We are pleased to invite you to participate in a Satellite Symposium at the occasion of the XXV Congress of the International Society on Thrombosis and Haemostasis

Complement Dysregulation in Atypical Hemolytic Uremic Syndrome (aHUS): Approaches to Diagnosis and Management

Wednesday, June 24, 2015
12:15 –13:45 (Lunch will be provided)
Room 713, Level 700—Metro Toronto Convention Centre—South Building, Toronto, ON, Canada

Moderator: David Barth, MD, FRCPC; Assistant Professor, Department of Laboratory Medicine and Pathobiology, University of Toronto, Toronto, ON, Canada

Program

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<th>Welcome and Introduction</th>
<th>David Barth, MD, FRCPC</th>
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| The Diagnosis and Initial Management of aHUS | Javier de la Rubia, MD  
  Hospital Dr. Peset  
  Valencia, Spain |
| The Rationale and Benefit of Ongoing Management of aHUS | Jeffrey Laurence, MD  
  New York Presbyterian Hospital  
  and Weill Cornell Medical College  
  New York, NY, USA |
| Questions and Answers         | Panel                  |
| Concluding Remarks            | David Barth, MD, FRCPC |
Dear Colleagues:

We invite you to attend a satellite symposium entitled *Complement Dysregulation in Atypical Hemolytic Uremic Syndrome (aHUS): Approaches to Diagnosis and Management*, sponsored by Alexion Pharmaceuticals, Inc.

aHUS is a rare, life-threatening cause of systemic thrombotic microangiopathy due to chronic, uncontrolled alternative complement activation, which may lead to renal impairment, progression to end-stage renal disease, and premature death.¹ During this symposium, presenters will: 1) Explain the role of chronic complement dysregulation/overactivity in patients with aHUS; 2) Review the differential diagnosis of aHUS; 3) Identify the potential benefits of early initiation of eculizumab* therapy to optimize outcomes; and 4) Discuss the rationale for ongoing therapy.

I hope you will join me and my esteemed colleagues, Dr. Javier de la Rubia and Dr. Jeffrey Laurence, for what promises to be a most informative meeting about a challenging disease.

Best regards,

David Barth, MD, FRCPC

*Department of Laboratory Medicine and Pathobiology, University of Toronto
Toronto, ON, Canada*

*SOLIRIS® (eculizumab), indicated for atypical hemolytic uremic syndrome (atypical HUS) in children less than 13 years of age and/or weighing less than 40 kg, has been issued marketing authorization with conditions (NOC/c) pending the results of studies to verify its clinical benefit.

*SOLIRIS® (eculizumab), has been issued marketing authorization without conditions for adults and adolescents aged 13-17 years weighing more than 40 kg with atypical hemolytic uremic syndrome (atypical HUS) and for paroxysmal nocturnal hemoglobinuria (PNH).

For further details, please refer to the Soliris Product Monograph.