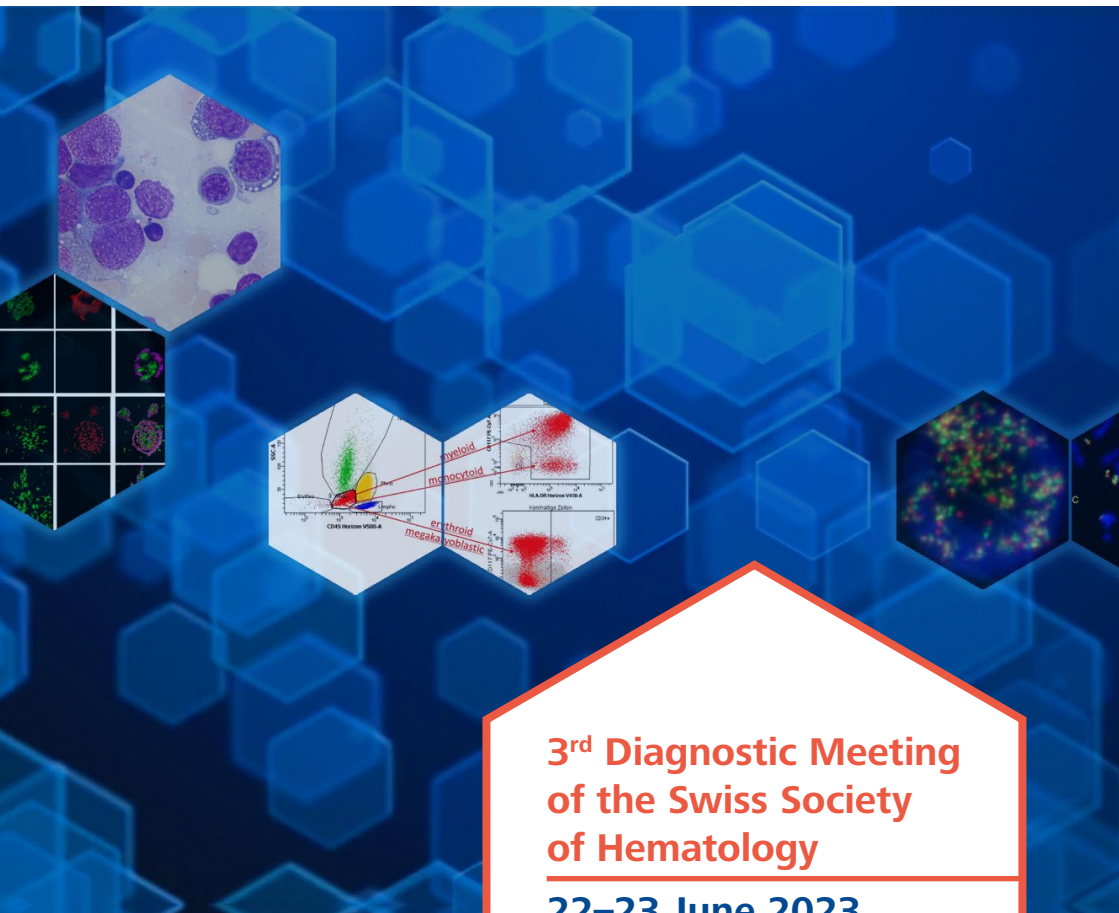


ESLHM



3rd Diagnostic Meeting of the Swiss Society of Hematology

22–23 June 2023

Zentrum Paul Klee, Bern

PROGRAMME

Welcome

We are pleased to welcome you to the 3rd Diagnostic Meeting of the Swiss Society of Hematology (SSH-DM), which takes place on Thursday and Friday, June 22–23, 2023 at Zentrum Paul Klee in Bern.

