SSAI
ANNUAL CONGRESS
GENEVA
2024

SSAI ANNUAL CONGRESS 2024

ADVANCING PRECISION MEDICINE IN IMMUNOLOGY AND ALLERGOLOGY

SEPTEMBER 12-13, 2024

PALEXPO GENEVA

Credits*

	FAMH	GST/SVVLD	SGAIM	SGDV	SGR	SSAI
12 September	6 Credits	6 Credits	5 Credits	4 Credits	7 Credits	6 Credits
13 September	6 Credits	6 Credits	6 Credits	3 Credits	9 Credits	5 Credits
Total	12 Credits	12 Credits	11 Credits	7 Credits	16 Credits	11 Credits

*Additional credits are claimed to further societies

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

SAVE THE DATE 2025

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HyQvia
Human Normal Immunoglobulin (10%)
Recombinant Human Hyaluronidase

HyQvia® – for flexible use at home for adults

HyQvia® – hyaluronidase-facilitated subcutaneous immunoglobulin treatment for PID and SID[1]

REIMAGINE THE WAY YOU TREAT HAE

- **SIGNIFICANT REDUCTION IN ATTACKS FROM THE FIRST DOSE[1]**
  NEARLY 8 OUT OF 10 PATIENTS HAD ZERO ATTACKS
- **IMPROVEMENT IN QUALITY OF LIFE[1]**
  CLINICALLY MEANINGFUL IMPROVEMENT IN QUALITY OF LIFE WITH TAKHZYRO™
- **2× A MONTH[1]**
  ONE SUBCUTANEOUS SELF-INJECTION

TAKHZYRO™
lanadelumab subcutaneous injection

1. Prescribing information HyQvia®, www.swissmedicinfo.ch.

PID = Primary Immunodeficiency; SID = Secondary Immunodeficiency.

HyQvia®
C: 100 mg/ml immunoglobulinum humanum normal (SCIg) (min. 98 % IgG), hyaluronidasum humanum ADNr. **I:** Replacement therapy in adults in primary immunodeficiency syndromes with impaired antibody production or secondary immunodeficiencies (SID) in patients who suffer from severe or recurrent infections, ineffective antimicrobial treatment and either proven specific antibody failure (PSAF) or serum IgG level of <4 g/l. **D:** Dosage should be individualized to each patient based on pharmacokinetic and clinical response. Subcutaneous Administration. **CI:** Intravenous and intramuscular administration. Hypersensitivity reactions to the active ingredient (IgG) or any of the other ingredients. Hypersensitivity to human immunoglobulins, especially IgA deficiency with concomitant presence of anti-IgA antibodies. Known systemic hypersensitivity to hyaluronidase or recombinant human hyaluronidase. **PR:** Shock possible with intravenous administration. Adhere to infusion rate. Monitor patients throughout the infusion period. Potential complications can often be avoided by slow initial infusion. **IA:** Administration of immunoglobulin may interfere with the efficacy of live vaccines. **PRG/LACT:** Use with caution during pregnancy and breastfeeding, only after carefully weighing the benefits and risks. **UE:** HyQvia® and analog IV product: very common (≥1/10): rash (11.8 %), local reactions (21.9 %). Common (≥1/100, <1/10): Anemia, lymphadenopathy, decreased appetite, anxiety attacks, headache, insomnia, hypoesthesia, conjunctivitis, tachycardia, rhinorrhea, nasal congestion, oropharyngeal pain, dyspnea, vomiting, nausea, abdominal pain, Diarrhea, dyspepsia, bruising, dermatitis, myalgia, chest pain affecting skeletal muscles, muscle cramps, muscle weakness, local reactions, fever, weakness, chest discomfort, chest pain, rigor. Other relevant **UEs:** aseptic meningitis, thromboembolic events were observed, as well as hemolytic anemia/hemolysis. Hypotension with anaphylactic reaction is rare but may occur even if the patient has not shown hypersensitivity with previous administrations. **P:** Each package contains 1 vial of IG 100 mg/ml and 1 vial of recombinant human hyaluronidase: 25 ml/1.25 ml; 50 ml/2.5 ml; 100 ml/5 ml; 200 ml/10 ml; 300 ml/15 ml. Dispensing category B; remunerated by the health insurance fund. **Marketing authorization holder:** Takeda Pharma AG, 8152 Opfikon. For further information: see prescribing information (www.swissmedicinfo.ch). C-APROM/CH/HYQ/0001

1. Prescribing information Takhzyro™ online available under www.swissmedicinfo.ch.

HAE = Hereditary Angioedema.

Takhzyro™
Z: Lanadelumabum. Recombinant human IgG1 monoclonal antibody. **I:** For long-term prophylaxis of hereditary angioedema (HAE) attacks in patients 2 years and older. **D:** From 12 years: The recommended dose is 300 mg every 2 weeks as a subcutaneous injection. A dose interval of 300 mg every 4 weeks is also effective and may be considered if the patient has been well controlled (e.g., has not suffered attacks) for more than 6 months. From 6 to < 12 years: The recommended dose is 150 mg every 2 weeks. A dose interval of 150 mg every 4 weeks is also effective and may be considered if the patient has been well controlled for more than 6 months (e.g. has not suffered any attacks). From 2 to < 6 years: The recommended dose is 150 mg every 4 weeks. **AI:** hypersensitivity to the active ingredient or to any of the other ingredients. **VM:** Hypersensitivity reactions: As with any monoclonal antibody, more severe reactions may occur with, e.g. hypotension, tachycardia, dizziness, dyspnea, nausea, urticaria, and other skin symptoms; interference with coagulation tests: increase in aPTT without change in INR and not associated with adverse bleeding events. **IA:** No studies have been conducted to detect interactions. CYP enzyme-mediated interactions are unlikely. **ADR:** Very common (≥1/10): injection site reactions, common (≥1/100, <1/10): hypersensitivity, dizziness, maculopapular rash, myalgia, alanine aminotransferase (ALT) increased, aspartate aminotransferase (AST) elevated. For more information on ADRs, see. SmPC. **S:** Takhzyro should not be used during pregnancy unless clearly necessary. **GF:** 150mg/ml solution for injection. **P:** 2 ml solution for injection; pack with 1 vial, package with 1 prefilled syringe. 1 ml solution for injection, package with one prefilled syringe. Dispensing category: B. **FI:** Takeda Pharma AG, 8152 Opfikon. Detailed information: Takhzyro™ Specialty Information at www.swissmedicinfo.ch. C-APROM/CH/TAKH/0001

C-APROM/CH/HYQ/0027 06/2024

Takeda Pharma AG I Thurgauerstrasse 130 I 8152 Glattpark (Opfikon)

Takeda

WELCOME FROM THE PRESIDENTS OF THE ORGANIZING COMMITTEE

Dear Friends, dear Colleagues,

We are delighted to invite you to the 2024 Annual Congress of the Swiss Society for Allergology and Immunology (SGAI-SSAI) that will take place on 12th and 13th of September 2024 at the Congress Center Palexpo in Geneva.

