

SSAI

ANNUAL CONGRESS

2021**PROGRAM**

Immunology after COVID-19

**AUGUST 19 – 20, 2021**

Irchel Campus, University of Zurich

Credits

| FAMH | SGAI | SGDV | SVVLD | VSKT |
|------------|------------|-----------|--------------------|---|
| 10 Credits | 11 Credits | 9 Credits | 2 education points | Recognition to the extent of 0.5 day for Animal welfare officers / Study directors / Involved persons |
| SGINF | SGMO | SGR | | |
| 4 Credits | 9 Credits | 8 Credits | | |



Société Suisse d'Allergologie et d'Immunologie
Schweizerische Gesellschaft für Allergologie und Immunologie
Swiss Society for Allergy and Immunology

www.congress-info.ch/ssai2021

More flexibility for your
patients with PID

CUVITRU® – tailoring SCIG treatment for the individual needs of your patients¹⁻³

References:
1. Cuvitru®, www.swissmedinfo.ch.
2. Borte M, et al. Efficacy, safety, tolerability and pharmacokinetics of a novel human immune globulin subcutaneous, 20%: a Phase 2/3 study in Europe in patients with primary immunodeficiencies. Clin Exp Immunol. 2016;187:146–59.
3. Suez D, et al. Efficacy, Safety, and Pharmacokinetics of a Novel Human Immune Globulin Subcutaneous, 20% in Patients with Primary Immunodeficiency Diseases in North America, J Clin Immunol 2016 36:700–712.

PID = Primary Immune Deficiencies; SCIG = Subcutaneous Immunoglobulin

CUVITRU Succinct Statement:
C: Human immunoglobulin (SCIG) 200 mg / ml (min. 98 % IgG). **I:** Substitution therapy for adults, children and adolescents (0–18 years): Primary immune deficiency diseases with impaired antibody formation. Hypogammaglobulinaemia and recurrent bacterial infections in patients with chronic lymphocytic leukaemia (CLL) in whom prophylactic treatment with antibiotics has failed or is contraindicated. Hypogammaglobulinaemia and recurrent bacterial infections in patients with multiple myeloma (MM). Hypogammaglobulinaemia in patients before and after allogeneic haematopoietic stem cell transplantation (HSCT). **D:** Dosage and dosing intervals depend on the indication as well as trough levels and clinical response. Dosage should be adjusted to maintain an IgG trough level (measured before the next infusion) of at least 5–6 g / L and aim to be within the serum reference interval for IgG for the appropriate age. For subcutaneous use only. **AI:** Known anaphylactic or severe hypersensitivity reactions to subcutaneous administration of the active substance or to any of the excipients. Severe IgA deficiency and history of hypersensitivity to treatments with human immunoglobulins. Intravenous or intramuscular administration. **PR:** If CUVITRU is accidentally administered into a blood vessel, the patient may develop shock. If severe allergic or anaphylactic reactions are suspected, the infusion must be stopped immediately. **IA:** Administration of immunoglobulin may interfere with the efficacy of live attenuated viral vaccines such as measles, rubella, mumps and varicella for a period of at least 6 weeks up to 3 months. **AE:** Very common (≥10 %): headache (22.1 %), diarrhoea (16.4 %), nausea (11.5 %), fatigue (10.7 %), local reaction at injection site (32.0 %) including erythema (14.8 %) and pain (20.5 %). Rarely, human immunoglobulins may cause a drop in blood pressure with an anaphylactic reaction, even in patients who have previously tolerated treatment with normal human immunoglobulin well. Patients with anti-IgA antibodies should be treated with special caution. **P:** Pack sizes: 5 ml, 10 ml, 20 ml, 40 ml and 50 ml. Dispensing category B. Reimbursed by health insurers. Marketing authorisation holder: Takeda Pharma AG, 8152 Opfikon. For further information: see product information (www.swissmedinfo.ch). C-APROM/CH/CUVI/0002 09/2020



REIMAGINE THE WAY YOU TREAT HAE

- **SIGNIFICANT REDUCTION IN ATTACKS FROM THE FIRST DOSE¹**
NEARLY 8 OUT OF 10 PATIENTS HAD ZERO ATTACKS
- **IMPROVEMENT IN QUALITY OF LIFE¹**
CLINICALLY MEANINGFUL IMPROVEMENT IN QUALITY OF LIFE WITH TAKHZYRO™
- **2x A MONTH¹**
ONE SUBCUTANEOUS SELF-INJECTION

TAKHZYRO®
Lanadelumab injection sous-cutanée

Reference:
1. Prescribing information Takhzyro™ online available under www.swissmedinfo.ch

Information professionnelle court: (Lanadelumab). Anticorps IgG1 monoclonal recombinant humain. **I:** Pour la prévention à long terme des crises de l'angioedème héréditaire (AOH) chez les patients âgés de 12 ans et plus. **D:** La dose recommandée est de 300 mg toutes les 2 semaines. Un intervalle de dose de 300 mg toutes les 4 semaines est également efficace et peut être considéré lorsque le patient est bien stable depuis plus de 6 mois (p. ex. n'a plus eu de crise). **CI:** Hypersensibilité au principe actif ou à l'un des excipients. **MG&P:** Réactions d'hypersensibilité: Comme pour tout anticorps monoclonal, des réactions graves peuvent apparaître, p. ex. chute de tension, tachycardie, vertiges, dyspnée, nausées, urticaire et autres symptômes cutanés; Interférence avec les tests de coagulation: augmentation de aPTT sans changer l'RNI et pas associée à des évènements hémorragiques indésirables anormaux. **IA:** Aucune étude n'a été réalisée pour enregistrer les interactions et les interactions médiées par l'enzyme CYP sont donc peu probables. **EI:** très fréquent (≥1/10): réactions au site d'injection, fréquent (≥1/100, <1/10): hypersensibilité, sensations vertigineuses, éruption cutanée maculopapulaire, myalgie, augmentation du taux d'alanine aminotransférase (ALT), augmentation du taux d'aspartate aminotransférase (AST). Plus ample d'information EI v. Information professionnelle. **G:** TAKHZYRO ne doit pas être utilisé pendant la grossesse, sauf en cas de nécessité absolue. **FG:** Solution pour injection 150 mg/ml. **Présentation:** 2 ml de solution pour injection. **Taille d'emballage:** 1 flacon. **Catégorie de la vente:** A. **Titulaire de l'autorisation:** Takeda Pharma AG, 8152 Glattpark – Opfikon. Date de l'information: Janvier 2019. Pour de plus amples informations: Information professionnelle Takhzyro www.swissmedinfo.ch.