This two-day meeting is designed to contribute to the clinical application of all available resources in the diagnostic field of hematology and includes the traditional **Microscopy Course**, as well as courses on hemostasis, flow cytometry, and hematology genetics. For each of the four courses a famous, internationally renowned keynote speaker is invited. During a plenary session hold in the morning of the second day, complex hematologic cases including all diagnostic tools will be discussed.

In order to keep less specialized trainees on track, we will also offer for the first time **crash courses in hemostasis, genetics, flow cytometry and morphology**.

At the end of the first meeting day, there will be again a **SSH Review of the EHA 2023** session, where important results of the EHA Congress 2023 will be presented by Hematologists from Switzerland.

The meeting is intended for clinicians, pathologists, geneticists, specialists in molecular hematology, immunologists as well as biologists with specialized knowledge in hematological diagnostics, specialists in laboratory medical analytics FAMH, biomedical analysts (BMA), students and any person interested in the clinical diagnosis of the different fields of hematology.

We look forward to an exciting meeting!



Prof. Dr. André Tichelli
on behalf of the Scientific Organising Committee

Referenzen

1. IMBRUVICA® Fachinformation: www.swissmedicinfo.ch (Stand August 2022)
2. Shanteff T et al. Up to 8-year follow-up from RESONANCE-2 first-line ibrutinib treatment for patients with chronic lymphocytic leukemia. Blood Advances. 2022 June 14; 6(11): 3440-3450.
3. Shanteff T et al. Long-term outcomes of ibrutinib-rituximab and chemotherapy in CLL: updated results of the E1912 trial. Blood. 2022; 140(2): 112-120.
4. Dreyling M et al. Long-term outcomes with ibrutinib for patients who are refractory to mantle cell lymphoma: 4 pooled analyses of 3 clinical trials with nearly 10 years of follow-up. Hemasphere. 2022 13;6(5):e712
5. Buske C, et al. Ibrutinib Plus Rituximab Versus Placebo Plus Rituximab for Waldenström's Macroglobulinemia: Final Analysis From the Randomized Phase III INNOVATE Study. J Clin Oncol. 2022 Jan 1;40(1):52-62 5.
6. BKG Spezialitätenliste: www.spezialitaetenliste.ch (Stand 01.05.2023)

Referenzen können bei Janssen-Cilag AG angefordert werden.

