



PROVIDER N.126

GIORNATE IMMUNOLOGICHE TORINESI

Corso Residenziale

TURIN, 10th-11th-12th December 2026
HOTEL NH COLLECTION TORINO PIAZZA CARLINA
Piazza Carlo Emanuele II, 15 – 10123 Torino

RESPONSABILI SCIENTIFICI

Prof.ssa Luisa Brussino

Prof. Simone Negrini

Prof. Giovanni Rolla

RAZIONALE

Clinical immunology has emerged as a highly dynamic and rapidly evolving discipline, encompassing a broad range of immune-mediated, inflammatory, autoimmune, allergic, and rare diseases. The increasing availability of advanced diagnostic tools, biomarkers, and targeted therapies is transforming patient management and creating new opportunities for personalized care. This multidisciplinary educational programme will provide an up-to-date overview of key conditions spanning hereditary angioedema, inborn errors of immunity, mast cell disorders, eosinophilic diseases, ANCA-associated vasculitides, rheumatologic diseases, systemic lupus erythematosus, severe type-2 inflammatory disorders, and autoinflammatory syndromes. Particular attention will be devoted to emerging disease endotypes, biomarker-driven therapeutic strategies, treat-to-target approaches, and the evolving concept of remission as a realistic and measurable goal across multiple immune-mediated conditions.

Through expert lectures and interactive clinical cases, participants will address real-world diagnostic and therapeutic challenges, including differential diagnosis, risk stratification, early recognition of rare and underdiagnosed diseases, and optimal positioning of biologic and targeted therapies. The programme will also highlight the importance of integrated care pathways, collaboration between hospital and community healthcare services, and the use of patient-reported outcomes to support individualized management.

A distinctive feature of the meeting is the active involvement of patient associations, fostering dialogue on quality of life, shared decision-making, access to innovation, and unmet clinical needs.

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OBIETTIVO FORMATIVO DI SISTEMA

1 - Applicazione nella pratica quotidiana dei principi e delle procedure dell'evidence based practice (EBM - EBN - EBP)

OBIETTIVO FORMATIVO

By promoting exchange among specialists from different disciplines and countries, the congress aims to strengthen international collaboration and provide practical knowledge that can be translated into improved patient care in the era of precision immunology.

TARGET DI RIFERIMENTO:

Professione: Medico Chirurgo

Disciplina: Tutte le discipline

PARTECIPANTI PREVISTI: 100

TOTALE ORE FORMATIVE: n. 16

CREDITI ECM: n. 16

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PROGRAMME

THURSDAY 10th DECEMBER 2026

- 12:30–12:45 Welcome & Congress framing
Scientific rationale, learning objectives, format
Luisa Brussino (Turin, IT)
- 12:45–13:15 Welcome Authorities
- 13.15–13.45 Opening Lecture: Artificial Intelligence and the Future of Medicine: New Horizons in Allergy and Clinical Immunology
Sebastiano Gangemi (Messina, IT)

SESSION I: “SWELLING WITHOUT WARNING”

Theme: Hereditary Angioedema (HAE)

Chairs: **Francesco Arcoleo** (Palermo, IT), **Mauro Cancian** (Padua, IT), **Davide Firinu** (Cagliari, IT)

- 13:45–14:05 HAE in 2026: treat-to-target, home therapy, and patient-reported outcomes
Thomas Buttgereit (Berlin, DE)
- 14:05–14:25 New prophylaxis paradigms: kallikrein inhibition, monoclonals, and what’s next
Andrea Zanichelli (Milan, IT)
- 14:25–14:35 Clinical Case: Recurrent abdominal pain: HAE vs mimics in the ED pathway
Riccardo Senter (Padua, IT)
- 14:35–14:50 Discussion on swelling without warning
Discussant: **Paola Triggianese** (Rome, IT)

SESSION II: “WHEN IMMUNITY IS MISSING”

Theme: Primary Immunodeficiencies / Inborn Errors of Immunity (IEI)

Chairs: **Francesco Cinetto** (Padua, IT), **Maria Giovanna Danieli** (Ancona, IT),
Giuseppe Spadaro (Naples, IT)

