52nd

ERA-EDTA CONGRESS LONDON 2015

Held jointly with THE RENAL ASSOCIATION founded 1950

UNITED KINGDOM
MAY 28TH \ 31ST

Leading European Nephrology

Industry Symposia Booklet

www.era-edta2015.org

Industry Symposia Booklet

Emerging Concepts in Chronic Kidney Disease Management: How to utilize innovative approaches to improve outcome of Chronic Kidney Disease Patients

Improving outcomes along the complex CKD patient pathway.

Optimal Chronic Kidney Disease Management:

How to care for the patient trajectory?
Professor Kai-Uwe Eckardt (Germany)

Techniques and Practices in Renal Replacement Therapy:

How to match solutions to the problems?
Professor Christopher McIntyre (Canada)

Dialysis Intelligence:

How can measuring, analyzing and reporting data improve patient outcomes?
Professor Bernard Canaud (Germany/France)

At the 52nd ERA-EDTA Congress, London, UK
May 29, 2015
Time: 13:30–15:00 hrs
Venue: ExCeL London, N10 - Level 1

Chairmen:
Professors Carlo Gaillard (The Netherlands) and Jürgen Floege (Germany)

FRESENIUS MEDICAL CARE

Industry Symposia Booklet

Reaching new frontiers in the clinical management of ADPKD

Bringing together experience to discuss the burden of ADPKD, review pivotal data supporting emerging treatments use and provide expert opinion on considerations for the clinical management of the disease.

Friday 29 May, 13.30–15.00 Room N11, ExCeL

Chair: Prof Vicente Torres
(Mayo Clinic College of Medicine, USA)

Lunch bags will be provided at the start of the symposium

THINKING ADPKD

Programme and speakers:

ADPKD: Overview of the disease and clinical management strategies
Prof Henrik Birn
(Aarhus University Hospital, Denmark)

Emerging treatment of ADPKD – a review of the data
Prof Vicente Torres

Clinical considerations for future management
Prof Ron Gansevoort
(University Medical Centre Groningen, Netherlands)

Followed by a Q&A session

Otsuka

adpkd.com

April 2015. OPEL/0415/TOL/1134.

Industry Symposia Booklet

Lunchtime Symposium

Friday 29 May 2015
13.30–15.00
S11, ExCeL
London Exhibition and Convention Centre
London, UK

High-dose Haemodialysis – Enhancing the Provider and Patient Experience

A boxed lunch will be served from 13.30
We look forward to seeing you there

Baxter

With a distinguished international faculty, chaired by Sandip Mitra, this symposium will focus on the clinical and economic evidence for high-dose haemodialysis delivered at home compared with conventional or in-centre haemodialysis, and includes a patient's own experience of the practical, emotional and health-related aspects of this therapy. This stimulating and informative educational meeting has been designed to support healthcare providers within different healthcare systems, focusing on evidence-based clinical guidance as well as real-world practical advice on how to improve outcomes for long-term dialysis patients.

Programme

Chair's Welcome and Introduction
Sandip Mitra, UK

Clinical Benefits of High-dose Haemodialysis
James Heaf, Denmark

Health Economic Advantages of High-dose Haemodialysis
Christopher Chan, Canada

A Patient Perspective
Madeleine Warren, UK

Summary and Closing Remarks
Sandip Mitra, UK

EUMP/MG76/15-0011a – April 2015

Industry Symposia Booklet

52nd ERA-EDTA Congress 2015

Why, Who and How to Treat Iron Deficiency Beyond Anaemia in Patients with Chronic Kidney Disease

Friday 29 May 2015
13:30–15:00
Level 3, Capital Suite 14–16
ExCel London Exhibition and Convention Centre

PROGRAMME

13:30 Lunch boxes will be provided

13:45 **Welcome and Introduction**
Chair: *David Goldsmith (London, UK)*

13:55 **Why to treat: the benefits of treating iron deficiency beyond anaemia**
Stefan Anker *(Göttingen, Germany)*

14:10 **Who to treat: identifying which patients benefit most from iron therapy**
Simon Roger *(Gosford, Australia)*

14:25 **How to treat: choosing the right iron formulation at the right dose for the right patient**
Iain Macdougall *(London, UK)*

14:45 **Q&A**

Sponsored by
Vifor Fresenius Medical Care Renal Pharma

Vifor Fresenius Renal Medical Care has fully sponsored this symposium and worked with the speakers on choice of topic and content. Payment has been made to the Congress organizer to hold the symposium and lunch boxes have been provided by the company.

Dear Colleague,

It gives me great pleasure to welcome you to the Vifor Fresenius Medical Care Renal Pharma-sponsored symposium, entitled **'Why, who and how to treat iron deficiency beyond anaemia in patients with chronic kidney disease'**.