Kürzte Fachinformation Imbruvica® (Stand Dezember 2021).
 Imbruvica® (ibrutinib 140 mg Kapseln, IMBRUVICA 140/ 280/ 420 mg Filmtabletten, I. Erwachsene mit Mantelzelllymphom (MCL), charakterisiert durch Translokation t(11;14) u./od. Expression von Cyclin D1, in denen kein paräpiles Ansprechen erreicht wurde mit vorheriger Therapie od. die eine Progression nach der vorherigen Therapie gezeigt haben. Erwachsene mit chronisch lymphatischer Leukämie (CLL), die nicht vorbehandelt sind u./für die eine Fludarabin-basierte Immunchemotherapie in voller Dosis nicht in Frage kommt, od. die mind. eine vorangehende Therapie erhalten haben, od. die eine 17p-Deletion od. eine TP53-Mutation aufweisen. Erwachsene < 70 Jahre mit nicht vorbehandelter CLL ohne 17p-Deletion und ohne TP53-Mutation in Kombination mit Rituximab. Erwachsene mit Morbus Waldenström (MW), die mind. eine vorangehende Therapie erhalten haben od. zur Erstlinientherapie bei Patienten, welche für eine Chem-Immuntherapie nicht in Frage kommen. Erwachsene mit symptomatischem MW in Kombination mit Rituximab ab der ersten Linie D. P: tgl., oral. MCL: 560 mg, CLL und MW: 420 mg, KI: Überempfindlichkeit auf Wirkstoff od. einen der Hilfsstoffe. MW: Blutungsdiagnose Ereignisse; Leukopenie; Lymphozytopenie; Müdigkeit; Infektionen; Zytopenien; interstielle Lungenerkrankung; Herzrhythmusstörungen und Herzinsuffizienz; zerebrovaskuläre Vorfälle; Nicht-melanomartiger Hautkrebs; Virusreaktivierung; arterielle Hypertonie; Hämophagozytische Lymphochitzytose (HLH) Keine Anwendung in Schwangerschaft. Weitere WH: www.swissmedicinfo.ch. Hilfsstoffe: Lactose Natrium, LAM, sehr hohe Neutropenie, Thrombozytopenie, Diarrhöe, Erbrechen, Stomatitis, Übelkeit, Obstipation, seröse Adenome, Fieber, Infektion d. oberen Atemwege, Pneumonie, muskuloskeletale Schmerzen, Muskelkrämpfe, Arthralgie, Kopfschmerz, Bluthrasen, Bluthochdruck, Hautausschlag, Infektion d. Haut, erhöhtes Blutkreatinin, Hyperurikämie, Lymphozytose, Schwindel, Häufig; Nicht-melanomartiger Hautkrebs, Nausea, Muskelschwäche, Schilddrüsenfunktionsstörung, Neutropenie, Leukozytose, basophile Leukozytose, basophile Leukozytose, periphere Neuropathie, periphere Neuropathie, Verstopfung, verstopfte Nase, Harnwegsinfektion, interstielle Lungenerkrankung, Onchokeliose, Urtikaria, Erythem, Verschwimmensehen. Weitere LAM's, Kompendium, IA: u. a. CYP3A-Inhibitoren u. -induktoren; Grapefruitsaft. Packungen: Ibrutinib 140 mg Kapseln à 10, 30, 60, 120, 240, 480, 960, 1920, 3840 mg Filmtabletten à 28, 56, 112, 224, 448, 896, 1792 mg Filmtabletten à 28, 56, 112, 224, 448, 896, 1792 mg Filmtabletten. A: Ausführende Informationen: www.swissmedicinfo.ch Zulassungsinhaber: Janssen-Cilag AG, Gubelstrasse 34, 6300 Zug (PK, CH, CP, 220547)



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AML: acute myeloid leukaemia; **BCL-2:** B-cell 2 lymphoma; **CLL:** chronic lymphatic leukaemia; **PFS:** progression-free survival; **R/R CLL:** relapsed/refractory chronic lymphatic leukaemia; **uMRD:** undetectable minimal residual disease

1. Seymour JF, et al. Enduring undetectable MRD and updated outcomes in relapsed/refractory CLL after fixed-duration venetoclax-rituximab. Blood. 2022;140(8):839–850. (incl. suppl.).
2. Summary of product characteristics Venclxyto® (Venetoclax), www.swissmedicinfo.ch.
3. Hallek M, Al-Sawaf O. Chronic lymphocytic leukaemia: 2022 update on diagnostic and therapeutic procedures. Am J Hematol. 2021 Dec 1;96(12):1679–1705.
4. Souers AJ et al. ABT-199, a potent and selective BCL-2-inhibitor, achieves antitumor activity while sparing platelets. Nat Med. 2013;19(2):202–208. 5. Seymour, J.F. et al. Venetoclax-Rituximab in Relapsed or Refractory Chronic Lymphocytic Leukemia. N Engl J Med 2018 378 (12), 1107–1120.

