SIXTH INTERNATIONAL WORKSHOP ON DEVELOPMENTAL NEPHROLOGY

The Sixth International Workshop on Developmental Nephrology will be held on August 23–25, 1995, at Airlie House in Airlie, VA. The workshop is intended to provide a comprehensive review of renal developmental physiology and cell and molecular biology and renal growth. Topics will include renal embryogenesis and differentiation, receptors and cell signaling, cell effectors, vasoactive agents, growth factors, renal maldevelopment, and developmental pathophysiology. For further information, please contact Robert L. Chevalier, MD, Department of Pediatrics, Box 386, University of Virginia School of Medicine, Charlottesville, VA 22908. Phone: 804-924-5093. FAX: 804-982-3561.

RENAL BIOPSY IN MEDICAL DISEASES OF THE KIDNEY

This meeting will take place October 11 through 14, 1995 at Columbia-Presbyterian Medical Center, New York, NY. The Program Director(s) are Gerald B. Appel, MD, Vivette D. D'Agati, MD, Conrad L. Pirani, MD, and Fred G. Silva, MD. The Faculty of the College of Physicians & Surgeons of Columbia University will be joined by the following guest lecturers: Jacob Churg, MD, Robert B. Colvin, MD, William G. Couser MD, Giuseppe D'Amico, MD, Eli Friedman, MD, Gloria Gallo, MD, Gary S. Hill, MD, J. Charles Jennette, MD, Michael Kashgarian, MD, Marc A. Pohl, MD, Helmut G. Rennke, MD, Burton D. Rose, MD, Melvin Schwartz, MD, Liliane Striker, MD, and C. Craig Tisher, MD. Tuition fees: Physicians: $8595; Fellows and Residents in training: $8395 (Fee includes the academic presentations and laboratory session, course syllabus, kodachrome slides, electronmicrographs of “classic” renal lesions, daily continental breakfast, luncheon and refreshments). CME Credits: 27.5 Credit Hours in Category 1, A.M.A.'s Physician's Recognition Award. Accredited Sponsor: College of Physicians & Surgeons of Columbia University. Contact: Center for Continuing Education, College of Physicians & Surgeons of Columbia University, 630 West 168th Street, Unit 39, New York, NY 10032; Phone: (212) 781-5990; FAX: (212) 781-6047.

NATIONAL KIDNEY FOUNDATION (NKF) 45TH ANNUAL SCIENTIFIC MEETING

The NKF 45th Annual Scientific Meeting will be held November 3–5, 1995 at the California Convention Center, San Diego, Ca. The National Kidney Foundation, Inc. is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education activity for physicians. The National Kidney Foundation, Inc. designates this continuing medical education activity for 17.0 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association. Program highlights include: “The Role of the Nephrologist in the Managed Care Setting,” “Current Concepts in Renal Allograft Loss and Advances in Transplant Immunology,” and “The Importance of Credentialing for Nephrologists.” For registration information, call 1-800-622-9010 or write to the National Kidney Foundation, 30 E. 33rd Street, New York, NY 10016.

INTERNATIONAL CONFERENCE ON CRRT

The International Conference on CRRT is a International Society of Nephrology satellite symposium and will be held in San Diego, at the Hotel Del Coronado from November 8–10, 1995, immediately after the ASN conference. The purpose of this conference is to bring together individuals interested in this area and to allow for a specific format for discussion with respect to this rapidly changing therapy. This meeting will provide information to nephrologists, nutritionists, pharmacists, and hemodialysis and critical care nurses. Major topics will include: techniques of CRRT; outcomes with CRRT; use of CRRT in nonrenal indications, and the future of CRRT. This forum will serve as a method to disseminate recent information, facilitate collaborative endeavors, and allow for an exchange of information. For further information, please contact: Shirley Kolkey, Complete Conference Management, 1660 Hotel Circle North, #220, San Diego, CA 92110; (619) 299-6673; FAX: (619) 299-6675.