During today's educational programme I will be joined by an internationally renowned faculty who will first provide an overview of the clinical benefits of treating iron deficiency, discussing what these benefits may mean for patients with chronic kidney disease (CKD). We will then consider which patients would benefit most from iron therapy, with a particular aim of shifting physicians' minds from only treating anaemia towards also treating iron deficiency. Finally, we will discuss how to differentiate between available iron preparations in order to select a treatment that will achieve an effective, safe, controlled and predictable therapeutic outcome, primarily focusing on the clinical benefits that intravenous iron therapy can offer.

This promises to be an engaging and informative educational session. I encourage you to submit your questions for the Q&A session by completing the question cards provided and handing them to an organizer during the symposium.

David Goldsmith

Professor David Goldsmith

Date of preparation: March 2015
CHZH/FER/15/00036b

Industry Symposia Booklet

Iron Needs and Newer Modes of Delivery in Hemodialysis

Invitation to a CME Symposium at the ERA-EDTA 2015 Congress in London

Friday, May 29, 2015, 13.30–15.00
Capital Suite 7-12 · Level 3

Target Audience

This activity has been designed to meet the educational needs of Nephrology professionals involved in the care of patients with kidney disease.

Purpose of Activity

Two major therapeutic areas facing nephrologists as part of their dialysis care are anemia and bone mineral disorders. This symposium will provide increased understanding of current practices in the replacement of iron and in the calcium-free management of hyperphosphatemia. The focus will be on the dual role of iron-based phosphate binders.

Educational Objectives

After completing this activity, the participant should be better able to:

1. Review the conditions that lead to iron replacement needs in patients on hemodialysis.
2. Discuss the modes, risks and limitations of current iron replacement strategies.
3. Explain newer methods to replace iron losses in hemodialysis patients.

Physician Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of SynAptiv and The Med Ed Group. SynAptiv is accredited by the ACCME to provide continuing medical education for physicians. SynAptiv designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

SynAptiv Next Generation Learning · The Med Ed Group, Inc. · KERYX BIOPHARMACEUTICALS, INC

This activity is supported by an educational grant from Keryx Biopharmaceuticals, Inc.

Agenda and Faculty

13:30	**Lunch**
13:45	***Introduction by Programme Chair*** **Myles S Wolf, MD, MMSc** Margaret Gray Morton Professor of Medicine Feinberg School of Medicine, Northwestern University Director, Center for Translational Metabolism and Health Institute for Public Health and Medicine Chicago, Illinois, USA
13:50	***Iron Metabolism, Deficiency and Replacement Options in ESRD*** **Jay Wish, MD** Medical Director, Out-Patient Dialysis Unit, IU Health University Hospital Professor of Clinical Medicine Indiana University School of Medicine Indianapolis, Indiana, USA
14:20	***Hyperphosphatemia Complications and Management in ESRD*** **Mariano Rodriguez, MD** Nephrology Service. IMIBIC. Professor of Medicine Hospital Universitario Reina Sofia Cordoba, Spain
14:50	**Panel Discussion Session**
15:00	**Closing Remarks by Chairperson**

There is no fee for this educational activity.

52nd ERA-EDTA CONGRESS UNITED KINGDOM LONDON 2015 MAY 28TH\31ST

Industry Symposia Booklet

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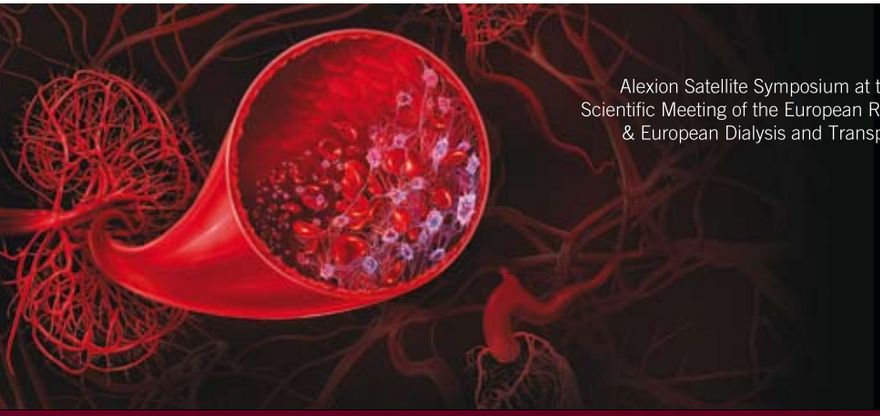
Leading European Nephrology



Alexion Satellite Symposium at the 52nd Annual Scientific Meeting of the European Renal Association & European Dialysis and Transplant Association

Thrombotic microangiopathy (TMA) is a serious disease that can result in severe, irreversible organ damage, and considerable morbidity and mortality. TMA has several causes, including atypical Haemolytic Uraemic Syndrome (aHUS) and thrombotic thrombocytopenic purpura. This symposium will provide you with up-to-date information about the therapeutic management of patients with aHUS, describing the current challenges in rapid differential diagnosis and monitoring disease progression. We will also provide hands-on practical advice from both laboratory and clinician's perspectives.

