dinna Cruz (Vicenza, Italy)

Abstract: The need for faster Biomarkers in detecting AKI is well known and a hot topic. This symposium will present an overview of clinical trials and results in various indications of AKI, such as in the Emergency Department and in the ICU.

12:00 - 12:30
Lunch (Red Room 2)

12:30 - 12:35
Welcome

12:35 - 12:52
NGAL as a Predictor of RIFLE-based AKI in the ICU
Prof. Claudio Ronco (San Bortolo Hospital, Vicenza)

12:52 - 13:09
NGAL as a Sensitive Biomarker for AKI in ED Presentations
Dr. Tiffany Osborn (University of Virginia / London School of Hygiene and Tropical Medicine)

13:09 - 13:27
Emerging Data on Use of NGAL as an AKI Biomarker in the ICU
Dr. Jos le Noble (Erasmus Medical Center, Rotterdam)

13:27 - 13:30
Wrap up
Does biosimilar epoetin meet the needs of the nephrologist?

A satellite symposium sponsored by Hospira UK Ltd.
Chaired by Professor Andrzej Wieczek (Poland)

Monday, 25 May 2009, 12.00–13.30
Milano Convention Centre, MIC Level 1, Yellow Rooms 1-2-3
Programme

Introduction
Professor Andrzej Wiecek (Poland)

Evaluating biosimilars in practice
Professor Huub Schellekens (The Netherlands)

Biosimilar epoetins in nephrology – can they deliver?
Dr David Schwinke (USA) and
Professor Andrzej Wiecek (Poland)

Biosimilar epoetins in nephrology – a single dialysis centre experience
Professor Gerhard Lonnemann (Germany)

Panel discussion and close
25 May 2009
Orange Room MIC-1 – 12.00-13.30
Wyeth sponsored Symposium

Symposium on Sirolimus in Kidney Transplantation
Indications and practical guidelines

Lunch will be provided from 12 onwards
25 May 2009
Orange Room MIC-1 – 12.00-13.30
Wyeth sponsored Symposium

Chairmen
F.P. Schena (University of Bari - Italy)
J.M. Grinyo (University of Barcelona - Spain)

Minimizing the risk of post-transplant malignancy
J.M. Campistol (University of Barcelona - Spain)

Sirolimus and transplant tolerance
J.M. Grinyo (University of Barcelona - Spain)

Indication of practical guidelines for sirolimus
FP Schena (University of Bari - Italy)

Final Remarks & Discussion

Lunch will be provided from 12 onwards
Management of hyponatraemia
The clinical significance

PIONEERING RESEARCH IN HYPONATRAEMIA

Monday 25 May 2009
12:15 – 12:45

Milano Convention Centre
Orange Room 3, MIC-1

Faculty

Moses Elisaf MD, Chair
Professor of Internal Medicine
University of Ioannina
Ioannina, Greece

Ewout Hoorn MD, PhD
Investigator, Internal Medicine
Erasmus Medical Center
Rotterdam, The Netherlands

Peter Gross MD
Professor of Medicine and Nephrology
Universitätsklinikum Carl Gustav Carus
Dresden, Germany

Outline

Hyponatraemia is the most common electrolyte disorder encountered in hospitalised patients. However, it is often under-diagnosed and under-treated. Many patients with hyponatraemia remain asymptomatic or have only subtle symptoms due to the chronic nature of their disease. The condition is often associated with a poor prognosis and increased length of hospital stay. In the elderly population, even mild hyponatraemia is associated with an increased risk of bone fractures and hospitalisation. Thus, prompt recognition and optimal management of hyponatraemia may improve patient outcomes.

Optimal treatment strategies for hyponatraemia have not been well defined due to the complex and heterogeneous nature of the disease. Current treatment options are limited and often challenging to use. Therefore, there is a need for more effective and tolerable therapies that may offer a more targeted approach to regulating body water and sodium balance in patients with hyponatraemia.

In this ‘meet the experts’ session, the faculty will discuss challenging case studies of patients with hyponatraemia. Diagnostic approaches and currently available treatment options will be reviewed. Furthermore, the future role of emerging therapies in shaping clinical practice will be proposed.