- 14:50–15:10 IEI beyond infections: autoimmunity, inflammation, malignancy - how to phenotype fast
Cinzia Milito (Rome, IT)
- 15:10–15:30 Secondary Immunodeficiency
Stephen Jolles (Cardiff, UK)
- 15:30–15:40 Connecting Hospital and Community Care: Building Integrated Pathways
Emily Carne (Cardiff, UK)
- 15:40–15:55 Discussion in when immunity is missing
Discussant: **Luisa Brussino** (Turin, IT)

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15:55-16:15 *Coffee break*

SESSION III: “THE MAST CELL SPECTRUM”

Chairs: **Valentina Bonuomo** (Turin, IT); **Benedetto Bruno** (Turin, IT), **Vito Sabato** (Antwerp, BE)

- 16:15–16:35 SM classification updates and risk stratification: practical takeaways”
Massimiliano Bonifacio (Verona, IT)
- 16:35–16:55 Targeted therapy in advanced SM: KIT inhibition and real-world decision points”
Massimo Triggiani (Salerno, IT)
- 16:55–17:05 Clinical Case: Anaphylaxis + osteoporosis: when to suspect SM
Massimo Triggiani (Salerno, IT)
- 17:05–17:20 Discussion on the mast cell spectrum
Discussant: **Luca Lo Sardo** (Turin, IT)

SESSION IV: “EOSINOPHILS AS DISEASE DRIVERS”

Theme: Eosinophil-related diseases

Chairs: **Luisa Brussino** (Turin, IT), **Erminia Ridolo** (Parma, IT), **Andrea Matucci** (Florence, IT)

- 17:20–17:40 EGID in adults: endotypes, biologics, and monitoring strategies
Stefania Nicola (Turin, IT)
- 17:40–18:00 HES work-up: clonal vs reactive-avoiding delayed diagnosis
Florence Roufosse (Brussels, BE)
- 18:00–18:10 Marked eosinophilia with cardiac symptoms: urgent pathway
Jan Schroeder (Milan, IT)
- 18:10–18:25 Discussion on eosinophils as disease drivers
Discussant: **Marco Caminati** (Verona, IT)
- 18:25–18:30 Day summary

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PROGRAMME

FRIDAY 11th DECEMBER 2026

09:00–09:05 Briefing
Luisa Brussino (Turin, IT)

SESSION V: “VESSELS ON FIRE”

Theme: ANCA-associated vasculitides (EGPA, GPA)

Chairs: **Stefano Del Giacco** (Cagliari, IT), **Paola Parronchi** (Firenze),
Giovanni Rolla (Turin, IT)

09:05–09:25 Biologic positioning in EGPA: beyond clinical phenotypes?
Giacomo Emmi (Lausanne, CH)

09:25–09:45 GPA/MPA: induction–maintenance in 2026 and glucocorticoid-sparing strategies
Xavier Puéchal

09:45–09:55 Clinical Case: ENT-dominant disease: GPA vs CRSwNP vs infection
Andrea Rosata (Turin, IT)

09:55–10:10 Discussion on vessels on fire
Discussant: **Lorenzo Cosmi** (Florence, IT)

SESSION VI: “JOINT IMMUNOLOGY, BEYOND TNF”

Theme: Rheumatoid Arthritis & Psoriatic Arthritis

Chairs: **Enrico Fusaro** (Turin, IT), **Simone Parisi** (Turin, IT)

10:10–10:30 RA remission strategies: biomarkers, tapering, and flare prediction
Anna Maria Iagnocco (Torino)

10:30–10:50 PsA as multi-domain disease: choosing therapy by phenotype (skin, joint, enthesitis, axial)
Dario Camellino (Genoa, IT)

10:50–11:00 Clinical Case: Seronegative arthritis with psoriasis: pitfalls and pearls
Matteo Cavallini (Turin, IT)

11:00–11:15 Discussion on joint immunology, beyond TNF
Discussant: **Renato Carignola** (Turin, IT)

11:15–11:35 Break

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SESSION VII: LUPUS: PRECISION IN A HETEROGENEOUS DISEASE

Theme: Systemic Lupus Erythematosus (SLE)

