RENEWAL 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 Directors 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: $595; Fellows and Residents in training: $395 (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 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 92108; (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 19104-2675 (1-800-441-2246).
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*Journal of the American Society of Nephrology* is published monthly. The deadline for ad placement is the 10th of the month prior to the month of issue.

**For Information and Placement, Contact:**

Michael Faulkner: 1-800-528-1843  
Jason Pointe: 1-800-528-5660  
Taron Butler: 1-800-645-3658  
Our Fax #: (410) 528-4452  

Journal of the American Society of Nephrology  
351 W. Camden Street  
Baltimore, Maryland 21201-2436
SCOTT & WHITE

Scott & White Clinic is seeking a fellowship trained Transplant Nephrologist to join our staff and assist in developing our kidney transplant program which is scheduled to begin in mid 1996. Initial responsibilities will include approximately 50% transplant, 50% general nephrology. Experience in all aspects of clinical nephrology is needed as well as a desire to teach residents and students. Faculty appointment at Texas A&M University Health Science Center College of Medicine is commensurate with credentials and experience. Female and minority candidates are encouraged to apply. Please forward a current CV along with names/addresses of 3 references to: Mike Nichols, Director of Physician Recruitment, Scott & White Clinic, 2401 South 31st Street, Temple, TX 76508 or call (800) 725-3627.

NEPHROLOGY POSITION IN MIDWEST OPENING UP

This practice consists of 100% nephrology. Care is given to 140 chronic dialysis patients via 4 chronic dialysis outpatient center. Acute care is provided by 3 hospitals having 4 acute dialysis beds each. Nephrology service exclusively handles plasmapheresis, CAVHD, SCVF, CVVH and acute hemodialysis as inpatients as well as acute peritoneal dialysis. Chronic units provide hemodialysis, high efficiency and high flux capabilities as well as CCPD, CAPD and home hemodialysis. Follow of transplants is offered through coordination with two university transplant centers in the region. Interviewing to start September 1995.

Please send resume to:
JASN Box #4,
351 W. Camden Street
Baltimore, MD 21201

NEPHROLOGIST

BC/BE for capital city of 120,000, one hour from Kansas City. 100% renal practice, physician-owned group of 74, (half primary-care); clinic-owned dialysis centers serve NE Kansas, area 600,000. Guaranteed salary plus incentive bonus; partnership after one year. Carol Talley, 901 Garfield, Topeka, Kansas 66606-1695; 913-354-9591; Fax: 913-354-4268.

NEPHROLOGIST

Seeking certified Nephrologist as Chief of Nephrology Division and Medical Director of Dialysis Center. Includes teaching of residents, fellows, and students. St. Joseph's Hospital is a major affiliate of the Seton Hall School of Graduate Medical Education and UMDNJ, the New Jersey Medical School. Unique opportunity to build on a successful program in a major multidisciplinary referral center.

Nominations and applications will be held in confidence and may be sent to:

Nephrology Search
Howe-Lewis International
521 Fifth Avenue, 36th Floor
New York, NY 10175
Phone (212) 697-5000
Fax (212) 697-6600

St. Joseph's Hospital & Medical Center
Paterson, New Jersey 07503

We are an equal opportunity employer M/F/D/V

Dedicated to a Smoke-Free Environment
INDICATIONS AND USAGE: Sandimmune® (cyclosporine) is indicated for the prophylaxis of organ rejection in heart, lung, liver, and kidney transplant recipients, and for the treatment of active rheumatoid arthritis. Selective immunosuppression by cyclosporine has been demonstrated in a variety of laboratories in experimental transplantation and autoimmune diseases.\footnote{From the manufacturer's full prescribing information.}

- Cyclosporine has been shown to be effective in the prevention of primary non-function of transplanted kidneys. It has also been effective as an augmentation therapy in patients with allograft rejection.
- In patients with severe rheumatoid arthritis, cyclosporine has been shown to be effective in the treatment of active disease.
- Cyclosporine has also been used to treat patients with ulcerative colitis, pemphigus, and other autoimmune disorders.

**Contraindications:**

Cyclosporine is absolutely contraindicated in patients with a history of hypersensitivity to Sandimmune® (cyclosporine) or to its inactive ingredients, or in patients with intolerance to castor oil, which is an ingredient in Sandimmune® capsules.

**Warnings:**

- Patients with a history of anaphylaxis should be counseled to discontinue Sandimmune® (cyclosporine) and seek immediate medical attention if symptoms of anaphylaxis occur.
- Patients should be monitored for evidence of infection, particularly during the initial phases of treatment, and to monitor for opportunistic infections.
- Patients should be monitored for signs of organ toxicity, such as renal, hepatic, and neurotoxicity.
- Patients should be monitored for evidence of malignancy, including lymphoma and other hematopoietic malignancies.

**Precautions:**

- Patients with a history of pre-existing renal disease or patients with risk factors for renal dysfunction should be closely monitored during treatment with Sandimmune® (cyclosporine).
- Patients should be monitored for evidence of hematopoietic malignancies, including lymphoma and other hematopoietic malignancies.
- Patients should be monitored for evidence of malignancy, including lymphoma and other hematopoietic malignancies.