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WELCOME FROM THE PRESIDENTS OF THE ORGANIZING COMMITTEE

Dear Friends, dear Colleagues,

We are delighted to invite you to the 2021 Annual Congress of the Swiss Society for Allergology and Immunology (SSAI) that will take place on 19th and 20th of August 2021 at the Irchel Campus of the University of Zurich.

We are happy that the Annual Congress of SSAI is one of the first venues to return to international scientific exchange, networking with your colleagues and a celebration of immunology and allergology.

Therefore, the theme of our Congress is «Immunology after COVID-19», pushing open the door to exciting new developments in allergology and reflecting on lessons in immunology of infectious diseases that we have learned from the current pandemic. This will include both basic immunology and allergology, diagnostics and new treatment options. We have assembled three exiting plenary lectures and 12 workshops in which both established and young investigators will present their cutting-edge research. We have attracted prominent national and international speakers and the meeting will bring together established basic scientists and clinicians along with young researchers and residents, postdocs and students, who will have many opportunities to present their work at workshops and poster sessions in an attractive setting that will maximize interactions among the participants.

We strongly encourage companies, organizations and institutions to sponsor and exhibit at the Congress and to take advantage of the opportunity to interact face-to-face with professionals from all over Switzerland to build visibility, to introduce new products and services, and give product demonstrations. We count on their presence and support to make this meeting a great event.

We will keep you informed about registration and abstract deadlines, fellowships for students, assistants and postdocs, and will update the preliminary program continuously.

Together with the members of the Local Organizing Committee, we are looking forward to welcoming you to Zurich and to an exciting Congress.

Presidents of the Organizing Committee

Christian Münz and Burkhard Becher

Institute of Experimental Immunology
University of Zürich

PROGRAM – THURSDAY, 19TH OF AUGUST 2021

| | |
|-----------------|--|
| 09:00 – 09:45 h | Registration |
| 09:45– 10:00 h | Welcome Burkhard Becher, (Zurich, CH) |
| 10:00 – 10:30 h | Plenary Lecture 1: Allergy <i>Chair: Thomas Kündig, (Zurich, CH)</i> Novel Insights into Immune Regulation of Allergic Inflammation for Airway Disease by Allergen Immunotherapy (AIT) Mohamed Shamji, (London, UK) |
| 10:30 – 11:00 h | Coffee break |
| 11:00 – 12:30 h | Symposia 1 a–c |
| | Symposium 1a: Basic Immunology Autoimmunity <i>Chair: Burkhard Becher, (Zurich, CH)</i> CD8+ T cells as drivers of compartmentalized immune responses in the CNS Doron Merkler, (Geneva, CH) How IL-17 regulates CNS autoimmunity via modulation of the gut microbiota Ari Waisman, (Mainz, D) Abstract Talk (OP4): Characterization of autoreactive T cells in Guillain-Barré syndrome. Daniela Latorre, (Zurich CH) Abstract Talk (OP3): SLAMF7 and CD38 as Possible New Therapeutic Targets on NK Cells for Systemic Lupus Erythematosus Morgane Humbel, (Lausanne CH) |
| | Symposium 1b: Clinical Immunology Allergy <i>Chair: Peter Schmid-Grendelmeier, (Zurich, CH) / Peter Jandus, (Geneva, CH)</i> Molecular approaches for allergen-specific immunotherapy and preventive allergy vaccination Rudolf Valenta, (Vienna, AT) Lung neutrophils: regulators of immune-mediated disorders Thomas Marichal, (Liège, B) Abstract Talk (OP14): Cytokine dominance in delayed drug hypersensitivity correlates with the clinical picture Daniel Yerly, (Bern CH) Abstract Talk (OP16): Ligelizumab as add-on therapy for patients with anti-H1-refractory CSU:Primary results of a placebo- and active-controlled phase 2b dose-finding study Nico Janssens, (Basel, CH) |

Benlysta is
Designed for



Lupus



Superior disease activity reduction compared to standard therapy alone¹

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. Belimumab has not been studied in patients with severe active central nervous system lupus or severe active lupus nephritis.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. Belimumab has not been studied in patients with severe active central nervous system lupus or severe active lupus nephritis. **D:** Patients ≥ 5 years: *Infusion solution:* 10 mg/kg on Days 0, 14, 28, and at 4 weeks intervals thereafter. I.v.-infusion over a 1 h period; must not be administered as an i.v. push or bolus. Premedication with an oral antihistamine, with or without an antipyretic, may be administered. Patients should be monitored during and for an appropriate period of time after administration. Patients ≥ 18 years: *Solution for subcutaneous injection:* 200 mg once a week, on the same day of the week (independent of body weight). S.c.-injection (abdomen or thigh). Suitable training of patient in the technique associated with s.c. injection and the perception of signs and symptoms of hypersensitivity reactions. Switch from i.v.- to s.c.-treatment: first s.c. dose approx. 2 weeks after the last i.v. dose. *General:* consider discontinuing treatment if there is no improvement in the control of the disease after 6 months. For elderly patients and patients with renal impairment, dosage adjustment is not recommended. Hepatic impairment: see product information. **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). Patients should be made aware of potential risks and signs of such reactions. 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 or cyclophosphamide i.v. 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 $+2^{\circ}\text{C}$ to $+8^{\circ}\text{C}$, 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:** September 2020. GlaxoSmithKline AG, 3053 Münchenbuchsee. Detailed information you can find under www.swissmedinfo.ch. Please report adverse drug reactions under pv.swiss@gsk.com.