*Chairs: **Federica Corradi** (Turin, IT), **Gian Marco Ghiggeri** (Genova)*

- 11:35–11.55 Treat-to-target in SLE: low disease activity, steroid minimization, outcome measures
Simone Negrini (Turin, IT)
- 11:55–12:15 EULAR 2023 update—what it changes in real clinics
Laurent Arnaud
- 12:15–12:25 Registro LUNET – Work in progress:
Amato De Paulis (Naples, IT)
- 12:25–12:45 Therapeutic Advances in Lupus Nephritis
Dario Roccattello (Turin, IT)
- 12:45–13:05 Discussion on lupus: precision in a heterogeneous disease
Discussant: **Francesca Wanda Rossi** (Napoli)
- 13.05–14.00 Lunch

PATIENT ASSOCIATIONS FORUM

Living With Immune-Mediated Disease: what outcomes matter most?

- 14:00–14:10 Opening & goals (quality of life, access, transition of care)
- 14:10–15:10 Association lightning talks (8–10 min each + 2 min handover)
- Respiriamo Insieme Association (10 min.)
Simona Barbaglia (Milan, IT)
 - LES Italian Group (10 min.)
Rosa Pelissero (Turin, IT)
 - Immunodeficienze primitive AIP Association (10 min.)
Valeria Trunfio (Turin, IT)
 - ASIMAS – Mastocytosis Italian Association (10 min.)
Luca Lo Sardo (Turin, IT) A.A.E.E. – Voluntary Association for Hereditary Angioedema and Other Rare Forms of Angioedema (10 min.)
Pietro Mantovano (Milan, IT)
 - APACS – Churg Strauss Syndrome Patients Association (10 min.)
Francesca Torracca (Arosio, IT)
- 15:10–15:50 Roundtable (shared decision-making, pathways, unmet needs)
Speaker panel
- 15:50–16:00 Audience Q&A wrap-up and “top 5 priorities” statement

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PROGRAMME

SATURDAY 12th DECEMBER 2026

08:40-08:45 Briefing
Luisa Brussino (Turin, IT)

08:45-9:15 Main Lecture: Remission in type 2 disease
Giorgio Walter Canonica (Milan, IT)
Chair: Caterina Bucca (Turin, IT)

SESSION VIII: TYPE-2 AIRWAYS: FROM LUNGS TO POLYPS

Theme: Severe T2 asthma + CRSwNP (united airway disease)
Chairs: **Giuseppe Guida** (Turin, IT), **Gilda Varricchi** (Naples, IT),
Oliviero Rossi (Florence, IT)

09:15-09:35 Severe T2 asthma and comorbidities: selecting biologics, defining response, aiming for remission
Alessandra Vultaggio

09:35-09:55 CRSwNP: positioning biologics vs surgery and long-term control strategies
Giancarlo Pecorari (Turin, IT)

09:55-10:05 Clinical Case: Severe asthma + recurrent polyps: one pathway, one plan?
Marco Russo (Turin, IT)

10:05-10:20 Discussion on type-2 airways: from lungs to polyps
Discussant: **Diego Bagnasco** (Genoa, IT) **Enrico Marco Heffler** (Milano)

SESSION IX: THE ATOPIC CONTINUUM

Theme: Mild-moderate asthma + Atopic dermatitis
Chairs: **Iuliana Badiu** (Turin, IT), **Pietro Quaglini** (Turin, IT), **Paolo Solidoro** (Turin, IT)

10:20-10:40 Mild-moderate asthma in 2026: preventing progression and minimizing exacerbation risk
Fulvio Braido (Genoa, IT)

10:40-11:00 Atopic dermatitis systemic therapy: living European guidance and real-world sequencing
Eustachio Nino Nettis (Bari, IT)

11:00-11:20 MASK-air implications in Asthma
Jean Bousquet

11:20-11:35 Discussion on the atopic continuum
Discussant: **Anna Quinteretto** (Turin, IT), **Elisabetta di Leo** (Bari)

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Coffee break 11.35-11.50

SESSION X: AUTOINFLAMMATION: THE INNATE IMMUNE EDGE

Theme: Autoinflammatory diseases

Chairs: **Raffaele Manna** (Rome, IT), **Giovanni Rolla** (Turin, IT)