Succinct summary of product characteristics Venclxyto® (Venetoclax) I: CLL: In combination with rituximab for the treatment of adult patients with chronic lymphocytic leukemia who have received ≥ 1 prior therapy. As monotherapy for the treatment of CLL in the presence of 17p deletion or TP53 mutation in adult patients who have failed a B-cell receptor pathway inhibitor. AML: In combination with azacitidine or decitabine or low-dose cytarabine in adult patients newly diagnosed with acute myeloid leukemia who are not eligible for intensive chemotherapy. Patients with acute promyelocytic leukemia are excluded. D: Once daily with water at meals at the same time each day. For CLL, stepwise dose increase over 5 weeks from 20 mg for 7 days up to 400 mg. In combination with rituximab, administration of rituximab after Venclxyto dose titration is complete. Venclxyto 400 mg daily from Cycle 1 Day 1 of rituximab for 24 months. For AML, stepwise dose increase over 3 days from 100 mg to 400 mg in combination with azacitidine and decitabine and over 4 days up to 600 mg with cytarabine. Note information on the prevention of tumor lysis syndrome (TLS) and dose adjustment in the event of TLS and other toxicities. C: Hypersensitivity to the ingredients. Concomitant use with strong CYP3A inhibitors at the start and during the dose titration phase (CLL) or St. John's wort preparations (all patients). IA: Caution when using CYP3A, P-gp, BCRP inhibitors/substrates, CYP3A inducers, bile acid sequestrants, statins and warfarin; dose adjustments may be required. AE: Very common adverse reactions (≥ 1/10): Sepsis, pneumonia, urinary tract infection, upper respiratory tract infection, febrile neutropenia, neutropenia, thrombocytopenia, anemia, lymphopenia, hyperkalemia, hyperphosphatemia, hypocalcemia, hypokalemia, loss of appetite, dizziness/syncope, headache, hemorrhage, hypotension, dyspnea, diarrhea, stomatitis, vomiting, nausea, abdominal pain, constipation, arthralgia, asthenia, fatigue, blood bilirubin increased, weight loss. P: Venclxyto film-coated tablets, 10 mg (10 or 14 tablets), 50 mg (5 or 7 tablets) or 100 mg (7 or 12 tablets) in blisters. List A: reimbursed with limitation. M: Abbvie AG, Alte Steinhilfstrasse 14, 6300 Cham, Switzerland, Tel. (+41)41 399 15 00 (VG).

See Information for Professionals for the medicinal product for detailed information: www.swissmedicinfo.ch