The topic of this year's SSAI Annual Congress 2024 is "Advancing Precision Medicine in Immunology and Allergology". Precision medicine is playing a pivotal role in the diagnosis and treatment of autoimmune diseases, leveraging genetic markers to identify at-risk patients and tailor personalized interventions. During the congress, esteemed national and international researchers will share insights into their diverse research activities and studies.

Alongside the Local Organizing Committee, we look forward to welcoming you to Geneva for an inspiring and vibrant event.

With kind regards
Presidents of the Organizing Committee

Prof. Stéphanie Hugues
Department of Pathology and Immunology, Faculty of Medicine, Geneva Centre for Inflammation Research (GCIR), University of Geneva

Prof. Cem Gabay
Department of Medicine, Faculty of Medicine, Geneva Centre for Inflammation Research (GCIR), University of Geneva and Geneva University Hospitals

PROGRAM OVERVIEW – THURSDAY, SEPTEMBER 12TH, 2024

	Plenary Room B	Room E	Room F	Room G
09:00	09:00 - 09:45 **Registration**			
09:15				
09:30				
09:45	**Welcome**			
10:00	10:00 - 11:30 **Plenary Lecture 1:** organized by the Geneva Centre for Inflammation Research			
10:15				
10:30				
10:45				
11:00				
11:15				
11:30	11:30 - 12:00 **Coffee break and poster viewing**			
11:45				
12:00	12:00 - 12:45 **Plenary Lecture 2**			
12:15				
12:30				
12:45	12:45 – 14:00 **Lunch break with industry exhibition and poster viewing**	13:00 - 13:45 **Company Symposia 2** supported by Novartis	13:00 - 13:45 **Company Symposia 1** supported by GSK	
13:00				
13:15				
13:30				
13:45				
14:00	14:00 - 15:30 **Parallel Session 1.1: Laboratory Diagnostics**	14:00 - 15:30 **Parallel Session 1.2: New Technologies in immunology**	14:00 - 15:30 **Parallel Session 1.3: Immunogenetics & Immunodeficiencies**	14:00 - 15:30 **Parallel Session 1.4: Updates in Allergies**
14:15				
14:30				
14:45				
15:00				
15:15				
15:30	15:30 - 16:00 **Coffee break | Poster Session with presenters present at even numbered posters**			
15:45				
16:00		16:00 - 17:00 **Short Communication Session 1.1 Basic Immunology**	16:00 - 17:00 **Short Communication Session 1.2 Clinical Immunology**	
16:15				
16:30				
16:45				
17:00		17:00 - 18:00 **SSAI General Assembly**		
17:15				
17:30				
17:45				
18:00				
18:15	18:15 –19:00 **Welcome Reception** supported by the State of Geneva and Geneva Convention Bureau			
18:30				
18:45				
19:00				
19:15				
19:30	from 19:30 **Congress Dinner at the «Fairmont Grand Hotel Geneva»**			
19:45				
20:00				

Color legend:

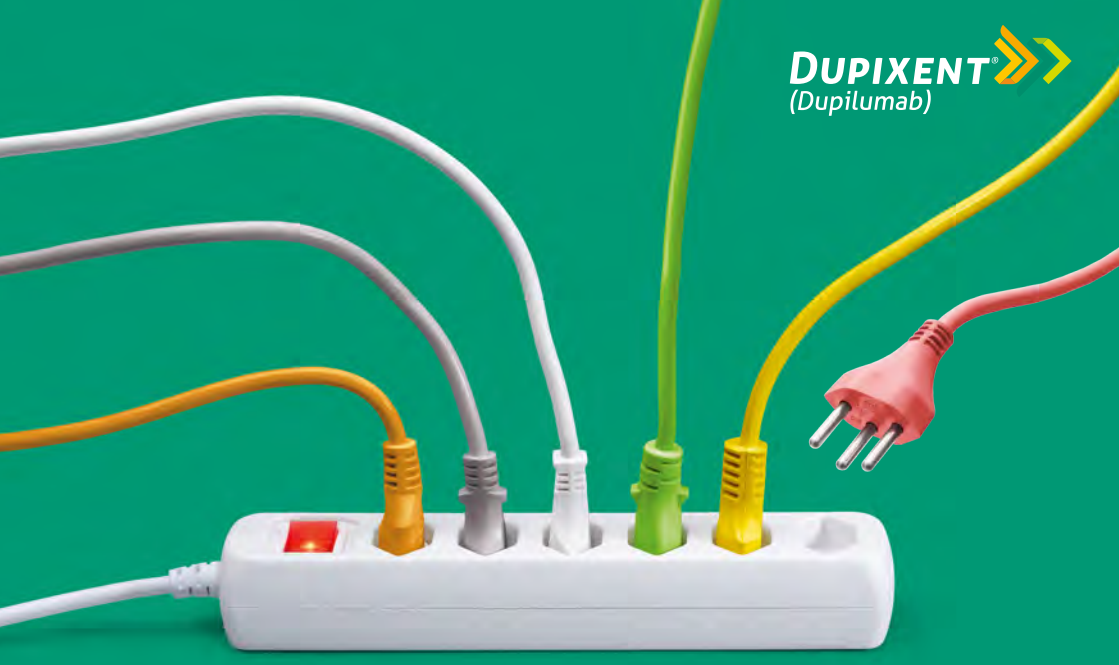
Parallel Symposia | Company Symposia | Plenary Lecture | Short Communication | Poster

PROGRAM OVERVIEW – FRIDAY, SEPTEMBER 13TH, 2024

	Plenary Room B	Room E	Room F
08:30 – 09:00		08:00 - 09:15 **Registration**	
09:15 – 09:45	09:15 - 10:00 **Plenary Lecture 3**		
10:00 – 10:15	10:00 - 10:30 **Coffee break | Poster Session with presenters present at odd numbered posters**		
10:30 – 11:45	10:30 - 12:00 **Parallel Session 2.1: Neuroimmunology**	10:30 - 12:00 **Parallel Session 2.2: Transplant Immunology**	10:30 - 12:30 **Parallel Session 2.3: Immune responses in Allergic disorders**
12:00 – 13:30	12:00 – 13:45 **Lunch break with industry exhibition and poster viewing**	12:45–13:30 **Company Symposia 3** supported by BioCryst	
13:45 – 14:30	13:45 - 14:45 **Short Communication Session 2.1 SYIS Short Talks**	13:45 - 14:45 **Short Communication Session 2.2 Basic Immunology**	13:45 - 14:45 **Short Communication Session 2.3 Laboratory Diagnostics**
14:45 – 15:00	14:45 - 15:15 **Coffee break and poster viewing**		
15:15 – 16:30	15:15 - 16:45 **Parallel Session 3.1: Tumor Immunology**	15:15 - 16:45 **Parallel Session 3.2: Host-Pathogen & Microbiota**	
16:45 – 17:30	16:45 - 17:30 **Closing & Award Ceremony**		

Color legend:
Parallel Symposia | Company Symposia | Plenary Lecture | Short Communication | Poster

DUPIXENT®
(Dupilumab)



Atopische Dermatitis | Schweres Asthma | CRSwNP | Prurigo Nodularis | Eosinophile Ösophagitis | Unser Engagement geht weiter

DUPIXENT® – Das Typ-2-Multitalent

Wussten Sie, dass Dupixent® bereits für 5 Indikationen zugelassen ist? Allen indizierten Erkrankungen ist gemeinsam, dass ihnen eine Typ-2-Entzündung zugrunde liegt. Dupixent® wurde speziell entwickelt, um die Signalwege von IL-4 und IL-13 zu blockieren, die an diesem Entzündungsprozess beteiligt sind.[1]

Mehr erfahren

CRSwNP = Chronische Rhinosinusitis mit Nasenpolypen.