- 11:50-12:05 From periodic fever to interferonopathies: a modern diagnostic workflow
Luca Cantarini (Siena, IT)
- 12:05-12:25 Autoinflammatory disease in the paediatric age
Marco Gattorno (Genoa, IT)
- 12:25-12:45 IgG4-related disease
Emanuel Della Torre
- 12:45-13:00 Discussion on autoinflammation: the innate immune edge
Discussant: **Federico Spataro** (Bari, IT)
- 13:00-13:15 Closing remarks & next-year priorities
Luisa Brussino (Turin, IT)

Online ECM Questionnaire

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CLINICAL CASE DESCRIPTION

Clinical Case: Recurrent abdominal pain: HAE vs mimics in the ED pathway Riccardo Senter

Medical History

Adult patient presenting to the Emergency Department with recurrent episodes of severe abdominal pain, previously unresolved by standard diagnostic pathways. Episodes were self-limiting and spontaneously resolved within 24–72 hours.

Relevant Clinical History

Recurrent attacks characterized by:

- Diffuse abdominal pain
- Abdominal distension
- Nausea/vomiting

Previous abdominal imaging during attacks showed transient bowel wall edema and/or ascites, suggesting possible visceral angioedema.

Family History

Family history of recurrent abdominal pain, swelling episodes, or known hereditary angioedema was assessed. Absence of family history did not exclude HAE.

Clinical Assessment / Comorbidities / Clinical Issues

Clinical evaluation focused on differential diagnosis between hereditary angioedema (HAE) and other causes of recurrent abdominal pain.

Key issues:

- Recognition of visceral angioedema
- Exclusion of acute abdominal emergencies
- Avoidance of unnecessary invasive procedures

Diagnostic Work-up

- Blood tests and inflammatory markers
- Abdominal imaging during acute episodes
- Complement C4 level
- C1-inhibitor level and functional activity

Treatment / Follow-up

Management according to HAE diagnosis:

- On-demand treatment of acute attacks
- Preventive strategies when indicated
- Specialist follow-up and patient education

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Clinical Case: “Anaphylaxis + osteoporosis: when to suspect SM”

Massimo Triggiani

Medical History

Adult patient with a history of recurrent severe anaphylactic reactions and diagnosis of osteoporosis at a relatively young age. Previous evaluations had not identified a clear trigger for the allergic episodes.

Relevant Clinical History

The patient reported episodes of:

- Severe anaphylaxis with hypotension and/or systemic symptoms
- Reactions occurring without consistent exposure to identifiable allergens
- History of fractures or reduced bone mineral density

The combination of unexplained anaphylaxis and osteoporosis raised suspicion of an underlying mast cell disorder, including systemic mastocytosis (SM).

Family History

Family history of anaphylaxis, osteoporosis, haematological disorders, or mast cell diseases was assessed.

No significant familial pattern was identified, as most cases of systemic mastocytosis are sporadic.

Clinical Assessment / Comorbidities / Clinical Issues

Clinical evaluation focused on identifying signs suggestive of systemic mastocytosis:

- Recurrent unexplained anaphylaxis
- Osteoporosis/osteopenia, particularly at younger age
- Possible mast cell mediator-related symptoms (flushing, pruritus, gastrointestinal symptoms)

Key clinical issues:

- Recognition of systemic mastocytosis as a potential cause of severe anaphylaxis
- Assessment of bone involvement and fracture risk
- Need for targeted diagnostic evaluation

Diagnostic Work-up

Investigations included:

- Baseline serum tryptase measurement
- Complete blood count and biochemical profile
- Bone density assessment (DEXA)
- KIT mutation analysis when indicated
- Bone marrow evaluation for suspected systemic mastocytosis

Treatment / Follow-up

Management included:

- Acute management plan for anaphylaxis
- Patient education and emergency preparedness
- Anti-mediator therapy when indicated
- Osteoporosis management and fracture prevention strategies
- Long-term follow-up in a specialized allergy/immunology or hematology center

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Clinical Case: “ENT-dominant disease: GPA vs CRSwNP vs infection”

Andrea Rosata

Medical History

52-year-old female with history of allergic rhinitis and recurrent rhinosinusitis. No previous autoimmune disease. No relevant family history.

