the European Iron Club
For Professionals in Biomedical Inorganic Iron

EUROPEAN IRON CLUB

7 - 10 April 2016

MEETING IN INNSBRUCK

Programme

NOVARTIS
ONCOLOGY

Novartis Pharma GmbH
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CONGRESS INFORMATION

DATES

Masterclass in Iron Therapies
Thursday, 7 April, 2016

European Iron Club Annual Meeting
Friday, 8 April – Saturday, 9 April, 2016

Non HFE Hemochromatosis Registry Meeting
Sunday, 10 April, 2016

Meeting of Patient Organisations
Sunday, 10 April, 2016

VENUE (THU - SAT)

CONGRESS INNSBRUCK
Rennweg 3
6020 Innsbruck
Austria
www.cmi.at

VENUE (SUN)

AUSTRIA TREND HOTEL
Rennweg 12a
6020 Innsbruck
Austria

CONGRESS ORGANISER

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EXHIBITION MANAGEMENT AND SPONSORING

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WEBSITE

www.ironmasterclass.eu

MonoFer®
iron isomaltoside 1000

Iron correction in ONE visit – now even faster*

NEW SPC

The new Monofer SPC is approved based on:

- > 1,500 patients treated with Monofer in clinical studies[1]
- > 3 million treatments** in post marketing experience[2]

Faster administration

Up to 20 mg/kg in just one visit - no other dose limit

Infusion
≤ 1000 mg over > 15 minutes
> 1000 mg over ≥ 30 minutes

Injection
500 mg over 2 minutes

If the iron need is high***, administer 20 mg/kg at the first visit****

Broader indication*

Monofer is now indicated for iron deficiency with or without anaemia

Minimise administrations

By minimising the number of administrations the risk of a hypersensitivity reaction may be kept to a minimum[3,4]

Monofer® (iron isomaltoside 1000) abbreviated prescribing information

▼This medicinal product is subject to additional monitoring, and healthcare professionals are asked to report any suspected adverse reaction

Note: Before prescribing please read full Summary of Product Characteristics. **Pharmaceutical form:** Iron isomaltoside 1000 is a dark brown, non-transparent solution for injection/infusion. **Presentations:** Iron in the form of iron isomaltoside 1000; 100 mg/ml available in vials/ampoules of 100 mg/ml, 200 mg/2 ml, 500 mg/5 ml and 1,000 mg/10 ml. **Indications:** Monofer® is indicated in patient's ≥18 years for treatment of iron deficiency when oral iron preparations are ineffective or cannot be used or when there is a need to deliver iron rapidly. The diagnosis must be based on laboratory tests. **Administration:** Each IV iron administration is associated with a risk of a hypersensitivity reaction. Thus, to minimise risk the number of single IV iron administrations should be kept to a minimum. The cumulative iron need can be determined using either the Simplified Table or the Ganzoni formula, please consult full Summary of Product Characteristics. Monofer® may be administered as an IV bolus injection of up to 500 mg at an administration rate of up to 250 mg iron/minute up to three times a week, during a haemodialysis session directly into the venous limb of the dialyser under the same procedures as outlined for IV bolus injection, or as an up to 20 mg iron per kg body weight infusion. If the cumulative iron dose exceeds 20 mg iron per kg body weight, the dose must be split into two administrations with an interval of at least one week. It is recommended whenever possible to give 20 mg iron/kg body weight in the first administration. Dependent on clinical judgement the second administration could await follow-up laboratory tests. Doses up to 1,000 mg must be administered over >15 minutes; dose above 1,000 mg must be administered over ≥30 minutes. In case of infusion, Monofer® should be added to maximum 500 ml sterile 0.9% sodium chloride. **Contraindications:** Non-iron deficiency anaemia, Iron overload or disturbances in utilisation of iron, Hypersensitivity to any of the ingredients, Decompensated liver cirrhosis and hepatitis, or known serious hypersensitivity to other parental iron products. **Warnings/Precautions:** Parenterally administered iron preparations can cause potentially fatal anaphylactic/anaphylactoid reactions. The risk is enhanced for patients with known allergies, a history of severe asthma, eczema or other atopic allergy, and in patients with immune or inflammatory conditions. Monofer should only be administered in the presence of staff trained to manage anaphylactic reactions where full resuscitation facilities are available (including 1:1000 adrenaline solution). Each patient should be observed for 30 minutes following administration. If hypersensitivity reactions or signs of intolerance occur during administration, the treatment must be stopped immediately. Parenteral iron should be used with caution in case of acute or chronic infection. Monofer should not be used in patients with ongoing bacteraemia. Hypotensive episodes may occur if intravenous injection is administered too rapidly. **Pregnancy:** Monofer® should not be used during pregnancy unless clearly necessary. The treatment should be confined to second and third trimester. **Undesirable effects:** No very common (≥10 %) or common (1 % to 10 %) undesirable effects listed. Uncommon (0.1 % to <1 %): Blurred vision, numbness, dysphonia, dyspnoea, nausea, emesis, abdominal pain, constipation, flushing, pruritus, rash, cramps, anaphylactoid reactions, feeling hot, fever, soreness, inflammation near the injection site, local phlebitic reaction. For rare and very rare undesirable effects, please consult full Summary of Product Characteristics. More than 1 % of patients may experience adverse reactions. **Legal Category:** POM. **Prices:** Please refer to local price lists. **Marketing Authorisation Number/Holder:** 43747, Pharmacosmos A/S, Roervangsvej 30, DK-4300 Holbaek, Denmark. **Date of preparation:** November 2015. Further information is available on request to Pharmacosmos A/S.

* Compared to previous Monofer SPC
** as per the Defined Daily Dose (DDD) by WHO
*** > 20 mg/kg
**** Dependent on clinical judgement a second administration could await follow-up laboratory tests at a later routine visit to determine residual iron need if any

1. https://clinicaltrials.gov/
2. Data on file, Pharmacosmos
3. Monofer SPC
4. Bhandari S *et al., Nephrol Dial Transplant*, 2015;doi: 10.1093/ndt/gfv096

2016-23 v1.0

WELCOME

Welcome to Innsbruck - the host city of the 2016 Iron Masterclass and Meeting of the European Iron Club.

This meeting continues the tradition of European Iron Club conferences being the home of iron research in medicine and science. With over 200 international professionals we will discuss the full range of iron biology from cutting edge science to state of the art diagnosis & therapy. To set the stage, a post-graduate educational event on Thursday – the Iron Masterclass – assembles international experts and is dedicated to link clinical practice with basic research. At the scientific meeting on Friday and Saturday over 100 selected abstracts will be presented that report on most recent and significant iron-related discoveries and will be discussed in free paper & poster sessions.

The famous quote of one of the most eminent members of the European Iron Club 'from Bench to Mensch' probably best describes the spirit of this meeting. Beyond the successful translation of biochemistry and cell biology into life-saving therapies, this spirit also inspires basic science that can benefit from informed clinical observation. Active participation of patient representatives has therefore rightly become an integral part of this meeting and we would like to extend the welcome to all members of international patient organizations. Their general assembly will be held on Sunday to discuss how to raise awareness and to improve care butalso how best to empower patients with hemochromatosis to actively promote their own health.

True progress will need direction, which cannot be made without orientation. In medical care solid data on prevalence and natural history are the basis from where we should progress. At this meeting we will also be proud to present and launch the non-HFE hemochromatosis registry on Sunday as a flagship project of the European Iron Club.

'From Bench to Mensch' also relates to the fact that science and exchange are inextricably linked and true progress cannot be made without the critical appraisal by colleagues. We therefore very much hope that the Programme, the Congress venue and City of Innsbruck will provide the right frame insights and outlooks for your next discovery.