A lunch will be served at the symposium.

You are invited to attend

How to diagnose and how to treat aHUS today

Friday 29 May 2015, 13:30-15:00

Capital Suite 8-9 - Level 3, ExCel London

Programme

From bench to bedside in aHUS: Historical perspectives	Paul Warwicker *United Kingdom*
How to diagnose and monitor aHUS: laboratory perspectives	Marina Noris *Italy*
Which clinical evaluations and when?	Nils Heyne *Germany*
aHUS, CKD and beyond: how to treat to avoid the irreparable	Ondrej Viklicky *Czech Republic*

Chair: Dr Paul Warwicker, Clinical Director, Lister Renal Units, Stevenage, Hertfordshire, UK

52nd ERA-EDTA CONGRESS LONDON 2015 UNITED KINGDOM MAY 28TH\31ST
www.era-edta2015.org

Please visit the **Alexion** booth in the exhibition hall

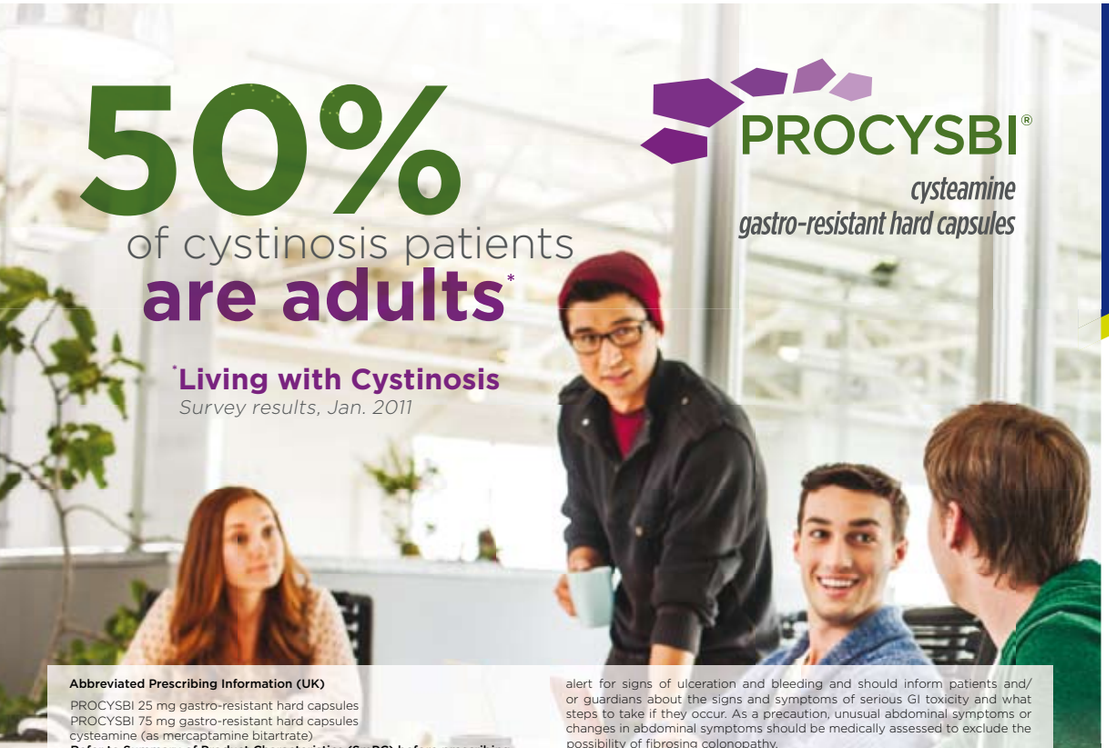
Prescribing Information is available at the Booth and Meeting

Information presented at this industry-sponsored symposium is not necessarily endorsed by ERA-EDTA

ALEXION

EMEA/SaHUS/15/0013 April 2015

Industry Symposia Booklet



Abbreviated Prescribing Information (UK)

PROCYSBI 25 mg gastro-resistant hard capsules
PROCYSBI 75 mg gastro-resistant hard capsules
cysteamine (as mercaptamine bitartrate)
Refer to Summary of Product Characteristics (SmPC) before prescribing.