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

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Tel. +41 (0)31 862 21 11, Fax +41 (0)31 862 22 00, www.glaxosmithkline.ch

PM-CH-BEL-JRNA-210003-06/2021



PROGRAM – THURSDAY, 19TH OF AUGUST 2021

Symposium 1c: Laboratory Diagnostics

Chair: Elsbeth Probst, (Zurich, CH) / Ingmar A.F.M. Heijnen, (Basel, CH)

PID diagnostics in the flow - What is really helpful in a fast moving world?

Klaus Warnatz, (Freiburg, D)

Sense and Nonsense of Allergy Serology

Michael Horn, (Bern, CH)

Abstract Talk (OP9): Quantification of IL-1 with Electrochemical Biosensors by Electrochemical Impedance Spectroscopy (EIS), using Screen Printed Electrodes (SPE).

Joana Costa, (Bern CH)

Abstract Talk (OP11): Highly specific and reliable in vitro diagnostic analysis of memory T and B lymphocytes in a Swiss cohort of Covid-19 patients

Lester Thoo, (Bern CH)

12:30 – 14:00 h

Lunch break with industry exhibit

13:00 – 13:45 h

Company Symposium

Severe Asthma Satellite Symposium SSAI 2021

Sponsored by GlaxoSmithKline AG

Targeting eosinophilic diseases in real life. Update on treating severe eosinophilic asthma and EGPA in Europe and Switzerland.

Prof. Dr. med. Jörg D. Leuppi, Head physician Pneumology Kantonsspital Baselland /Dr. med. Urs Steiner, Leading physician Clinic for Immunology Universitätsspital Zürich

SYIS Symposium

Introduction of SYIS & presentation of selected abstracts

Dr. Daniella Latorre

14:00 – 15:30 h

Symposia 2 a–c

Symposium 2a: Basic Immunology

B cell responses

Chair: Davide Robbiani, (Bellinzona, CH) / Doron Merkler, (Geneva, CH)

Human B cell memory to emerging viruses

Davide Robbiani, (Bellinzona, CH)

Evolution of human B cell memory to a malaria parasite protein

Hedda Wardemann, (Heidelberg, D)

Abstract Talk (OP23): Low-affinity but high-avidity interactions may offer an explanation for allergen-cross-reactivity

Xinyue Chang, (Bern CH)

Abstract Talk (OP10): Mild COVID-19 elicits early functional plasmablasts and long-term memory B cells while sustaining neutralizing antibody titers

Paola Andrea Martinez Murillo, (Geneva CH)

CONGRESS DINNER AT THE «ZUNFTHAUS ZUR MEISEN»

Thursday, 19 august 2021

Cultural activities and hospitality look back on a long tradition in the «Zunft~~haus~~ zur Meisen». Food and drink are very closely related to the vintners' guild. In 1757, the guild for innkeepers, painters and saddlers, founded in 1336, moved into its new guild house at one of the prime locations in Zurich. Business deals were discussed and political plans were concocted. In the evenings, guild members would meet in the guilds' lounge for a nightcap.

The most important events, however, were the guild meetings frequently accompanied by a rich meal.

In Zurich, the guilds had attained a position hardly found anywhere else. They were the pillars of the city-state. The government was made up of their masters, and guild members handled a large part of the administrative work.

COSTS

| | |
|-----------------------------|------------|
| SSAI Members, Non-members | CHF 120.00 |
| Assistant Doctors, Students | CHF 90.00 |

SCHEDULE

18.30 h

Reception at the Uni Irchel

19.15 h

Bustransfer to the restaurant
«Zunft~~haus~~ zur Meisen»

19.30 h

Congress Dinner at the
«Zunft~~haus~~ zur Meisen»

23.00 h

Individual return

PROGRAM – THURSDAY, 19TH OF AUGUST 2021

Symposium 2b: Clinical Immunology Inflammation

Chair: Mike Recher, (Basel, CH) / Burkhard Ludewig, (St. Gallen, CH)

Immunological approaches to suppress inflammaging and promote systemic rejuvenation

Alexander Eggel, (Berne, CH) – Sanofi laureate 2020

The cGAS-STING pathway in health and disease

Andrea Ablasser, (Lausanne, CH)

Abstract Talk (OP17): Investigation of the PI3K-dependent inflammation in chronic inflammatory pulmonary disease

Jeremy Yeoh, (Bern CH)

Abstract Talk (OP22): Alveolar macrophages strictly rely on GM-CSF from alveolar epithelial type 2 cells after birth and throughout adulthood

Julia Gschwend, (Zurich CH)

Symposium 2c: Clinical Immunology Immune regulation

Chair: Werner Held, (Lausanne, CH) / Daniel Legler, (Thurgau, CH)

Shielding immune cells for targeted immunotherapy

Lukas Jeker, (Basel, CH)

Rhythms in adaptive immune responses

Christoph Scheiermann, (Geneva, CH)

Abstract Talk (OP5): c-Maf expression induces memory-like features in mouse and human ILC2 enforcing their type 2 functional identity

Sara Trabanelli, (Geneva CH)

Abstract Talk (OP7): CD85k Contributes to Regulatory T Cell Function in Chronic Viral Infection

Anna Estrada Brull, (Zurich CH)