Igor Theurl

Heinz Zoller

Günter Weiss

ORGANISING COMMITTEE


Igor Theurl, MD, PhD


Günter Weiss, MD


Heinz Zoller, MD

ORGANISING SECRETARIAT

Benedikt Schaefer, MD

PROGRAMME COMMITTEE

Hal Drakesmith, UK
Delphine Meynard, France
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Martina Muckenthaler, Germany
Hubert Haas, Austria
Jonathan Powell, UK

SECRETARY OF THE EUROPEAN IRON CLUB

Hal Drakesmith, UK

MASTERCLASS IN IRON THERAPIES
THURSDAY, 7 APRIL 2016

9:00 – 10:00	**WELCOME WITH "KAFFEE & KIPFERL"** supported by Vifor Pharma
10:00 – 11:20	**DIAGNOSIS OF IRON DYSHOMEOSTASIS** Chairs: Igor Theurl & Heinz Zoller, Innsbruck (Austria)
10:00 – 10:20	**The Perspective from the Clinical Biochemistry Laboratory** Dorine Swinkels, Nijmegen (The Netherlands)
10:20 – 10:40	**The Genetic Perspective** Domenico Girelli, Verona (Italy)
10:40 – 11:00	**The Radiologist's Perspective** Benjamin Henninger, Innsbruck (Austria)
11:00 – 11:20	**"The Sound of Iron"** Ioav Cabantchik, Jerusalem (Israel)
11:30 – 12:30	**HOW DO I TREAT IRON IMBALANCES IN ... (PART 1)** Chairs: Gert Mayer & Herbert Tilg, Innsbruck (Austria)
11:30 – 11:50	**... patients with Chronic Kidney Disease** Iain MacDougall, London (United Kingdom)
11:50 – 12:10	**...patients with Neurodegeneration** Kailash Bhatia, London (United Kingdom)
12:10 – 12:30	**...patients with Iron Related Diseases of the Liver** Antonello Pietrangelo, Modena (Italy)
12:30 – 14:00	**LUNCH BREAK** supported by Kymab

14:00 – 15:00	**HOW DO I TREAT IRON IMBALANCES IN … (PART 2)**
14:00 – 14:20	**…patients with Inflammatory Bowel Disease** Jürgen Stein, Frankfurt (Germany)
14:20 – 14:40	**…pregnant Women** Charlotte Holm, Copenhagen (Denmark)
14:40 – 15:00	**…the Perioperative Period** Andrea Steinbicker, Muenster (Germany)
15:10 – 17:40	**HOW DO I TREAT IRON PERTURBATIONS IN …** Chairs: Judith Löffler, Innsbruck (Austria) & Uwe Platzbecker, Dresden (Germany)
15:10 – 15:30	**…cancer patients** Heinz Ludwig, Vienna (Austria)
15:30 – 15:50	**… heart failure** Ewa Jankowska, Wroclaw (Poland)
15:50 – 16:10	**…respiratory disease** Peter A. Robbins, Oxford (United Kingdom)
16:10 – 16:40	**COFFEE BREAK** supported by Novartis
16:40 – 17:00	**…iron loading Anaemias** John Porter, London (United Kingdom)
17:00 – 17:20	**…elderly patients** Reinhard Stauder, Innsbruck (Austria)
17:20 – 17:40	**…infection and inflammation** Günter Weiss, Innsbruck (Austria)
18:00 – 20:00	**WELCOME RECEPTION & EXHIBITION OPENING**

EUROPEAN IRON CLUB ANNUAL MEETING
FRIDAY, 8 APRIL 2016

8:30 – 10:00 **IRON DEFICIENCY & ANAEMIA**
Chairs: Mayka Sanchez, Barcelona (Spain) &
Martina Muckenthaler, Heidelberg (Germany)

State of the Art
Michael Bruce Zimmermann, Zurich (Switzerland)

FREE PAPER SESSION

O1-1 **Towards harmonization of hepcidin assays worldwide: identification of a commutable reference material for international use**
Laura Elisabeth Diepeveen, Nijmegen (The Netherlands)

O1-2 **Rescue of Hepcidin Suppression by Histone Deacetylase Inhibition**
Sant-Rayn Pasricha, Oxford (United Kingdom)

O1-3 **The role of Matriptase-2 during the early postnatal development in humans**
Luigia De Falco, Naples (Italy)

O1-4 **Choice of High-Dose Intravenous Iron Preparation Determines Hypophosphatemia Risk**
Benedikt Schaefer, Innsbruck (Austria)

O1-5 **Baseline Iron Status Is Associated With Outcomes In Acute Severe Colitis**
John Ryan, Oxford (United Kingdom)

10:00 – 10:30 **COFFEE BREAK**
supported by Novartis

10:30 – 12:00 **IRON IN INFLAMMATION & INFECTION**
Chairs: Günter Weiss, Innsbruck (Austria) &
Hal Drakesmith, Oxford (United Kingdom)

State of the Art
Manfred Nairz, Innsbruck (Austria)

FREE PAPER SESSION

O2-1 **Induced genetic disruption of hepcidin inhibits acute inflammatory hypoferremia**
Andrew Armitage, Oxford (United Kingdom)

O2-2 **On-demand erythrocyte disposal and iron recycling requires monocyte-derived transient macrophages in the liver**
Manfred Nairz, Innsbruck (Austria)

O2-3 **Hepcidin upregulation by inflammation is not causally related to liver activation of Smad1/5/8 signaling by activin B**
Céline Besson-Fournier, Toulouse (France)

O2-4 **Lack of Macrophage Ferroportin Affects Wound Healing**
Stefania Recalcati, Milan (Italy)

O2-5 **Deficiency of the BMP type I receptor Alk3 partly protects mice from anaemia of chronic disease**
Lisa Traeger, Muenster (Germany)

12:00 – 13:00 **LUNCH BREAK & POSTER SESSION 1**
supported by Novartis

Authors should be present at their poster boards during the session and ready to answer questions.

P01 **Ferroportin Disease: experiences at the Regional Referral Center for Iron Disorders in Verona**
Paolo Bozzini (Verona, Italy), Chiara Piubelli, Annalisa Castagna, Giacomo Marchi, Monica Rizzi, Fabiana Busti, Paola Capelli, Roberto Pozzi-Mucelli, Luciano Xumerle, Massimo Delledonne, Oliviero Olivieri, Domenico Girelli

P03 **A novel in-house LC-MS/MS assay for serum hepcidin: comparison with current approaches**
Michela Corbella (Verona, Italy), Annalisa Castagna, Natascia Campostrini, Rossella Gottardo, Chiara Piubelli, Matthias Herkert, Tagliaro Franco, Domenico Girelli

P05 **Novel whole exome sequencing strategy for the diagnosis of patients with unexplained inherited iron disorders**
Tessa Peters (Nijmegen, The Netherlands), Katinka Redert, Lambert P. van den Heuvel, Dorine W. Swinkels

P07 **The modified iron avidity index: a promising phenotypic predictor in HFE heamochromatosis**
Cees Van Deursen (Maastricht, The Netherlands), Wenke Moris, Ger Koek

P09 **The Jak1/Jak2 Inhibitor Momelotinib Inhibits ACVR1/Alk2, Decreases Hepcidin Production and Ameliorates Anemia of Chronic Disease (ACD) in Rodents**
Malte Asshoff (Innsbruck, Austria), Matthew Warr, David Haschka, Piotr Tymoszuk, Verena Petzer, Egon Demetz, Pat Maciejewski, Markus Seifert, Kristina Auer, Manfred Nairz, Wilfried Posch, Peter Fowles, Guenter Weiss, Andy Whitney, Igor Theurl

P11 **Kunitz domain-containing APP is protected from matriptase-2-mediated proteolysis by inhibiting matriptase-2**
Anna-Madeleine Beckmann (Bonn, Germany), Konstantin Glebov, Jochen Walter, Olaf Merkel, Martin Mangold, Frederike Schmidt, Christoph Becker-Pauly, Michael Gütschow, Marit Stirnberg

P13 **Fibroblasts from Neuroferritinopathy patients show senescence phenotype induced by iron deregulation**
Anna Cozzi, Paolo Santambrogio, Chiara Fiorillo, Gian Luca Forni, Sonia Levi (Milan, Italy)

P15 **Iron (III)-Sodium-EDTA, as used for food fortification, aggravates intestinal inflammation and drives tumorigenesis in mouse models of colitis-associated cancer**
Rayko Evstatiev (Vienna, Austria), Tina Austerlitz, Vineeta Khare, Kristine Jimenez, Sophie Klimscha, Michaela Lang, Anita Krnjic, Christoph Gasche

P17 **Modulation of the macrophage phenotype by iron chelators**
Michaela Jung (Frankfurt, Germany), Christina Mertens, Eman A. Akam, Elisa Tomat, Bernhard Brüne