Scientific Organising Committee

Prof. Dr. med. Anne Angelillo-Scherrer

Prof. Dr. med. Dr. rer. nat. Stefan Balabanov

PD Dr. med. et phil. nat. Yara Banz

Dr. med. Sabine Blum

Dr. rer. nat. Jan Dirks

Prof. Dr. med. Stefan Dirnhofer

PD Dr. med. Jeroen Goede

Prof. Dr. med. Alicia Rovó

Dr. med. Kaveh Samii

Prof. Dr. med. Jacqueline Schoumans

Prof. Dr. med. Georg Stüssi

Prof. Dr. med. André Tichelli

Dr. med. Nadija Wegener

Programme

Thursday, 22nd June 2023

Time	Auditorium	Forum	Seminar room
09:00	Chairs: Lars Asmis & Pierre Fontana <ul style="list-style-type: none"> Fibrinolysis <i>Alessandro Casini, Geneva</i> Thrombin generation <i>Kristina Vrotniakite-Bajerciene, Bern</i> Procoagulant COAT platelets: Mechanistic and clinical aspects <i>Debora Bertaglia Calderara & Maxime Zermatten, Lausanne</i> 	Chairs: Jan Dirks & Cassandra Hogan <p>Keynote lecture Spectral Flow Cytometry <i>Jennita Slomp, Enschede (Netherlands)</i></p> <p>Dutch AML MRD working group <i>Nicole Borghuis, Enschede (Netherlands)</i></p>	Hemostasis Crash course hemostasis Chairs: Maria Martinez & Jan-Dirk Studt <ul style="list-style-type: none"> Instructive cases <i>Jan-Dirk Studt, Zurich</i> Laboratory diagnosis <i>Lukas Graf, St. Gallen</i>
09:30			
10:00			
10:30	Coffee break & exhibition		
11:00	Chairs: Johanna Kremer Hovinga & Alessandro Casini <p>Keynote lecture How to detect pathogenic anti-PF4 antibodies associated with HIT? <i>Yves Gruel, Tours (France)</i></p>	Chairs: Bijan Moshaver & Françoise Solly <p>Utility of Flow Cytometry for diagnosis of T-cell lymphomas <i>Paula Fernandez, Aarau</i></p> <p>Determination of TCR monotypy by flow cytometry – chances and challenges <i>Françoise Solly & Valentin Basset, Lausanne</i></p>	Hemostasis Crash course genetics Trung Hieu Luu & Jacqueline Schoumans <p>Introduction in molecular and catogenetic testing capabilities and limitations</p> <p>Interactive discussions around genetic testing strategies using practical case</p>
12:00			
12:30	Lunch break & symposium		
13:30	Chairs: Lukas Graf & Eugenia Biguzzi <ul style="list-style-type: none"> Acquired Von Willebrand disease <i>Johanna Kremer Hovinga, Bern</i> Acquired hemophilia <i>Eugenia Biguzzi, Bellinzona</i> Diagnostic challenges in immune thrombocytopenia <i>Alicia Rovó, Bern</i> 	Chairs: Darius Juškevičius & Friedel Wenzel <p>3 Case presentations - The challenge in detecting germline variants in myeloid panels: DDX41 cases as examples</p> <ul style="list-style-type: none"> <i>Britta Hartmann & Maïke Meier, Kantonsspital Aarau</i> <i>Thomas Lehmann & Tobias Silzle, KS St. Gallen</i> <i>Dorothea Lesche & David Hediger, Kinderspital Zürich</i> 	Hemostasis Crash course flow cytometry Ewa Dudkiewicz & Valentin Basset <p>Introduction to flow cytometry methodology, (pre-)analytical requirements and diagnostic algorithms</p> <p>Interactive discussions around practical cases</p>
14:00			
14:30			
15:00	Coffee break & exhibition		
15:30	Chairs: Sabine Blum & Georg Stüssi <ul style="list-style-type: none"> Acute leukemia (AML/ALL) <i>Marcus Schittenhelm</i> Chronic myeloid neoplasms (MDS/MPN/CMML) <i>Sabine Blum</i> Benign hematology <i>Katarzyna Jalowiec</i> Hemostasis <i>Lukas Graf</i> 		
17:00		Coffee break & exhibition	
17:30	Chairs: Sabine Blum & Georg Stüssi <ul style="list-style-type: none"> Lymphoid neoplasms (Lymphoma/CLL) <i>Adalgisa Condoluci</i> Plasma cell neoplasms/multiple myeloma <i>Rouven Müller</i> HCT and cellular therapy (including CAR-T) <i>Dominik Schneidawind</i> 		
17:50			
18:10			
18:30	Apéro		

Programme

Friday, 23rd June 2023

Time	Auditorium	Seminar room
09:00	Chair: Alicia Rovó <ul style="list-style-type: none"> Case presentation from Geneva <i>Kaveh Samii et al.</i> Case presentation from Zurich <i>Nadija Wegener et al.</i> Case presentation from Tessin <i>Georg Stüssi et al.</i> 	Microscopy Crash course microscopy Jeroen Goede & André Tichelli <p>Interactive live morphology presentations around practical cases</p>
09:30		
10:00		
10:30	Coffee break & exhibition	
11:00	Chair: Stefani Parmentier <p>Case presentation from Lucerne <i>Anita Gähler & Stefan Dirnhofer</i></p>	
11:30		
12:30	Lunch break & symposium	
13:30	Chair: Jeroen Goede <p>Case presentation from University Hospital Basel <i>Patrick Bättig, Jan Dirks & Stefan Dirnhofer</i></p> <p>The biomedical scientist's perspective: Peripheral blood smears with uncommon findings <i>Brigitte Suter, Basel</i></p> <p>Quiz – Questions on hematology and morphology <i>Alicia Rovó, Bern</i></p>	
14:00		
14:30		
15:15	Chair: Stefani Parmentier <p>Case presentation from CHUV, Lausanne <i>Sabine Blum & Gerasimos Tsilimidos</i></p>	
15:45	Closing words: Jeroen Goede	
	END OF THE SSH-DM 2023	



