ANNOUNCEMENTS

FOURTH INTERNATIONAL CONFERENCE ON GERIATRIC NEPHROLOGY AND UROLOGY
The Fourth International Conference on Geriatric Nephrology and Urology will be held at the Chelsea Inn, Toronto, on April 19–21, 1996. Those interested please contact: Dr. D.G. Oreopoulos, The Toronto Hospital-Western Division, 399 Bathurst Street, Toronto, Ontario, Canada M5T 2S8; Telephone: 416-603-7974; FAX: 416-603-8127.

RENAI DIALYSIS ACCESS SYMPOSIUM
The Dialysis Access V Symposium, sponsored by the Department of Surgery, Ohio State University, will be held May 9–10, 1996, at the Westin La Paloma, Tucson, AZ. The chairmen are Ronald M. Ferguson, MD, and Mitchell L. Henry, MD. CME Credits: 10–12 hours (to be confirmed). Contact: ACCESS Medical Group, Ltd., 3880 RFD Salem Lake Drive, Suite A, Long Grove, IL 60047-7676; Tel: 708-550-0090; FAX: 708-550-0095.

ISPD 98, SEOUL
The Eighth Congress of the International Society for Peritoneal Dialysis (ISPD) will be held in Seoul, Korea, on August 23–26, 1998. For further information, contact Dr. Hi Bahl Lee, Hyonam Kidney Laboratory, Soon Chun Hyang University, 657 Hannam Dong, Yongsan Koo, Seoul 140–743, Korea. Telephone: 82-2-709-9171; FAX: 82-2-792-5812; E-mail: hblee@korea.com; Internet:http://korea.com.
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Contact Taron Butler at 1-800-645-3658
Brief Summary of
Prescribing Information as of January 1995
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CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated allergy to diltiazem or to a related drug, and (5) patients with acute myocardial infarction and pulmonary congestion documented by X-ray on admission.

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4. Acute Hepatic Injury. Mild elevations of transaminases with and without associated jaundice and/or bilirubin have been observed in clinical studies. Such elevations are transient and frequently resolve even with continued diltiazem treatment. In rare instances, serious, persistent and frequently fatal hepatic injury, including hepatic failure and/or death, has been reported in association with the use of diltiazem. Patients with impaired liver function should be closely monitored while receiving diltiazem.

5. Pregnancy and Nursing. Diltiazem is excreted in human milk. Milk feeding should be discontinued if the mother is on diltiazem. If the potential benefit justifies the risk to the fetus.

6. Renal Failure. Diltiazem is eliminated primarily by renal excretion. In patients with impaired renal function, the dosage should be reduced. In patients with severe renal failure, the dose should be reduced to one fourth of the usual dose.

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