P19 **Expression of Iron-Related Proteins in Cats and Dogs' Mammary Gland Reveals Accumulation of Iron in Normal Tissue**
Oriana Marques (Porto, Portugal), Ana Canadas, Fátima Faria, Elsa Oliveira, Irina Amorim, Fernanda Seixas, Adelina Gama, Alexandre Lobo-da-Cunha, Berta Martins da Silva, Graça Porto, Carlos Lopes

P21 **Analysis of the biology of tumour-initiating cells shows alternation in expression of iron metabolism-related genes**
Zuzana Rychtarcikova (Prague, Czech Republic), Sandra Lettlova, Veronika Tomkova, Jaroslav Truksa

P23 **Monitoring ferritin self-assembly by Fluorescence Resonance Energy Transfer (FRET)**
Fernando Carmona (Brescia, Italy), Maura Poli, Magdalena Gryzik, Andrea Denardo, Paolo Arosio

P25 **The combination of a fermented infant milk formula and scGOS/lcFOS beneficially impacts in vitro and in vivo iron absorption**
Claudia Van Den Braak (Utrecht, The Netherlands), Edward Debnam, Hetty Bouritius, Thomas Ludwig, Surjit Kaila Singh Srai

P27 **Oral high dose liposmial iron vs intravenous iron in sideropenic anemia patients intolerant/ refactory to iron sulphate multicentric randomized study**
Giulio Giordano (Naples, Italy), Albino Parente, Luca Luciano, Fabio D'Amico, Roberto Fratangel, Giuseppe Berardi, Antonio Commatteo, Donata Berardi, Bruno Carabellese, Antonietta Licianci, Luigi di Marzio

P29 **Iron deficiency reversibly augments platelet count and activity**
Kristine Jimenez (Vienna, Austria), Vineeta Khare, Rayko Evstatiev, Anita Krnjic, Gisela Scharbert, Christoph Gasch

P31 **Ferric carboxymaltose allows to obtain transfusion independence in patients with iron deficiency anemia secondary to gastrointestinal chronic blood loss**
Ugo Salvadori (Bolzano, Italy), Marco Sandri, Cristina Melli, Francesca Polese, Maria Simeoni, Stefano Capelli, Ahmad Al-Khaffaf

P33 **The Hema-Plot: a diagnostic tool for differential diagnosis and therapy monitoring of anemic patients**
Andreas Weimann, Malte Cremer, Pablo Hernáiz-Driever, Mathias Zimmermann (Berlin, Germany)

P35 **Improvement of Haematological Parameters in Anaemic Dialysis Patients following Treatment with Iron Sucrose**
Patrick Henry Biggar (Coburg, Germany), Andreas Michael Walper, Richard Ammer

P37 **Beef protein isolate: a novel bio-matrix for formulating ferrous iron for nutritional applications**
Mohammed Gulrez Zariwala (London, United Kingdom), Satyanarayana Somavarapu, Sebastien Farnaud, Derek Renshaw

P39 **Overexpression of heparanase reduces hepcidin expression in cells and mice**
Michela Asperti (Brescia, Italy), Paola Ruzzenenti, Annamaria Naggi, Tanja Stuemler, Esther G. Meyron-Holtz, Israel Vlodavsky, Paolo Arosio, Maura Poli

P41 **Citrate defines a regulatory link between energy metabolism and hepcidin expression in hepatocytes**
Ana Rita da Silva (Heidelberg, Germany), Katarzyna Mleczko-Sanecka, Amol Tandon, Sven Sauer, Matthias W. Hentze, Martina U. Muckenthaler

P43 **HFE protein levels in iron-deficient mice, Tmprss6-mutated mice and Tfr2-mutated mice**
Jana Frýdlová (Prague, Czech Republic), Petr Přikryl, Jaroslav Truksa, Martin Vokurka, Jan Krijt

P45 **Iron overload interferes with erythroferrone signaling, but not with erythroferrone synthesis in erythropoietin-treated rats**
Iuliia Gurieva (Prague, Czech Republic), Jana Frýdlová, Jaroslav Truksa, Jan Krijt, Martin Vokurka

P47 **Studies on heme transport proteins in cells and mice**
Yemisi Latunde-Dada (London, United Kingdom), Robert Simpson

P49 **Muscle disuse induces hepcidin expression through IL-6/STAT3 signaling and decreases serum iron bioavailability in rats**
Thibault Cavey (Rennes, France), Nicolas Pierre, Kévin Nay, Coralie Allain, Martine Ropert, Frédéric Derbré, Olivier Loréal

P51 **Iron, stress resistance and aging**
Kamil Pabis (Vienna, Austria), Barbara Scheiber-Mojdehkar, Teresa Valencak, Karin Nowikovsky

P53 **Hepcidin regulation in a mouse model of acute hypoxia**
Giulia Ravasi (Milan, Italy), Sara Pelucchi, Gaia Buoli Comani, Federico Greni, Raffaella Mariani, Irene Pelloni, Ilaria Rivolta, Donatella Barisani, Alberto Piperno

P55 **A cross-sectional pilot study into the relationship between non-transferrin-bound iron and erythrocyte membrane integrity in type 2 diabetes**
Suchismita Roy, Desley White (Plymouth, United Kingdom)

P57 **The absorption of non-haem iron during gastric acid suppression in patients with hereditary haemochromatosis and healthy controls: the He-GAIA study**
B.M. Van Deursen (Maastricht, The Netherlands), P.L.M. Verhaegh, G.H. Koek

P59 **Non-transferrin-bound iron is associated with biomarkers of oxidative stress, inflammation and endothelial dysfunction in type 2 diabetes**
Husam Aljwaid, Desley White (Plymouth, United Kingdom), Keith Collard, John Moody, Jonathan Pinkney

P61 **Iron status and inflammation in early stages of chronic kidney dieseases**
Ewelina Lukaszyk (Białystok, Poland), Mateusz Lukaszyk, Jolanta Malysko

P63 **IL-17 as an important effector cytokine in a mouse model for S.typhimurium sepsis**
A. Schroll (Innsbruck, Austria), M. Nairz, T. Sonnweber, I. Theurl, G. Weiss

P65 **Comparative study of the bioavailability of different iron supplements to bacteria**
Ruvimbo Urenje, Hibo Mahdi, Patrick Kelly, Derek Renshaw, Mohammed Gulrez Zariwala, Sebastien Farnaud (Bedfordshire, United Kingdom)

P67 **Muscle strength is not impaired in hemochromatosis HFE gene knock-out mice**
Noémie Fugier (Paris, France), Haidar Djemai, Rémi Thomasson, Amira Meziani, François Desgorces, Damien Vitello, Jean-François Toussaint, Philippe Noirez

P69 **Clinical iron chelators for skin photoprotection as light-activated caged iron chelators**
Sharareh Houshmandyar (Bath, United Kingdom), Olivier Reelfs, Tina Radka, Ian M. Eggleston, Charareh Pourzand

P71 **Iron increased SPNS2 gene expression, a Sphingosine-1-Phosphate transporter in human osteoblastic MG-63 cells**
Lucas Peltier (Rennes, France), Marie - Laure Island, Coralie Allain, Catherine Massart, Claude Bendavid, Olivier Loreal, Pascal Guggenbuhl

P73 **HAMP gene mutation associated with juvenile hemochromatosis in Brazilian patients**
Paulo Santos (Sao Paulo, Brazil), Paula Fonseca, Rodolfo Cançado, Marly Lopes, Edileide Correia, Manuel Lescano

P75 **Is the blood from haemochromatosis subjects accepted for transfusion? - A European survey among thirteen countries**
Emerência Teixeira, Ábele Mária, Pierre Brissot, Barbara Butzeck (Hattingen, Germany), Françoise Courtois, Bernard Delwart, David Head, Gerda Horn, Robert Evans, Henk Jacobs, Nils Milman, Margaret Mullett, Brigitte Pineau, Graça Porto, Robert Sorrill, Mayka Sanchez, Ketil Toska, Annick Vanclooster

P77 **Are HFE gene knock-out mice dying earlier than wild-type mice because they are more frail?**
Damien Vitiello, Yvan Trzaskus, Haidar Djemai, Rémi Thomasson, François Desgorces, Jean-François Toussaint, Philippe Noirez (Paris, France)