Presentations: Gastro-resistant hard capsule, containing 25mg or 75mg cysteamine (as mercaptamine bitartrate).
Indication: Treatment of proven nephropathic cystinosis. Cysteamine reduces cystine accumulation in some cells (e.g. leukocytes, muscle and liver cells) of nephropathic cystinosis patients and, when treatment is started early, it delays the development of renal failure.
Dosage and administration: PROCYSBI treatment should be initiated under the supervision of a physician experienced in the treatment of cystinosis. Refer to SmPC for full information on dosage and administration.
Dosage: The goal is to maintain a white blood cell (WBC) cystine level < 1 nmol hemicystine/mg protein, 30 min after dosing, by adjusting the dose. For patients adherent to a stable dose of PROCYSBI, and who do not have easy access to an adequate facility for measuring their WBC cystine, the goal of therapy should be to maintain plasma cysteamine concentration > 0.1 mg/L, 30 min after dosing. The targeted maintenance dose is 1.3 gram/m^2/day. The maximum recommended dose of cysteamine is 1.95 g/m^2/day. *Hepatic impairment, Renal impairment:* No dosage adjustment required. *Dyalysis or post-transplantation*: Cysteamine has been shown to be less well tolerated (leading to more adverse events). *Method of administration:* Oral use. Cysteamine bitartrate should not be administered with food rich in fat or proteins, or with frozen food like ice-cream.
Contraindications: Hypersensitivity to the active substance, any form of cysteamine (mercaptamine), or any of the excipients; Hypersensitivity to penicillamine; Breast-feeding.
Warnings and precautions: Cysteamine therapy must be initiated promptly once the diagnosis is confirmed (i.e. increased WBC cystine) to achieve maximum benefit. The use of doses higher than 1.9 g/m^2/day is not recommended. Oral cysteamine has not been shown to prevent eye deposition of cystine crystals. Therefore, where cysteamine ophthalmic solution is used for that purpose, its usage should continue. If a pregnancy is diagnosed or planned, the treatment should be carefully reconsidered and the patient must be advised of the possible teratogenic risk of cysteamine. Intact capsules of PROCYSBI should not be administered to children under the age of approximately 6 years due to risk of aspiration.
Dermatological: Physicians should routinely monitor the skin and bones of patients receiving cysteamine. If skin or bone abnormalities appear, the dose of cysteamine should be reduced or stopped. Treatment may be restarted at a lower dose under close supervision, and then slowly titrated to the appropriate therapeutic dose. If a severe skin rash develops such as erythema multiforme bullosa or toxic epidermal necrolysis, cysteamine should not be re-administered.
Gastrointestinal: GI ulceration and bleeding have been reported in patients receiving immediate-release cysteamine bitartrate. Physicians should remain alert for signs of ulceration and bleeding and should inform patients and/or guardians about the signs and symptoms of serious GI toxicity and what steps to take if they occur. As a precaution, unusual abdominal symptoms or changes in abdominal symptoms should be medically assessed to exclude the possibility of fibrosing colonopathy.
Central Nervous System (CNS): Seizures, lethargy, somnolence, depression, and encephalopathy have been associated with cysteamine. Patient should be carefully evaluated and the dose adjusted as necessary.
Leukopenia and abnormal liver function: Cysteamine has occasionally been associated with reversible leukopenia and abnormal liver function studies. Blood counts and liver function should be monitored.
Benign intracranial hypertension: Benign intracranial hypertension (or pseudotumor cerebri (PTC)) and/or papilledema has resolved with the addition of diuretic therapy (post-marketing experience with the immediate-release cysteamine bitartrate). Physicians should instruct patients to report any of the following symptoms: headache, tinnitus, dizziness, nausea, diplopia, blurred vision, loss of vision, pain behind the eye or pain with eye movement. A periodic eye examination is needed.
Co-administration with electrolyte and mineral replacement: Can be administered with electrolyte (except bicarbonate) and mineral replacements. Bicarbonate should be administered at least one hour before or one hour after PROCYSBI.
Fertility, pregnancy and lactation: *Pregnancy:* Studies in animals have shown reproductive toxicity, including teratogenesis. PROCYSBI should not be used during pregnancy, particularly during the first trimester, unless clearly necessary. *Breast-feeding:* Contraindicated. *Fertility:* Azoospermia has been reported in male cystinosis patients.
Side Effects: Very common : anorexia, vomiting, nausea, diarrhoea, lethargy, pyrexia. Common : Headache, encephalopathy, abdominal pain, breath odour, dyspepsia, gastroenteritis, abnormal skin odour, rash, asthenia, abnormal liver function tests. Benign intracranial hypertension (or pseudotumor cerebri (PTC)) with papilledema have been reported with immediate-release cysteamine bitartrate. Refer to SmPC for other side effects.
Legal Category: POM
Package quantities and basic NHS cost:
The price is still to be agreed. PROCYSBI 25 mg per pack of 60 capsules
The price is still to be agreed. PROCYSBI 75 mg per pack of 250 capsules
Marketing Authorisation numbers:
EU/1/13/861/001 (PROCYSBI 25 mg); EU/1/13/861/002 (PROCYSBI 75 mg).
Marketing Authorisation Holder:
Raptor Pharmaceuticals Europe B.V., Naritaweg 165, 1043 BW Amsterdam, The Netherlands.
Further information available from: E-Mail: info@raptorpharma.com
Prescribing information last revised: April/2015
Adverse events should be reported.
Reporting forms and information can be found at www.mhra.gov.uk/yellowcard.
Adverse events should also be reported to Raptor Pharmaceuticals Europe B.V.: safetyEU@raptorpharma.com - Tel +31 20 572 6516