1. DUPIXENT® (Dupilumab) Fachinformation, Stand Januar 2024, www.swissmedicinfo.ch. **Alle Referenzen werden von Sanofi auf Anfrage zur Verfügung gestellt.**

DUPIXENT®. **W:** Dupilumab. **I:** Bei Kindern < 12 Jahren (J.) nur als Fertigspritze indiziert. Dupixent ist zugelassen bei: Patienten (Pat.) ≥ 6 Monate (M.) mit mittelschwerer/schwerer *atopischer Dermatitis (AD)* und (u.) für die Behandlung (Behlg.) Erwachsener (Erw.) mit mittelschwerer-schwerer *Prurigo Nodularis (PN),* wenn eine Therapie mit verschreibungspflichtigen, topischen Behlg. keine angemessene Krankheitskontrolle ermöglicht oder (o.) nicht empfohlen wird. Dupixent kann mit o. ohne topische Kortikosteroide (KS) angewendet werden. Als Add-on-Erhaltungstherapie bei Pat. ≥ 6 J. mit schwerem *Asthma* u. folgenden Kriterien: *Eosinophilenzahl im Blut ≥ 150 Zellen/µL, unzureichender Asthmakontrolle u. ≥ 1 schwere Exazerbation in den letzten 12 M. (trotz inhalativer KS u. lang wirksamer Bronchodilatatoren); *o. Dauerbehlg. mit systemischen KS. Als Add-on-Therapie mit intranasalen KS bei Erw. mit schwerer *chronischer Rhinosinusitis mit Nasenpolypen (CRSwNP),* die mit systemischen KS u./o. operativem Eingriff nicht ausreichend kontrolliert werden kann, sowie bei Pat. ≥ 12 J., ≥ 40 kg mit *eosinophiler Ösophagitis (EoE),* die mit einer konventionellen medikamentösen Therapie unzureichend therapiert sind, diese nicht vertragen o. für die eine solche Behlg. nicht in Betracht kommt. **D:** Dupixent wird subkutan injiziert. *AD/PN:* Erw.: Anfangsdosis (AnfDos.) 600 mg, danach 300 mg alle 2 Wochen (q2w). *AD:* Kinder/Jugendliche (Jug.) (6–17 J.): 15 kg – < 30 kg: AnfDos. 300 mg (Tag 1) u. 300 mg (Tag 15), danach 300 mg alle 4 Wochen (q4w); 30 kg – < 60 kg: AnfDos. 400 mg, danach 200 mg q2w; ≥ 60 kg: AnfDos. 600 mg, danach 300 mg q2w. *AD:* Kinder (6 M.–5 J.): 5 kg – < 15 kg: 200 mg q4w; 15 kg – < 30 kg: 300 mg q4w. Asthma: Erw./Jug. (≥ 12 J.): *Bei schwerem Asthma, unter inhalativen KS u. lang wirksamen Bronchodilatatoren: AnfDos. 400 mg, danach 200 mg q2w. *Bei schwerem Asthma, unter oralen KS: AnfDos. 600 mg, danach 300 mg q2w. Kinder (6–11 J.): 15 kg – < 30 kg: 300 mg q4w; 30 kg – < 60 kg: 200 mg q2w o. 300 mg q4w; ≥ 60 kg: 200 mg q2w. CRSwNP: Erw.: 300 mg q2w. EoE: Erw./Jug. (≥ 12 J.) 300 mg qw. *Andere Indikationen:* siehe Fachinformation. **KI:** Überempfindlichkeit gegen Wirkstoff/Hilfsstoff. **VM:** enthält Natrium (< 1 mmol/Dosis). *Überempfindlichkeitsreaktionen:* Bei allgemeiner systemischer Überempfindlichkeit (unmittelbar o. verzögert) Anwendung von Dupixent sofort beenden u. geeignete Behlg. einleiten. *Hypereosinophilie:* Unter Dupixent-Therapie wurden Fälle eosinophiler Pneumonie u. Vaskulitis, die mit eosinophiler Granulomatose mit Polyangitis verbunden sind, berichtet. Bei Pat. mit Hypereosinophilie sollte Arzt besonders auf Auftreten von vaskulitischem Hautausschlag, Verschlechterung der Lungensymptomatik, Herzkomplikationen u./o. Neuropathie achten. Vorbestehende *Helminthose:* vor Dupixent-Therapie behandeln. Bei Infektion während Dupixent-Behlg. u. Nichtansprechen auf Helminthose-Behlg. muss Dupixent absetzt werden, bis Infektion abgeklungen ist. *Konjunktivitis/Keratitis:* Bei Pat. mit AD wurde über Konjunktivitis u. Keratitis mit Dupixent berichtet. Pat. u. Personen, die kleine Kinder betreuen, müssen neu auftretende o. sich verschlimmernde Augensymptome Arzt mitteilen. Pat. (inkl. Säuglinge u. Kleinkinder), die unter Dupixent-Behlg. eine Konjunktivitis entwickeln, die nach Standardbehlg. nicht abklingt o. die Anzeichen einer Keratitis entwickeln, sollten sich gegebenenfalls einer ophthalmologischen Untersuchung unterziehen. *Pat. mit Asthma:* Anpassung der Asthma-Behlg. nur in Absprache mit Arzt. Nach Absetzen der Behlg. Pat. sorgfältig überwachen. **IA:** Gleichzeitige Anwendung von Lebendimpfstoffen vermeiden. **NW:** Reaktionen/Ödem an Injektionsstelle, Konjunktivitis, Herpes labialis, sonstige Infektionen mit Herpes-Simplex-Viren (Herpes-Ekzem ausgenommen), (Hyper-)Eosinophilie, Arthralgien, Schlaflosigkeit, Gastritis, Enterobiasis, Kopf- u. Zahnschmerzen. **P:** Dupixent, je 2 Fertigspritzen/-pens, 200 mg o. 300 mg. **AK:** B. **ZI:** sanofi-aventis (schweiz) ag, 3, route de Montfleury, 1214 Vernier. Weitere Informationen unter www.swissmedicinfo.ch. **Stand der Information:** Januar 2024