P79 **HFE deficiency critically affects cholesterol homeostasis in mice**
Egon Demetz (Innsbruck, Austria), Piotr Tymoszuk, Chiara Volani, Christa Pfeifhofer, David Haschka, Christiane Heim, Kristina Auer, Malte Asshoff, Andrea Schroll, Stefanie Dichtl, Markus Seifert, Raimund Pechlaner, Stefan Kiechl, Johann Willeit, Igor Theurl, Ivan Tancevski, Günter Weiss

P81 **The 'iron score' is an MELD-Independent Predictor of Survival in Patients with Liver Cirrhosis**
Armin Finkenstedt (Innsbruck, Austria), Simon Krapf, Andre Viveiros, Benedikt Schäfer, Andrea Griesmacher, Wolfgang Vogel, Heinz Zoller

P83 **Transferrin Saturation Defines Distinct Subtypes of Dysmetabolic Iron Overload Syndrome**
André Viveiros (Innsbruck, Austria), Armin Finkenstedt, Benedikt Schäfer, Benjamin Henninger, Wolfgang Vogel, Heinz Zoller

P85 **The heme exporter FLVCR1 is essential for pain perception by modulating cellular oxidative status**
Deborah Chiabrando (Turin, Italy), Marco Castori, Maja Di Rocco, Martin Voigt, Sebastian Gießelmann, Matteo Di Capua, Annalisa Madeo, Paola Grammatico, Fiorella Altruda, Lorenzo Silengo, Emanuela Tolosano, Ingo Kurth

13:00 – 14:30 **IRON OVERLOAD, TOXICITY & CANCER**
Chairs: Pierre Brissot, Rennes (France) &
Antonello Pietrangelo, Modena (Italy)

State of the Art
Olivier Loreal, Rennes (France)

FREE PAPER SESSION

O3-1 **The role of Lcn-2 in determining the macrophage iron phenotype and its impact on breast cancer progression**
Christina Mertens, Frankfurt (Germany)

O3-2 **Insulin Signalling in Primary Hepatocytes from Hepcidin knock-out Mice**
Molly Jacob, Vellore (India)

O3-3 **FLVCR1a participates to tumor cell metabolic reprogramming, playing a role in colon-rectum cancer**
Veronica Fiorito, Turin (Italy)

O3-4 **Disruption of the hepcidin/ferroportin regulatory circuitry causes pulmonary iron overload and restrictive lung disease**
Joana Neves, Heidelberg (Germany)

O3-5 **Iron-chelation may have multiple therapeutic targets in myelodysplastic syndrome (MDS)**
Eitan Fibach, Jerusalem (Israel)

14:30 – 15:30 **COFFEE BREAK & POSTER VIEWING**
supported by Noxxon NOXXON IPHARMA AG

15:30 – 17:00 **IRON IN MICROBES & NEUROLOGY**
Chairs: Roberta Ward, London (United Kingdom) &
Raffaella Gozzelino, Lisbon (Portugal)

State of the Art
Hubertus Haas, Innsbruck (Austria)

FREE PAPER SESSION

O4-1 **Iron - ing out anaerobic bacteria**
Janina Lewis, Virginia (USA)

O4-2 **Malaria and age variably, but critically control hepcidin throughout childhood in Kenya**
Sarah Atkinson, Kilifi (Kenya)

O4-3 **GLP -Cell Dysfunction associated with NAF-1 Deficiency in Wolfram Type 2 Syndrome (WFS-2)**
Rachel Nechushtai, Jerusalem (Israel)

O4-4 **Serum hepcidin levels in Parkinson's Disease patients does not correlate with inflammatory markers**
Roberta Ward, London (United Kingdom)

O4-5 **Inflammation-driven disruption of iron homeostasis: a risk factor for the development of Parkinson's disease**
Raffaella Gozzelino, Lisbon (Portugal)

17:00 - 17:30 **EIC BUSINESS MEETING**

17:30 – 19:00 **SPECIAL FOCUS SESSION HEPATITIS C**
Chairs: Igor Theurl, Günter Weiss & Heinz Zoller, Innsbruck (Austria)

17:30 – 17:50 **Why screen for HCV but not for HFE?**
John Ryan, Oxford (United Kingdom)

17:50 – 18:20 **Axis of Evil: Iron and HCV in Fibrosis Progression**
Luca Valenti, Milan (Italy)

18:20 – 18:40 **Partners in Crime: Molecular Pathogenesis of HCV and Iron**
Hal Drakesmith, Oxford (United Kingdom)

18:40 – 19:00 **HCV – game over: Is High Iron in chronic HCV relevant for Direct Antiviral Treatment?**
Peter Ferenci, Vienna (Austria)

SATURDAY, 9 APRIL 2016

9:00 – 9:30 **IRON AT THE CUTTING EDGE: FROM SWORDS TO DRUGS**
Jo J. Marx, Utrecht (The Netherlands)

9:30 – 9:50 **COFFEE BREAK**
supported by Roche

9:50 – 11:30 **IRON HOMEOSTASIS & BIOCHEMISTRY**
Chairs: Dorine Swinkels, Nijmegen (The Netherlands) & Graça Porto, Porto (Portugal)

State of the Art
Delphine Meynard, Toulouse (France)

FREE PAPER SESSION

O5-1 **Iron regulation by the cardiac hepcidin/ferroportin axis is critical in the heart**
Samira Lakhal-Littleton, Oxford (United Kingdom)

O5-2 **New Insights into the mechanisms and regulation of ferritin Trafficking and Secretion**
Esther Gitta Meyron-Holtz, Haifa (Israel)

O5-3 **An unexpected function of macrophage-Hfe in the immune response**
Maja Vujic Spasic, Ulm (Germany)

O5-4 **IL-17 stimulates hepcidin expression via STAT3 and NF-kB**
Andrea Schroll, Innsbruck (Austria)

O5-5 **Heparan Sulfate in the regulation of Hepcidin expression**
Maura Poli, Brescia (Italy)

O5-6 **Human placental iron metabolism and preterm iron deficiency: Preliminary data from a pilot study**
Jasmin Schatz, Vienna (Austria)

11:30 – 13:00 LUNCH BREAK & POSTER SESSION 2

Authors should be present at their poster boards during the session and ready to answer questions.

P02 **Surface plasmon resonance based on molecularly imprinted nanoparticles for the picomolar detection of the iron regulating hormone Hepcidin-25**
Lucia Cenci (Verona, Italy), Domenico Girelli, Alessandra Maria Bossi

P04 **Next-generation sequencing of iron-metabolism related genes in Portuguese patients with iron overload: novel pathogenic genetic variants**
Ricardo Faria, Bruno Silva, Catarina Silva, Luís Vieira, Pedro Loureiro, Susana Gomes, João Gonçalves, Isabel Rivera, Sofia Fraga, Rita Flem, Paula Faustino (Lisbon, Portugal)

P06 **Iron deficiency in pulmonary arterial hypertension: a matter of definition!**
Eva Rieger, Thomas Sonnweber, Katharina Cima, Günther Weiss, Judith Löffler-Ragg (Innsbruck, Austria)

P08 **Liposomial iron is safe and cost-effective in HCV patients with type II diabetes and anemia due to esophageal or gastric bleeding**
Giulio Giordano (Naples, Italy), Albino Parente, Fabio D'Amico, Giuseppe Berardi, Antonietta Licianci, Rosanna Gigli, Marilu Magri, Giovanna Niro, Luigi di Marzio

P10 **Ferroportin Disease (Haemochromatosis-type IV): A Case Report**
Elena Novo, Ricardo Faria, Paula Faustino, Rita Fleming (Lisbon, Portugal)

P12 **A pair of brothers with aceruloplasminemia due to a novel nonsense mutation: unusual Phenotype and effectiveness of iron-chelation therapy by deferasirox**
Massimo Fiorini (Modena, Italy), Stefania Scarlini, Francesca Ferrara, Davide Bocchi, Francesco Cavallieri, Franco Valzania, Angela Caleffi, Antonello Pietrangelo, Elena Corradini

P14 **Iron excess delays disease development and increases bortezomib efficacy in murine models of multiple myeloma**
Jessica Bordinoi (Milano, Italy), Silvia Galvan, Federica Morisi, Maurilio Ponzoni, Clara Camaschella, Alessandro Campanella

