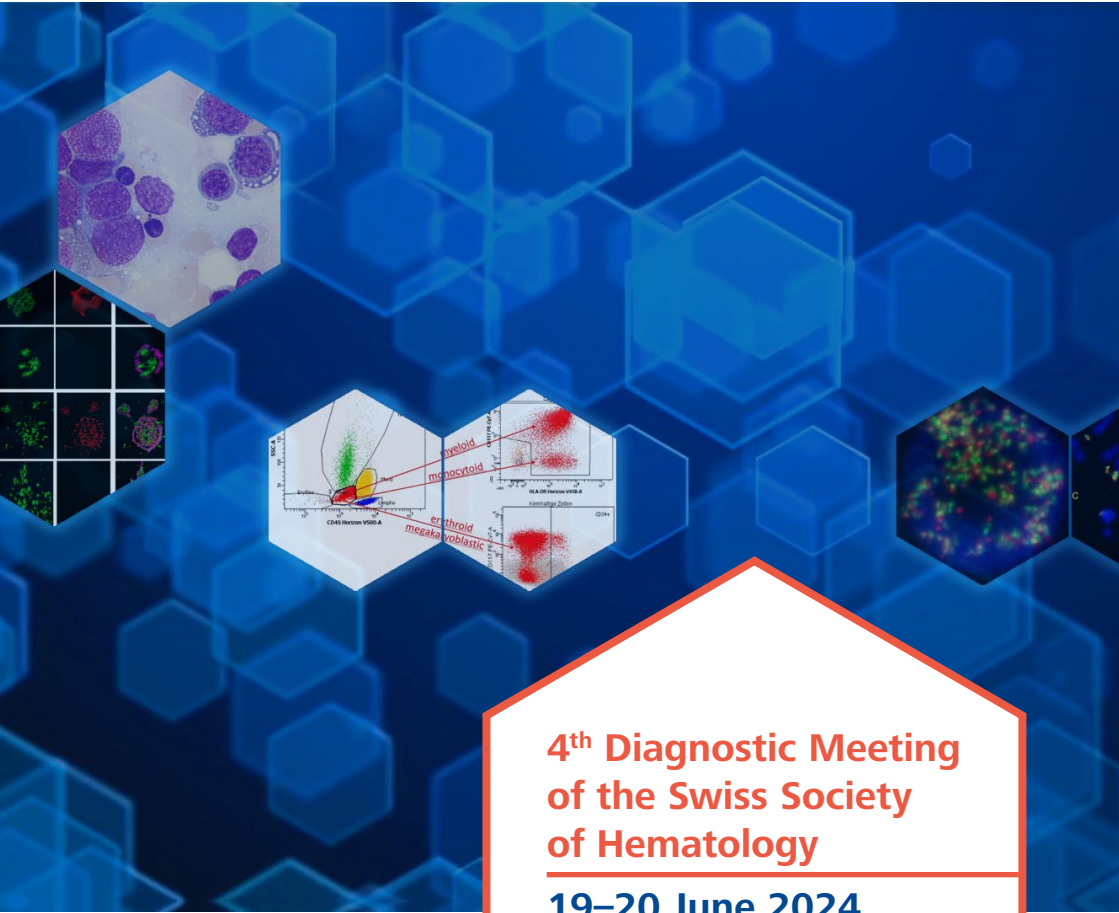




Swiss Society of Hematology  
Diagnostic Meeting



## 4<sup>th</sup> Diagnostic Meeting of the Swiss Society of Hematology

19–20 June 2024  
Zentrum Paul Klee, Bern

**PROGRAM**

Wir verbessern das Leben  
betroffener Menschen,  
denn es liegt uns im Blut.

octapharma

Schweizer  Unternehmen



Intensivmedizin



Immuntherapie



Hämatologie



Welcome

We are pleased to welcome you to the 4th Diagnostic Meeting of the Swiss Society of Hematology (SSH-DM), which takes place on Wednesday and Thursday, June 19-20, 2024 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, hematology genetics, immune hematology and transfusion medicine. For each of the courses a famous, internationally renown keynote speaker is invited.

Based on the positive feedback from last year's SSH-DM we will again offer **Crash courses** for less specialised trainees in hemostasis, genetics, flow cytometry, and morphology. The purpose of the crash courses is to teach basic topics in a short span of time.

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

**V.I.n.r. Intensivmedizin:** Alburnorm® (Humanalbumin), Atenativ® (Antithrombin III vom Menschen), Octaplex® (Humane Blutgerinnungsfaktoren II, VII, IX, X, Proteine C & S), Fibryga® (Humanes Fibrinogen), OctaplasG® (Humanes Plasmaprotein); **Immuntherapie:** Cutaquig® (Normales Immunglobulin vom Menschen (SClg)), Octagam® 10% (Immunglobulin vom Menschen (IVg)); **Hämatologie:** Octanate® (plasm. Faktor VIII), Nuwiq® (rec. Faktor VIII, simoctocog alfa), Wilate® (plasm. Faktor VIII und plasm. vWF); Abgabekategorie B; Ausführliche Informationen entnehmen Sie bitte der Fachinformation auf [www.swissmedinfo.ch](http://www.swissmedinfo.ch).

