ADVANCED NEPHROLOGY: NEPHROLOGY FOR THE CONSULTANT

Advanced Nephrology: Nephrology for the Consultant, sponsored by the Division of Nephrology, Department of Medicine, University of California, San Diego, CA, will be held February 6-8, 1997, at The Hotel del Coronado, Coronado (San Diego), CA. The registration fee is $395 for physicians in practice, and $175 for residents/fellows. This course is designated for 17 hours of AMA Category I Accreditation. For information, contact Shirley Kolkey, Course Coordinator, at 1660 Hotel Circle North, #220, San Diego, CA 92108. Telephone: 619-299-6673; fax: 619-299-6675.

NATIONAL KIDNEY FOUNDATION SIXTH ANNUAL SPRING CLINICAL NEPHROLOGY MEETINGS—CONSULTATIVE NEPHROLOGY PROGRAM

The National Kidney Foundation Spring Clinical Nephrology Meetings offer six separate programs targeted toward nephrologists, renal and non-renal dietitians, social workers, nurses and technicians. There will also be a special two-day program designed for primary care physicians in association with the Texas Academy of Family Physicians. The National Kidney Foundation’s (NKF) Sixth Annual Spring Clinical Nephrology Meeting—Consultative Nephrology Program will be held April 17-20, 1997 at the Wyndham Anatole Hotel in Dallas, TX. For registration information, call 1-800-622-9010.

NEPHROLOGY—1997

Nephrology—1997 will be held May 4–9, 1997, at the Copley Plaza Hotel, Boston, MA. The program is sponsored by the Department of Continuing Education, Harvard Medical School, and is directed by Burton D. Rose, MD. The objective of this course is to review for the practicing nephrologist the pathophysiologic and clinical advances in the major areas of nephrology, including glomerular disease, fluid and electrolyte disorders, hypertension, dialysis, and renal transplantation. For a brochure contact: Professional Meeting Planners, 5 Central Sq, Ste 201, Stoneham, MA 02180. Telephone: 1-800-378-6857 or 617-279-9887; fax: 617-279-9875; e-mail: PMPMeeting@aol.com.

