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.

STATUS OF PERITONEAL DIALYSIS TREATMENT
An N.I.H.-sponsored conference on the Status of Peritoneal Dialysis Treatment in the United States will be held on May 6th and 7th at the Bethesda Marriott Inn. Statements on current status, recommendations, and research needs will be discussed in the areas of dialysis mortality and morbidity, modality choice and complications, dialysis dose, and nutrition. A workbook will be available for registrants. Potential attendees include academic/community physicians, government agencies, provider companies, and others. Attendance is limited by the size of the hall (160). For further information, call or write: Sharon Gist, DKUHD, NIDDK, NIH, Bldg. 31, Rm. 9A-17, Bethesda, MD 20892. Telephone: 301-496-6325.

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.

12TH COMPREHENSIVE NEPHROLOGY REVIEW COURSE
The UCLA School of Medicine Office of Continuing Medical Education is sponsoring the 12th Comprehensive Nephrology Review Course at the Miramar Sheraton Hotel in Santa Monica, CA on August 2, 1996–August 8, 1996. For more information, contact Deborah Carr, 10920 Wilshire Blvd. #1060, Los Angeles, CA 90024-6512. Phone: 310-794-2620.

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.
The only triple-lumen hemodialysis catheter...

...with built-in infection protection.

Only the Arrow-Howes™ Triple-Lumen Hemodialysis Catheter has ARROWgard Blue™, a molecularly bonded antiseptic surface shown to reduce the risk of catheter-related bacteremia up to 80%.

Renal failure patients with their increased susceptibility to infection have a 10% incidence of catheter-related infection from hemodialysis catheters. Decrease the risk of catheter-related infection by using the exclusive ARROWgard Blue™ catheter with the proven built-in infection resistance of two antiseptics, silver sulfadiazine and chlorhexidine.

The 12 Ga. arterial and venous lumens offer excellent blood flow rates—200–300cc per min. with venous pressure ranging from 120 to 175mm Hg—while the 16 Ga. third lumen can be heparin-locked for easier guide-wire placement during catheter exchange. Or, it can provide a ready channel for blood sampling or infusion.

In addition, these catheterization kits offer all the advantages of the exclusive Arrow Blue FlexTip™ the thromboresistance of a polyurethane catheter body, and the Arrow® Raulerson Syringe® for a simplified Seldinger technique.

For information about the entire line of Arrow hemodialysis products, including infection-resistance data and suggested procedures for use, call your Arrow International representative or contact us directly by calling 1 800 523-8446.

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Refer to package insert for current warnings, precautions, and instructions for use.

1 U.S. Patent Number RE 31873 Canadian Patent Number 1 319 353 Foreign patents pending and issued. The Arrow-Howes™ Multi-Lumen Central Venous Catheter is a joint development of Randal P. Howes, M.D., Ph.D., and Arrow International, Inc.

2 ARROWgard Blue™ is a joint development of Dallas Medical Services, Inc., and Arrow International, Inc., using technology developed by Dr. Shores Moley and colleagues, in the Department of Surgery, Columbia University. U.S. Patent Numbers 4,872,337; 4,563,685; 4,581,028; 5,019,996 apply.

Other U.S. and foreign patents pending.


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Brief Summary of
Prescribing Information as of January 1995

CARDIzem®
(diltiazem HCl)
Capsules

CONTRAINDICATIONS
CARDIzem is contraindicated in patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with significant AV conduction disturbances, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary hypertension documented by x-ray on admission.

WARNINGS
1. Cardiac Conduction: CARDIzem prolongs AV node refractoriness without significant effects on atrial or sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormal sinus heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (1.3% of 3200 patients, 4.0%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem. 2. Hepatic Toxicity: Although diltiazem has not demonstrated hepatic toxicity in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dip/cp). A single acute study of oral diltiazem in patients with impaired ventricular function (ejection fraction 24% ± 4%) showed improvement of cardiac index and a negative chronotropic effect (dip). Patients with severe congestive heart failure have been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARDIzem (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised when using this combination.

3. Hypotension: Decreases in blood pressure associated with diltiazem have been observed more frequently in hypertensive patients.