Relevant Clinical History

18-month history of progressive nasal obstruction, chronic purulent rhinorrhoea, anosmia, recurrent epistaxis and nasal crusting. Multiple antibiotic courses and intranasal corticosteroids with limited clinical improvement. No significant pulmonary or renal symptoms.

Family History

Negative for autoimmune disorders and chronic inflammatory diseases.

Clinical Assessment / Comorbidities / Clinical Issues

Nasal endoscopy: diffuse mucosal inflammation, crusting and ulcerative lesions with limited polypoid changes.

Comorbidities: asthma and type 2 inflammatory profile.

Main clinical challenge: differentiate severe CRSwNP from ENT-limited granulomatosis with polyangiitis (GPA) and chronic infection.

Diagnostic Work-up

- Sinus CT: extensive bilateral chronic sinusitis with mucosal thickening and focal bony erosion.
- Blood tests: elevated CRP (18 mg/L), mild eosinophilia.
- ANCA: PR3-ANCA positive; MPO-ANCA negative.
- Urinalysis: negative for hematuria/proteinuria.
- Microbiology: negative for significant bacterial/fungal infection.
- Nasal biopsy: necrotizing granulomatous inflammation with vasculitic changes, consistent with GPA.

Treatment / Follow-up

Diagnosis: ENT-limited granulomatosis with polyangiitis.

Induction therapy with corticosteroids and rituximab, followed by maintenance immunosuppression.

At 12-month follow-up: significant improvement of ENT symptoms, no systemic organ involvement, ongoing ENT and rheumatology monitoring.

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Clinical Case: Seronegative arthritis with psoriasis: pitfalls and pearls

Matteo Cavallini

Medical History

45-year-old male/female with history of chronic plaque psoriasis diagnosed 2 years earlier. No previous rheumatic disease. No relevant drug allergies.

Relevant Clinical History

11-month history of inflammatory joint pain with morning stiffness, peripheral swelling and functional impairment. Symptoms partially responsive to NSAIDs. Psoriasis skin involvement preceded/appeared concomitantly with musculoskeletal symptoms. No history of trauma or infection trigger.

Family History

Positive/negative for psoriasis, psoriatic arthritis, or autoimmune diseases.

Clinical Assessment / Comorbidities / Clinical Issues

- Musculoskeletal examination: synovitis involving peripheral joints, possible dactylitis/enthesitis, reduced range of motion.
- Skin/nail assessment: psoriasis plaques and/or nail dystrophy.
- Comorbidities: overweight/metabolic syndrome, cardiovascular risk factors, or inflammatory bowel disease features (if present).
- Main clinical challenge: differentiating psoriatic arthritis (PsA) from other seronegative inflammatory arthritides and avoiding delayed diagnosis.

Diagnostic Work-up

- Laboratory tests: elevated/normal CRP and ESR; rheumatoid factor and anti-CCP negative.
- Imaging:
 - Musculoskeletal ultrasound/MRI: synovitis, enthesitis, bone marrow oedema or erosive changes (if present).
 - X-rays: structural changes compatible with PsA.
- Classification: fulfilment of CASPAR criteria for psoriatic arthritis.
- Differential diagnosis excluded: rheumatoid arthritis, reactive arthritis, axial spondyloarthritis and crystal arthritis.

Treatment / Follow-up

- Initial therapy with NSAIDs and/or conventional DMARDs (e.g., methotrexate) according to clinical phenotype.
- Escalation to targeted therapy (biologic/targeted synthetic DMARD) based on disease activity and predominant manifestations.
- Regular rheumatology follow-up with assessment of joint activity, skin disease, function and comorbidities.
- Outcome: clinical improvement and prevention of structural joint damage with early diagnosis and treat-to-target strategy

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Clinical Case: Severe asthma + recurrent polyps: one pathway, one plan?

Marco Russo

Medical History

48-year-old female with history of severe asthma diagnosed ten years earlier and chronic rhinosinusitis with nasal polyps (CRSwNP). History of allergic rhinitis. No relevant drug allergies.