FIFTH BASIC SCIENCES SYMPOSIUM OF THE TRANSPLANTATION SOCIETY

The Fifth Basic Sciences Symposium of the Transplantation Society will be held at the Chautauqua Institution, Chautauqua, NY, on September 6–11, 1997. Distinguished plenary speakers will update the most relevant topics of transplantation biology, which will be enhanced by oral and poster presentations by interested participants on the following subjects: T-Cell Stimulation and Co-stimulation, T-Cell Signalling Mechanisms, Immune Privilege, Tolerance, Chimerism and Bone Marrow Transplantation, Immunosuppression, Alloreactivity and Rejection, and Newer Experimental Models. Registration fees and costs of board and lodging have been kept to reasonable levels to encourage participation. The Chautauqua Institution has an esteemed historical, educational, and cultural tradition and is a splendid setting for a scholarly retreat, yet one within easy reach of Buffalo, NY. The deadline for submission of abstracts is January 31, 1997. For further information, contact R. Cunningham, Ph.D., The Ernest Witelsky Center for Immunology, School of Medicine and Biomedical Sciences, 233 Sherman Hall, 3435 Main Street, Buffalo, NY 14214-3078. Telephone: 716-829-2901; fax: 716/829-2158; e-mail: reunning@ubmmedb.buffalo.edu.
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Valentin, J.-P., 582
Valentini, R. P., 543
Vamvakas, S., 73
van Aubel, R. A. M. H., 836
van Bruggen, M. C. J., 946
van den Born, J., 1015
van den Dobbelsteen, M. E. A., 573
van den Heuvel, L. P. W. J., 1015
van der Hoeven, J. G., 145
van der Horst, M. L. C., 1189
van der Woude, F. J., 513, 573, 694, 1015
van Det, N. F., 1015
Van De Voorde, J., 621
van de Wetering, J., 145
van Es, L. A., 573
van Goor, H., 1189
van Kuijk, W. H. M., 2664
van Lieburg, A. F., 836
van Olden, R. W., 745
van Os, C. H., 836, 2348
van Tol, A., 1189
van Ypersele de Strihou, C., 1198
Vargo, D. L., 1032
Vaughn, D. A., 1052
Vaziri, N. D., 128, 2249
Vegeto, A., 792
Veis, J. H., 536, 2152
Verbeke, M., 621
Verhagen, N. A. M., 1015
Verlander, J. W., 260
Viazzi, F., 2550
Vijayaragiya, R., 536
Villafuera, J. J., 1058
Vincent, D., 710
Visser, C. E., 2379
Vogt, K., 2476
Volk, H.-D., 2476
Volpin, V., 2142
Vonsh, E., 2385
Vora, J. P., 113
Wade, J. B., 2533
Walsh, J. J., 2658
Wang, G.-J., 2682
Wang, J., 2249, 2682
Wang, Z. Q., 128
Wanibuchi, H., 687
Warady, B. A., 2385
Ware, J. E., Jr., 763
Warnock, D. G., 2490
Warram, J. H., 930
Wasserstein, A., 523
Watkins, S., 2385
Waugh, D. A., 737
Wayner, E. A., 2636
Weber, M., 702
Weening, J. J., 1189
Weller, E. W. J., 454
Welch, P. G., 247
Westbrook, J., 2160
Westendorp, R. G. J., 145
Westenfelder, C., 275
Wetzels, J. F. M., 2348
Webers, D. O., 2135
Wiederkehr, M. R., 158
Wilkinson, A. S., 23
Williams, J. D., 208, 218, 2192
Wilson, C. B., 2590
Wingoard, R. L., 472, 2646
Winston, J. A., 1
Wissmann, C., 2677
Woffindin, C., 871
Wolf, G., 897
Woodruff, K. A., 991
Wu, X., 338, 2543
Wuerth, D., 2682
Yagame, M., 2428
Yamasaki, T., 2578
Yamaguchi, T., 1287
Yang, L., 2419
Yang, M.-L., 1207
Yang, Y.-L., 1207
Yin, Z-Q., 2445
Zhou, J., 2434
Yokoyama, K., 410
Yoshikawa, N., 938
Yoshioka, T., 961
Yu, H., 2559
Yuan, W., 260
Zhou, W., 2527
Yulli, E. J., 2392
Zacherle, B. J., 811
Zager, R. A., 64, 2327
Zahner, G., 897
Zambon, S., 613
Zambrelli, P., 1079
Zanello, F., 1169
Zbar, B., 2461
Zeller, M., 667
Zhang, X., 702
Zhang, Z., 2445
Zhang, R., 2445
Zhou, J., 702
Zhou, W., 2314
Zhou, X. J., 128
Zidek, W., 1216
Zimpen, S. M., 113
Zingraff, J., 350
Zyadah, F. N., 183
Zoja, C., 594
Zou, H., 2419
Waller, P. G., 247
Zary, M., 1138
Ziemer, G., 1189
Zimmer, K., 1198
Zimring, T., 350
Zyadah, F. N., 183
Zoja, C., 594
Zou, H., 2419
Abdomen, aortic aneurysm, autosomal dominant polycystic kidney disease, 2483
Abscess, epidural, chronic hemodialysis patients, 2264
Absorption, lipid, Intestinal, nephrotic rat, 431
Access catheter, salvage in cases of infection, 2264
Access flow, hemodialysis, ultrasound dilution technique, 966
Acid, dihomogamma-linolenic acid/arachidonic acid ratio, dietary alteration, renal ablation model (rat), 1024
Acid-base imbalance, acute pH change affecting serum anion gap, 357
Acidification, urinary, 2533
Activation, peripheral T cell, long-term renal transplant patients, 2476
Acyclovir, cytomegalovirus disease prophylaxis, high-risk renal transplant recipients, 325
Adenosine triphosphate depletion, injury mediated by, 64
phospholipase A2 determining, hypoxic-reoxygenation tubular injury, 2327