**Adverse Reactions:**

- The most common adverse reactions reported in patients receiving Sandimmune® (cyclosporine) are hyperlipidemia, hyperuricemia, hyperkalemia, and hyperglycemia.
- Other common adverse reactions include nephrotoxicity, hepatic toxicity, and neurotoxicity.

**Dosage & Administration:**

- Sandimmune® (cyclosporine) should be administered orally in the morning, usually following breakfast, and dosing should be adjusted according to the patient's needs.
- Dosing should be individualized based on the patient's response and tolerability.

**Monitoring & Laboratory Tests:**

- Cyclosporine levels should be monitored weekly during the initial phases of treatment and then periodically during maintenance therapy.
- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.

**Overdosage & Management:**

- Overdosage of Sandimmune® (cyclosporine) may result in severe hypercalcemia, hyperuricemia, and hyperkalemia.
- Sandimmune® (cyclosporine) should be discontinued and supportive care administered.

**Counseling & Patient Education:**

- Patients should be counseled on the importance of adhering to their prescribed regimen and the need for regular monitoring of laboratory tests.
- Patients should be advised to report any symptoms of infection or weakness.
- Patients should be advised to avoid immunosuppressive agents, including antibiotics, and to consult their healthcare provider before taking any new medications.

**For Transplant Recipients:**

- Sandimmune® (cyclosporine) is indicated for the prevention and treatment of organ rejection in heart, lung, liver, and kidney transplant recipients.
- Dosing should be adjusted based on the patient's response and tolerability.
- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.

**For Rheumatoid Arthritis:**

- Sandimmune® (cyclosporine) is indicated for the treatment of active rheumatoid arthritis.
- Dosing should be adjusted based on the patient's response and tolerability.
- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.

**For Ulcerative Colitis:**

- Sandimmune® (cyclosporine) is indicated for the treatment of severe ulcerative colitis.
- Dosing should be adjusted based on the patient's response and tolerability.
- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.

**For Pemphigus:**

- Sandimmune® (cyclosporine) is indicated for the treatment of pemphigus.
- Dosing should be adjusted based on the patient's response and tolerability.
- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.

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**For Ulcerative Colitis:**

- Sandimmune® (cyclosporine) is indicated for the treatment of severe ulcerative colitis.
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- Laboratory tests should include a complete blood count, creatinine, uric acid, and fasting blood glucose.
Improving Outcomes With Sandimmune® (cyclosporine/Sandoz): Timing May Be Everything

Achieving optimal cyclosporine blood levels early posttransplantation may be the key to reducing the incidence and severity of acute rejection and improving patient and graft survival, while maintaining stable renal function. As a result, Sandimmune therapy is now being investigated at higher dosages before and/or immediately after transplantation.

Several different regimens employ Sandimmune at various times in the induction process—sequentially or simultaneously with an antilymphocytic preparation such as antilymphocyte globulin (ALG) or OKT3, or immediately posttransplantation without antibody therapy. Recently, low rejection rates have been reported in pediatric and adult renal and liver transplant recipients when cyclosporine blood levels were achieved very early posttransplantation. The acute rejection rate in 43 pediatric renal transplant recipients was as low as 27% within 2 months of transplantation with simultaneous Sandimmune induction therapy (2 mg/kg per day IV) plus an antilymphocytic preparation. In another study, renal transplant recipients given sequential Sandimmune induction therapy had a 20% incidence of acute rejection in the first 60 days posttransplantation when cyclosporine blood levels were >100 ng/mL.

In 77 liver transplant recipients, the acute rejection rate was as low as 26% with an intensive induction regimen using high doses of Sandimmune (cyclosporine/Sandoz) administered IV 24 hours after surgery, to achieve whole blood cyclosporine concentrations of 400 to 500 ng/mL during an induction period of 2 weeks, without the added expense of ALG or OKT3.

The impact of early cyclosporine blood levels on acute rejection in renal transplant recipients: analysis of recipients who were acute rejection-free (n=163).

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<thead>
<tr>
<th>Cyclosporine Blood Level</th>
<th>Percent Acute Rejection-Free</th>
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<tr>
<td>&lt;100 ng/mL</td>
<td>18% (P&lt;.01)</td>
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<tr>
<td>&gt;100 ng/mL (n=29)</td>
<td>82% (n=134)</td>
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*Cyclosporine levels were measured on day 14 posttransplantation by whole blood high-performance liquid chromatography (HPLC). Incidence of acute rejection was evaluated during the first 60 days posttransplantation. Furthermore, higher doses of Sandimmune in the immediate period post–liver transplantation (≥5 mg/kg per day average IV) have been associated with a significantly (P=.0001) lower incidence of acute rejection (27.0%) than lower-dose regimens (63.6%) [≤4 mg/kg per day average IV].

A single optimal induction regimen has yet to be determined. However, the results of regimens employing Sandimmune (cyclosporine/Sandoz) early—before and/or immediately after transplantation—have been encouraging. Since acute rejection has been shown to be an excellent predictor of chronic rejection and subsequent graft loss in renal transplant recipients, this practice may improve long-term outcomes, thus reducing the need for costly interventions—and easing the economic burden on our health care resources.