P16 **Eltrombopag (EP) as an iron-chelator and differentiation inducer in myelodysplastic syndrome (MDS) cells**
Eitan Fibach (Jerusalem, Israel), Eliezer Rachmilewitz

P18 **A new role for CCL2 in Breast Cancer as a modulator of local iron homeostasis?**
Ana Rosa, Oriana Marques (Porto, Portugal), Luciana Leite, Arnaud da Cruz Paula, Alexandra Rêma, Paula Faustino, Berta Martins da Silva, Carlos Lopes, Graça Porto

P20 **Iron mediated suppression of CD8+ T cells in a mouse mammary carcinoma model**
Christa Pfeifhofer-Obermair (Innsbruck, Austria), Piotr Tymoszuk, Egon Demetz, Stefanie Dichtl, David Haschka, Chiara Volani, Simon Heeke, Igor Theurl, Günter Weiss

P22 **Differential roles of macrophage- and tumor cell-expressed ferritin in devlopment of mammary carcinoma**
Piotr Tymoszuk (Innsbruck, Austria), Simon Heeke, Christa Pfeifhofer-Obermair, Malte Aßhoff, David Haschka, Egon Demetz, Günter Weiss, Igor Theurl

P24 **Cardiomyocyte iron-ome studied by 55Fe metabolic labelling followed by native electrophoresis and phosphorimager detection**
Matyas Krijt (Prague, Czech Republic) Daniel Vyoral, Jiri Petrak

P26 **Effects of iron-deficiency on histone methylation profiles and epigenetic regulation via the histone demethylase KDM4A**
Yu Jin Chung (Oxford, United Kingdom), Magda Wolna, M. Kate Curtis, Peter A. Robbins, Samira Lakhal-Littleton

P28 **Reduced insulin need in patients with type 2 diabetes mellitus (T2DM) with iron deficiency anemia treated with sucrosomial iron vs intravenous sodium ferrigluconate. Multicentric prospective study**
Giulio Giordano (Naples, Italy), Albino Parente, Luca Luciano, Roberto Fratangelo, Fabio D'Amico, Antonio Commatteo, Bruno Carabellese, Giuseppe Berardi, Donata Berardi,

Antonietta Licianci, Luigi di Marzio, Maurizio Gasperi

P30 **Absolute and functional iron deficiency is a common finding in patients with heart failure and after heart transplantation**
Jolanta Malyszko (Bialystok, Poland), Piotr Przybylowski, Hanna Bachorzewka-Gajewska, Slawomir Dobrzycki

P32 **Regulation of ferroportin expression by hepatic iron and hepcidin in pregnant females and their fetuses in response to normal and iron-deficient diet**
Robert Staroń (Magdalenka, Poland), Rafał Starzyński, Ewa Smuda, Eunice Sindhuvi, Paweł Lipiński

P34 **Sucrosomial® Iron is able to promote Fe3+ absorption: in vitro and ex-vivo studies**
Elisa Brilli (Pisa, Italy), Angela Fabiano, Stefano Fogli, Ylenia Zambito, Germano Tarantino

P36 **Use of hepcidin as a diagnostic for iron deficiency: a Sri Lankan study with global implications**
Katherine Wray (Oxford, United Kingdom), Angela Allen, Emma Evans, Craig Webster, Chris Fisher, Anuja Premawardhena, Dynanda Bandara, Ashok Perera, Andrew E. Armitage, Sant-Rayn Pasricha, Andrew M. Prentice, David J. Weatherall, Hal Drakesmith

P38 **Tmprss6 favors hepcidin inhibition by erythroferrone in mice by impairing the BMP signaling**
Irene Artuso (Milan, Italy), Antonella Nai, Alessandro Campanella, Jessica Bordini, Clara Camaschella, Laura Silvestri

P40 **The immunophilin FKBP12 regulates hepcidin**
Silvia Colucci (Milan, Italy), Alessia Pagani, Maura Poli, Paolo Arosio, Clara Camaschella, Laura Silvestri

P42 **The catecholamine dopamine regulates iron homeostasis**
Stefanie Dichtl (Innsbruck, Austria), David Haschka, Egon Demetz, Manfred Nairz, Malte Aßhoff, Markus Seifert, Sylvia Berger, Günter Weiss

P44 **Characterization of human nuclear receptor coactivator 4 (NCOA4), the cargo receptor mediating ferritinophagy**
Magdalena Gryzik (Brescia, Italy), Maura Poli, Maria Regoni, Paola Ruzzenenti, Michela Asperti, Federica Maccarinelli, Paolo Arosio

P46 **Different iron handling capabilities of human monocyte subsets**
David Haschka (Innsbruck, Austria), Piotr Tymoszuk, Sieghart Soppe, Benedikt Schäfer, Markus Seifert, Heinz Zoller, Igor Theurl, Günter Weiss

P48 **Characterization of human mitochondrial ferritin gene promoter**
Paolo Santambrogio, Michela Guaraldo, Elisabetta Rovelli, Augusta Di Savino, Giuseppe Saglio, Davide Cittaro, Antonella Roetto, Sonia Levi (Milan, Italy)

P50 **Imaging of matriptase-2 by activity-based probes**
Martin Mangold (Bonn, Germany),Daniela Häußler, Anna-Madeleine Beckmann, Michael Gütschow, Marit Stirnberg

P52 **Identification of hepatic long non-coding RNAs involved in iron homeostasis**
Kamesh Rajendra Babu (Heidelberg, Germany), Ananth Prakash, Sandro Altamura, Bernd Klaus, Vladimir Benes, Wolfgang Huber, Alex Bateman, Martina Muckenthaler

P54 **The absence of mitochondrial ferritin in mice reduces male fertility**
Maria Regoni (Brescia, Italy), Fernando Carmona, Paolo Arosio, Federica Maccarinelli

P56 **Development of a well-based reverse-phase protein array for the assessment of iron related proteins in serum and lysates from cells and tissues**
Lucia Fernandez Delgado, Brigitte Sturm, Jasmin Schatz, Hans Goldenberg, Barbara Scheiber-Mojdehkar (Vienna, Austria)

P58 **Scavenging ROS production upon acute heme overload prevents iron efflux from macrophages**
Naveen Kumar Tangudu, Betül Alan, Dilay Lai, Katharina Wöhrle, Sabine Vettorazzi, Kerstin Leopold, Reinhold Schirmbeck, Maja Vujic Spasic (Ulm, Germany)

P60 **Systematic Investigation of the Effects of Dietary Iron Supplementation on the Course of Infection in Mice**
David Haschka (Innsbruck, Austria), Egon Demetz, Piotr Tymoszuk, Stefanie Dichtl, Malte Asshoff, Markus Seifert, Sylvia Berger, Manfred Nairz, Igor Theurl, Ferric Fang, Günter Weiss

P62 **IRP1-Dependent iron redistribution plays a significant role in the development of intestinal inflammation**
Shirly Belisowski, Lulu Fahoum, Abraham Nyska, Avi Zuckerman, Matti Waterman, Roni Weisshof, Edmond Sabo, Fabio Cominelli, Orly Savion, Esther Gitta Meyron-Holtz (Haifa, Israel)

P64 **Pichia pastoris iron-responsive GATA factor Fep1 is a [2Fe-2S] protein**
Maria Carmela Bonaccorsi (Rome, Italy), Antimo Cutone, Barry Howes, Adriana Miele, Giulietta Smulevich, Giovanni Musci

P66 **New insights into the hepatic iron phenotype of BMP6 knockout mice**
Céline Besson (Toulouse, France), Alexandra Willemetz, Benjamin Billore, Chloé Latour, Lorenne Robert, Hélène Coppin, Marie-Paule Roth, François Canonne-Hergaux

P68 **GNPAT rs11558492 is not associated to iron overload in Italian HFE p.C282Y homozygotes**
Federico Greni (Milan, Italy), Luca Valenti, Raffaella Mariani, Irene Peloni, Raffaela Rametta, Fabiana Busti, Giulia Ravasi, Domenico Girelli, Alberto Piperno, Sara Pelucchi

P70 **Hfe gene knock-out increases hepatic copper, manganese and zinc concentrations in aged mice**
Thibault Cavey (Rennes, France), Martine Ropert, Patricia Leroyer, Hélène Coppin, Marie-Paule Roth, Pierre Brissot, Olivier Loréal