Adherence, neutrophils to human peritoneal mesothelial cells, intercellular adhesion molecule-1, 208
Adhesion, cell, inside-out signaling through integrins, 1091
Adhesion kinase, focal: see Focal adhesion kinase
Adhesion molecule colchicine’s effects on, 594
expression of, noncrescentic acute post-streptococcal glomerulonephritis, 2419
Integrin expression, circulating leukocyte, Wegener’s granulomatosis, 40
intracellular expression, nitric oxide inhibition, 2213
up-regulation, long-term renal transplant patients, 2476
Advance directives, chronic dialysis patients over 65 years old, 637
staff discussion, 2160
African Americans amiloride-sensitive sodium channel, β-subunit variant, 2543
nocturnal blood pressure in, 2130
renin-angiotensin axis and end-stage renal disease, linkage analysis, 2559
Age atrial natriuretic factor affected by, dietary salt intake influence, 1045
kidney affected by, 1106
AIDS: see Human Immunodeficiency virus
Albumin Amadori-modified glycated, diabetic nephropathy pathogenesis, 183
pentosidine linked to, uremia, 1198
ratio with creatinine, urinary, 930
serum, chronic dialysis, 889
Albuminuria, 113
type 2 diabetes, short-term, 2627
Alcohol, ketoacidosis development related to, severe overnight, 192
Aldosterone, renal medulla, independent regulation (rat), 283
Aldosteron, chronic glomerular disease, 306
Alkaline phosphatase, plasma total versus bone, bone turnover marker, 506
Allograft, renal: see also Transplantation cadaveric, recipient body size affecting survival, 151
cholesterol embolization, 18
cyclosporine treatment, 513
donor gender affecting survival, 318
membranoproliferative glomerulonephritis in, 2469
Alopecia syndrome collagen gene mutations in, 702
X-linked, type IV collagen alpha chain expression, 938
Aluminum, 135
Amadori, nonenzymatically glycated serum proteins modified by, diabetic nephropathy pathogenesis, 183
Amlodipine, sodium channel sensitive to, β-subunit variant, 2543
Amino acid, infusion, kidney and heart transplant recipients, 1145
Aminoguanidine, cirrhosis with ascites, renal and pressor effects, 2694
Aminonucleoside, nephrosis, puromycin, probucol inhibition, 2340
Amiodipine, cyclosporine levels increased by, hypertensive renal transplant patients, 831
Ammonia, cell hypertrophy induced by, lysosomal cathepsin’s role, 73
Amphotericin B, 64
Amyloidosis dialysis-related, 350
performance characteristics of questionnaire, 1235
β2-microglobulin, kidney transplantation for symptom relief, 798
Analbuminemia, glomerular disease in, ovariectomy prevents and alleviates (rats), 1189
Andréoli, Thomas E., Homer W. Smith Award recipient, 816
Androgen, anemia treatment, hemodialyzed patients, prospective study, 140
Anemia hemodialysis patients, 2654
androgen versus erythropoietin treatment, 140
nephrogenic, 628
renal, hemodialysis patients, erythropoietin in, 1178
Aneurysm abdominal aortic, autosomal dominant polycystic kidney disease, 2483
intracranial, autosomal dominant polycystic kidney disease, 2135
Angiography, magnetic resonance, intracranial aneurysms followed by, autosomal dominant polycystic kidney disease, 2135
Angiotensin angiotensin I-converting enzyme gene, deletion polymorphism, 2550
angiotensin II glomerular capillary permselectivity modulated by, 653
glomerular hyperfiltration affected by, diabetes mellitus-induced, 105
glomerular phenotypic changes prevented by, remnant kidney model, 687
heparan sulfate proteoglycan production, mesangial cells, 1015
blood pressure elevation, renal response to, 2590
progressive renal diseases, 2025
tubular water reabsorption affected by, dynamic magnetic resonance imaging, 424
Angiotensin-converting enzyme, 2550
Inhibition
renal interstitial sclerosis in aging treated by, 676
transgenic rats, 2119
polymorphism, terminal renal failure, 314
Anion gap, serum, acute pH change affecting, 357
Anorexia, urinary middle-sized molecule fractions related to, 2453
Anoxia, proximal tubule, 2348
Antagonist, endothelin receptor, 1153
Antibiotic, endocarditis resistant to, hemodialysis patient, 536
Antibody
anti-thymocyte, glomerular injury induced by, 897
anti-nuclear, fixation artifact, 946
Anticoagulation, regional citrate, granulocyte activation reduction during hemodiagnosis, 234
Antidiuretic action, vasopressin, glomerular filtration rate increased by, 842
Antidiuretic hormone
basolateral mTAL C1 channels, 818
Inappropriate secretion of, hyponatremia related to, 805