MAT-CH-2400340_3.0_06/2024

sanofi

SCIENTIFIC ADVISORY COMMITTEE

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

Presidents of the Organizing Committee

Prof. Stéphanie Hugues, Department of Pathology and Immunology, Faculty of Medicine, Geneva Centre for Inflammation Research (GCIR), University of Geneva

Prof. Cem Gabay, Department of Medicine, Faculty of Medicine, Geneva Centre for Inflammation Research (GCIR), University of Geneva and Geneva University Hospitals

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Prof. Jean Villard, Transplantation Immunology Unit and National Reference Laboratory for Histocompatibility, Department of Diagnostic, Faculty of Medicine, Geneva Centre for Inflammation Research (GCIR), University of Geneva and Geneva University Hospitals

GSK

AS MULTIFACETED AS A CHAMELEON:

THE SYMPTOMS OF EOSINOPHILIC INFLAMMATION IN THE UPPER[1] ...

NUCALA as targeted anti-IL-5 Therapy![3]

... AND LOWER AIRWAYS.[2]

Nucala is indicated as add-on treatment in adults and adolescents 12 years and older who suffer from severe eosinophilic asthma, characterised by the following criteria:
– at least 2 exacerbations in the last 12 months on current standard treatment (high-dose inhaled corticosteroids and additional maintenance treatment) and/or the need for treatment with systemic corticosteroids.
– blood eosinophil count ≥0.15 G/L (≥150 cells/µl) at treatment initiation or ≥0.3 G/L (≥300 cells/µl) in the last 12 months.

Nucala is indicated as add-on treatment to intranasal corticosteroids in adult patients 18 years and older with severe CRSwNP which cannot be adequately controlled with intermittent systemic corticosteroids and/or surgery.

Detailed information on all 4 indications can be found at www.swissmedicinfo.ch (05.06.2024).
The lyophilisate is not authorised for CRSwNP.

NUCALA
mepolizumab

References: 1. Fokkens WJ et al. «European Position Paper on Rhinosinusitis and Nasal Polyps 2020» Rhinology 2020; 58(Suppl S29):1-464. **2.** Global Initiative for Asthma (GINA): Global Strategy for Asthma Management and Prevention; 2023 [Available from: www.ginasthma.org; last access: May 2024]. **3.** Fachinformation Nucala 07/2023. www.swissmedicinfo.ch.

Nucala (Lyophilisate for solution for SC injection, solution for SC injection in pre-filled pen, solution for SC injection in pre-filled syringe). **AS:** Mepolizumab. **I:** *Severe Eosinophilic Asthma:* Add-on treatment in adults and adolescents 12 years and older characterised by the following criteria: At least 2 exacerbations in the preceding 12 months on current standard of care (high dose ICS plus additional maintenance treatment) and/or need for treatment with systemic corticosteroids, and blood eosinophil count of ≥ 0.15 G/L at start of treatment or ≥ 0.3 G/L in the preceding 12 months. *Chronic Rhinosinusitis with Nasal Polyps (CRSwNP):* Add-on treatment to intranasal corticosteroids in adult patients 18 years and older with severe CRSwNP which cannot be adequately controlled with intermittent systemic corticosteroids and/or surgery (pre-filled pen, pre-filled syringe). *Eosinophilic Granulomatosis with Polyangiitis (EGPA):* Add-on treatment in adults 18 years and older characterised by the following criteria: Relapsing or therapyresistant EGPA, prior stabilisation of the condition with systemic corticosteroids, or maintenance treatment with systemic corticosteroids and, if necessary, steroid-sparing immunosuppressants. *Hypereosinophilic Syndrome (HES):* Add-on treatment in adults and adolescents 12 years and older with HES without FIP1L1-PDGFRα fusion (F/P negative HES). **D:** *Severe Eosinophilic Asthma and CRSwNP:* 100 mg Nucala SC once every 4 weeks. *EGPA and HES:* 300 mg Nucala SC once every 4 weeks. **CI:** Hypersensitivity to an ingredient. **W/P:** Not be used to treat acute asthma exacerbations. Seek medical advice if asthma remains uncontrolled or worsens. No abrupt discontinuation of corticosteroids. Local and systemic hypersensitivity reactions (acute and delayed) have occurred following administration of Nucala. Pre-existing helminth infections should be treated prior to the administration of Nucala. Nucala has not been studied in organ threatening or life-threatening EGPA or life-threatening HES. **IA:** No formal interaction studies have been performed. **P/B:** *Pregnancy:* Not to be administered unless clearly necessary. *Lactation:* Discontinue breast-feeding or to discontinue treatment with Nucala. **UE:** *Very common:* Headache. *Common:* Injection site reactions (a. o. pain, erythema, itching, and burning sensation), eczema, pyrexia, nasal congestion, pharyngitis, lower respiratory tract infection, urinary tract infection, upper abdominal pain, back pain. *HES Study: very common:* Infection. *Post-marketing data: rare:* Hypersensitivity (incl. anaphylaxis). **P:** Lyophilisate for solution for SC injection: vial 100 mg x1. Solution for SC injection: pre-filled pen 100 mg x1, pre-filled syringe 100 mg x1. **DC:** B. Reimbursed (Lim). **Revision of the text:** July 2023. GlaxoSmithKline AG, 3053 Münchenbuchsee. Detailed information can be found at www.swissmedicinfo.ch. Please report adverse drug reactions at pv.swiss@gsk.com. Specialised persons can request the mentioned references from GlaxoSmithKline AG.

PM-CH-MPL-JRNA-240007-07/2024

PROGRAM – THURSDAY, SEPTEMBER 12TH, 2024

09:00 - 09:45	**Registration**
09:45 - 10:00	**Welcome**
10:00 - 11:30 Plenary Room B	**Plenary Lecture 1** **organized by the Geneva Centre for Inflammation Research** Chairs: Doron Merkler, Genève (CH); Annette Oxenius, Zürich (CH)
	Antigen presenting cells in type 2 Immunity Bart Lambrecht, Gent (BE)
	Interleukin-18 in systemic inflammation and cancer Cem Gabay, Genève (CH)
	A novel GM-CSF-dependent macrophage population in the oral cavity Burkhard Becher, Zürich (CH)
11:30 - 12:00	**Coffee break and poster viewing**
12:00 - 12:45 Plenary Room B	**Plenary Lecture 2** Chair: Joerg Seebach, Genève (CH)
	CAR T-cell therapy in autoimmune diseases Georg Schett, Erlangen (DE)
12:45 - 14:00	**Lunch break with industry exhibition and poster viewing**
13:00 - 13:45	**Company Symposia**
Room F	**Symposia 1** Supported by GSK
	Advancing lupus care: early intervention to reduce the risk of organ damage progression Peter Jandus, Genève (CH); Miro Räber, Zürich (CH); Danièle Allali, Carouge (CH); Alice Horisberger, Lausanne (CH)
Room E	**Symposia 2** Supported by Novartis
	Future Treatment Options and Tackling the Unmet Need in Chronic Spontaneous Urticaria Günther Hofbauer, Wetzikon (CH)
14:00 - 15:30	**Parallel Session 1**
Plenary Room B	**Parallel Session 1.1 – Laboratory Diagnostics** Chairs: David Spoerl, Genève (CH); Elsbeth Probst, Zürich (CH)
	Basophils and the control of humoral autoimmunity Nicolas Charles, Paris (FR)
	Contribution of flow cytometry to clinical diagnosis of immune and inflammatory diseases Nicolas Page, Genève (CH)
	State of the art of complement assessment in the diagnostic laboratory Elsbeth Probst, Zürich (CH)