4. Acute Hepatic Injury: Mild elevations of transaminases with and without concurrent elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations have resolved even with continued diltiazem therapy. In rare instances, severe elevations of alkaline phosphatase, LDH, SGOT, SGPT, and other phenomena consistent with acute hepatic injury have been noted. These reactions occurred during therapy with diltiazem in the same way that gastrointestinal symptoms are observed. It is important to note that diltiazem has not been studied in cardiac patients with chronic liver disease, and the use of diltiazem in such patients is not recommended. In clinical trials of CARDIzem capsules, CARDozim tablets, and CARDIzem SR capsules involving over 3200 patients, the most common adverse events (e.g., greater than 1%) were edema (4.6%), headache (4.6%), dizziness (3.5%), anemia (2.6%), diarrhea (2.6%), pruritus (1.7%), flatulence (1.4%), and rash (1.4%).

In addition, the following events were reported infrequently (less than 1%) in angina or hypertension trials.

Cardiovascular: Angina, arrhythmia, AV block (second- or third-degree), bundle branch block, congestive heart failure, ECG abnormalities, hypotension, palpitations, syncope, tachycardia, ventricular extrasystoles.

Nervous System: Abnormal dreams, amnesia, depression, gait ataxia, dizziness, drowsiness, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tremor.

Gastrointestinal: Anorexia, constipation, diarrhea, dry mouth, dyspepsia, flatulence, nausea, vomiting, weight loss, and alkaline phosphatase (see hepatic warnings).

Dermatologic: Pustule, photosensitivity, pruritus, urticaria.

Other: Ambulatory, CPR increase, dizziness, edema, eye irritation, hyperglycemia, hypokalemia, hyperuricemia, insomnia, muscle cramps, nasal congestion, nausea, oesophageal pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIzem: alopecia, erythema multiforme, exfoliative dermatitis, extrapalamyloid symptoms, gingival hyperplasia, hematoma, anemia, increased bleeding time, leukocytosis, purpura, retinopathy, and thrombocytopenia, in addition, events such as myocardial infarction have been observed in patients treated with diltiazem for unstable angina or hypertension. If treated with diltiazem, these patients may be at risk of thrombocytopenia and/or other blood dyscrasias.

References:
3. Data on file, Marion Merrell Dow Inc.

MARION MERRELL DOW INC.
KANSAS CITY, MO 64114
cardiolite

Dosing Instructions

For hypertension or angina

Cardiex CD
(diltiazem HCl)
120-, 180-, 240-, 300-mg capsules

Cardiex CD
Start with one 180-mg capsule daily

MARION MERRELL DOW INC.
KANSAS CITY, MO 64114
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Dosing Instructions

For hypertension or angina

Cardiex CD
(diltiazem HCl)
120-, 180-, 240-, 300-mg capsules

Cardiex CD
Start with one 180-mg capsule daily

MARION MERRELL DOW INC.
KANSAS CITY, MO 64114
cardiolite

Dosing Instructions

For hypertension or angina

Cardiex CD
(diltiazem HCl)
120-, 180-, 240-, 300-mg capsules

Cardiex CD
Start with one 180-mg capsule daily

MARION MERRELL DOW INC.
KANSAS CITY, MO 64114
cardiolite

Dosing Instructions

For hypertension or angina

Cardiex CD
(diltiazem HCl)
120-, 180-, 240-, 300-mg capsules

Cardiex CD
Start with one 180-mg capsule daily

MARION MERRELL DOW INC.
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IN HYPERTENSION OR ANGINA

CARDIZEM® CD
(diltiazem HCl) 120-, 180-, 240-, 300-mg Capsules

FOR EFFECTIVE
24-HOUR CONTROL

No other
diltiazem is
therapeutically
equivalent to
Cardizem CD

ONCE
A DAY

A unique hemodynamic and safety profile
for hypertension or angina

■ A side-effect discontinuation rate comparable to placebo in both hypertension and angina trials
■ Most commonly reported side effects are headache (5.4%), bradycardia (3.3%), first-degree AV block (3.3%), dizziness (3.0%), edema (2.6%), ECG abnormality (1.6%), and asthenia (1.8%)

Please see brief summary of prescribing information on adjacent page.