15:30 – 16:00 h

Coffee break

16:00 – 17:00 h

Poster session with presenters present at
even numbered posters

17:00 – 18:30 h

SSAI General Assembly

18:30 – 19:15 h

Evening Reception

19:30 – 23:00 h

Congress Dinner



PROGRAM – FRIDAY, 20TH OF AUGUST 2021

| | |
|-----------------|---|
| 08:30 – 09:00 h | Registration |
| 09:00 – 09:30 h | Plenary Lecture 2: Cancer immunotherapy <i>Chair: Daniel Speiser, (Lausanne, CH)</i> |
| | T cell receptor gene therapy Thomas Blankenstein, (Berlin, D) |
| 09:30 – 10:00 h | Coffee break |
| 10:00 – 11:30 h | Symposia 3 a–c |
| | Symposium 3a: Clinical Immunology Vaccination <i>Chair: Martin Bachmann, (Bern, CH) / Steve Pascolo, (Zurich, CH)</i> |
| | Preclinical development of vaccine candidates against COVID-19 Martin Bachmann, (Bern, CH) |
| | YF17D-based vaccines against COVID-19 and other emerging infections Kai Dallmeier, (Leuven, BE) |
| | Abstract Talk (OP2): HLA-DRB1*04 associated chronic inflammation and extracellular matrix-specific autoimmunity following inadvertent periarticular influenza vaccination Julia R. Hirsiger, (Basel CH) |
| | Abstract Talk (OP24): PD-L1 Incorporation within HIV Virions Contribute to Functionally Impair T-Follicular Helper Cells Olivia Munoz, (Lausanne CH) |
| | Symposium 3b: Clinical Immunology Lindenmann symposium for innate immunity <i>Chair: Otto Haller, (Zurich, CH) / Stéphanie Hugues, (Geneva, CH)</i> |
| | NK cell-mediated recognition of virus-infected cells Marcus Altfeld, (Hamburg, D) |
| | Stroma-macrophage interactions Marc Bajenoff, (Marseille, F) |
| | Abstract Talk (OP8): Autophagy proteins in the restriction of Kaposi's Sarcoma-Associated Herpesvirus Entry Katarina Schmidt, (Zurich CH) |
| | Abstract Talk (OP18): Multisystem Inflammation and Susceptibility to Viral infections in Human ZNFX1 Deficiency Stefano Vavassori, (Zurich CH) |

PROGRAM – FRIDAY, 20TH OF AUGUST 2021

| | |
|-----------------|---|
| | Symposium 3c: Clinical Immunology Novel biologics in immunotherapy <i>Chair: Thomas Hauser, (Zurich, CH) / Onur Boyman, (Zurich, CH)</i> |
| | Mitochondria dynamics tailor T cell anti-tumor immunity Ping-Chih Ho, (Lausanne, CH) |
| | Immunotherapy with Gene Engineered T Cells Hans Stauss, (London, UK) |
| | Abstract Talk (OP1): Development of a compartment locked IL-12 version with increased tissue retention and minimal peripheral exposure for local glioblastoma therapy Linda Schellhammer, (Schlieren CH) |
| | Abstract Talk (OP6): Anti-CD20 rituximab IgG1, IgG3 and IgG4 but not IgG2 subclass differentially trigger Ca2+ mobilization and cytotoxicity in human NK cells Marta Freitas Monteiro, (Geneva CH) |
| 11:30 – 13:15 h | Lunch break with industry exhibit |
| 12:15 – 13:00 h | Company Symposium Sponsored by Novartis Pharma Schweiz AG |
| | Familial mediterranean fever (FMF) - behind the scene More than just fever: diagnosis and standard treatment of FMF/ How to treat patients with FMF and amyloidosis Dr. med. Tatjana Welzel, University Children's Hospital Basel (UKBB), Switzerland / Prof. Dr. med. Norbert Blank, University Hospital Heidelberg, Germany |
| 13:15 – 14:45 h | Symposia 4 a–c |
| | Symposium 4a: Basic Immunology Zinkernagel symposium on anti-viral immunology <i>Chair: Manfred Kopf, (Zurich, CH) / Annette Oxenius, (Zurich, CH)</i> |
| | Mechanisms of CD8 T cell immunity and pathology Dietmar Zehn, (Freising, D) |
| | Functional biology of hepatic CD8+ T cells Matteo Iannacone, (Milan, I) |
| | Abstract Talk (OP13): Human tissue resident memory T cells arise during Epstein Barr virus infection in a humanized mouse model Daniel Kirchmeier, (Zurich CH) |
| | Abstract Talk (OP15): Viral Infections License CD4+ T Cells for Antigen-Independent Recruitment and Activation Nima Yassini, (Zurich CH) |

PROGRAM – FRIDAY, 20TH OF AUGUST 2021

Symposium 4b: Basic Immunology

Tumor immunology

Chair: Pedro Romero, (Lausanne, CH) / Mitchell Levesque, (Zurich, CH)

Targeting Regulatory T Cells in Cancer: Means and Mechanism

Sergio Quezada, (London, UK)

Immunoregulation and the tumor microenvironment

Pamela Ohashi, (Toronto, CA)

Abstract Talk (OP20): Isocitrate dehydrogenase 2 inhibition induces memory CD8+ T cells with enhanced antitumor function

Alison Jaccard, (Epalinges CH)

Abstract Talk (OP21): Bedside formulation of a personalized multi-neoantigen vaccine against mammary carcinoma

Mona Mohsen, (Bern CH)

Symposium 4c: Clinical Immunology

Microbiota

Chair: Wolf-Dietrich Hardt, (Zurich, CH) / Emma Slack, (Zurich, CH)

The diversity and specialty of intestine mucosal antibody responses

Andrew Macpherson, (Berne, CH)

Gut microbiota mediated regulation of neuroinflammation

Gurumoorthy Krishnamoorthy, (Martinsried, D)

Abstract Talk (OP12): Epithelium-autonomous NAIP/NLRC4 prevents TNF-driven inflammatory destruction of the gut epithelial barrier in Salmonella-infected mice

Stefan Fattinger, (Zurich CH)