Antigen, nuclear, proliferating cell, 2219
Antihypertensive therapy
creatinine clearance and serum creatinine concentration affected by, 556
glomerular filtration rate affected by, short-term, 2097
Antinuclear antibody, fixation artifact, 946
Antioxidant, probucol, puromycin aminonucleoside nephrosis inhibition, 2340
Antiproteinase effect, cyclosporine, membranous nephropathy, 290.
Antisense therapy, oligonucleotides to proliferating cell nuclear antigen, mesangial cell proliferation inhibition, 2219
Antithrombin, antithrombin III, mesangial cell proliferation inhibition, 2249
Anxiety, dialysis patient, sexual functioning related to, 1165
Aorta, aneurysm of, autosomal dominant polycystic kidney disease, 2483
Apolipoprotein E, genotypes, diabetic nephropathy risk, 1075
Apoptosis
growth factors and, neonatal ureteral obstruction, 1098
mesangial cell, reactive oxygen species inducing, 2357
Appetite, middle-molecule fractions related to, 2453
Aquaporin, urinary content
collecting duct responsiveness to vasopressin, 403
nephrogenic diabetes insipidus, 836
Arachidonic acid, 64
dihomo-gamma-linolenic acid/arachidonic acid ratio, 1024
hypoxic-reoxygenation tubular injury, 2327
nephrolithiasis, 813
Arthritis. Cardiac, central venous catheter procedures, 1079
Arteriography, cholesterol embolization, renal allograft, 18
Arteriole
afferent, epoxyeicosatrienoic acid affecting, 2364
cardiac, wall thickening in renal failure (rat), 667
afferent, platelet-activating factor dilates, 90
Arteriolopathy, cyclosporine A, 331
Arteriosclerosis, hypertensive, TGF-β1 in, 2578
Arteriovenous fistula
dysfunction, hemodialysis patients, risk factors, 1169
hemodialysis vascular access, 523
Artifact, fixation, antinuclear antibody, 946
Ascites, cirrhosis with, aminoguanidine in, 2694
Asialo-galactosylβ1–3N-acetylgalactosamine. Jacalin-reactive immunoglobulin, immunoglobulin A nephropathy, 955
Atherosclerosis
cholesterol embolization, renal allograft, 18
hemodialysis patients, 2044
ATP: see Adenosine triphosphate
Atrial natriuretic factor, dietary salt intake influencing, age effects, 1045
Atrial natriuretic peptide
abnormal glomerular response to, 1038
corticovasal fistula, 1038
renal resistance to, common bile duct ligation (rats), 2110
Atrophy, tubular, interstitial fibrosis, 2495
Autoantibody
antinuclear cytoplasmic, polyniagglutins associated with, 23, 33
lupus nephritis (mouse), 387
nucleosome-complexed antinucleosome, cell surface binding, 946
Autoantigen, Wegener’s granulomatosis, 694
Autoregulation, blood flow, ketanserin’s beneficial influence, post-ischemic kidneys, 621
Award, Homer W. Smith, 815
B cell, lupus nephritis (mouse), 387
Bacteria
biofilm, 877
cytokine-inducing, transmembrane passage, 2183
infarction due to, peritoneal dialysis patients, 2379
Bacterial/endothelial permeability increasing factor
leukotriene, 2258
plasma, hemodialysis, 479
Barrier function, membranous nephropathy, 290
Bartter’s variant, Gitelman’s syndrome, 2244
Basement membrane, collagen gene mutations, 702
Basolateral mTAL C1 channel, characterization, Homer W. Smith Award lecture, 818
Behavior, hemodialysis patients, incident, 2152
Beta subunit: see Subunit
Bicarbonate, peritoneal dialysis solutions buffered by, mesothelial and neutrophil function affected by, 218
Bile duct, common, ligation, 2110
Binding, immunoglobulin G complexes to mesangial cells, 573
Biocompatibility
cellulose dialyzer, single use versus reuse, 861
membrane, plasma β2-microglobulin levels, chronic hemodialysis, 472
polylysulfone membrane, comparison of three brands, 871
Biofilm, interferon-gamma decreased production due to, 877
Biosynthesis, heme, acute renal failure, 628
BK2 receptor, 81
Blood, homocysteine and folate concentrations, hemodialysis patients, 2414
Blood flow, autoregulation, ketanserin’s beneficial influence, post-ischemic kidneys, 621
Blood pressure: see also Hypertension
ambulatory monitoring, 2279
amiloride-sensitive sodium channel, β-subunit variant, 2543
diadenosine polyphosphate effects, anesthetized Wistar rats, 1217
elevation, renal response to, 2590
glomerular filtration rate affected by, short-term, 2097
Na-K-ATPase inhibitor, dialysis, 454
nocturnal, race comparison, 2130
systolic, predialysis, 2658
Blood volume, noninvasive measurement, hemodialysis patients, comment, 1241
Body size, recipient, cadaveric renal allograft survival related to, 151
Bone, alkaline phosphatase, bone turnover marker, 506