Programme attendees will understand why effective treatment of hyponatraemia is important and learn key aspects of the management of hyponatraemia including the clinical application of current and future therapies.
Outline

Hyponatraemia is the most common electrolyte disorder encountered in hospitalised patients. However, it is often under-diagnosed and under-treated. Many patients with hyponatraemia remain asymptomatic or have only subtle symptoms due to the chronic nature of their disease. The condition is often associated with a poor prognosis and increased length of hospital stay. In the elderly population, even mild hyponatraemia is associated with an increased risk of bone fractures and hospitalisation. Thus, prompt recognition and optimal management of hyponatraemia may improve patient outcomes.

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Agenda

12:15 – 12:20
Welcome and introduction
Moses Elisa, Chair

12:20 – 12:30
Case Study 1
Euvolaemic hyponatraemia
Presented by Ewout Hoorn

12:30 – 12:40
Case study 2
Hypervolaemic hyponatraemia
Presented by Peter Gross

12:40 – 12:45
Questions and answers
Chair and faculty
SYMPOSIUM

RECENT DEVELOPMENTS ON CYTOMEGALOVIRUS
AND BK VIRUS INFECTIONS IN KIDNEY
TRANSPLANT RECIPIENTS

MAY 25TH 2009, 12:00 p.m – 1:30 p.m.
ROOM GREEN 1-2-3 at MIC-1

NANOGEN ADVANCED DIAGNOSTICS
Via Cristoforo Colomo, 49 - 20090 Trezzano sul Naviglio (MI) - Phone: +39-02-48403542 - Fax: +39-02-4455482
info@nanogenad.com - www.nanogenad.com
RECENT DEVELOPMENTS ON CYTOMEGALOVIRUS AND BK VIRUS INFECTIONS IN KIDNEY TRANSPLANT RECIPIENTS

12:00 p.m. – 1:30 p.m.

Workshop Chairman:
Prof. Carlo Federico Perno
Director
U.O.C. of Molecular Biology Department, Tor Vergata Hospital
Rome, Italy

Session 1  CLINICAL MANAGEMENT AND THERAPEUTIC OPTIONS

Prof. Paolo Grossi
Department of Infectious Diseases, University of Insubria
Varese, Italy

Session 2  NEW ADVANCES IN THE DIAGNOSIS AND PREVENTION

Prof. Tiziana Lazzarotto
Clinical Operative Microbiology and Virology
S. Orsola Malpighi G.H., University of Bologna
Bologna, Italy

Session 3  DIAGNOSIS AND TREATMENT OF BK VIRUS-ASSOCIATED TRANSPLANT NEPHROPATHY

Prof. Parmjeet Randhawa
Division of Transplantation Pathology
Department of Pathology, University of Pittsburgh Medical Center
Pittsburgh, PA 15213, U.S.A.

DISCUSSION

Nanogen is looking forward to meeting you at booth no. D04, Hall 5, Ground Floor
Introducing the new Tal Palindrome™ range of Dialysis Catheters

Presentation by Dr Tal
May 25, from 12:15-12:45
Tourquoise Room 1 @ MIC-1
Includes lunch

Featuring Dr Tal and his abstract presentation on the improved clinical outcomes through the use of Covidien’s newly designed long term catheters with anti-microbial and anti-thrombogenic coatings: Palindrome™ Ruby, Palindrome™ Emerald and Palindrome™ Sapphire.

Dr Michael Tal, Associate Professor of Radiology at Yale New Haven Hospital, USA

www.covidien.com

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A full spectrum of chronic catheters to meet the challenges of dialysis care
**12:00–13:00, Monday 25 May 2009**

Hall ‘White 1’, Milano Convention Center (MIC)
Evolving strategies for long-term graft survival: highlights of ZEUS trial results

12:00–12:10 ZEUS regime from the perspective of a nephrologist
Christian Morath, Heidelberg, Germany

12:10–12:20 ZEUS regime from the perspective of a surgeon
Thomas Becker, Hannover, Germany

12:20–12:30 Q&A

Lunch will be provided
Controlling SHPT is key to reducing the risks of its complications*


Study shows that PTH, Ca and P controlled simultaneously as well as consistently over time may predict improved survival in dialysis patients.