EU/PEU/0215/0011a

raptor®

CYSTINOSIS – EVOLUTION FROM PAEDIATRIC TO ADULT DISEASE

JOIN US FOR A LUNCH SYMPOSIUM AT THE 52ND ERA-EDTA CONGRESS

FRIDAY, MAY 29TH, 2015
13:30 – 15:00
Capital Suite 2-3-4 (Level 3)
ExCeL CONGRESS CENTRE
LONDON

Chair: Christoph Wanner, Würzburg, Germany

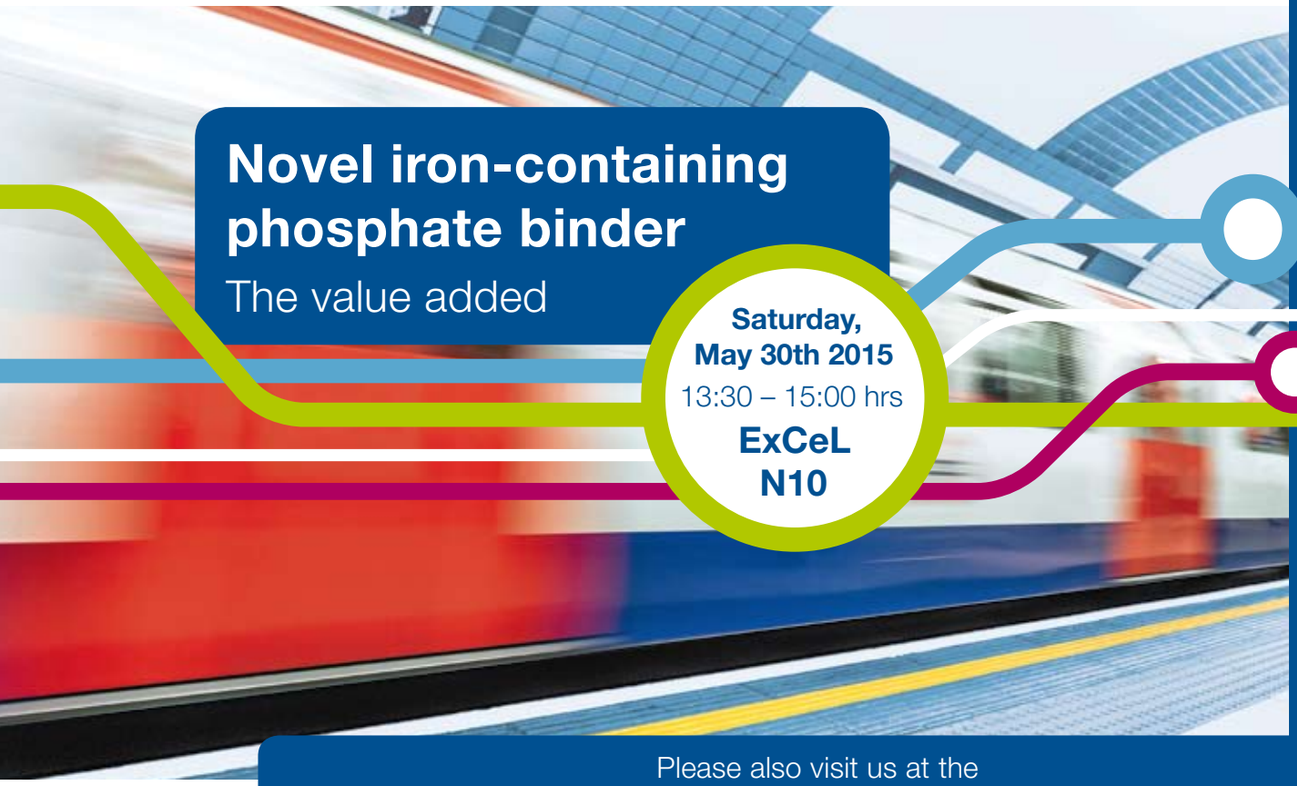
13:30	**Chairman's welcome** Christoph Wanner
13:40	**Cystinosis overview** Elena Levtchenko, Leuven, Belgium
14:00	**Extra-renal manifestations in cystinosis** Graham Lipkin, Birmingham, UK
14:20	**Adolescent to adult: Transition, transplant, treatment** Aude Servais, Paris, France
14:40	**Discussion** Christoph Wanner
14:55	**Closing remarks** Christoph Wanner