Abstract Talk (OP19): Aryl hydrocarbon receptor (AhR) signaling in the host response directed against the skin commensal yeast Malassezia during health and disease

Eduardo Gushiken Ibañez, (Zurich CH)

14:45 – 15:15 h

Coffee break

15:15 – 16:15 h

Poster session with presenters present at odd numbered posters

16:15 – 17:00 h

Plenary Lecture 3: Anti-viral Immunity

Chair: Christian Münz, (Zurich, CH)

Antibody-mediated neutralization of SARS-CoV-2

Florian Klein, (Cologne, D)

Ab 17:00 h

Closing & Award Ceremony

Awarding of the Brunello Wüthrich Poster Prices, the Biotest Poster Prices and the ACTERIA Oral Prices
Christian Münz, (Zurich, CH)

SYMPOSIUM

SYMPOSIUM | PROGRAM

FAMILIAL MEDITERRANEAN FEVER (FMF) – BEHIND THE SCENE

TIME: 12:15–13:00

WELCOME

MORE THAN JUST FEVER: DIAGNOSIS AND STANDARD TREATMENT OF FMF

Dr. med. Tatjana Welzel, University Children's Hospital Basel (UKBB), Switzerland

HOW TO TREAT PATIENTS WITH FMF AND AMYLOIDOSIS

Professor Dr. med. Norbert Blank, University Hospital Heidelberg, Germany

Q&A AND TAKE-HOME MESSAGE

Severe Asthma Satellite Symposium SSAI 2021



Targeting eosinophilic diseases in real life.

Update on treating severe eosinophilic asthma and EGPA in Europe and Switzerland.

Thursday 19th of August 2021, 13:00 - 13:45

Prof. Dr. med. Jörg D. Leuppi

Head physician Pneumology
Kantonsspital Baselland

Dr. med. Urs Steiner

Leading physician Clinic for Immunology
Universitätsspital Zürich

Looking forward to meet you in person on our Stand n°10!