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³ in a phase 3 head-to-head study vs bosutinib (37.6% vs 15.8% at Week 96).⁴

⁴ in a phase 3 head-to-head vs bosutinib (7.7% vs 26.3% at week 96).⁴

Abbreviation: AE: Adverse Event; MMR: Major Molecular Response; TKI: Tyrosinkinaseinhibitor; Ph+ CML: Philadelphia chromosome-positive chronic myeloid leukaemia; STAMP: Specifically Targeting the ABL Myristoyl Pocket

References: 1. SCSEMBLIX® prescribing information for Switzerland: www.swissmedinfo.ch. (access: 11.11.22). 2. SCSEMBLIX® SL listing https://www.bag.admin.ch/bag/de/home/versicherungen/krankenversicherung/krankenversicherung-leistungen-tarife/Arzneimittel/Beurteilungen-BAG-von-Arzneimitteln-der-Spezialtaetenliste.html (accessed on 25.01.2023). 3. Réa D, et al. A Phase 3, Open-Label, Randomized Study of Asciminib, a STAMP Inhibitor, vs Bosutinib in CML After ≥2 Prior TKIs. Blood. 2021. Nov 25;138(21):2031-2041. 4. Réa D, et al. Efficacy and Safety Results from ASCSEMBL, a phase 3 study of ASCMINIB vs BOSUTINIB in patients with chronic myeloid leukemia in chronic phase after ≥2 prior tyrosine kinase inhibitors: WK 96 Update; EHA June 2022, oral and publication; S155. Novartis will provide the listed references upon request.

General Information Scemblix® (asciminib): C: Asciminib and excipients. I: Scemblix® is indicated for the treatment of adult patients with Philadelphia chromosome-positive chronic myeloid leukaemia (Ph+ CML) in chronic phase (CP) in whom previous administration of two or more tyrosine kinase inhibitors has resulted in treatment failure or intolerance. D: Posology: The total recommended daily dose of Scemblix is 80 mg. Scemblix® may be taken orally either at 80 mg once daily at approximately the same time each day or at 40 mg twice daily at approximately 12-hour intervals. For treatment changes or special dosing instructions, see www.swissmedinfo.ch. CI: Hypersensitivity to the active substance or to any of the excipients listed in the composition. WP: Myelosuppression, Pancreatic toxicity, QT prolongation, Hypertension, Hypersensitivity, Hepatitis B reactivation, Embryo-fetal toxicity For further information, see www.swissmedinfo.ch. IA: Strong CYP3A4 inhibitors. Strong CYP3A4 inducers. Medicinal products with a narrow therapeutic index which are substrates of CYP enzymes and/or transporters. Potential to interact with CYP2C8, CYP2C9, CYP3A4, CYP3A5, P-gp, OATP1B1, OATP1B3, OCT1, BCRP, UGT1A1, UGT2B7, UGT2B17. QT-prolonging agents, food: Asciminib bioavailability decreases with food intake. AE: Very common: Upper respiratory infection, thrombocytopenia, neutropenia, anaemia, dyslipidaemia, headache, dizziness, hypertension, cough, pancreatic enzymes increased, vomiting, diarrhoea, nausea, abdominal pain, liver enzymes increased, rash, musculoskeletal pain, arthralgia, fatigue, pruritus. Common: lower respiratory tract infection, flu, loss of appetite, blurred vision, dry eyes, palpitations, pleural effusion, dyspnoea, chest pain not associated with the heart, pancreatitis, blood bilirubin increased, urticaria, fever, oedema, blood creatine phosphokinase increased. For further information see www.swissmedinfo.ch. P: Film-coated tablets containing 20 mg asciminib: 60 tablets. Film-coated tablets containing 40 mg asciminib: 60 tablets. Dispensing category: A. For further information, please consult www.swissmedinfo.ch. Information last revised: February 2023 V01. Novartis Pharma Schweiz AG, Risch; Address: Saurostoffli 14, 6343 Rotkreuz, phone: 041 763 71 11, www.novartispharma.ch

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This medicine is subject to additional monitoring. For more information, see the Scemblix® information for healthcare professionals/patient information at www.swissmedinfo.ch.