Room E	**Parallel Session 1.2 – New Technologies in immunology** Chairs: Christoph Scheiermann, Genève (CH); Jens Stein, Fribourg (CH)
	Determinants of leukocyte migration through afferent lymphatics Cornelia Halin, Zürich (CH)
	The power of ONE: Immunology in the age of spatial and single cell genomics Ido Amit, Rehovot (IL)
	Awesome Activities out there: Proteomics Discovery of Intercellular Signaling Circuits Regulating Inflammation Felix Meissner, Bonn (DE)
Room F	**Parallel Session 1.3 – Immunogenetics & Immunodeficiencies** Chairs: Géraldine Blanchard Rohner, Genève (CH); Johannes Trück, Zürich (CH)
	Autoinflammatory and autoimmune manifestations among inborn errors of immunity Benedicte Neven, Paris (FR)
	Novel developments in hematopoietic stem cell gene therapy for phagocyte-related disorders Janine Reichenbach, Zürich (CH)
	Update on Immunoactinopathies Fabio Candotti, Lausanne (CH)
Room G	**Parallel Session 1.4 – Updates in Allergies** Chairs: Thomas Harr, Genève (CH); Giovanni Ferrari, Lugano (CH)
	Challenges of Asthma management Christophe von Garnier, Lausanne (CH)
	Update Allergic Contact Dermatitis Marianne Lerch, Winterthur (CH)
	Angioedema: the type specifies the therapy Christina Weber, Zürich (CH)
15:30 - 16:00	**Poster Session with presenters present at even numbered posters**
15:30 - 16:00	**Coffee break and poster viewing**
16:00 - 17:00	**Short Communication Session 1**
Room E	**Short Communication Session 1.1 Basic Immunology** Chairs: Jean-Christophe Beltra, Basel (CH); Greta Guarda, Bellinzona (CH)
	Circadian tumor infiltration and function of CD8+ T cells dictate immunotherapy efficacy Qun Zeng, Geneva (CH)
	Regulatory T cells define affinity thresholds for CD8+ T cell tumor infiltration Mona Mohsen, Bern (CH)

CONGRESS DINNER AT THE

«FAIRMONT GRAND HOTEL GENEVA»

Thursday, 12 September 2024

The organizing committee invites you to be part of the congress dinner at the **Fairmont Grand Hotel Geneva.**

The dinner will take place in the ABC foyer of the Fairmont. Perfectly located in Geneva city centre, close to the airport and train station, the Fairmont Grand Hotel Geneva offers stunning views over Lake Geneva with the famous Jet d'eau, as well as a magnificent view of the surrounding Alps with the majestic Mont Blanc.

COSTS

SSAI Members, Non-members	CHF 120.00

SCHEDULE

18:15 h – 19:00 h
Welcome Reception at the Palexpo

19:00 h - 19:30 h
Bus Transfer to the Fairmont

19:30 h
Congress Dinner at the
«Fairmont Grand Hotel Geneva»

23:00 h
Individual return

Orthotopically transplanted organoids closely recapitulate human colonocytes in vivo
Annika Hausmann, Copenhagen (DK)

Impact of opposing signals IL4-Ra and IFN-g on neutrophils effector functions
Paola Martinez Murillo, Davos (CH))

Macrophage activation syndrome induced by Toll-like receptor 9 activation requires inflammasome nucleation and caspase-1 activation
Arnaud Huard, Geneva (CH)

Cellular and Molecular Immunoprofiling of Lupus Panniculitis: Elucidating the Roles of Cytotoxic T Cells, B Cells, and Complement Activation
M. Milad Ameri, Zürich (CH)

Room F

Short Communication Session 1.2 Clinical Immunology
Chairs: Camillo Ribi, Lausanne (CH); Anne-Katrin Pröbstel, Basel (CH)

Efficacy and Safety of mRNA-1345, an RSV Vaccine, in Older Adults: Results Through ≥6 Months of Follow-Up
Danilo Luca Presotto, Basel (CH)

Tackling the HIV Reservoir with HIV-resistant Anti-PD-1 CAR-T Cells
Laura Ermellino, Lausanne (CH)

Complete Remission in Eosinophilic Granulomatosis with Polyangiitis (EGPA) in the MANDARA Trial of Benralizumab vs Mepolizumab
Philipp Wörner, Baar (CH)

Effective intralymphatic immunotherapy (ILIT) of allergic rhinoconjunctivitis with grass allergoid microcrystalline tyrosine adsorbate: a DBRCT
Pål Johansen, Zürich (CH)

Effect of Benralizumab vs Mepolizumab on Reduction in Oral Glucocorticoid (OGC) Use in Eosinophilic Granulomatosis with Polyangiitis (EGPA)
Ali Rahmany, Baar (CH)

Investigating mitochondrial metabolism dysfunction in SLE NK cells and exploring therapeutic approaches with Hydroxychloroquine and Urolithin-A
Natalia Fluder, Lausanne (CH)