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CHAIRS AND SPEAKERS

Ablasser Andrea, Prof. Dr. med., Lausanne, CH

Altfeld Marcus, Prof. Dr., Hamburg, D

Bachmann Martin, Prof. Dr., Bern, CH

Bajénoff Marc, PhD, Marseille, F

Becher Burkhard, Prof. Dr., Zurich, CH

Blankenstein Thomas, Prof. Dr., Berlin, D

Boyman Onur, Prof. Dr. med., Zürich, CH

Dallmeier Kai, PhD (Dr. rer. nat.), Leuven, BE

Eggel Alexander, PD Dr., Bern, CH

Haller Otto, Prof. Dr. med., Zürich, CH

Hardt Wolf-Dietrich, Prof. Dr., Zürich, CH

Hauser Thomas, Dr. med., Zürich, CH

Heijnen Ingmar A.F.M., Dr., Basel, CH

Held Werner, Epalinges, CH

Ho Ping-Chih, Prof., Epalinges, CH

Horn Michael P., Dr. phil. nat., Bern, CH

Hugues Stéphanie, Prof., Genève, CH

Iannaccone Matteo, Prof. Dr. med., Milano, I

Jandus Peter, Dr. med., Genève, I

Jeker Lukas, Prof. Dr., Basel, CH

Klein Florian, Univ.-Prof. Dr., Köln, D

Kopf Manfred, Prof. Dr., Zürich, D

Krishnamoorthy Gurumoorthy, Dr., Martinsried, D

Kündig Thomas, Prof. Dr. med., Zürich, CH

Legler Daniel, Prof. Dr., Kreuzlingen, CH

Levesque Mitchell, Prof., Schlieren, CH

CHAIRS AND SPEAKERS

Ludewig Burkhard, Prof. Dr., St.Gallen, CH

Macpherson Andrew, Prof. Dr. med., Bern, CH

Marichal Thomas, Liège, BE

Merkler Doron, Genève, CH

Münz Christian, Prof. Dr. med., Zürich, CH

Ohashi Pamela, PhD, Toronto, CA

Oxenius Annette, Prof. Dr., Zürich, CH

Pascolo Steve, PD Dr., Schlieren, CH

Probst Elsbeth, Dr. med. Dr. phil., Zürich, CH

Quezada Sergio A., Prof. PhD, London, GB

Recher Mike, Prof., Basel, CH

Robbiani Davide, Dr. med., Bellinzona, CH

Romero Pedro, Epalinges, CH

Sallusto Federica, Prof. Dr., Zürich, CH

Scheiermann Christoph, Prof., Genève, CH

Schmid-Grendelmeier Peter, Prof. Dr. med., Zürich, CH

Shamji Mohamed, Dr., London, GB

Slack Emma, Prof. Dr., Zürich, CH

Speiser Daniel, Prof., Epalinges, CH

Stauss Hans, Prof., London, CH

Valenta Rudolf, Dr. med., Vienna, A

Waisman Ari, Univ.-Prof. Dr., Mainz, D

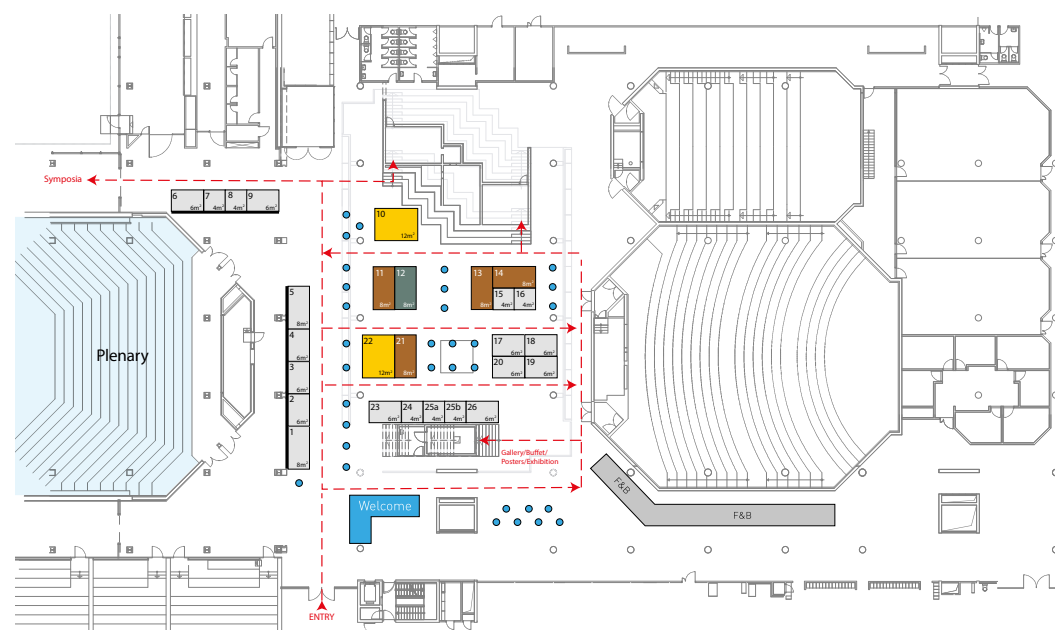
Wardemann Hedda, Prof. Dr., Heidelberg, D

Warnatz Klaus, Prof. Dr. med., Freiburg, D

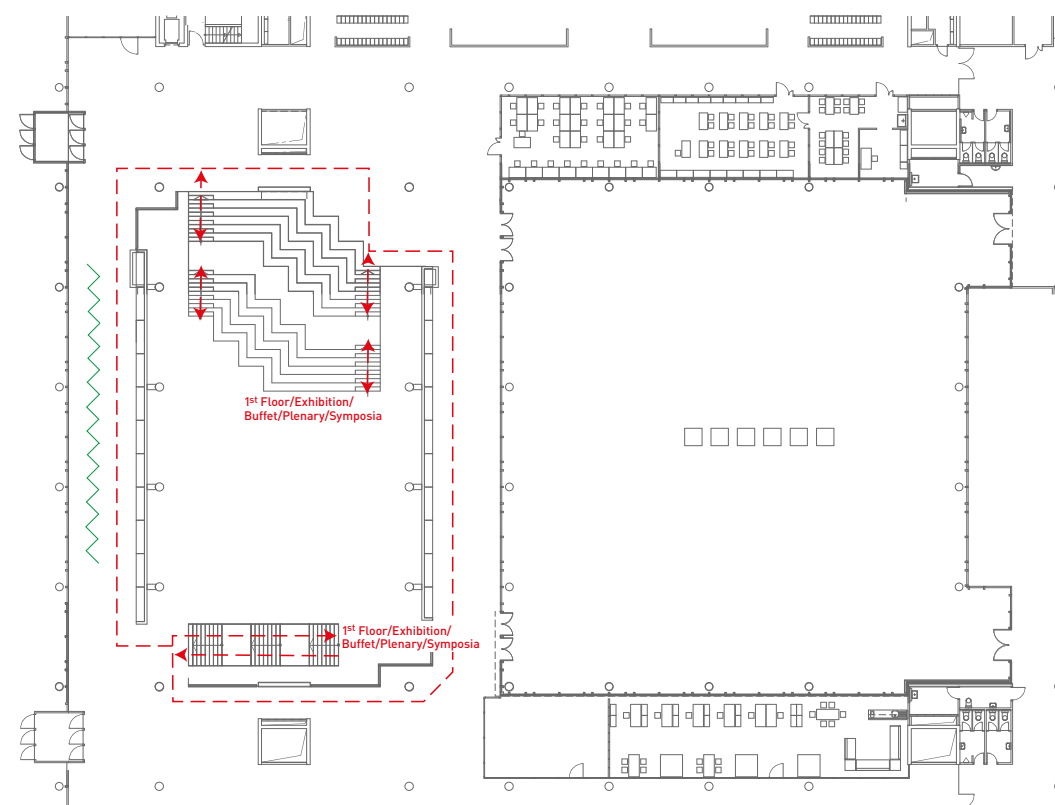
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References:

1. Cuvitru®, www.swissmedinfo.ch.
2. Borte M, et al. Efficacy, safety, tolerability and pharmacokinetics of a novel human immune globulin subcutaneous, 20%: a Phase 2/3 study in Europe in patients with primary immunodeficiencies. Clin Exp Immunol. 2016;187:146–59.
3. Suez D, et al. Efficacy, Safety, and Pharmacokinetics of a Novel Human Immune Globulin Subcutaneous, 20% in Patients with Primary Immunodeficiency Diseases in North America, J Clin Immunol 2016 36:700–712.

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1 DUPIXENT® Fachinformation, Stand der Information: Dezember 2020. www.swissmedinfo.ch.

2 Gandhi NA et al. Targeting key proximal drivers of type 2 inflammation in disease. *Nat Rev Drug Discov* 2016; 15(1): 35–50.