Lunch boxes will be provided

VISIT US AT THE RAPTOR PHARMACEUTICALS BOOTH
BOOTH NO. E145 (LOCATED NEAR THE POSTER AREA, OPPOSITE FROM THE CATERING)

EU/PEU/0215/0011a

Industry Symposia Booklet



Novel iron-containing phosphate binder

The value added

Saturday, May 30th 2015
13:30 – 15:00 hrs
ExCeL N10

Please also visit us at the
Vifor Fresenius Medical Care Renal Pharma booth

Vifor Fresenius Medical Care Renal Pharma Scientific Symposium

at the 52nd ERA-EDTA Congress – London, UK

Chairs: John Cunningham (UK), Jordi Bover (ESP)

- **Why was it necessary to invent sucroferric oxyhydroxide?**
  David Goldsmith (UK)
- **Phosphate binding is the name of the game – playing strong in the CKD MBD field**
  Jürgen Floege (GER)
- **Dialysis patients in focus – Potential added benefits**
  Stuart Sprague (USA)

FRESENIUS MEDICAL CARE

UK/PHARM/PA21/0115/0006 Date of Preparation February 2015

Industry Symposia Booklet

Lunchtime Symposium

Saturday 30 May 2015, 13.30–15.00

N11, ExCeL London Exhibition and Convention Centre

Baxter

Optimising the Haemodialysis Patient Journey

A distinguished international faculty, chaired by Vladimir Tesar, will examine the optimal management of in-centre haemodialysis patients and review the evidence around unmet clinical needs as well as the benefits of an individualised approach to care. The symposium will cover key elements of optimised patient care, including recent advances in dialysis membrane technology and management of cardiac problems in haemodialysis patients. This stimulating and informative educational meeting has been designed to support healthcare professionals to make clinically relevant changes in their practice, by providing practical advice on how to improve outcomes along the haemodialysis patient journey.

Programme

Chair's Welcome and Introduction	Vladimir Tesar, Czech Republic
Optimising In-centre Haemodialysis Care – a Wider Perspective	Mohamed Hani Hafez, Egypt
Different Membranes to meet Diverse Needs	Alexander Rosenkranz, Austria
Preventing Short- and Long-term Cardiac Problems in Haemodialysis	Nick Selby, UK
Summary and Closing Remarks	Vladimir Tesar, Czech Republic

A boxed lunch will be served from 13.30
We look forward to seeing you there

EUMP/MG3/15-0014a – April 2015

Industry Symposia Booklet

Identifying ADPKD patients with evidence of rapidly progressing disease

Bringing together experience and opinion to discuss the currently unmet need in the clinical community for practical and informative guidance on the identification of high-risk patients in ADPKD.

Saturday 30 May, 13.30–15.00 Room S11, ExCeL

Chair: Prof Bertrand Knebelmann
(Hôpital Necker-Enfants Malades, Paris)

Lunch bags will be provided at the start of the symposium

THINKING ADPKD

Programme and speakers:

Defining and predicting rapid progression
Prof Yannick Le Meur
(CHU La Cavale Blanche, Brest)

The value of prediction
Prof Arlene Chapman
(The University of Chicago Department of Medicine, USA)

Moving towards consensus
Prof Bertrand Knebelmann

Followed by a Q&A session

Otsuka

adpkd.com

April 2015. OPEL/0415/TOL/1134.

Industry Symposia Booklet

Progressing IV iron treatment for non-dialysis CKD patients – NEW comparative clinical data

Pharmacosmos Symposium at the 52nd ERA-EDTA Congress, London 2015

Date: Saturday 30th May 2015
Time: 13:30–14:45
Venue: Capital Suite 14-15-16

Programme

Chairman's welcome	Andrzej Więcek *Poland*
The PROGRESS study – a randomised, controlled trial comparing iron isomaltoside 1000 to oral iron for iron deficiency anaemia in non-dialysis CKD	Philip Kalra *UK*
The WAVE study – a large prospective observational study of iron isomaltoside 1000 treatment for iron deficiency anaemia in CKD	Frank Leistikow *Germany*
Optimal iron management in non-dialysis CKD – putting it all together	Saeed Ahmed *UK*
Conclusion and questions	Led by Chairman

Andrzej Wiecek
Poland

Philip Kalra
UK

Frank Leistikow
Germany

Saeed Ahmed
UK

Pharmacosmos develops and markets medicines for the treatment of iron deficiency. A research-based company, its ongoing R&D programme focuses on improving the treatment options with maximum efficacy, convenience and safety for patients and professionals.