C1q, immunoglobulin G complex binding, mesangial cells, 573
Cadaver, renal allograft, recipient body size, survival affected by, 151
calciphylaxis, chronic renal failure, 978
calcitonin, thiazide receptor density, 1052
calcitriol
parathyroid hormone-ionized calcium curve, methodologic approaches, 497
pulse oral versus intravenous, hemodialysis patients, 488
Calcium blocker, glomerular phenotypic changes prevented by, remnant kidney model, 687
cytosolic, anoxic proximal tubules, 2348
hormones modulating, thiazide receptor density, 1052
ionized, calcitriol affecting, 497
nephrolithiasis
phospholipid n-6 polyunsaturated fatty acid composition, 613
risk factors, 608
urinary excretion, essential hypertension, 1058
Calcium carbonate, dosage, low-calcium dialysate, letter, 364
Calcium channel blocker
amilodipine, hypertensive renal transplant patients, 831
renal interstitial sclerosis in aging treated by, 676
Calcium influx, capacitative, mesangial cell, 983
Calcium oxalate, crystal growth inhibition, nephrolithiasis, 602
Calculation, protein catabolic rate, 780
Calmudulin, capacitative calcium influx in mesangial cell, 983
cAMP: see Cyclic adenosine monophosphate
Cancer: see also specific type
genetics, renal cell carcinoma, 2461
Capillary
glomerular, permselectivity modulated by angiotensin II, 653
pressure in, glomerular, 2590
rarefaction, cardiac, renal failure (rat), 667
Captopril, growth effects reversed by, high-glucose-induced, 1207
Carbamoylation, 275
Carcinoma, renal cell, end-stage renal disease, 2461
Cardiovascular disease, renal transplantation preceding, 158
Catabolic rate
normalized protein, two-point modeling of hemodialysis urea kinetics, 780
protein, dialysis dose related to, 166
Cathepsin, lysosomal, cell hypertrophy affected by, 73
Catheter
access, salvage in cases of infection, 2264
central venous, 1079
permanent, hemodialysis vascular access, 523
Tenckhoff, reimplantation, exit-site/tunnel infection treated by, comment, 1085
CD44, mesangial cell expression, anti-Thy-1 nephritis, 1006
Cefazidime, intraperitoneal administration, disposition and bioavailability, 2399
Cell adhesion
inside-out signaling through integrins, 1091
ischemic renal failure, 2682
Cell culture
mesangial cell, 2357
extracellular matrix distribution and hillock formation, 2230
peritoneal fibroblast, human, 2192
Cell proliferation, mesangial, platelet factor 4 inhibition, 991
Cell surface, nucleosome-complexed antinucleosome autoantibody binding, 946
Cell volume, basolateral conductances and, 2072
Cellulose, dialyzer, single use versus reuse, 861
Ceramide, renal growth related to, 171
Channel, chloride, medullary thick ascending limb, basolateral, 818
Chelating agents, 135
Chemoattraction, monocyte, 914
Chemokine, cell influxes regulated by, peritoneal dialysis patients, 2379
Children
focal segmental glomerulosclerosis, steroid-resistant idiopathic, 56
graft failure in, cyclosporine protecting against, higher maintenance dose, 550
long-term dialysis, peritoneal membrane transport function, 2385
nephrotic syndrome, long-term cyclosporine therapy, 543
Chloride conductances, proximal convoluted tubule (rabbit), 2072
medullary thick ascending limb channels, basolateral, 818
necturus gallbladder secretion, ketoconazole activation, 254
Cholesterol
embolization, renal allograft, 18
post-transplant hyperlipidemia, 971
Chromosome 10q13, thiazide-sensitive cotransporter gene locus, 2244
Ciprofloxacin, oral, peritonitis treated by, comment, 811
Circadian rhythm, blood pressure, ambulatory monitoring, 2279
Citrus, ascites with, aminoguanidine in, 2694
Citrate, anticoagulation, regional, 234
Clearance, uric acid, hyperuricemia, 805
Clinical practice guidelines, renal transplant donors, living, 2288
Cloning, cDNA, rat, 852
Clusterin, neonatal ureteral obstruction, 1098
Coagulation, filter, continuous renal replacement procedures, 145
Coexistence, central diabetes insipidus and salt wasting, 2527
Colchicine, T cell activation inhibited by, 594
Collagen
tubulointerstitial fibrosis, 2202
type IV, alpha chain mRNA expression, X-linked Alport syndrome, 938
Collagen gene, mutation, hematuria and Alport syndrome, 702
Collecting duct
inner medullary, 2110
water transport in, 2062
intercalated cells in, subpopulations (mouse), 260
Na-K-Cl cotransporter secretory isoform immunolocalization, 2533
vasopressin responsiveness, aquaporin-2 urinary excretion as potential marker, 403
Comments