**Zulassungsinhaber:** Octapharma AG, Seidenstrasse 2, CH-8853 Lachen.



Innovative  
Analytik



Die perfekte Optimierung  
Ihres Laboralltags



Maximale Autonomie  
für mehr Laufzeit



Design: 12/14 de 2023 Diagnostica Stago - Alle Rechte vorbehalten - Unverbindliche Fotos - 05/24  
Dieses Dokument enthält Produktinformationen, die für eine vollständige Verwendung des Systems und aller damit verbundenen Produkte erforderlich sind. Alle Rechte vorbehalten.



ERFAHREN SIE MEHR  
ÜBER sthemO

**Diagnostica Stago S.A.S**  
Lire attentivement les instructions figurant  
dans le (les) manuel(s) d'utilisation

sthemO ist eine Marke der Stago-Gruppe. Die Rechte an den Marken und Logos die in diesem Dokument verwendet werden, gehören der Stago-Gruppe. Die Verwendung dieser Marken ist ohne die Genehmigung der Stago Group nicht erlaubt.  
Der sthemO 301 ist eine automatisierter quantitativer Gerinnungsanalyser zur In-vitro-Diagnostik für das Personal in medizinischen Labors. Die Leistungsdaten der Geräte/Reagenzien-Kombination sind in den Gebrauchsanweisungen der Reagenzien zu finden.



Stago CH S.A.  
Sägereistrasse 20  
CH-8152 Glattpfug - Switzerland  
+41 (0)43 497 27 55  
+41 (0)43 497 27 57  
info@ch.stago.com  
www.stago.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

Prof. Dr. med. Sabine Blum

Dr. rer. nat. Jan Dirks

Prof. Dr. med. Stefan Dirnhofer

Dr. med. Charlotte Engström

PD Dr. med. Jeroen Goede

Dr. phil. nat. Bijan Moshaver

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

Dr. med. Corinne Widmer

# Program

Wednesday, 19<sup>th</sup> June 2024

Time		Auditorium		Forum		Seminar room
10:00 – 11:30	Hemostasis	<p><i>Chairs: Lorenzo Alberio &amp; Lars Asmis</i></p> <p>Cryptogenic stroke diagnostic requirements. The neurologists opinion <i>Tim Sinnecker (Basel)</i></p> <p>Hematology and stroke <i>Bernhard Gerber (Bellinzona)</i></p> <p>Platelet-activating anti-PF4 disorders <i>Lukas Graf (St. Gallen)</i></p>	Flow cytometry	<p><i>Chairs: Bijan Moshaver &amp; Vera Ulrike Bacher</i></p> <p>Leukemic stem cells and the hematopoietic stem cell compartment <i>Thomas Matthes (Geneva)</i></p> <p>Discriminating patients with Aplastic Anaemia from MDS and reactive causes of cytopenia using a standardised and reproducible flow-cytometric panel and scoring system <i>Jan Dirks (Basel)</i></p>	Genetics	<p><b>Crash course – Genetics</b></p> <p><i>Jacqueline Schoumans &amp; Trung-Hieu Luu (Lausanne)</i></p>
11:30 – 12:00	<b>Coffee break &amp; Exhibition</b>					
12:00 – 13:45	Hemostasis	<p><i>Chairs: Alessandro Casini &amp; Bernhard Gerber</i></p> <p>A systematical work-up for suspected platelet disorders <i>Alessandro Aliotta (Lausanne)</i></p> <p>Laboratory diagnosis of anti-phospholipid syndrome. New classifications, new challenges <i>Pierre Fontana (Genève)</i></p> <p>Antithrombin, protein C and protein S evaluation. Diagnostic challenges and solutions <i>Lars Asmis (Zürich)</i></p>	Flow & Genetics	<p><b>Joint keynote session</b></p> <p><i>Chairs: Corinne Widmer &amp; Bijan Moshaver</i></p> <p><b>Keynote Flow cytometry</b> Flow cytometry in the diagnosis and follow-up of B-cell lymphoma patients: a EuroFlow perspective <i>Sebastian Böttcher (Rostock, D)</i></p> <p><b>Keynote Genetics</b> Hereditary leukemia <i>Ana Rio-Machin (London, UK)</i></p>	Hemostasis	<p><b>Crash course – Hemostasis</b></p> <p><i>Chairs: Anne Angellilo-Scherrer &amp; Wolfgang Korte</i></p> <p>Global coagulation assays <i>Maria Martinez (Basel)</i></p> <p>Emergency coagulation diagnostics <i>Jan-Dirk Studt (Zürich)</i></p> <p>Platelet functions, from physiology to laboratory diagnostics <i>Lorenzo Alberio (Lausanne)</i></p>
13:45 – 14:30	<b>Lunch break &amp; Symposium</b>					
14:30 – 16:15	Hemostasis	<p><i>Chairs: Eugenia Biquzzi &amp; Walter Willemin</i></p> <p>Paroxysmal nocturnal hemoglobinuria (PNH): diagnosis, coagulopathy and treatment <i>Beatrice Drexler (Basel)</i></p> <p>Hemolysis, free hemoglobin toxicity and scavenger protein therapeutics <i>Dominik Schär (Zürich)</i></p> <p><b>Keynote Hemostasis</b> Bleeding &amp; hyperinflammation: diagnostic pitfalls in hemophagocytic lymphohistiocytosis (HLH) and Macrophage activation syndrome-HLH (MAS-HLH) <i>Paul Graf La Rosée (Villingen-Schwenningen, D)</i></p>	Genetics	<p><i>Chairs: Joëlle Tchinda &amp; Jacqueline Schoumans</i></p> <p>Case presentation from St. Gallen <i>Caroline Cicin-Sain &amp; team</i></p> <p>Case presentation from Aarau <i>Britta Hartmann &amp; team</i></p> <p>Case presentation from Bern <i>Naomi Porret, Alicia Rovó, Joëlle Tchinda</i></p>	Flow cytometry	<p><b>Crash course – Flow cytometry</b></p> <p><i>Chair: Jan Dirks</i></p> <p>Diagnosis and follow-up of B-cell lymphoma by spectral flow <i>Cassandra Hogan (Geneva)</i></p> <p>There is no magic <i>Ewa Dudkiewicz (Zürich)</i></p>
16:15 – 17:15	<b>Apéro &amp; Exhibition</b>					