UK/MONF/0315/0023f
Date of preparation: March 2015

Industry Symposia Booklet

Dimensions of fluid management in renal replacement therapy

Program and speakers:

- **Hypotensive episodes in dialysis need attention**
  Prof. Antonio Santoro, Bologna, IT
- **Biomarkers and optimal CRRT treatment in AKI – the nephrology view**
  Prof. Andreas Kribben, Essen, GER
- **Convection volumes in HDF – the KUF max concept**
  Dr. Angel Argiles, Montpellier, FR

Chair: Prof. Johannes Mann, GER

Visit our website:
www.edta-bbraun.com

Saturday, May 30,
13:30–15:00h,
ROOM: Capital Suite 7-12

B. Braun Avitum AG | Schwarzenberger Weg 73-79 | 34212 Melsungen | Germany
Tel. +49 5661 71-0 | dialysis@bbraun.com | www.bbraun-dialysis.com

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SHARING EXPERTISE

Industry Symposia Booklet

"TORAY"

Innovation by Chemistry

The contribution on suppression of activated platelets to hemodialysis therapy

Date: Saturday, May 30, 2015 13.30 - 15.00
Room: Capital Suite 10-11 – Level 3

Chair:
Claudio Ronco
(San Bortolo Hospital, Italy)

In hemodialysis therapy, blood cells such as white blood cells and platelets are activated by the physical contact with dialysis membrane or the components of dialysate and so on. Activated platelets play the important roles as potent inflammatory cells on several pathogenesis.

In this symposium, we focus on activated platelets during hemodialysis and present an overview of the interactions of activated platelets of dialysis patients, and furthermore introduce the possible clinical effects produced by suppression of platelet activation based on three randomized controlled trials with anti-thrombogenic membrane.

Mr. Ueno, a polymer scientist, introduces the technical aspects of a novel anti-thrombogenic membrane developed by the attention to the adsorbed water on the membrane surface. Because of its suppression property for inflammation, Dr. Kakuta obtained the results of significantly reduced amount of ESA through 6 months usage of anti-thrombogenic membrane, in "TOKAI cytokine removal study". Dr. Tsuchida has proved the significant improvement of intradialytic hypotension in diabetic hemodialysis patients with new membrane, called "ATHRITE-BP" study. Finally Dr. Brendolan tried to demonstrate the direct effect of suppressing the platelet activation with a new membrane in vitro and "TRIATHRON" study.

Talks:

Technical review of a novel anti-thrombogenic membrane
Yoshiyuki Ueno
(Toray Advanced Materials Research Lab, Japan)

Inhibitory potential of anti-thrombogenic membrane to inflammatory reaction, and how will it contribute to hemodialysis therapy?: Tokai cytokine removal study
Takatoshi Kakuta
(Tokai University, Japan)

Reducing frequency of hypotension during hemodialysis with anti-thrombogenic membrane in diabetic nephropathy patients: ATHRITE-BP study
Kenji Tsuchida, Hiroyuki Michiwaki, Daisuke Hirose and Jun Minakuchi
(Kawashima Hospital, Japan)

Improvement of platelet count and reduction of heparin dose: TRIATHRON study
Alessandra Brendolan and Claudio Ronco
(San Bortolo Hospital, Italy)

Industry Symposia Booklet

the ONGOING MANAGEMENT of HYPERKALEMIA IN CKD PATIENTS: Cases for Clinical Decisions

We invite you to attend and solve the mysteries of hyperkalemia during this exciting educational program.

SATURDAY, MAY 30, 2015

13.30 to 15.00

Capital Suite 8-9

Lunch will be provided.

Planned and developed by Medavera, Inc. and supported by an educational grant from ZS Pharma, Inc.

ZS Pharma

CHAIR & MODERATOR

David Wheeler, MD

London, United Kingdom

PROGRAM TOPICS

- Kidney Disease Patients at Risk for Hyperkalemia – Review of Current Guidelines
- RAAS Inhibition Use in Chronic Kidney Disease
- Case Studies
- New Strategies in the Management of Hyperkalemia

There is nothing like first-hand evidence.