oral ciprofloxacin for peritonitis associated with continuous ambulatory peritoneal dialysis, 811
Tencilloff catheter partial reimplantation to treat intractable exit-site/tunnel infection, 1085
thyroid hormone modulation of glucocorticoid-induced polycystic kidney disease, 633
Complement
activation of, neutrophil degradation, 234
C3, intraglomerular synthesis, in situ hybridization detection, 2428
kidney synthesis, glomerulonephritis related to, 2314
Compliance, behavioral, hemodialysis patients, incident, 2152
Conductance, potassium and chloride, proximal convoluted tubule (rabbit), 2072
Congenital nephrotic syndrome, Finnish type, haplotype analysis, 2700
Contamination, dialysate-derived, vascular reactivity related to, 2664
Convoluted tubule, proximal, potassium and chloride conductances, 2072
Coronary artery disease, hemodialysis patients, 2044
Cortex, 97
kidney, 852
COS cell, vasopressin V2-receptor gene expression, 410
Cost
continuous ambulatory peritoneal dialysis, twin- versus single-bag disconnect system, 2392
hospital, renal failure patients, 751
Cotransporter
Na-K-Cl, secretory isoform of, 2533
thiazide-sensitive, Gitelman’s syndrome, 2244
Creatinine
clearance and serum concentration, diet and antihypertensive therapy affecting, 556
clearance of, 745
continuous peritoneal dialysis, clinical outcome, 198
ratio with albumin, urinary, 930
51Cr-EDTA, plasma clearance rate, glomerular filtration rate measurement, 118
Cryoglobulinemia, therapeutic plasma exchange for, 367
Crystal, calcium oxalate growth, nephrolithiasis, 602
Culture: see Cell culture
Cyclic adenosine monophosphate, tyrosine phosphorylation of focal adhesion kinase regulation, 413
Cytochrome oxidase, 90
Cyclosporine
acidic renin isoforms in kidneys, 331
amlodipine increasing, hypertensive renal transplant patients, 831
anti-acute rejection properties, logistic-regression model, 786
antiproteinuric effect, membranous nephropathy, 290
focal segmental glomerulosclerosis, steroid-resistant idiopathic, children, 56
higher maintenance dose, graft failure risk decreased, children, 550
kidney transplantation, randomized study 10-year follow-up, 792
long-term, pediatric nephrotic syndrome treated by, 543
nephrotoxicity induced by, renal transplant recipients, 2677
renal allograft, 318
renal transplant recipients treated with, dietary fish oil in, 513
Cytokine
bacterial products inducing, transmembrane passage, 2183
cellulose dialyzer, single use versus reuse, 861
gene transcription, long-term renal transplant patients, 2476
hemodialysis, 479
network, 208
proinflammatory, interleukin-6 production regulated by, 2192
Cytomegalovirus disease, acyclovir prophylaxis, high-risk renal transplant recipients, 325
Cytoprotection, proximal tubule, phospholipase A2-induced, 64
Dahl rat
hypertensive renal injury, TGF-β1 in, 2578
renal vascular morphology, potassium’s effects, 338
Death
advance directive, staff discussion, 2160
early, dialysis patients, 2169
deferoxamine test, iron status influencing response, 135
degranulation, neutrophil, complement activation and neutrophil dissociated from, 234
deflection polymorphism, angiotensin I-converting enzyme gene, hypertension target organ damage, 2550
Depression, dialysis patient
incident, 2152
sexual functioning related to, 1165
Diabetes
51Cr-EDTA plasma clearance rate, glomerular filtration rate measurement, 118
integrin subunit distribution, 2636
metalloproteinase tissue inhibitor, glomerular expression, 97
nephropathy, genetics of, 2509
nephropathy risk, apolipoprotein E genotype, 1075
renal kallikrein production, dietary protein affecting, 721
type 1, nephropathy stages, urinary albumin/creatinine ratio defining, 930
type 2
metabolic and renal changes in the ZDF/Drt-fa rat, 113
short-term, renal findings, 2627
Diabetes insipidus
central, salt wasting with, 2527
nephrogenic, urinary content of aquaporin, 836
X-linked nephrogenic, low-affinity vasopressin V2-receptor gene, 410
Diabetes mellitus
glomerular hyperfiltration induced by, nitric oxide and angiotensin II in, 105
ketoacidosis, severe overnight, 192
renal growth in, sphingolipid role, 171
Diadenosine polyphosphates, renal function and blood pressure affected by, anesthetized Wistar rats, 1217
Diagnosis, hepatitis C infection, anti-E2, 2409
Dialysate
low-calcium
  calcium carbonate dosage, letter, 364
  secondary hyperparathyroidism worsened by, letter, 635
  total clearance, 737
Dialysis: see also Hemodialysis: Peritoneal dialysis
amyloidosis related to, 350