Dupilumab® Lösung zur subkutanen Injektion. Jede Spritze bzw. jeder Fertigpen enthält 200 mg Dupilumab in 1,14 ml Lösung (175 mg/ml) oder 300 mg Dupilumab in 2 ml (150 mg/ml). **W:** Dupilumab (aus gentechnisch veränderten Zellen des chinesischen Hamsters). **I:** Dupixent ist angezeigt zur Behandlung von mittelschwerer bis schwerer atopischer Dermatitis (AD) bei erwachsenen Patienten und Jugendlichen ab 12 Jahren, wenn eine Therapie mit verschreibungspflichtigen topischen Medikamenten keine angemessene Krankheitskontrolle ermöglicht oder nicht empfohlen wird. Dupixent kann mit oder ohne topische Kortikosteroide angewendet werden. Dupixent ist als Zusatz zur Erhaltungstherapie bei Erwachsenen und Jugendlichen ab 12 Jahren bei schwerem Asthma indiziert, gekennzeichnet durch folgende Kriterien: *Eosinophilenzahl im Blut $\geq 0,15$ g/l (entspricht ≥ 150 Zellen/ μ l), unzureichende Asthmakontrolle und mindestens 1 schwere Exazerbation in den vorausgegangenen 12 Monaten, trotz inhalativen Kortikosteroiden und langwirksamen Bronchodilatoren; *oder Notwendigkeit zur dauerhaften Behandlung mit systemischen Kortikosteroiden. Dupixent ist indiziert als Add-on-Therapie mit intranasalen Kortikosteroiden von Erwachsenen mit schwerer CRSwNP, die mit systemischen Kortikosteroiden und/oder chirurgischem Eingriff nicht ausreichend kontrolliert werden kann. **Dosierung:** Für atopische Dermatitis: bei Erwachsenen: Anfangsdosis von 600 mg als subkutane Injektion (2 Injektionen zu je 300 mg), danach 300 mg als s.c. Injektion Q2W. Bei Jugendlichen zwischen 12 bis 17 Jahren: < 60 kg: Anfangsdosis von 400 mg (2 Injektionen zu je 200 mg), danach 200 mg als s.c. Injektion Q2W. Jugendliche ≥ 60 kg und darüber: Anfangsdosis von 600 mg als subkutane Injektion (2 Injektionen zu je 300 mg), danach 300 mg als s.c. Injektion Q2W. Für Asthma: für Erwachsene und Jugendliche ≥ 12 Jahre: *für Patienten mit schwerem Asthma, das mit inhalativen Kortikosteroiden und langwirksamen Bronchodilatoren behandelt wird: Anfangsdosis von 400 mg (2 Injektionen zu je 200 mg), danach 200 mg als s.c. Injektion Q2W. *Bei schwerem Asthma, das mit oralen Kortikosteroiden behandelt wird, oder schwerem Asthma in Verbindung mit mittlerer oder schwerer atopischer Dermatitis, je nach genehmigter Indikation, Anfangsdosis von 600 mg als subkutane Injektion (2 Injektionen zu je 300 mg), danach 300 mg als s.c. Injektion Q2W. Für CRSwNP: empfohlene Dosierung von Dupilumab für Erwachsene: Anfangsdosis von 300 mg, danach 300 mg alle zwei Wochen. Leichte bis mittelschwere Niereninsuffizienz: gleiche Dosierung. **KI:** Überempfindlichkeit gegen Wirkstoff oder einen Hilfsstoff. **VM:** Enthält Natrium (< 1 mmol/Dosis). Überempfindlichkeitsreaktionen: Bei allgemeiner systemischer Überempfindlichkeit (akut oder verzögert) Anwendung von Dupixent sofort beenden und eine geeignete Behandlung einleiten. Hypereosinophilie: Bei Asthmapatienten, die am Entwicklungsprogramm teilgenommen haben, wurden Fälle von Pneumopathien durch Eosinophilen und Fälle von Vaskulitis in Zusammenhang mit eosinophiler Granulomatose mit Polyangitis berichtet. Das Auftreten von Hautläsionen wegen Vaskulitis, einer Verschlimmerung der Lungensymptome, von Herzkomplicationen und/oder einer Neuropathie bei Patienten mit Hypereosinophilie sollten dem Arzt/der Ärztin Anlass zur Sorge bereiten. Helminthosen: Vorbestehende Helminthosen vor Therapie mit Dupixent behandeln, bei Infektion während der Behandlung und Nichtansprechen auf Helminthosenbehandlung Dupixent aussetzen bis Infektion abgeklungen ist. Bei Patienten mit AD: Konjunktivitis und Keratitis: Patienten darauf hinweisen, dass sie das Auftreten oder eine Verschlimmerung von Augensymptomen dem Arzt / der Ärztin mitteilen sollten. Patienten mit Asthma: Anpassung der Asthma-Behandlung nicht ohne vorherige Absprache mit Arzt / Ärztin, nach dem Absetzen der Behandlung diese Patienten sorgfältig überwachen. **IA:** Anwendung von Lebendimpfstoffen vermeiden. **NW:** Reaktionen an der Injektionsstelle; Konjunktivitis, okulärer Juckreiz Blepharitis, oraler Herpes, Eosinophilie, Kopfschmerzen, Arthralgien, Schlafstörungen, Gastritis. **P:** Dupixent 300 mg, Injektionslösung in einer Fertigspritze mit Sicherheitssystem: Packung mit 2 Fertigspritzen. Dupixent 300 mg, Injektionslösung im Fertigpen: Packung mit 2 Fertigpens. Dupixent 200 mg, Injektionslösung in einer Fertigspritze mit Sicherheitssystem: Packung mit 2 Fertigspritzen. Dupixent 200 mg, Injektionslösung im Fertigpen: Packung mit 2 Fertigpens. **AK:B.ZI:** sanofi-aventis (schweiz) ag, 1214 Vernier/GE (für weitere Informationen vgl. <http://www.swissmedinfo.ch/>). **Stand der Information:** Dezember 2020

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#Sicherheitssagen aus der RA können nicht für die AD interpretiert werden. Kombinationstherapie mit konventionellen krankheitsmodifizierenden Antirheumatika (DMARDs, disease-modifying anti-rheumatic drugs) einschliesslich Methotrexat (MTX) bei erwachsenen Patienten mit mittelschwerer bis schwerer aktiver rheumatoider Arthritis, die auf eine Behandlung mit einem oder mehreren DMARDs unzureichend angesprochen haben oder diese nicht vertragen haben. Monotherapie bei Unverträglichkeit gegenüber MTX oder wenn eine Behandlung mit MTX nicht angebracht ist. Die Wirksamkeit alleine oder mit MTX wurde in zuvor unbehandelten Patienten nachgewiesen. * Eine Tablette täglich. Olumiant® kann unabhängig von Mahlzeiten und zu jeder Tageszeit eingenommen werden. ** Als mit topischer Therapie allein. AD = Atopische Dermatitis; JAK = Janus Kinase; RA = Rheumatoide Arthritis.