Relevant Clinical History

3-years history of poorly controlled asthma with recurrent exacerbations requiring oral corticosteroid courses. Progressive nasal obstruction, anosmia and recurrent nasal polyps despite medical and surgical treatments. Persistent type 2 inflammatory symptoms affecting both upper and lower airways.

Family History

Negative/positive for asthma, allergic diseases and chronic inflammatory disorders.

Clinical Assessment / Comorbidities / Clinical Issues

- Respiratory assessment: uncontrolled asthma symptoms with variable airflow limitation.
- ENT assessment: recurrent bilateral nasal polyposis, chronic sinus inflammation and impaired smell.
- Comorbidities: allergic rhinitis, obesity, gastroesophageal reflux disease and/or aspirin-exacerbated respiratory disease (if present).
- Main clinical issue: integrated management of severe asthma and recurrent CRSwNP as manifestations of a shared type 2 inflammatory pathway.

Diagnostic Work-up

- Pulmonary function tests: obstructive pattern with bronchodilator reversibility.
- Biomarkers:
 - Blood eosinophils: 600 cells/ μ L.
 - Total IgE: 350 IU/mL.
 - FeNO: 55 ppb.
- ENT evaluation:
 - Nasal endoscopy: bilateral inflammatory polyps.
 - Sinus CT: diffuse chronic rhinosinusitis with nasal polyposis.
- Assessment of asthma control, exacerbation history and corticosteroid burden.

Treatment / Follow-up

- Optimized inhaled therapy with high-dose ICS/LABA and management of comorbid upper airway disease.
- Treatment escalation with biologic therapy targeting type 2 inflammation according to phenotype and biomarkers.
- Regular multidisciplinary follow-up (pulmonology and ENT).
- Clinical outcome: improved asthma control, reduced exacerbations, decreased corticosteroid need and improved sinonasal symptoms

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ACRONIMI

AIP = Associazione Immunodeficienze Primitive
ANCA = Anti-Neutrophil Cytoplasmic Antibodies
anti-CCP = anti-Cyclic Citrullinated Peptide antibodies
APACS = Associazione Pazienti Sindrome di Churg Strauss
ASIMAS = Associazione Italiana Mastocitosi
CASPAR = Classification Criteria for Psoriatic Arthritis
CRP = C-Reactive Protein
CRSwNP = Rinosinusite Cronica con Poliposi Nasale
DMARD = Disease-Modifying Anti-Rheumatic Drugs
ED = Emergency Department
EGID = Eosinophilic Gastrointestinal Disorders
EGPA = Granulomatosi Eosinofila con Poliangioite
ENT = Ear, Nose and Throat
ESR = Erythrocyte Sedimentation Rate
EULAR = European Alliance of Associations for Rheumatology
FeNO = Fractional exhaled Nitric Oxide
GPA/MPA = Granulomatosis with Polyangiitis/ Microscopic Polyangiitis
HAE = Hereditary Angioedema
HES = Hypereosinophilic Syndrome
ICS/LABA = Inhaled Corticosteroids/ Long-Acting Beta-2 Agonists
IgG4 *Immunoglobulin G4-related disease*
IEI = Inborn Errors of Immunity
LES = Lupus Eritematoso Sistemico
LUNET = Lupus Eritematoso Sistemico Network
MASK = Mobile Airways Sentinel Network
MPO-ANCA = Myeloperoxidase–Anti-Neutrophil Cytoplasmic Antibodies
NSAIDs = Non-Steroidal Anti-Inflammatory Drugs
PR3-ANCA = Proteinase 3–Anti-Neutrophil Cytoplasmic Antibodies
PsA = Psoriatic Arthritis
RA = Rheumatoid Arthritis
Sinus = Sinus Computed Tomography
SLE = Systemic Lupus Erythematosus
SM = Multiple Sclerosis
TNF = Tumor Necrosis Factor

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FACULTY LIST

FACULTY COGNOME E NOME	LAUREA	SPECIALIZZAZIONE	AFFILIAZIONE
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SPATARO FEDERICO	Medicine and Surgery	Allergology and Clinical immunology	University Internal Medicine 'G. Baccelli', Policlinico of Bari, University of Bari Aldo Moro, Bari, Italy
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