# Program

Thursday, 20<sup>th</sup> June 2024

Time		Auditorium		Seminar room
09:00 – 10:30	Microscopy	<p>Microscopy course Welcome <i>Alicia Rovó (Bern)</i></p> <p><b>Crash course – Morphology</b> <i>Jeroen Goede (Winterthur) &amp; André Tichelli (Basel)</i></p>		
10:30 – 11:00	<b>Coffee break &amp; Exhibition</b>			
11:00 – 13:00	Microscopy	<p><i>Chair: Nadija Wegener</i></p> <p>Case presentation from Fribourg <i>Emmanuel Levrat</i></p> <p>Case presentation from Claraspital Basel <i>Stefani Parmentier</i></p> <p><i>Chair: Vera Ulrike Bacher</i></p> <p>The biomedical scientist's perspective: Role of morphology in pediatrics <i>Monica Ceresetti &amp; Michael Amrein (Zürich)</i> <i>Talk will be given in French / German</i></p> <p>Case presentation from St. Gallen <i>Thomas Lehmann</i></p>		
13:00 – 13:45	<b>Lunch break &amp; Symposium</b>			
13:45 – 16:00	Microscopy	<p><i>Chair: Alicia Rovó</i></p> <p><b>Keynote Morphology</b> Morphology and genetics in the diagnostic work-up of suspected systemic mastocytosis <i>Andreas Reiter (Mannheim, D)</i></p> <p><i>Chair: Jeroen Goede</i></p> <p>Case presentation from Geneva <i>Kaveh Samii</i></p> <p><b>Hematology Quiz</b> <i>Alicia Rovó (Bern)</i></p>	Immunology, hematology & transfusion medicine	<p><i>Chairs: Beat Frey &amp; Adrian Bachofner</i></p> <p>Antibody screening tests and panagglutination <i>Adrian Bachofner (Zürich)</i></p> <p>Transfusion reactions and hemovigilance <i>Giorgia Canellini (Epalinges)</i></p> <p>Bloodgroups 2024 and challenges in serological diagnostics <i>Young-Lan Song (Zürich)</i></p> <p>Serology and genetics of the AB0 blood group system – the usual and the unusual <i>Charlotte Engström &amp; Stefan Meyer (Schlieren)</i></p>
16:00	<b>End of SSH-DM 2024</b>			

## Real-Time Slide Broadcasting



### Uncompressed Clarity

Present your slides with a video stream in real-time to peers without any loss of quality

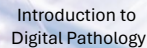
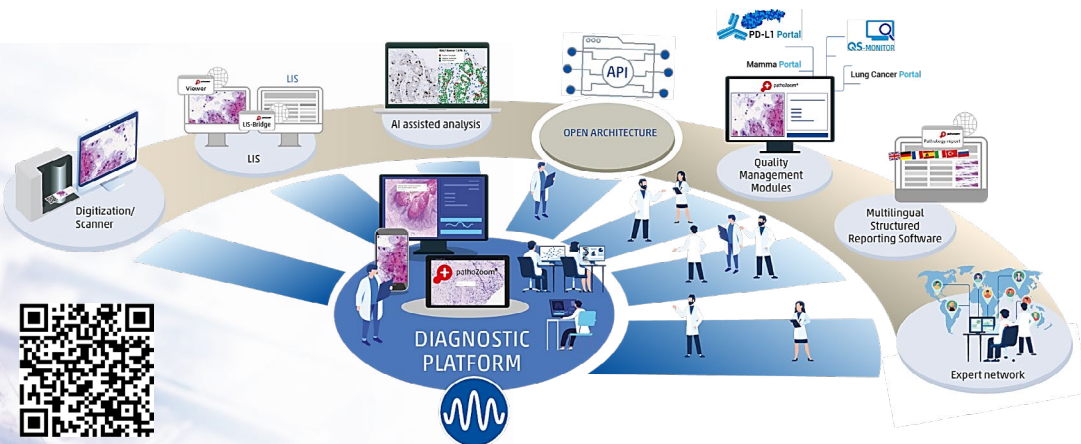


### Accelerate Decision

Obtain second opinion instantly, ensuring rapid and confident diagnostic conclusions

## Diagnostic Platform

Open for all scanners & image formats, LIS, and AI



Introduction to  
Digital Pathology

Trusted Distribution Partner in Switzerland

ruwag.ch  
ruwag@ruwag.ch



## General information

### WIFI

Name: ZPK-Events  
PW: Imklee2024

### Congress organisation

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  
ssh-dm@meister-concept.ch