17:00 - 18:00 Room E — **SSAI General Assembly**

18:15 - 19:00 — **Welcome Reception**
supported by the State of Geneva and Geneva Convention Bureau

from 19:30 — **Congress Dinner**

08:30 - 09:15	**Registration**
09:15 - 10:00 Plenary Room B	**Plenary Lecture 3** Chair: Cem Gabay, Genève (CH)
	Regulation and sensing of Z-DNA and Z-RNA in cell death and inflammation Manolis Pasparakis, Köln (DE)
10:00 - 10:30	**Poster Session with presenters present at odd numbered posters**
10:00 - 10:30	**Coffee break and poster viewing**
10:30 - 12:00	**Parallel Session 2**
Plenary Room B	**Parallel Session 2.1 - Neuroimmunology** Chairs: Caroline Pot, Lausanne (CH); Steven T Proulx, Bern (CH)
	The transcription factor Eomes in neuro-inflammation and tumor immunotherapy Anne Dejean, Toulouse (FR)
	An unexpected role of B cells in neuromyelitis optica Thomas Korn, München (DE)
	hiPSC-derived central nervous system cells as a tool of antigen discovery in autoimmune diseases of the brain Renaud Du Pasquier, Lausanne (CH)
Room E	**Parallel Session 2.2 – Transplant Immunology** Chairs: Jean Villard, Genève (CH); Yannick Muller, Lausanne (CH)
	NK cells and KIR genes in hematopoietic stem cell transplantation Antonia Schäfer, Genève (CH)
	Extending the boundaries of the battlefield: innate allorecognition and rejection in organ transplantation Olivier Thaunat, Lyon (FR)
	Alloimmune risk stratification of long-term liver transplant recipients Julien Vionnet, Lausanne (CH)
Room F	**Parallel Session 2.3 – Immune responses in Allergic disorders** Chairs: Peter Jandus, Genève (CH); Lukas Jörg, Bern (CH)
	Novel Mechanisms Controlling Viral and Allergic Inflammation in Asthma and Allergy Milena Sokolowska, Davos (CH)
	Atopic Dermatitis - a heterogeneous disease with new treatment options Claudia Lang, Zürich (CH)
	Update Drug Allergy Thomas Harr, Genève (CH)
	Allergen immunotherapy for food allergy Caroline Roduit, Bern (CH)

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From Nature for Life

12:00 - 13:45	**Lunch break with industry exhibition and poster viewing**
12:45 - 13:30	**Company Symposia**
Room E	**Symposia 3** **Key concepts for translational medicine in rare disease – From research to innovation** sponsored by BioCryst
	The proinflammatory and procoagulant contact system: Translating basic research into novel therapies Thomas Renné, Hamburg (DE)
	Small numbers, big effect - Development in the treatment landscape for hereditary angioedema Urs C. Steiner, Bern (CH)
13:45 - 14:45	**Short Communication Session 2**
Plenary Room B	**Short Communication Session 2.1 SYIS Short Talks** Chairs: Paola Martinez Murillo, Davos (CH); Annika Hausmann, Copenhagen (DK)
	IL-18 activates human Th2 cells in atopic dermatitis Stefanie Schärli, Bern (CH)
	Intranasal administration of a tetravalent nanovaccine inhibits growth of HPV-associated head and neck orthotopic tumors in a murine model Romano Josi, Bern (CH)
	Metabolic regulation of epithelial RIG-I signaling in viral exacerbations of asthma Milena Sokolowska, Davos (CH)
	Interleukin-2 immunotherapy reveals human regulatory T cell subsets with distinct functional and tissue-homing characteristics Miro E. Raeber, Zürich (CH)
	AhR agonism by tapinarof regulates TH2 and TH17 cell function in human skin Fabian Luther, Bern (CH)
Room E	**Short Communication Session 2.2 Basic Immunology** Chairs: Sanjiv Luther, Epalinges (CH); Lukas Jeker, Basel (CH)
	Lymphatic-derived oxysterols promote immunity and response to immunotherapy in melanoma Mengzhu Sun, Geneva (CH)
	Interplay of Interferon alpha receptor signaling in IL-33 release in Fibroblastic reticular cells. Is cell death the way out for IL-33? José A. Villegas, Epalinges (CH)

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

Sanofi Innovation Award 2025: Novel Approaches in Type 2 Inflammation

With this award, Sanofi supports residents and senior physicians who are clinically active in allergology/clinical immunology in Switzerland and whose translational scientific work deals with the topic of type 2 inflammation and related diseases.

The award is endowed with CHF10'000 and is intended for the execution of a scientific project.

Type 2 inflammation plays an important role in a number of immune mediated inflammatory diseases in the allergological, dermatological, respiratory and gastroenterological field. The underlying inflammatory mechanisms are complex and the disease burden for patients and their families is high. Although our understanding of the mechanisms of type 2 inflammation has increased in recent years, many questions remain unanswered. Sanofi has established this science innovation award to promote independent translational scientific research in the field of type 2 inflammation in Switzerland.

The prize is aimed at all residents and senior physicians (SSAI members) who are clinically active in allergology/clinical immunology and who would like to submit exciting research projects on the topic of type 2 inflammation that are being carried out in Switzerland.

The submitted projects will be judged and awarded by an independent jury of experts from the Swiss Society of Allergology and Immunology (SSAI).

The award ceremony will take place at the SSAI Annual Meeting 2025 in Lausanne.

Please submit your project using the Award Submission Form to the SSAI Office (Jolanda Trachsel, General Manager SSAI, email: office@ssai.ch) by 31.05.2025 at the latest.