ABIM ANNOUNCEMENT REGARDING BOARD ELIGIBILITY

The American Board of Internal Medicine is planning to undertake a complete review of its policies concerning board eligibility. The ABIM anticipates that revised board eligibility policies will be announced by December 31, 1996. In the interim, the rules concerning the duration and reestablishment of the board-eligible status will be suspended. All candidates with this status will continue to be regarded as board eligible and therefore able to sit for the certifying examinations in internal medicine or the subspecialties. However, the Board's qualifying examination, developed to reestablish board eligibility, will not be offered. Candidates who have questions about this policy should contact the American Board of Internal Medicine, 3624 Market Street, Philadelphia, PA 19104-2875 (1-800-441-2246).
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Summary of Prescribing Information as of January 1995

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**CONTRAINDICATIONS**

CARDIZEM should be used in the following patients:

1. Patients with sick sinus syndrome or where the function of a functioning pacemaker is questionable.

2. Patients with acute exacerbation of angina pectoris, unless the indications are necessary.

3. Patients with anemia or other conditions that interfere with diltiazem metabolism.

4. Patients with a history of severe hepatic disease.

5. Patients with impaired renal function.

**WARNINGS**

1. Cardiac Conduction: Use of CARDIZEM may cause prolongation of the PR interval and prolongation of the QT interval, resulting in an increase in the incidence of ventricular arrhythmias, particularly in patients with Wolff-Parkinson-White syndrome, or in patients with a history of congenital heart disease, who are prone to develop ventricular arrhythmias. Patients with a history of ventricular arrhythmias should be closely monitored during diltiazem therapy.

2. Hepatic Function: Hepatic function impairment may result in increased plasma levels of diltiazem, which may lead to an increased risk of adverse reactions. Hepatic function should be carefully monitored in patients with impaired renal function.

3. Hypotension: Diltiazem may cause a transient decrease in blood pressure, resulting in dizziness, syncope, or even asystole in patients with severe hypotension. Therefore, patients with severe hypotension should be closely monitored during diltiazem therapy.

4. Headache: Headache may occur during diltiazem therapy, and may be dose-related. The headache should be managed by adjusting the dose or discontinuing the medication.

5. Neonatal Toxicity: Diltiazem has been reported to cause neonatal toxicity, including decreased birth weight and growth retardation. Diltiazem should not be used during pregnancy.

6. Drug Interactions: Diltiazem may interact with other medications that cause hypotension or arrhythmias, such as beta-blockers, calcium channel blockers, and digoxin. Therefore, the dose of these medications should be adjusted or the medication discontinued in patients receiving diltiazem.

**PRECAUTIONS**

1. Use with caution in patients with severe renal impairment, as the risk of diltiazem toxicity may be increased.

2. Use with caution in patients with hepatic disease, as the risk of diltiazem toxicity may be increased.

3. Use with caution in patients with a history of ventricular arrhythmias, as the risk of diltiazem toxicity may be increased.

4. Use with caution in patients with a history of drug-induced hypotension, as the risk of diltiazem toxicity may be increased.

5. Use with caution in patients with a history of drug-induced arrhythmias, as the risk of diltiazem toxicity may be increased.

6. Use with caution in patients with a history of drug-induced hepatitis, as the risk of diltiazem toxicity may be increased.

**ADVERSE REACTIONS**

1. Cardiovascular: Tachycardia, bradycardia, heart block, and atrioventricular block have been reported.

2. Gastrointestinal: Diarrhea, nausea, vomiting, and constipation have been reported. In rare cases, abdominal pain and cramping have been reported.

3. Dermatologic: Erythema multiforme, toxic epidermal necrolysis, and neutropenia have been reported.

4. Hematologic: Anemia, thrombocytopenia, and neutropenia have been reported.

5. Neurologic: Headache, dizziness, and paresthesias have been reported.

6. Respiratory: Bronchospasm and acute respiratory failure have been reported.

7. Other: Anaphylaxis, angioedema, and rash have been reported.

**NURSING MOTHERS**

Diltiazem has been reported to be excreted in human milk. It is unknown if diltiazem is excreted in human milk. Therefore, diltiazem should be used with caution in nursing mothers.

**Pediatric Use**

Diltiazem is not recommended for use in children under 18 years of age.

**OVERDOSAGE**

In cases of diltiazem overdose, supportive measures should be initiated. In severe cases, hemodialysis may be considered.

**PREGNANCY**

Diltiazem is contraindicated during pregnancy. It is not known if diltiazem is teratogenic. Diltiazem should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

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Diltiazem is excreted in human milk. It is unknown if diltiazem is excreted in human milk. Therefore, diltiazem should be used with caution in nursing mothers.

**SAFETY AND EFFECTIVENESS**

Diltiazem has not been shown to be effective in the treatment of angina pectoris. Therefore, diltiazem should not be used for the treatment of angina pectoris.

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