### Congress venue

Zentrum Paul Klee  
Monument im Fruchtländ 1  
3001 Bern / Switzerland

### Exhibition hours

Wednesday, 19 June 2024  
09:30 – 17:15  
Thursday, 20 June 2024  
08:30 – 13:15

### Helpdesk during the congress

e-mail: info@sgh-ssh.ch  
phone: +41 (0)43 266 99 12  
Wednesday, 19 June 2024,  
09.00 – 16.00  
Thursday, 20 June 2024,  
08.30 – 15.00

### Language

English

### Lunch and Coffee

Catering during coffee and lunch breaks will be served in the exhibition area

### Networking Apéro

Wednesday, 19 June 2024,  
16:15 – 17:15 at the exhibition area

### Accreditation

SSH: 11 credits  
(Wednesday 5 / Thursday 6)  
SSPath: 11 credits  
(Wednesday 5 / Thursday 6)  
FAMH: 11 credits  
(Wednesday 5 / Thursday 6)

### Certificate

The certificate of attendance will be available for download from Thursday, 20 June in the afternoon. Please log in with the same e-mail address and password that you used for your registration.

# Our solution for clinical flow cytometry

[www.sysmex.ch/cfcm](http://www.sysmex.ch/cfcm)

## CLL 1L VENCLYXTO® + obinutuzumab

Now approved for the treatment of 1L CLL<sup>1, 2</sup>

Prospect of life without CLL therapy.<sup>‡</sup>

VENCLYXTO® + Obinutuzumab

Less than 1 year of therapy\* for more than 5 years therapy free.<sup>‡</sup>

 **VENCLYXTO®**  
venetoclax tablets

<sup>‡</sup> VENCLYXTO® in combination with obinutuzumab is approved for the treatment of adults with previously untreated chronic lymphocytic leukaemia (CLL) and additional comorbidities.<sup>1, 2</sup> At 76.4 months, the rate of patients who did not yet require follow-up therapy was 65.2% in the VenO arm vs 37.1% in the C1bO arm (HR = 0.44; 95% CI [0.33-0.58], p < 0.0001).<sup>2</sup> \* 336 days in first-line therapy with VenO.<sup>1</sup> CLL: Chronic lymphocytic leukaemia.

1. Information for Healthcare Professionals for VENCLYXTO® (venetoclax), [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch). 2. Al-Sawaf O et al., Venetoclax-obinutuzumab for previously untreated chronic lymphocytic leukemia: 6-year results of the randomized CLL14 study. Abstract S145 (Oral). European Hematology Association Congress 2023, June 8-11 Frankfurt, Germany. The references can be requested from [medinfo.ch@abbvie.com](mailto:medinfo.ch@abbvie.com) by healthcare professionals.

**Succinct summary of product characteristics VENCLYXTO® (Venetoclax) I:** CLL: In combination with obinutuzumab for the treatment of adults with previously untreated chronic lymphocytic leukaemia (CLL) with comorbidities. In combination with rituximab for the treatment of adult patients with CLL 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, Venclxyto is given for a total of 12 cycles, each cycle consisting of 28 days: 6 cycles in combination with obinutuzumab, followed by 6 cycles of Venclxyto as a single agent. Start the 5-week Venclxyto dose-titration schedule on Cycle 1 Day 22 and continue through Cycle 2 Day 28. After completing the dose-titration schedule, the recommended dose of Venclxyto is 400 mg once daily from Cycle 3 Day 1 of obinutuzumab to the last day of Cycle 12. 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. CI: 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, weight loss, dizziness/syncope, headache, hemorrhage, hypotension, dyspnea, diarrhea, stomatitis, vomiting, nausea, abdominal pain, constipation, hyperbilirubinaemia, arthralgia, asthenia, fatigue. P: Venclxyto film-coated tablets, 10 mg (10 or 14 tablets), 50 mg (5 or 7 tablets) or 100 mg (7, 14 or 112 tablets) in blisters. List A; reimbursed with limitation. M: AbbVie AG, Alte Steinhäuserstrasse 14, 6330 Cham, Switzerland, Tel. (+41) 41 399 15 00 (V7). See Information for Professionals for the medicinal product for detailed information: [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch).



## Sponsors

Platinum Sponsor

 **Stemline®**

A Menarini Group Company

Gold Sponsors









 **Janssen**  
PHARMACEUTICAL COMPANIES OF  
Johnson & Johnson





Silver Sponsors









 **LaCAR**  
LaCAR Company  
Blood Cell Production



 **sobi**  
rare strength



# REACH FOR POWERFUL OUTCOMES



Mehr Infos:



**BEIM RRRM\*1**

**Tecvayli®**: Als Monotherapie für erwachsene Patienten mit rezidivierendem oder refraktärem multiplem Myelom, die zuvor mind. 3 Therapielinien erhalten haben, darunter einen Proteasom-Inhibitor (PI), einen immunmodulatorischen Wirkstoff (ImiD) und einen monoklonalen Anti-CD38-Antikörper und welche eine Progredienz zur letzten Therapielinie gezeigt haben. **D**: Titrationsschema: Titrationsschritt 1: 0,06 mg/kg am ersten Behandlungstag; Titrationsschritt 2: 0,3 mg/kg, zwei bis vier Tage nach Titrationsschritt 1; erste Behandlungsdosis: 1,5 mg/kg, zwei bis vier Tage nach Titrationsschritt 2. Danach 1,5 mg/kg wöchentlich bis zur Krankheitsprogression oder inakzeptablen Toxizität. Siehe ausführliche Version der Fachinformation bezüglich Empfehlungen zur Überwachung der Patienten während des Titrationsschemas und danach. Für weitere Details zum empfohlenen Dosierungsschema, zur Prämedikation und zu Massnahmen bei UAWs, s. [www.swissmedinfo.ch](http://www.swissmedinfo.ch). **KI**: Keine. **VM**: Zytokin-freisetzungsyndrom (CRS), neurologische Toxizitäten inkl. ICANS, Infektionen, Hepatotoxizität, Hypogammaglobulinämie, Impfstoffe, Neutropenie, Systemische Reaktionen, lokale Reaktionen und Hilfsstoffe. **UAW**: *Sehr häufig*: Infektion der oberen Atemwege, Pneumonie, COVID-19 Infektion, Neuro-penie, Anämie, Thrombozytopenie, Lymphopenie, Leukopenie, Hypogammaglobulinämie, Zytokin-freisetzungsyndrom, Hypokaliämie, Verminderter Appetit, Hypophosphatämie, Hypomagnesiämie, Kopfschmerzen, Periphere Neuropathie, Hypertonie, Blutung, Husten, Dyspnoe, Diarrhö, Übelkeit, Obstipation, Erbrechen, Schmerzen des Muskel- und Skelettsystems, Fatigue, Reaktionen an der Injektionsstelle, Pyrexie, Schmerz, Ödem, Transaminasenerhöhung, Alkalische Phosphatase im Blut erhöht. *Häufig*: Sepsis, Cellulitis, Febrile Neutropenie, Hyperkalzämie, Hyponatriämie, Hypokalzämie, Hyperkaliämie, Hypoalbuminämie, Hyperamylasämie, Enzephalopathie, Immuneffektorzellen-assoziiertes Neurotoxizitätssyndrom, Hypoxie, Gamma-Glutamyltransferase erhöht, Blutkreatinin erhöht, Lipase erhöht. **IA**: Vorsicht bei gleichzeitiger Anwendung von CYP450-Substraten mit einem engen therapeutischen Index (insbesondere zu Beginn des Titrationsschemas und bis zu 7 Tage nach der ersten Behandlungsdosis oder während eines CRS-Ereignisses). Weitere Informationen s. [www.swissmedinfo.ch](http://www.swissmedinfo.ch). **Packungen**: 1 Durchstechflasche zu 30 mg/3 ml (Titrationsschritt 1); 1 Durchstechflasche zu 153 mg/1,7 ml (Behandlungsdosis). **Abgabekat.**: A. **Ausführl. Informationen**: [www.swissmedinfo.ch](http://www.swissmedinfo.ch) oder [www.swissmedinfo.ch](http://www.swissmedinfo.ch). **Zulassungsinhaber**: Janssen-Cilag AG, Gubelstrasse 34, 6300 Zug (CP-411220)

\* Nach mindestens drei Therapielinien. Vortherapien beinhalten mindestens einen Proteasominhibitor, einen immunmodulatorischen Imid-Wirkstoff und einen monoklonalen Anti-CD38-Antikörper.<sup>1</sup>

**1** Fachinformation TECVAYLI® (Februar 2024) unter: <http://www.swissmedinfo.ch>. **RRRM**: Rezidiviertes und/oder refraktäres Multiples Myelom. Referenzen können bei der Janssen-Cilag AG angefordert werden.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Für weitere Informationen siehe Fachinformation (Tecvayli®) auf [www.swissmedinfo.ch](http://www.swissmedinfo.ch).