  kidney transplantation for symptom relief, 798
  performance characteristics of questionnaire, 1235
  blood pressure regulation, Na-K-ATPase inhibitor, 454
chronic
  advance directive, staff discussion, 2160
  hospital utilization, risk factors, 889
  patients over age 65, 637
  recombinant human erythropoietin treatment, 763
dose
  protein intake related to, 166
  protein intake related to, letter, 1088
  early death, risk factors, 2169
  initiation, recommendations for, letter, 635
  long-term, children receiving, 2385
  on-line monitor, multicenter clinical validation, 464
  peritoneal, 2192
  bicarbonate and bicarbonate-lactate buffered solutions, mesothelial and neutrophil function affected by, 218
  cell influxes, chemokines regulating, 2379
  chronic, sexual experience, 1165
  continuous, adequacy of dialysis and nutrition, 198
  continuous ambulatory, 2392, 2399
  exit-site infection, Staphylococcus aureus, 2243
  hydrogen peroxide generation by mesothelial cells, 2371
  mortality, peritonitis influencing, 2176
sodium
  ramped hypertonic, 242, 2704
vasculitis treatment response, antineutrophil cytoplasmic autoantibody-associated, 23
Dialyzer
  cellulose, single use versus reuse, 861
  polysulfone, transmembrane passage, cytokine-inducing bacterial products, 2183
Diameter
  aortic, autosomal dominant polycystic kidney disease, 2483
  glomerular, nephropenia, 2600
Diet
  creatinine clearance and serum creatinine concentration affected by, 556
dihomogamma-linolenic acid/arachidonic acid ratio alteration, renal ablation model (rat), 1024
  fish oil, renal transplant recipients treated with cyclosporine, 513
  high-salt, potassium's effects on vascular morphology, 338
  iron-deficient, passive Heymann nephritis, 1183
  protein in, renal kallikrein production affected by, 721
  protein restriction, renal disease progression affected by, 2616
  renal disease, glomerular filtration rate affected by, 2097
  salt intake, renal adaptation, 1045
  salt restriction, renal growth inhibition (rat), 437
  sodium-restricted, chronic glomerular disease, 306
Dihomogamma-linolenic acid/arachidonic acid ratio, dietary alteration, renal ablation model (rat), 1024
Dilation, efferent arteriolar, platelet-activating factor, 90
Disconnect system, twin- versus single-bag, infection rates and cost, 2392
Diuretics, loop, 1032
Donor, kidney
  hypertension in, 1131
  living, 2288
  living related, gender discrepancy, 1139
Dopamine, natriuresis not enhanced by, congestive heart failure, 1032
Dosage, ceftazidime, intraperitoneal administration, 2399
E2 protein, anti-E2, HCV infection diagnosis, 2409
E-selectin, noncrescentic acute post-streptococcal glomerulonephritis, 2419
Economics, inpatient care of patients with renal failure, 751
Editorials
  JASN takes the next step, 2489
  polymorphism in the beta subunit and Na+ transport, 2490
  Efficacy, calcitriol, pulse oral versus intravenous, 488
  Elderly
    atrial natriuretic factor, dietary salt intake influencing, 1045
    chronic dialysis in patients over age 65, 637
    renal interstitial sclerosis, enalapril and nifedipine affecting, 676
    Electron paramagnetic resonance, nitric oxide evaluation, 961
  Embolization, cholesterol, renal allograft, 18
  Enalapril, renal interstitial sclerosis in aging treated by, 676
  Encephalomyopathy, mitochondrial, acute renal failure and, 647
  Encephalopathy, uremic, neuroblastoma cells, 275
  Endocarditis, antibiotic-resistant, hemodialysis patient, 536
  Endothelial cell
    colchicine's effects on, 594
    IL-8 production, proteinase 3 enhancement, 694
  Endothelin
    endothelin-1, enhanced expression, DOCA-salt hypertensive rats, 1159
    endothelin-A receptors, radiocontrast-induced nephropathy mediated through (rats), 1153
  Endotoxin, transfer across polysulfone membranes, high-flux, 883
Enema, phosphate, 2056
Energy, tubule, phospholipase A2 effects, 2327
Energy expenditure, hemodialysis patients, 2646
Enterococcus faecium, endocarditis due to, antibiotic-resistant, 536
Enzyme, angiotensin-converting: see Angiotensin-converting enzyme
Enzyme activity, kallikrein-kinin system postnatal maturation (rat), 81
Enzyme inhibitor, blood pressure regulation, dialysis, 454
Epidemic, HIV-associated nephropathy, 1
Epoxysynase, metabolites of, preglomerular vasculature affected by, 2364
Equations, normalized protein catabolic rate, two-point modeling of hemodialysis urea kinetics, 780
Erythropoietin