General information I

WIFI

WiFi is available free of charge throughout the congress center.

Name: ZPK-Events

PW: events202301

Congress secretariat

Schweizerische Gesellschaft
für Hämatologie

c/o Pro Medicus GmbH

Minervastrasse 23/25

8032 Zürich / Switzerland

T: +41 (0)43 266 99 12

info@sgh-ssh.ch

Congress registration

Meister ConCept GmbH

Bahnhofstrasse 55

5000 Aarau / Switzerland

T: +41 (0)62 836 20 90

ssh-dm@meister-concept.ch

Congress venue

Zentrum Paul Klee

Monument im Fruchtländ 1

3001 Bern / Switzerland

www.zpk.org

Arrival by Public Transport

Bus no. 12

(direction: Zentrum Paul Klee)

To the end station; the bus stops

by the Schöngrün Restaurant

and the north entrance to the

Zentrum Paul Klee.

Tram no. 7

(direction: Ostring)

Take it to the end station; then

there is a walk by foot going

slightly upwards through a

shopping center and then, after

turning left, along the Giacom-

etti street to the south entrance

and also to the main entrance to

the Zentrum Paul Klee. It takes

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BTK: Bruton's Tyrosine Kinase inhibitor.

1. Sharman JP et al. Acalabrutinib ± obinutuzumab versus obinutuzumab + chlorambucil in treatment-naïve chronic lymphocytic leukemia: Five-year follow up of ELEVATE-TN. Presentation presented at: American Society of Clinical Oncology (ASCO) Annual Meeting; June 3-7, 2022, Chicago, Illinois. **2.** Ghia P et al. ASCEND: Phase III, Randomized Trial of Acalabrutinib Versus Idelalisib Plus Rituximab or Bendamustine Plus Rituximab in Relapsed or Refractory Chronic Lymphocytic Leukemia. J Clin Oncol. 2020;38(25):2849-2861 and supplementary data. **3.** Byrd JC et al. Acalabrutinib Versus Ibrutinib in Previously Treated Chronic Lymphocytic Leukemia: Results of the First Randomized Phase III Trial. J Clin Oncol. 2021;39(31):3441-3452 and supplementary data.

▼ This drug is subject to additional monitoring. For more information, see the Calquence product information on www.swissmedinfo.ch.