CH\_CP-453592\_05.24

## Faculty

Title	Surname	Name	Institution	Country
Prof. Dr.	Lorenzo	Alberio	Centre hospitalier universitaire vaudois, Lausanne	Switzerland
Dr.	Alessandro	Aliotta	Centre hospitalier universitaire vaudois, Lausanne	Switzerland
Dr.	Michael	Amrein	Universitäts-Kinderspital Zürich	Switzerland
Prof. Dr.	Anne	Angellilo-Scherrer	Inselspital, Universitätsspital Bern	Switzerland
PD Dr.	Lars	Asmics	Hirslanden Zürich	Switzerland
Prof. Dr.	Vera Ulrike	Bacher	Inselspital, Universitätsspital Bern	Switzerland
Dr.	Adrian	Bachofner	University Hospital Zürich	Switzerland
Dr.	Eugenia	Biguzzi	Ente Ospedaliero Cantonale, Bellinzona	Switzerland
Prof. Dr.	Sebastian	Böttcher	University Medical Center Rostock	Germany
Dr.	Giorgia	Canelini	CHUV and Transfusion interrégionale CRS, Lausanne	Switzerland
Prof. Dr.	Alessandro	Casini	Hôpitaux Universitaires de Genève	Switzerland
	Monica	Ceresetti	Universitäts-Kinderspital Zürich	Switzerland
Dr.	Caroline	Cicin-Sain	Kantonsspital St. Gallen	Switzerland
Dr.	Jan	Dirks	University Hospital Basel	Switzerland
Dr.	Beatrice	Drexler	University Hospital Basel	Switzerland
Dr.	Ewa	Dudkiewicz	University Hospital Zürich	Switzerland
Dr.	Charlotte	Engström	Blutspende Zürich Schlieren	Switzerland
Prof. Dr.	Pierre	Fontana	Hôpitaux universitaires de Genève	Switzerland
Dr.	Beat	Frey	Blutspende Zürich Schlieren	Switzerland
PD Dr.	Bernhard	Gerber	Ente Ospedaliero Cantonale, Bellinzona	Switzerland
PD Dr.	Jeroen	Goede	Kantonsspital Winterthur	Switzerland
Dr.	Lukas	Graf	Zentrum für Labormedizin, St. Gallen	Switzerland
Dr.	Britta	Hartmann	Kantonsspital Aarau	Switzerland
Dr.	Cassandra	Hogan	Hôpitaux universitaires de Genève	Switzerland
Prof. Dr.	Wolfgang	Korte	Zentrum für Labormedizin, St. Gallen	Switzerland
Prof. Dr.	Paul Graf	La Rosée	Schwarzwald-Baar Klinikum, Villingen-Schwenningen	Germany
Dr.	Thomas	Lehmann	Kantonsspital St. Gallen	Switzerland
Prof. Dr.	Emmanuel	Levrat	HFR – hôpital fribourgeois	Switzerland
M Sc	Trung-Hieu	Luu	Centre hospitalier universitaire vaudois, Lausanne	Switzerland
Prof. Dr.	Maria	Martinez	University Hospital Basel	Switzerland
Prof. Dr.	Thomas	Matthes	Hôpitaux universitaires de Genève	Switzerland
Dr.	Stefan	Meyer	Blutspende Zürich Schlieren	Switzerland
Dr.	Bijan	Moshaver	Inselspital, Universitätsspital Bern	Switzerland
Dr.	Stefani	Parmentier	St. Claraspital / University Hospital Basel	Switzerland
Dr.	Naomi	Porret	Inselspital, Universitätsspital Bern	Switzerland
Prof. Dr.	Andreas	Reiter	University of Mannheim	Germany
Dr., PhD	Ana	Rio-Machin	Barts Cancer Institute - Queen Mary University of London	United Kingdom
Prof. Dr.	Alicia	Rovó	Inselspital, Universitätsspital Bern	Switzerland
Dr.	Kaveh	Samii	Hôpitaux universitaires de Genève	Switzerland
Prof. Dr.	Dominik	Schär	University Hospital Zürich	Switzerland
Prof. Dr.	Jacqueline	Schoumans	Centre hospitalier universitaire vaudois, Lausanne	Switzerland
Dr.	Tim	Sincker	University Hospital Basel	Switzerland
cand. FAMH	Young-Lan	Song	Stadtspital Zürich Triemli & Blutspende Zürich Schlieren	Switzerland
PD Dr.	Jan-Dirk	Stuett	University Hospital Zürich	Switzerland
PD Dr.	Joëlle	Tchinda	Inselspital, Universitätsspital Bern	Switzerland
Prof. Dr.	André	Tichelli	University Hospital Basel	Switzerland
Dr.	Nadja	Wegener	University Hospital Zürich	Switzerland
Dr.	Corinne	Widmer	University Hospital Basel	Switzerland
Prof. Dr. Dr.	Walter A.	Wuillemin	Luzerner Kantonsspital	Switzerland

**Brukinsa®**  
zanubrutinib 80mg capsules

**NEU** **CLL<sup>1</sup>** **2L+** **WM<sup>1</sup>** **1L/2L+** **NEU** **FL<sup>1</sup>** **3L+**

**Eine Dosierung – drei Indikationen!¹**

- CLL** Einziger BTKi mit H2H-PFS-Vorteil vs. Ibrutinib<sup>2</sup>
- WM** Tiefes Ansprechen\* und bessere Verträglichkeit\*\* vs. Ibrutinib<sup>3</sup>
- FL** Einziger BTKi mit Zulassung im Follikulären Lymphom<sup>4</sup>