P72 **Characterisation of a novel hexadentate iron chelator for skin photoprotection**
Olivier Reelfs, Vincenzo Abbate, Robert C. Hider, Charareh Pourzand (Bath, United Kingdom)

P74 **Left Ventricular Peak Filling Rates – Early Indicators of Diastolic Dysfunction from Myocardial Iron Toxicity**
Roland Fischer (Hamburg, Germany), Jin Yamamura, Regine Grosse, Christoph Berliner, Mahmoud Wehbe, Gregory Kurio, Gunnar Lund, Gerhard Adam, Joachim Graessner, Peter Nielsen, Björn Schönnagel

P76 **Histidine attenuates iron-induced toxicity in kidney cells**
Eleni Vantana (London, United Kingdom), Lea Ngat Kohn, Gladys Oluyemisi Latunde-Dada

P78 **Unapproriately decreased hepcidin levels and elevated plasma iron in patients and murine model of type 2 diabetes**
Sandro Altamura (Heidelberg, Germany), Stefan Kopf, Julia Glockenmeier, Peter Nawroth, Martina Muckenthaler

P80 **Investigating the influence of primary and secondary iron overload on the development of metabolic syndrome and fatty liver disease in mice**
Sílvia Chambel, Ana Santos, Andreia Gonçalves, Tiago Duarte (Porto, Portugal)

P82 **Hepatic iron loading characterises initial disease progression in NAFLD patients**
John Ryan (Oxford, United Kingdom), A. Armitage, J. Cobbold, R. Banerjee, S. Neubauer, L.M. Wang, S.R. Parisha, J. Collier, H. Drakesmith, E. Barnes, M. Pavlides

P84 **Aceruloplasminemia: New cases with novel mutations in ceruloplasmin gene**
Anna Barqué, Alejandro Negro, Nicholas Wood, Esther Jové-Buxeda, Jordi Sanchez-Delgado, Birute Burnyte, Neus Baena-Díez, Janusz Limon, Francisco Fuster, Jessica Aranda, Mayka Sanchez (Barcelona, Spain)

13:00 – 14:30 **IRON & NUTRITION, OBESITY**
Chairs: Jonathan Powell, Cambridge (United Kingdom) & Christian Datz, Oberndorf (Austria)

State of the Art
Elmar Aigner, Salzburg (Austria)

FREE PAPER SESSION

O6-1 **Does mutation of the HFE gene allow better performance in mice?**
Haidar Djemai, Paris (France)

O6-2 **Iron and Fat Quantification by MRI R2*: a Phantom Study**
Marcela Weyhmiller, Oakland (USA)

O6-3 **Iron aggravates the progression of atherosclerosis**
Francesca Vinchi, Heidelberg (Germany)

O6-4 **A comparison of iron absorption from single versus twice daily dosing and from consecutive versus alternate day dosing in iron-depleted women by using iron stable isotopes**
Nicole Stoffel, Zurich (Switzerland)

O6-5 **Hepcidin resistance in dysmetabolic iron overload**
Rafaella Rametta, Milan (Italy)

14:30 – 15:45 **LATE BREAKING**
Chairs: Léon Kautz, Toulouse (France) &
Charareh Pourzand, Bath (United Kingdom)

O7-1 **En route to new therapeutic options for iron overload diseases: Matriptase-2 as a target for Kunitz-type inhibitors**
Marit Stirnberg, Bonn (Germany)

O7-2 **Erythroid Tfr2 is a modifier of the β-thalassemia phenotype**
Antonella Nai, Milan (Italy)

O7-3 **Endothelial Loss of the heme Exporter FLCVR1a alters Vascular Integrity**
Sara Petrillo, Turin (Italy)

O7-4 **Molecularly imprinted nanoparticles targeted at the recognition of hepcidin-25: new opportunities in the hepcidin determination panorama.**
Alessandra Maria Bossi, Verona (Italy)

O7-5 **Fabrication and characterisation of novel protein-polysaccride biopolymer based nanoparticles for iron delivery**
Mohammed Gulrez Zariwala, London (United Kingdom)

O7-6 **Iron content defines a new population of tumor-associated macrophages**
Milene Costa da Silva, Heidelberg (Germany)

15:45 – 16:15 **COFFEE BREAK**

16:15 – 18:00 **LATE BREAKING**
Chairs: Nathan Subramanian, Brisbane (Australia) & Rob Evans, London (United Kingdom)

O8-1 **Proton pump inhibitors decrease phlebotomy need in HFE1 haemochromatosis: A double-blind randomized controlled trial**
Annick Vanclooster, Leuven (Belgium)

O8-2 **Renal handling of circulating and renal synthesized hepcidin and its protective effects against hemoglobin-mediated kidney injury**
Rachel van Swelm, Nijmegen (The Netherlands)

O8-3 **Blood removal in hereditary hemochromatosis results in improved genome integrity**
Sonia Distante, Oslo (Norway)

O8-4 **Haemochromatosis is more than being a C282Y homozygote: the utility of NGS, using the 16 gene Disorders of Iron Regulation NGS Panel, and MPLA as routine diagnostic tools**
Kathryn Robson, Oxford (United Kingdom)

O8-5 **Identification of a novel SLC40A1 mutation and its biological and functional characterization through the use of a unique cell surface ferroportin antibody**
Nathan Subramaniam, Brisbane (Australia)

O8-6 **Effect of erythropoietin administration on proteins participating in Hamp gene regulation in Tmprss6-mutated mask mice**
Jan Krijt, Prague (Czech Republic)

20:00 – 24:00 **EIC 2016 GALA DINNER**
Orangerie, Congress Innsbruck

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MEETING VENUE:
AUSTRIA TREND HOTEL INNSBRUCK, RENNWEG 12A
SUNDAY, 10 APRIL 2016

9:00 – 12:30	**NON HFE HEMOCHROMATOSIS REGISTRY MEETING**
9:45 – 10:00	**Non-HFE Registry Consortium Agreement**
10:00 – 10:30	**Data Management – Askimed®**
10:30 – 11:00	**Project Plan: Natural History of Ferroportin Disease**
11:00 – 12:30	**Applications for Future Projects & General Discussion**
12:30 – 13:30	**LUNCH BREAK**
8:00 – 16:00	**JOINT EFAPH AND HI ANNUAL GENERAL MEETING**
8:00 – 9:00	**EFAPH and HI Annual general meeting:** Annual activity Report (Francoise Courtois, Ben Marris) Financial Report (Dag Erling Stakvik, Desley White) with approval
9:00 – 9:20	**Update on EIC and HH News** (Pierre Brissot)

9:20 – 10:30	**Moving forward on International Guidelines to Practical expert advice (I)** Introduction (Ben Marris) Comparative analysis of existing guidelines (Annick Vanclooster) Dutch HFE-HH Guidelines: Assessment of critical issues that need an update (Cees van Deursen) Input from national HH associations about major issues (Ben Marris, Paulo Santos, Emerencia Teixeira)
10:30 – 11:00	**COFFEE BREAK** (join the non HFE Registry Group)
11:00 – 12:30	**non HFE Registry** (joint meeting – see above)
12:30 – 13.30	**LUNCH**
13:30 – 14:30	**Moving forward on International Guidelines to Practical expert advice (II)** Discussion, propositions, next steps (Ben Marris, Paulo Santos)

14:30 – 15:30 **EFAPH Projects update:**

HH-Arthropathy Working Group
(Barbara Butzeck)

European Survey on Blood Donation: final results
(Emerencia Teixeira)

World Blood donor Day June 14, Eurordis News
(Francoise Courtois)

News about the European Reference Networks - ERNs
(Graça Porto)

Discussion

15:30 – 16:00 **Concluding remarks**
(Ben Marris, Barbara Butzeck)