Calquence®
C: Acalabrutinib; Hard capsule containing 100 mg acalabrutinib; List A. **I:** As monotherapy or in combination with Obinutuzumab for the treatment of adult patients with previously untreated chronic lymphocytic leukemia (CLL) who are 65 years of age or older or have comorbidities. As monotherapy for the treatment of adult patients with CLL who have received at least one prior therapy. **P:** 100 mg (1 hard capsule) twice daily, taken approximately 12 hours apart, with or without food. For recommended dose adjustments in the event of Grade ≥3 adverse effects: see www.swissmedinfo.ch. It is not recommended to administer CALQUENCE in patients with severe hepatic impairment. **CI:** Hypersensitivity to the active substance or to any of the excipients. **PR:** Second primary malignancies, infections, haemorrhages, cytopenia, atrial fibrillation, tumour lysis syndrome (TLS). **IA:** Strong CYP3A modulators, CYP3A inhibitor grapefruit juice alone or in combination with omeprazole. **GA:** Gastric acid-reducing drugs (antacids, omeprazole) substrates of BCRP (Breast Cancer Resistance Protein), substrates of MATE1 (e.g. metformin). **AE:** Calquence as monotherapy. **Very common:** Upper respiratory tract infection, sinusitis, second primary malignancy, neutropenia, anemia, decreased absolute neutrophil count, decreased haemoglobin, decreased platelet count, headache, dizziness/vertigo, bruising (contusion, petechiae), haemorrhage/haematoma, cough, diarrhoea, nausea, constipation, Abdominal pain, vomiting, rash, musculoskeletal pain, arthralgia, fatigue. **Common:** pneumonia, urinary tract infection, nasopharyngitis, bronchitis, herpes virus infections, sepsis, second primary malignancy excluding non-melanoma skin malignancy, non-melanoma skin malignancy, thrombocytopenia, atrial fibrillation/flutter, ecchymosis, gastrointestinal haemorrhage, intracranial haemorrhage, epistaxis, hypertension, asthenia. Calquence as combination therapy with Obinutuzumab. **Very common:** upper respiratory tract infection, sinusitis, pneumonia, urinary tract infection, nasopharyngitis, second primary malignancy, neutropenia, anaemia, thrombocytopenia, absolute neutrophil count decreased, haemoglobin decreased, platelet decreased, headache, dizziness/vertigo, bruising (contusion, petechiae), haemorrhage/haematoma, hypertension, cough, diarrhoea, nausea, constipation, abdominal pain, vomiting, rash, musculoskeletal pain, arthralgia, fatigue. **Common:** bronchitis, herpes viral infections, sepsis, second primary malignancy excluding non-melanoma skin malignancy, non-melanoma skin malignancy, atrial fibrillation/flutter, ecchymosis, gastrointestinal haemorrhage, intracranial haemorrhage, epistaxis, asthenia. **Uncommon, rarely, very rarely:** see www.swissmedinfo.ch. **Information as of June 2022. CH-6454 / 03-2022**
 Additional Information: www.swissmedinfo.ch or AstraZeneca AG, Neuhofstrasse 34, 6340 Baar. www.astrazeneca.ch.
 Professionals can request the mentioned references from AstraZeneca AG.

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General information II

Exhibition

An exhibition of the latest technical equipment and pharmaceutical products will take place during the 3rd Diagnostic Meeting of the Swiss Society of Hematology and 3rd SSH Review of the EHA Meeting

The exhibition dates and opening hours are:

Thursday, 22 June 2023
 09:00 – 19:00

Friday, 23 June 2023
 09:00 – 13:30

Helpdesk during the congress

If you have questions during the congress, please do not hesitate to contact us by e-mail: info@sgh-ssh.ch or by phone: +41 (0)43 266 99 12 during the following time:

Thursday, 22 June 2023
 08.00 – 18.00

Friday, 23 June 2023
 08.30 – 15.00

Language

The congress language is English. Simultaneous translation will not be provided.

Lunch and Coffee

Catering during coffee and lunch breaks will take place in the exhibition area.

Networking Opportunities

An Apéro will take place on Thursday, 22 June 2023, 18:30-19:30 in the venue.

Accreditation

SSH: 14 credits
 SSPath: 12 credits
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Certificate

Your certificate of attendance with the Credits is ready for downloading from Friday, 23 June in the afternoon. Please log in your account using the same e-mail address and password, which you used for your registration.

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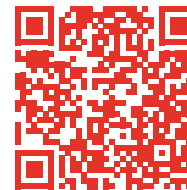
Benefits:

- Joint-Membership of the SSH-EHA.
- Discounted registration fees at various congresses such as SOHC, SGAIM or DGHO/OeGHO/SSH/SSMO.
- Reduced registration fee for the SSH's own meetings like the Diagnostic Meeting, SSH Review of the ASH / EHA Meetings.
- Free continuous education diploma (non-members pay 300.-)
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