**BeiGene** [www.beigene.com](http://www.beigene.com)

\* Gesamtsprechrate 94% (87 – 98%)<sup>3</sup> \*\* Weniger Dosisreduktionen und Therapieabbrüche.<sup>\*\*\*</sup> \*\*\* Im Vergleich zu Ibrutinib gemäss head-to-head Phase III ASPEN Studie.<sup>3</sup>  
**Referenzen:** **1**: BRUKINSA® (Zanubrutinib) wird als Monotherapie zur Behandlung von erwachsenen Patientinnen und Patienten mit Morbus Waldenström (WM) angewendet, die mindestens eine vorangehende Therapie erhalten haben oder zur Erstlinien-Therapie bei erwachsenen Patientinnen und Patienten, welche für eine Chemo-Immuntherapie nicht in Frage kommen. BRUKINSA ist indiziert als Monotherapie für die Behandlung von erwachsenen Patienten mit chronisch-lymphatischer Leukämie (CLL), die mindestens eine Vortherapie erhalten haben. BRUKINSA in Kombination mit Obinutuzumab ist indiziert für die Behandlung erwachsener Patienten mit refraktärem oder rezidivierendem follikulärem Lymphom (FL) Grad 1-3a, welche mindestens zwei vorhergehende Therapielinien, einschliesslich einer anti-CD20 Antikörpertherapie erhalten haben. **Dosierung (D)**: Die übliche Dosis beträgt 320 mg täglich zur Einnahme, entweder einmal (4 Kapseln) oder zweimal täglich (je zwei Kapseln morgens und abends). **Kontraindikationen (KI)**: Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. **Interaktionen (IA)**: BRUKINSA® wird hauptsächlich durch das Cytochrom P450 Enzym 3A (CYP3A) metabolisiert. Die gleichzeitige Anwendung von BRUKINSA® und Arzneimitteln, die CYP3A stark oder mässig hemmen, kann die Exposition erhöhen; die gleichzeitige Anwendung von BRUKINSA® mit starken oder mässigen CYP3A Induktoren kann die Plasmakonzentration verringern. BRUKINSA® ist ein schwacher Induktor von CYP3A und CYP2C9, die gleichzeitige Anwendung kann die Plasmakonzentration dieser Substrate verringern. **Schwangerschaft (SS)**: BRUKINSA® sollte während der Schwangerschaft nicht angewendet werden. Geeignete hormonelle und Barriereverhütungsmethoden müssen angewendet werden. **Unerwünschte Wirkungen (UW)**: *Sehr häufig*: Thrombozytopenie, Infektion der oberen Atemwege, Blüternose, Neutropenie, Blutungen/Hämatoeme, Erschöpfung, Muskel- und Skelettschmerzen, Hautausschlag, Pneumonie, Husten, Durchfall, Prellung, Anämie, Bluthochdruck, Arthralgie, Harnwegsinfektion, Verstopfung, Schwindel, Rückenschmerzen, Hamaturie, Asthenie, Alaninaminotransferase, Aspartataminotransferase, Bilirubin, Kreatinin oder Ureat im Blut erhöht. *Häufig*: Peripheres Ödem Nicht-melanomalöser Hautkrebs, Epistaxis, Pruritus, Petechien, Vorhofflimmern und -flattern, Purpura, Bronchitis, interstitielle Lungenerkrankung, Ekchymose, febrile Neutropenie. *Gelegentlich*: Gastrointestinale Blutung, Hepatitis-B-Reaktivierung, Tumorzysesyndrom, toxische epidermale Nekrolyse. *Nicht bekannt*: Generalisierte exfoliative Dermatitis. **Zulassungsinhaber (ZI)**: BeiGene Switzerland GmbH, Aeschengraben 27, 4051 Basel, Email: [switzerland\\_affiliate@beigene.com](mailto:switzerland_affiliate@beigene.com), Servicehotline für Rückfragen zum Produkt: Tel: 0800 005 647. **Abgabekategorie**: A **Ausführliche Informationen**: Siehe Fachinformation, [www.swissmedinfo.ch](http://www.swissmedinfo.ch) **Stand der Information**: November 2023

# Tradition and innovation run in our blood

CSL Behring – Your partner  
for plasma-based and  
recombinant therapeutics.

- Immunology
- Hematology
- Respiratory

**CSL Behring**

CSL Behring AG, Wankdorfstrasse 10, CH-3014 Bern

SUI-CRP-0056/06.2023



## THE POWER OF **LEAN WORKFLOWS**



YOUR  
PARTNER  
ON THE  
PATIENT'S  
JOURNEY

VISIT [BECKMAN.COM/DXFLEX](http://BECKMAN.COM/DXFLEX)



SCAN ME

## Industry sponsored Lunch Break Symposia

**Wednesday, 19 June 2024**

13:55 – 14:25, Seminar Raum Nord II

### **Integrating full spectrum cytometry in the clinical diagnostics lab: challenges and benefits**

*Cassandra Hogan, PhD, Technical Head Flow Cytometry Laboratory,  
HUG Geneva*

The talk will focus on the switch between traditional flow cytometry 10color panels to full spectrum cytometry panels 20 or more in the HUG lab. Subjects will include panel design, technical considerations and challenges, as well as the benefits of full spectrum cytometry vs our current workflow. The talk will also present our collaboration with the CHUV and panel harmonization to ensure optimal patient care.



**Thursday, 20 June 2024**

13:10 – 13:40, Seminar Raum Nord II

### **Scopio: Shaping the future of digital cell morphology**

*Dr. Jürgen Buschmann, Marketing Manager Haematology,  
Urinalysis & Blood Grouping, Beckman Coulter GmbH*

The symposium will focus on the revolutionary advancements in hematological blood analysis – novel technology of hematological blood analysis with Full-Field Peripheral Blood Smear Application and enhanced by AI-based Decision Support System. New technologies hold immense potential to improve patient care, streamline diagnostic processes, and enhance research capabilities. By providing attendees with insights into these innovations, we aim to equip them with the knowledge needed to adapt to the rapidly evolving landscape of hematology diagnostics and following treatment.



# BLASTIC PLASMACYTOID DENDRITIC CELL NEOPLASM (BPDCN)\*

**ELZONRIS® in first-line<sup>1</sup>**  
- only approved therapy  
- targets CD123

**Reimbursed<sup>2</sup>  
in 1<sup>st</sup> line**

- ▶ **High efficacy** in the world's largest prospective BPDCN study (n = 65)<sup>3</sup>
- ▶ **Objective response rate (ORR): 75%<sup>3</sup>**
- ▶ **Median duration of CR + CRc: 24.9 months<sup>3</sup>**



**Order a book  
and learn more  
about BPDCN**

\* BPDCN – a rare, aggressive haematological malignancy.  
CR – complete response; CRc – clinical CR (defined as CR with residual skin abnormality not indicative of disease)