Sherlock Holmes

SPEAKER

Adrian Covic, MD, PhD, FRCP (London), FERA

Iasi, Romania

SPEAKER

Francesco Locatelli, MD, FRCPB

Lecco, Italy

INVITATION TO THE GENZYME LUNCH SYMPOSIUM

ERA-EDTA Genzyme Sponsored Satellite Symposium

SATURDAY, 30.05.2015 | 13:30 -15:00 HRS | CAPITAL SUITE 2-3-4 (LEVEL 3)

Come visit our booth D90

Industry Symposia Booklet

Leading European Nephrology

STEPS FORWARD: FABRY DISEASE IN NEPHROLOGY

Professor Alberto Ortiz (Spain) - CHAIR

Chief of Nephrology at IIS-Fundacion Jimenez Diaz, Madrid and Professor of Medicine and Vice-Dean for Research at the Medical School of University Autonoma of Madrid.

Occurrence of Severe Clinical Events by time on Agalsidase Beta among Patients with Fabry Disease

Doctor Renzo Mignani (Italy)

Chief of Ambulatory Renal Transplant and Chief of Rare Disease Nephrology Department at Rimini Hospital (Italy)

FAbry STabilization indEX (FASTEX)

Professor Dominique P. Germain (France)

Professor of Medical Genetics at the University of Versailles, the Director of the Research Unit 'Biotherapies of Fabry disease' within the Unité Mixte de Recherche, Université de Versailles / INSERM (Health and Medical Research National Institute), head of the Division of Medical Genetics of the Paediatric Department at the Raymond Poincaré Hospital and the Referral Center for Fabry disease in Garches

Ten-year outcome of Enzyme Replacement Therapy with Agalsidase Beta in Patients with Fabry Disease

This meeting is Sponsored by Genzyme, a Sanofi Company. All speakers at this meeting are expressing their personal opinion and these are not necessarily those of Genzyme.

Lunch will be provided

genzyme
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GZEMEA.FABR.15.04.0184

Industry Symposia Booklet

abbvie

PLEASE JOIN US FOR THE
ABBVIE-SPONSORED SYMPOSIUM
AT THE 52ND ERA-EDTA CONGRESS

DIABETIC NEPHROPATHY 2020

Saturday, 30 May 2015 | 13.30–15.00

Capital Suite 17 | Convention Center | London, England

AGENDA

What is Missing from Our Understanding of Diabetic Nephropathy Chronic Kidney Disease (DN-CKD)? What Do the Previous Trials Tell Us?	**Bruce Hendry** (United Kingdom)
Can We Identify the Patient at Risk of Rapid Progression?	**Adeera Levin** (Canada)
Can We Identify the Effect of Therapy in type 2 Diabetic Patients with Renal Impairment?	**Dick de Zeeuw** (Netherlands)

Lunch will be provided.

LEARNING OBJECTIVES:

- To provide information to nephrologists regarding the scope of diabetic nephropathy and healthcare implications
- To understand limitations of current therapies and why effective therapies are needed
- To understand the lesson learned from past trials to prevent progression to ESRD and understand what future and ongoing research may bring
- To educate on how to identify type 2 diabetes patients at risk for progression to ESRD and how to evaluate treatment effect

Industry Symposia Booklet

Lunchtime Symposium

Sunday 31 May 2015, 12.15–13.15

Capital Suite 2-3-4, ExCeL

London Exhibition and Convention Centre, London, UK

Supporting CKD Patients at Home

We look forward to seeing you there!

Baxter

This symposium will be led by a distinguished international faculty, chaired by James Heaf, who will examine evidence around unmet clinical needs in patients with chronic kidney disease and the potential benefits of remote clinical monitoring of patients on dialysis. The faculty will focus on the lessons learnt from the management of patients with cardiac disease, and how this evidence may help in meeting the specific challenges of dialysis patient care. This stimulating and informative educational meeting has been designed to support a range of healthcare professionals in understanding and applying innovative solutions to support and monitor patients receiving treatment at home.

Programme

Chair's Welcome and Introduction
James Heaf, Denmark

Learning from Others – the Benefits of Remote Monitoring in Cardiac Care
Martin Cowie, UK

Remote Monitoring to Support CKD Patients – What are the Needs?
Manuel Pestana, Portugal

Summary and Closing Remarks
James Heaf, Denmark

EUMP/130/15-0002a – April 2015

Baxter

Gambro

ak98

YOUR PATH TO TARGET

The Gambro AK 98 system aims to enhance your dialysis treatments and may help you balance your clinical targets and operational objectives.

TOUCH SCREEN

A new user friendly touch screen designed to improve ease of use and efficiency for each and every dialysis session.

DIASCAN

The DIASCAN function provides real-time monitoring of dialysis efficiency allowing you to reach your treatment targets.

ALARMS

External alarms allow you to always keep warnings in sight

TIME BETWEEN TREATMENT

Improved preparation & disinfection aims to decrease time between treatments

See the AK 98 system live at Booth **A40-B50**

AK 98: EUMPMG/208/15-007. April 2015

Making possible personal.