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2. Grand Hotel Europa*****
3. Austria Trend Hotel****
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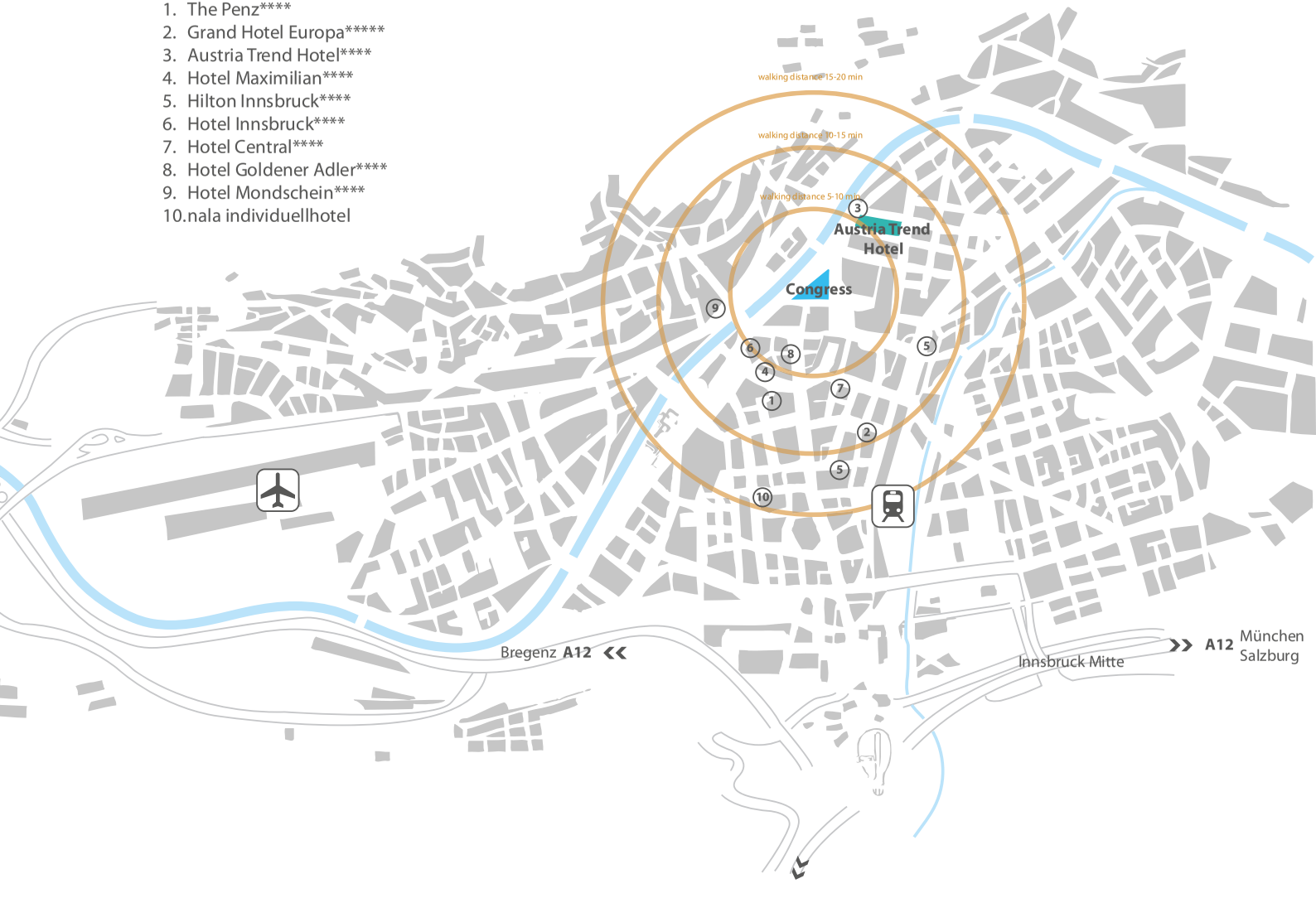

INNSBRUCK

Innsbruck, the capital of the Austrian province the Tyrol, is located in the Alpine region of Austria, in the valley of the river Inn, at 580 metres above sea level. It is surrounded by impressive mountain ranges and numerous peaks which reach an altitude of approx. 2,700 metres above sea level.
The city has 130,894 inhabitants and hosts one of the oldest universities in Europe, founded in the year 1562. Today, over 30,000 students attend the university in Innsbruck.
Due to its location, Innsbruck has an excellent tourist infrastructure and is best known for its rich cultural heritage, as well as for its endless opportunities in sports and recreation that include golf, hiking, climbing, rafting, paragliding, canyoning, swimming in lakes, skiing and snowboarding not only in winter time, but also in summer on one of the glaciers nearby. Innsbruck has twice been host to Olympic Winter Games, in 1964 and 1976. In the town, some 160 restaurants, cafes and bars, most of them in walking distance to the Congress Innsbruck, offer traditional Tyrolean and Austrian specialities as well as international dishes.

CITY TRANSPORTATION/TAXI

There is a good public transport system in Innsbruck and its surroundings. Most buses and trams operate until midnight. Detailed information on bus schedules is available at your hotel or at the congress venue. Tickets can be pre-purchased from tobacconists or directly on the buses.
Taxis are usually available outside the conference centre's entrance. If you need support the EIC 2016 team will be happy to assist you.

TRAIN STATION

Innsbruck main station is located in the centre of the city within walking distance to the conference venue. Taxis are also available outside the station's entrance.

PARKING

There is an underground car park at the Congress Centre. Participants obtain tickets at reduced rates from the porter's desk. Please note that these reduced fares only apply to the Congress garage and not the other parking facilities. Please note that street parking in the city is available but limited to 90 minutes.

REGISTRATION OPENING HOURS

The registration desk will be located in the Kristall Foyer of the Congress Innsbruck. Opening hours are as follows:

Thursday, 7 April	From 9:00 to 17:30
Friday, 8 April	From 7:30 to 19:00
Saturday, 9 April	From 8:00 to 17:30

EXHIBITION OPENING HOURS

Thursday, 7 April	Welcome Reception
Friday, 8 April	From 7:30 to 19:00
Saturday, 9 April	From 8:00 to 17:30

CURRENCY

The official currency is the EURO (€). Major credit cards are accepted in many hotels, shops and restaurants. Automatic teller machines are also available throughout the city.

CONGRESS DOCUMENTS AND BADGES

Congress documents have to be collected on-site at the registration desk at the Congress Innsbruck. Name badges must be worn visibly at all times during the conference, networking activities and in the exhibition area.

CERTIFICATE OF ATTENDANCE

A certificate of attendance will be available at the conference´s registration desk.

INFORMATION FOR SPEAKERS

There will be a media check at the Congress Innsbruck. Please bring your lecture on a USB stick and hand it in at the media check (located next to the registration desk) in time before your session starts. You need not bring your own computer. The meeting room is equipped with PC and data projector.

OFFICIAL LANGUAGE

The official language of the congress is English. No simultaneous translation will be provided.

REGISTRATION FEES

CATEGORY	EARLY BIRD RATE by 7 Feb, 2016	FULL RATE from 8 Feb, 2016	ON SITE REGISTRATION
Regular participant	€ 360,00	€ 415,00	€ 465,00
PhD student* / reduced fee**	€ 250,00	€ 288,00	€ 338,00
Day ticket (Thursday only)	€ 200,00	€ 200,00	€ 250,00
Accompanying persons	€ 150,00	€ 175,00	€ 225,00

* Registered PhD students have to provide an official confirmation about their student status.
** Reduced fees for chairmen, state of the art lecturers, retired scientists and members of patient organisations.

FULL REGISTRATION FEE INCLUDES:
(REGULAR PARTICIPANTS AND PHD STUDENTS)

- Admission to all scientific sessions
- Admission to exhibition and posters
- Conference programme and abstract book
- Coffee breaks and lunches
- Welcome reception
- EIC Gala dinner on Saturday (pre-registration required)

DAY REGISTRATION FEE FOR THE DAY TICKET ON THURSDAY INCLUDES:

- Admission to all scientific sessions on Thursday
- Admission to exhibition
- Conference programme and abstract book
- Coffee breaks and lunch on Thursday
- Welcome reception

ACCOMPANYING PERSON'S FEE INCLUDES:

- Venue lunches
- Welcome reception
- EIC Gala Dinner on Saturday (pre-registration required)

INTERNET ACCESS

Wireless internet access will be available free of charge

Wi-Fi:	cminet
user:	eic2016
password:	eic2016

COFFEE BREAKS & LUNCH

Coffee, tea and refreshments as well as the lunches will be served in the exhibition area and are included in the registration fee.

LIABILITY AND INSURANCE

Neither the organisers nor CMI/PCO Tyrol Congress as their agency accept any liability for personal injuries, or loss of, or damage to property belonging to congress delegates or accompanying persons, either during or as a result of the Congress or during any of the networking events. It is recommended that participants arrange for their own personal health, accident and travel insurance before they depart from their countries. Only written agreements shall be valid. The place of jurisdiction shall be Innsbruck.