1. ELZONRIS® (tagraxofusp) Swiss Summary of Professional Information, [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch), Status 11/2022. 2. List of specialities (SL) of BAG, [www.spzialitaetenliste.ch](http://www.spzialitaetenliste.ch). 3. Pemmaraju N et al. Long-Term Benefits of Tagraxofusp for Patients With Blastic Plasmacytoid Dendritic Cell Neoplasm. *J Clin Oncol* 2022;40:3032–3036. **Literature on request.**

**Important Warning:** Patients receiving ELZONRIS® may experience **capillary leak syndrome (CLS)**, which can be **life-threatening or fatal** if not adequately treated. **For more information, please refer to the detailed Summary of Product Characteristics of ELZONRIS®.**

**ELZONRIS® (tagraxofusp):**

This medicinal product is subject to additional monitoring. For more information, please refer to the SmPC/patient information of ELZONRIS® at [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch).

**I:** First-line treatment of adult patients with blastic plasmacytoid dendritic cell neoplasm (BPDCN). **D:** 12 µg tagraxofusp/kg BW, 1x/day as i.v. infusion over 15 min, (day 1–5 of a 21-day cycle). Treatment should be continued until disease progression or unacceptable toxicity. For pre-medications, possible dose adjustments, special patient populations and monitoring for signs and symptoms of hypersensitivity or capillary leak syndrome, refer to [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch). **Ct:** Hypersensitivity to the active substance or to any of the excipients. **WN/PC:** Capillary leak syndrome (CLS): CLS, including life-threatening and fatal cases, has been reported with most events occurring during the first five days of the first cycle of treatment. The most frequent signs and symptoms of CLS included weight gain, hypoaalbuminaemia, and hypotension. Before initiating therapy, ensure that the patient has adequate cardiac function and serum albumin  $\geq 2.2$  g/dL. During treatment, serum albumin levels should be checked regularly before each application of an ELZONRIS® dose. Patients must be vigilant for CLS symptoms and advised when to seek immediate medical attention. Hypersensitivity reactions: Patients must be monitored accordingly during treatment and the infusion with ELZONRIS® must be interrupted if hypersensitivity reactions occur and appropriate measures must be initiated. Haematological abnormalities thrombocytopenia, neutropenia: Patients must be routinely monitored and treated if necessary. Tumour lysis syndrome (TLS): ELZONRIS® can cause tumour lysis syndrome (TLS), which may be fatal due to a rapid anti-tumour effect of tagraxofusp. Patients considered at high risk for TLS due to high tumour burden should be managed as clinically indicated. Hepatotoxicity: Elevations in liver enzymes have been observed, therefore ALT and AST levels must be monitored regularly during treatment prior to each ELZONRIS® dose. Other: It is not known whether tagraxofusp crosses the blood-brain barrier. Other treatment alternatives should be considered if central nervous system disease is present. Patients with hereditary fructose intolerance (HFI) must not be given this medicinal product. **IA:** No interaction studies have been performed. **PR:** ELZONRIS® should not be administered during pregnancy and to women of childbearing potential who are not using effective contraception. No data are available on the use of ELZONRIS® in pregnant women. **AE:** All CTCAE-Grades: Very common ( $\geq 10\%$ ): Anaemia, capillary leak syndrome, chills, fatigue, hypoaalbuminaemia, hypotension, nausea, oedema peripheral, pyrexia, thrombocytopenia, transaminases increased, vomiting, weight increased. Common ( $\geq 1\%$ ,  $< 10\%$ ): Acute kidney injury, arthralgia, back pain, blood alkaline phosphatase increased, blood creatinine increased, blood creatine phosphokinase increased, blood lactate dehydrogenase increased, bone pain, chest pain, confusional state, constipation, contusion, cytokine release syndrome, decreased appetite, diarrhoea, dizziness, dry mouth, dyspepsia, dyspnoea, febrile neutropenia, flushing, headache, hyperbilirubinaemia, hyperglycaemia, hyperhidrosis, hyperkalaemia, hyperphosphataemia, hyperuricaemia, hypocalcaemia, hypokalaemia, hypomagnesaemia, hyponatremia, hypophosphataemia, hypoxia, influenza-like illness, infusion-related reaction, international normalised ratio (INR), leukopenia, leukocytosis, lymphopenia, myalgia, neutropenia, pain, pain in extremity, pleural effusion, pulmonary oedema, pruritus, rash, sinus tachycardia, stomatitis, syncope, tachycardia, tumour lysis syndrome, vision blurred. Other AEs refer to SmPC. **P:** Vial with 1 mL of concentrate for solution for infusion, contains 1 mg Tagraxofusp (1 mg/mL, i.v.). **Category A. Marketing authorisation holder:** Stemline Therapeutics Switzerland GmbH, Grafenaustrasse 3, CH-6300 Zug. **Date of revision of the text:** 11/2022. Before prescribing, please consult the detailed Summary of Product Characteristics at [www.swissmedicinfo.ch](http://www.swissmedicinfo.ch). CH-2304.1

Stemline Therapeutics Switzerland GmbH | Grafenaustrasse 3 | CH-6300 Zug | T +41 41 710 01 16 | [EUmedinfo@menarinistemline.com](mailto:EUmedinfo@menarinistemline.com)

**Stemline®**

A Menarini Group Company



**ELZONRIS®**  
1 mg/mL concentrate for solution for infusion  
tagraxofusp