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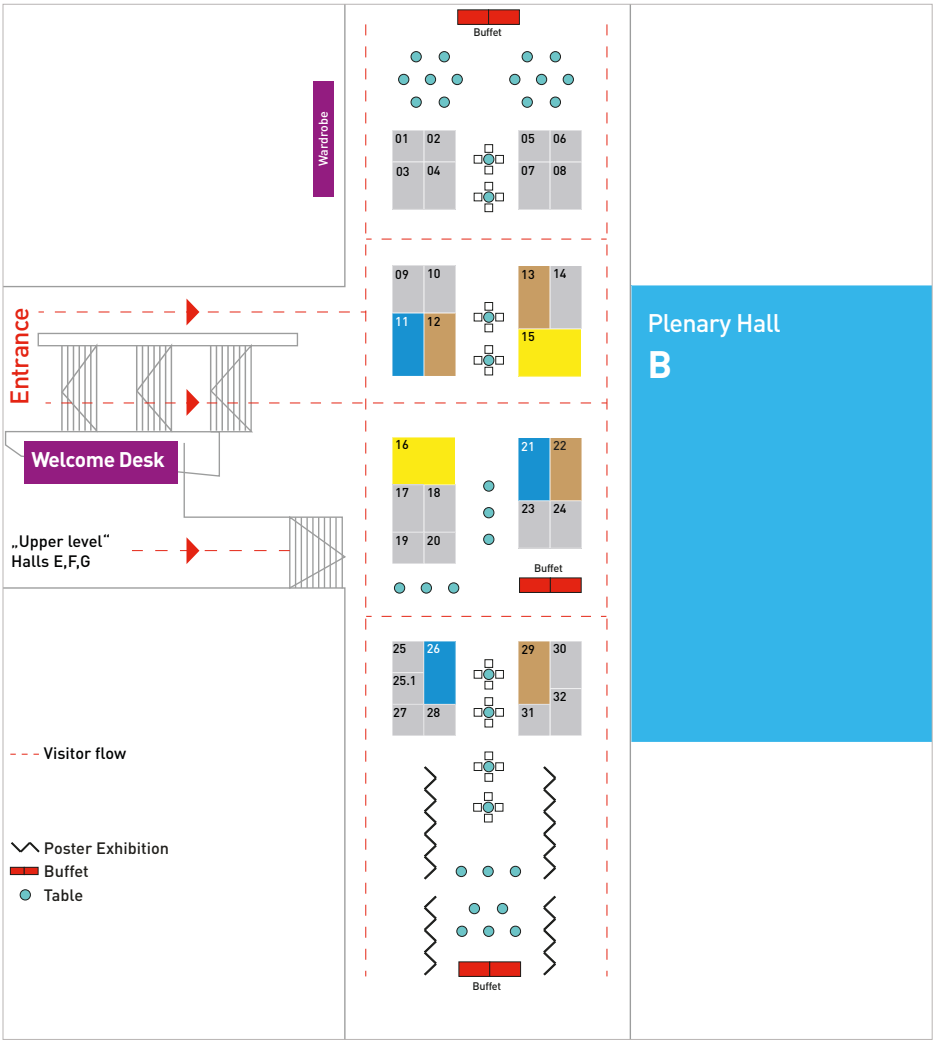
	Unlabeling the Influence of type 2 cytokines (IL-4 and IL-13) and IL-22 on epithelial barrier dysfunction and skin inflammation in Ex-Vivo human skin Yasutaka Mitamura, Davos (CH)
	Adaptive MR1T cells recognise self-metabolites Andrew Chancellor, Basel (CH)
	Accessory lymph nodes support local control of tumor growth Chrysa Papadopoulou, St. Gallen (CH)
	Anti-allergen antibodies can act synergistically with peanut allergen immunotherapy Chiara Arena, Schlieren (CH)
Room F	**Short Communication Session 2.3 Laboratory Diagnostics** Chairs: Ingmar Heijnen, Basel (CH); David Spoerl, Genève (CH)
	Enhanced Diagnostic Accuracy for Peanut Allergy using the Hoxb8 Mast Cell Activation Test Alexander Eggel, Bern (CH)
	Diagnostic performance of the ALEX2 multiplex test for Hymenoptera venom allergy Marc Emmenegger, Basel (CH)
14:45 - 15:15	**Coffee break and poster viewing**
15:15 - 16:45	**Parallel Session 3**
Plenary Room B	**Parallel Session 3.1 – Tumor Immunology** Chairs: Stéphanie Hugues, Genève (CH); Mikael Pittet, Genève (CH)
	Engineered T cell therapy for hematologic malignancies Caroline Arber, Lausanne (CH)
	Macrophage subsets and T cell immunity in Breast Cancer Julie Helft, Paris (FR)
	Innate lymphoid cells (ILCs): allies or enemies in cancer immunotherapy? Camilla Jandus, Genève (CH)
Room E	**Parallel Session 3.2 – Host-Pathogen & Microbiota** Chairs: Arnaud Didierlaurent, Genève (CH); Sophie Trouillet-Assant, Lyon (FR)
	From host to microbe, and back: bidirectional communication during immune responses Simone Becattini, Genève (CH)
	Can B-cell depleted patients mount T-cell responses to vaccination? Christiane Eberhardt, Genève (CH)
	Immunity and Tolerance in Persistent Viral Infection Daniel Pinschewer, Basel (CH)
16:45 - 17:30 Plenary Room B	**Closing & Award Ceremony**

EXHIBITION PLAN

Palexpo Genva



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04 **Allergopharma AG,** Hüneberg
28 **AstraZeneca AG,** Baar
30 **Axon Lab AG,** Baden-Dättwil
19 **BD Biosciences,** Allschwil
18 **Bencard AG,** Greifensee
26 **Biotest (Schweiz) AG,** Rupperswil
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25.1 **STEMCELL Technologies,** Basel
25 **Swiss 3R Competence Centre (3RCC),** Bern
02 **Swiss Young Immunologists Society (SYIS),** Zürich
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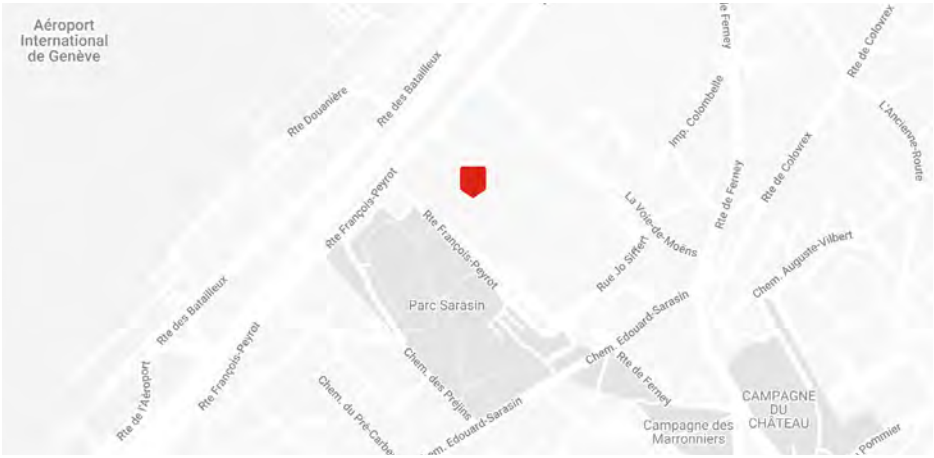
GENERAL INFORMATION

Venue
Palexpo, Route François-Peyrot 30, CH-1218, Le Grand-Saconnex

Getting to Palexpo
> https://palexpo.ch/en/access/



Congress language
English (no simultaneous translation)

Registration fee

	1 day pass	2 day pass
SSAI Members	CHF 300.00	CHF 450.00
Non-members	CHF 350.00	CHF 500.00
Assistants/Students	CHF 150.00	CHF 250.00

Registration

Register online:

> https://ssai-congress.ch/registration

Credits*

	FAMH	GST/SVVLD	SGAIM	SGDV	SGR	SSAI
12 September	6 Credits	6 Credits	5 Credits	4 Credits	7 Credits	6 Credits
13 September	6 Credits	6 Credits	6 Credits	3 Credits	9 Credits	5 Credits
Total	12 Credits	12 Credits	11 Credits	7 Credits	16 Credits	11 Credits

*Additional credits are claimed to further societies

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Brunello Wüthrich Award

The Brunello Wüthrich – aha Neurodermitis (Atopic dermatitis) Research Prize for the

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Swiss Society for Allergology and Immunology

Biotest (Schweiz) AG Awards

«SCIENCE MEETS QUALITY»

Three Biotest Awards, each valued at CHF 1'000.– , will be presented for the best posters in the categories of «Basic Immunology», «Clinical Immunology» and «Allergology/Allergy Laboratory Diagnostics».

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Fondation ACTERIA offers one CHF 1'000.– award for the best oral presentation each on the following topics during the Annual Congress of the SSAI:
Allergology | Clinical Immunology | Basic Immunology | Laboratory Diagnostic

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Sanofi Innovation Award 2024: Novel Approaches in Type 2 Inflammation

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THE AWARD IS ENDOWED WITH CHF10'000 AND IS INTENDED FOR THE EXECUTION OF A SCIENTIFIC PROJECT.