1. Fachinformation Olumiant®, www.swissmedinfo.ch. 2. Reich K, et al. Efficacy and Safety of Baricitinib Combined With Topical Corticosteroids for Treatment of Moderate to Severe Atopic Dermatitis: A Randomized Clinical Trial. JAMA Dermatol. 2020 Dec 1;156(12):1333-1343. 3. Silverberg JJ et al. Long-term efficacy of baricitinib in patients with moderate-to-severe atopic dermatitis enrolled in the phase 3 long-term extension study BREEZE-AD3. Abstract D3T03.4D; European Academy of Dermatology and Venereology (EADV Virtual); 29-31 October 2020. 4. Bieber T, et al. Pooled safety analysis of baricitinib in adult patients with atopic dermatitis from 8 randomized clinical trials. J Eur Acad Dermatol Venereol. 2021 Feb;35(2):476-485. 5. Genovese MC et al. Safety profile of baricitinib for the treatment of rheumatoid arthritis over a median of 3 years of treatment: an updated integrated safety analysis. Lancet Rheumatol. 2020; 2: e347-e357. DOI:10.1016/S2665-9913(20)30032-1.

Olumiant® (baricitinib) Filmtabletten. **I: Rheumatoide Arthritis:** Kombinationstherapie mit konventionellen DMARDs einschliesslich Methotrexat (MTX) bei erwachsenen Patienten mit mittelschwerer bis schwerer aktiver rheumatoider Arthritis, die auf eine Behandlung mit einem oder mehreren DMARDs unzureichend angesprochen haben oder diese nicht vertragen haben. Monotherapie bei Unverträglichkeit gegenüber MTX oder wenn eine Behandlung mit MTX nicht angebracht ist. Die Wirksamkeit alleine oder mit MTX wurde in zuvor unbehandelten Patienten nachgewiesen. **Atopische Dermatitis:** Behandlung erwachsener Patienten mit mittelschwerer bis schwerer atopischer Dermatitis, wenn eine Therapie mit topischen Medikamenten keine angemessene Krankheitskontrolle ermöglicht oder nicht empfohlen wird. **TD: Rheumatoide Arthritis:** 4 mg einmal täglich. Bei Patienten > 75 Jahren und für Patienten mit chronischen oder wiederkehrenden Infektionen ist möglicherweise eine Anfangsdosis von 2 mg angemessen. Für Patienten, die unter 4 mg einmal täglich eine anhaltende Kontrolle der Krankheitsaktivität erreicht haben, kann eine Erhaltungsdosis mit 2 mg ausreichend sein. **Atopische Dermatitis:** Initiale Dosis 4 mg einmal täglich. Bei Patienten mit chronischen oder wiederkehrenden Infektionen ist die Anfangsdosis 2 mg. Falls nach 8-wöchiger Behandlung keine Besserung eintritt, soll das Arzneimittel abgesetzt werden. Bei Patienten, die mit 4 mg täglich eine anhaltende Kontrolle über die Krankheitsaktivität erreicht haben, soll die Dosierung auf 2 mg täglich reduziert werden. **Spezielle Anweisungen:** Die empfohlene Dosis beträgt 2 mg einmal täglich bei Patienten, die Probenecid anwenden, und bei Patienten mit einer geschätzten glomerulären Filtrationsrate zwischen 30 und 60 ml/min/1.73 m². **KI:** Überempfindlichkeit gegenüber dem Wirkstoff oder einem der Hilfsstoffe. **W/V:** Nicht anwenden und/oder Therapie absetzen im Falle von: aktiver systemischer Infektion, chronischen oder rekurrenden Infektionen oder schwerwiegender oder opportunistischer Infektion in der Vorgeschichte, Virusreaktivierung (z.B. Herpes zoster, Hepatitis B/C), aktiver Tuberkulose, absoluter Neutrophilenzahl < 1 × 10⁹ Zellen/l, absoluter Lymphozytenzahl < 0.5 × 10⁹ Zellen/l, Hämoglobinwert < 8 g/dl, schwerer Einschränkung der Nieren- oder Leberfunktion, tiefer Venenthrombose/Lungenembolie, schwerer allergischer oder anaphylaktischer Reaktion. Lipidparameter überwachen. Vor Beginn der Behandlung, Impfstatus aktualisieren. Bei Patienten mit (oder mit erhöhtem Risiko für) Divertikulitis mit Vorsicht anwenden. **IA:** OAT3-Inhibitoren (Probenecid). **Sch/S:** Während der Schwangerschaft nicht anwenden, es sei denn, es ist eindeutig erforderlich. Während der Behandlung nicht stillen. **UAW:** Sehr häufig: Infektionen der oberen Atemwege, erhöhtes LDL-Cholesterin > 3,36 mmol/l. Häufig: Herpes zoster, Herpes simplex, Infektion der Harnwege, Thrombozytose > 600 × 10⁹ Zellen/l, Kopfschmerzen, Übelkeit, Bauchschmerzen, erhöhte ALT > 3 × ULN, Hautausschlag, Akne, erhöhte Kreatinphosphokinase > 5 × ULN. **Andere schwere UAW (gelegentlich):** Neutropenie < 1 × 10⁹ Zellen/l, Divertikulitis, Schwellung des Gesichts, Urtikaria, tiefe Venenthrombose, Lungenembolie. **P:** Olumiant 2 mg und 4 mg, 28 Filmtabletten. Abgabekategorie B. Kassenzulässig. Weitere Informationen finden Sie unter www.swissmedinfo.ch. Eli Lilly (Suisse) SA, ch. des Coquelicots 16, CP 580, 1214 Vernier (GE). V02-2021

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