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Envarsus 0,75 mg Retardtabletten, Envarsus 1 mg Retardtabletten, Envarsus 4 mg Retardtabletten, Zusammensetzung (arzneilich wirksame Bestandteile nach Art und Menge): Jede Retardtablette enthält 0,75 mg Tacrolimus (als Monohydrat). Jede Retardtablette enthält 1 mg Tacrolimus (als Monohydrat). Jede Retardtablette enthält 4 mg Tacrolimus (als Monohydrat). Sonstige Bestandteile: Jede Tablette enthält 41,7 mg Lactose (als Monohydrat). Jede Tablette enthält 41,7 mg Lactose (als Monohydrat). Jede Tablette enthält 104 mg Lactose (als Monohydrat). Wirkstoffgruppe: ATC-Code L04AD02, Anwendungsgebiete:, Prophylaxe der Transplantatabstoßung bei erwachsenen Nieren- oder Lebertransplantatempfängern. Behandlung der Transplantatabstoßung, die sich gegenüber anderen Immunsuppressiva als therapieresistent erweist, bei erwachsenen Patienten. Gegenanzeigen: Überempfindlichkeit gegen den Wirkstoff oder einen der in Abschnitt 6.1 genannten sonstigen Bestandteile. Überempfindlichkeit gegen sonstige Makrolide. Liste der sonstigen Bestandteile: Hypromellose, Lactose-Monohydrat, Macrogol 6000, Poloxamer 188, Magnesiumstearat, Weinsäure (E334), Butylhydroxytoluol (E321), Dimeticon 350, Name oder Firma und Anschrift des pharmazeutischen Unternehmers: Chiesi Farmaceutici S.p.A. Via Palermo, 26/A, 43122 Parma, Italien, Weitere Angaben zu Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Mitteln, Nebenwirkungen sowie Gewöhnungseffekten sind der veröffentlichten Fachinformation zu entnehmen. Abgabe: Rezept- und apothekenpflichtig, wiederholte Abgabe verboten, Erstellungsdatum/Änderungsdatum: 15.09.2014

DRUG LABLE
Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung. Dies ermöglicht eine schnelle Identifizierung neuer Erkenntnisse über die Sicherheit. Angehörige von Gesundheitsberufen sind aufgefordert, jeden Verdachtsfall einer Nebenwirkung zu melden. Hinweise zur Meldung von Nebenwirkungen, siehe Abschnitt 4.8. BEZEICHNUNG DES ARZNEIMITTELS , EXJADE 125 mg/ 250 mg/ 500 mg Tabletten zur Herstellung einer Suspension zum Einnehmen, QUALITATIVE UND QUANTITATIVE ZUSAMMENSETZUNG, 1 Tablette zur Herstellung einer Suspension zum Einnehmen enthält 125 mg / 250 mg / 500 mg Deferasirox. Sonstige Bestandteile: 1 Tablette zur Herstellung einer Suspension zum Einnehmen enthält 136 mg / 272 mg / 544 mg Lactose. Liste der sonstigen Bestandteile, Lactose-Monohydrat, Crospovidon Typ A, Mikrokristalline Cellulose, Povidon, Natriumdodecylsulfat, Hochdisperses Siliciumdioxid, Magnesiumstearat, Anwendungsgebiete, EXJADE ist angezeigt zur Behandlung der chronischen Eisenüberladung auf Grund häufiger Transfusionen (≥ 7 ml/kg/Monat Erythrozytenkonzentrat) bei Patienten mit Beta-Thalassämia major im Alter von 6 Jahren und älter. EXJADE ist auch angezeigt zur Behandlung der chronischen, transfusionsbedingten Eisenüberladung, wenn eine Deferoxamin-Therapie bei folgenden Patientengruppen kontraindiziert oder unangemessen ist:, -bei Patienten im Alter zwischen 2 und 5 Jahren mit Beta-Thalassämia major mit Eisenüberladung auf Grund häufiger Transfusionen (≥ 7 ml/kg/Monat Erythrozytenkonzentrat),, -bei Patienten im Alter von 2 Jahren oder älter mit Beta-Thalassämia major mit Eisenüberladung auf Grund seltener Transfusionen (< 7 ml/kg/Monat Erythrozytenkonzentrat),, -bei Patienten im Alter von 2 Jahren und älter mit anderen Anämien. EXJADE ist auch angezeigt zur Behandlung der chronischen Eisenüberladung, wenn eine Deferoxamin-Therapie bei Patienten mit nicht-transfusionsabhängigen Thalassämie-Syndromen im Alter von 10 Jahren und älter, die eine Chelat-Therapie benötigen, kontraindiziert oder unangemessen ist. Gegenanzeigen, Überempfindlichkeit gegen den Wirkstoff oder einen der sonstigen Bestandteile. Kombination mit anderen Eisenchelattherapien, da die Sicherheit solcher Kombinationen nicht belegt ist (siehe Abschnitt 4.5 der veröffentlichten Fachinformation). Patienten mit einer Kreatininclearance < 60ml/min. INHABER DER ZULASSUNG, Novartis Europharm Limited, Frimley Business Park, Camberley GU16 7SR, Vereinigtes Königreich, Abgabe: NR, apothekenpflichtig, Pharmakotherapeutische Gruppe: Eisenchelator, ATC-Code: V03AC03, Weitere Informationen betreffend Warnhinweise und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkung mit anderen Mitteln, Nebenwirkungen und Gewöhnungseffekte sind den veröffentlichten Fachinformationen zu entnehmen. Datum der Gültigkeit: 01/2016, Stand: 11 / 2014 SGB, FILENAME * MERGEFORMAT 2016-01-28_FKI_Exjade 125_250_500-Tabl.docV ar II-045, keine Änderung gegenüber: Änderung Adresse MAH Novartis Frimley UK Var IAin 039

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Literatur: **1.** Ferinject® Fachinformation

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Fachkurzinformation

FERINJECT® 50 mg Eisen/ml Injektionslösung oder Konzentrat zur Herstellung einer Infusionslösung. Zusammensetzung: Ein Milliliter Lösung enthält 50 mg Eisen in Form von Eisen(III)-Carboxymaltose. Jede 2-ml-Durchstechflasche enthält 100 mg, jede 10-ml-Durchstechflasche 500 mg und jede 20-ml-Durchstechflasche 1000 mg Eisen in Form von Eisen(III)-Carboxymaltose. FERINJECT® enthält Natriumhydroxid. Ein Milliliter Lösung enthält bis zu 0,24 mmol (5,5 mg) Natrium, Salzsäure (zur Einstellung des pH-Werts) und Wasser für Injektionszwecke. **Anwendungsgebiete:** zur Behandlung von Eisenmangelzuständen, wenn orale Eisenpräparate unwirksam sind oder nicht angewendet werden können. Die Diagnose eines Eisenmangels muss durch geeignete Laboruntersuchungen bestätigt sein. **Gegenanzeigen:** Überempfindlichkeit gegen den Wirkstoff, gegen FERINJECT® oder einen der sonstigen Bestandteile; schwere bekannte Überempfindlichkeit gegen andere parenterale Eisenpräparate; nicht durch Eisenmangel bedingte Anämie, z.B. bei sonstigen Formen der mikrozytären Anämie; Anhaltspunkte für eine Eisenüberladung oder Eisenverwertungsstörungen. **Pharmakotherapeutische Gruppe:** dreiwertiges Eisen, Parenteralia. **ATC-Code:** B03AC. **Inhaber der Zulassung:** Vifor France SA 7-13, Bd Paul-Emile Victor, 92200 Neuilly-sur-Seine, Frankreich. Rezept- und apothekenpflichtig. Weitere Angaben zu Warnhinweisen und Vorsichtsmaßnahmen für die Anwendung, Wechselwirkungen mit anderen Arzneimitteln oder sonstigen Wechselwirkungen, Schwangerschaft und Stillzeit und Nebenwirkungen sowie Gewöhnungseffekten sind der veröffentlichten Fachinformation zu entnehmen. Stand der Information: September 2015.

▼ Dieses Arzneimittel unterliegt einer zusätzlichen Überwachung.

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