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NOTES

10+ YEARS

Benlysta (belimumab)

GSK

TARGET LUPUS NOW WITH BENLYSTA[1]

This fictional patient image is for illustrative purposes only.

Benlysta is indicated[1]

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

Belimumab has not been studied in patients with severe active central nervous system lupus.

New : BAG limitatio simplified[2]

BENLYSTA powder for making an infusion solution, solution for subcutaneous injection. **AI:** Belimumab. **I:** Reduction of disease activity in patients aged 5 years and older (infusion solution) and in patients aged 18 years and older (subcutaneous injection) respectively with active autoantibody positive systemic lupus erythematosus (SLE) who are receiving standard therapy. Treatment of lupus nephritis (LN) in adult patients receiving standard therapy. Belimumab has not been studied in patients with severe active central nervous system lupus. **D:** *Infusion solution (SLE patients ≥ 5 years, LN patients ≥ 18 years):* 10 mg/kg on Days 0, 14, 28, and at 4 weeks intervals thereafter. *Solution for subcutaneous injection (patients ≥ 18 years):* SLE: 200 mg once weekly (independent of body weight). LN: Patients initiating therapy with Benlysta for active LN: 400 mg once weekly for 4 doses, then 200 mg once weekly thereafter. Patients continuing therapy with Benlysta for active LN: 200 mg once weekly. **CI:** Hypersensitivity to one of the ingredients. **W/P:** Infusion-, injection- and hypersensitivity reactions are possible, which can be severe, or fatal (delay in onset, and recurrence after initial resolution possible). Increased risk of infection possible. Presenting neurological symptoms, possibility of progressive multifocal leukoencephalopathy (PML) should be considered. Increased potential risk for development of malignancies. Before treatment with belimumab, the patient's risk for depression or suicide must be carefully evaluated and the patient must be monitored accordingly during treatment. The physician must be contacted in the event of new or worsening psychiatric symptoms. Available data cannot confirm safety and efficacy of rituximab administered concurrently with belimumab. Live vaccines should not be given for 30 days before or concurrently with Belimumab. **IA:** No drug interaction studies have been conducted. Evidence of increased clearance of belimumab i.v. when co-administrated with steroids and ACE inhibitors. **P/L:** *Pregnancy:* Belimumab should only be used if the potential benefit to the mother justifies the potential risk to the foetus. If indicated, women of childbearing age should use adequate contraceptive measures while being treated and for at least four months after the last treatment. *Lactation:* Safety not verified. In consideration of all aspects it is recommended to consider discontinuing breast-feeding. **UE:** *Very common:* Infections, nausea, diarrhoea. *Common:* Hypersensitivity-, infusion- and injection-related reaction, pyrexia, (rhino)pharyngitis, bronchitis, cystitis, gastroenteritis viral, pain in extremity, insomnia, depression, migraine, leukopenia; reactions at the administration site (s.c.-injection). *Uncommon:* a. o. bradycardia, anaphylactic reaction, angioedema, Suicidal thoughts, suicidal behavior, rash. **Store:** at + 2 °C to + 8 °C, do not freeze. **P:** Powder for making an infusion solution: 120 mg and 400 mg vial. Solution for subcutaneous injection: Autoinjector 200 mg (1 ml) ×1 and ×4. **DC:** Vial: A. Autoinjector: B. **Last updated:** April 2023. GlaxoSmithKline AG, 3053 Münchenbuchsee. Detailed information you can find under www.swissmedicinfo.ch. Please report adverse drug reactions under pv.swiss@gsk.com. Specialised persons can request the mentioned references from GlaxoSmithKline AG.

Reference: 1. Benlysta professional information, www.swissmedicinfo.ch **2.** List of BAG specialties, www.spezialitätenliste.ch (valid since: 01.12.2023)

PM-CH-BEL-JRNA-220004-12/2023

Benlysta (belimumab)

LA PROTECTION CONTRE LE VRS*

COMMENCE MAINTENANT !

Le 1er vaccin contre le VRS chez l'adulte de 60 ans et plus autorisé en Suisse.[1,2]

CURIEUX D'EN SAVOIR PLUS ?

Nous nous réjouissons de votre visite sur notre stand GSK !

* Comme tout vaccin, AREXVY peut ne pas protéger complètement tous les sujets vaccinés.

VRS: Virus Respiratoire Syncytial

AREXVY
(RESPIRATORY SYNCYTIAL VIRUS VACCINE RECOMBINANT, ADJUVANTED)

Références: 1. Information professionnelle AREXVY, www.swissmedicinfo.ch, consulté en juin 2024. **2.** Swissmedic, liste des vaccins, produits sanguins et autres médicaments immunologiques autorisés, lien: www.swissmedic.ch, consulté en juin 2024.

Arexvy (vaccin contre le virus respiratoire syncytial (VRS), recombinant, avec adjuvant). **PA:** Protéine F de préfusion du VRS (antigène RSVPreF3). **I:** Immunisation active des adultes âgés de 60 ans et plus pour la prévention de la maladie des voies respiratoires inférieures due au VRS. **P:** Dose unique de 0,5 mL, par voie intramusculaire. La nécessité d'une vaccination de rappel n'a pas été établie. **CI:** Hypersensibilité à l'un des composants. **M/P:** Une réponse immunitaire protectrice peut ne pas être obtenue chez tous les sujets vaccinés avec Arexvy. Pas de données de sécurité et d'immunogénicité d'Arexvy chez les sujets immunodéprimés. **IA:** Arexvy peut être administré simultanément à un vaccin inactivé contre la grippe saisonnière. Toujours injecter les vaccins à des sites différents. **G/A:** Il n'existe pas de données cliniques sur l'emploi pendant la grossesse et l'allaitement. **EI:** *Très fréquents:* Douleurs au site d'injection, fatigue, myalgie, céphalées, arthralgie. *Fréquents:* Rhinorrhée, érythème ou gonflement au site d'injection, fièvre, frissons. *Occasionnels:* entre autres lymphadénopathie, réactions d'hypersensibilité. *Fréquence inconnue:* Syndrome de Guillain-Barré. **Cons:** Au réfrigérateur (2-8° C). **Pr:** Flacon de poudre et flacon de suspension, ×1. **CR:** B. **Mise à jour de l'information:** décembre 2023. GlaxoSmithKline AG, 3053 Münchenbuchsee. Consulter www.swissmedicinfo.ch pour des informations détaillées. Veuillez signaler les effets indésirables médicamenteux à l'adresse pv.swiss@gsk.com. Les professionnel-le-s de santé peuvent demander les références mentionnées à GlaxoSmithKline AG.

▼ Ce médicament fait l'objet d'une surveillance supplémentaire. Pour plus d'informations, se référer à l'information professionnelle d'Arexvy disponible sous www.swissmedicinfo.ch.

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