Fibronectin

Ferritin

Feedback

Familiality

Fatty acid, polyunsaturated, phospholipid n-6, 613

Feedback, tubuloglomerular, 842

Ferritin, hemodialysis patients, 2654

Fibroblast, peritoneal culture, 2192

Fibronectin, thromboxane-induced synthesis, mesangial cell, 999

Fibrosis

interstitial

angiotensin I, 2025

cardiac, renal failure (rat), 667

renal, molecular insights, 2495

tubulointerstitial, nitric oxide generation ameliorating, 2202

Ficol, clearance of, 653

Filter coagulation, continuous renal replacement procedures, heparin use in, 145

Filtration

dynamics, membranous nephropathy, 290

glomerular, type 2 diabetes, 2627

Finn, congenital nephrotic syndrome, haplotype analysis, 2700

Fish oil, dietary, renal transplant recipients treated with cyclosporine, 513

Fistula, aortocaval, 1038

Fluid excretion, renal, diadenosine polyphosphate effects, 1217

Fluid secretion, necturus gallbladder, ketoconazole activation, 254

Focal adhesion kinase, tyrosine phosphorylation, cAMP and thrombin regulation, 413

Folate, blood concentration, hemodialysis patients, 2414

Fraction, middle-molecule, appetite related to, 2453

Functional reserve, renal, kidney and heart transplant recipients, 1145

Functional status, dialysis-related amyloidosis affecting, performance characteristics of questionnaire, 1235

Furosemide

metabolism of, probenecid inhibition, 345

natriuresis induced by, 1032

tubular water reabsorption affected by, dynamic magnetic resonance imaging, 424

Galbladder, necturus, chloride and fluid secretion, ketoconazole activation, 854

Gender

discrepancy, renal transplant donor and recipient, 1139

donor, renal allotransplant survival affected by, 318

Gene

angiotensin I-converting enzyme, deletion polymorphism, 2550

collagen, mutation, hematuria and Alport syndrome, 702

vasopressin V2-receptor, low-affinity, X-linked nephrogenic diabetes insipidus, 410

Gene deletion, major histocompatibility complex class I and class II molecules, lupus nephritis, 2445

Gene expression

renin-angiotensin system, transgenic rats, 2119

thiazide-sensitive cotransporter gene locus, chromosome 16q13, large kindred, 2244

Gene transcription, cytokine, long-term renal transplant patients, 2476

Genetic typing, congenital nephrotic syndrome, Finnish type, 2700

Genetics

cancer, renal cell carcinoma, 2461

diabetic nephropathy, 2509

hypertension, 1131

Genotype, apolipoprotein E, diabetic nephropathy risk, 1075

Gileltman's syndrome, thiazide-sensitive cotransporter gene locus mapping to, large kindred, 2244

Glomerular disease

chronic, moderate renal failure due to, 306

ovarianectomy prevents and alleviates, uninephrectomized female analbuminemic rats, 1189

vascular permeability factor expression in, 661

Glomerular expression, metalloproteinase tissue inhibitor, diabetes, 97

Glomerular filtration rate

aging, 1106

51Cr-EDTA plasma clearance rate measuring, diabetic humans, 118

diet and antihypertensive therapy affecting, 556

precision for long-term slope calculations, lothalamate and hippuran infusion improving, 567

short-term effects of protein intake, blood pressure, and antihypertensive therapy, 2097

single plasma sample determination, iohexol intravenous injection, 2689

vasopressin increases, antidiuretic action, 842

Glomerular hyperfiltration, diabetes mellitus-induced, nitric oxide and angiotensin II in, 105

Glomerular response, atrial natriuretic peptide, aortocaval fistula, 1038

Glomerular volume, 338

Glomerulonephritis

anti-thymocyte antibody-induced, 897

blood pressure elevation, renal response to, 2590

crescentic, modulators of, 2271

immune complex, complement synthesis in injured kidney, 2314

intraglomerular C3 synthesis detection, in situ hybridization, 2428

membranoproliferative, hepatitis C virus-associated, 2469

membranous, systemic lupus erythematosus, long-term outcome, 299

Journal of the American Society of Nephrology
Subject Index

noncrescentic acute post-streptococcal, adhesion molecule expression, 2419
prognostic marker, 23
therapeutic plasma exchange for, 367
treatment response and relapse, 33
Glomerulosclerosis
angiotensin II, 2025
focal, nephronopenia with, 2600
focal segmental
serial morphometric analysis of sclerotic lesions, 49
steroid-resistant idiopathic, 56
glomerular macrophage influx, early, 2604
hypertensive
TGF-β1 in, 2578
verapamil or trandolapril therapy, 681
ovarectomy prevents and alleviates, uninephrectomized female analbuminemic rats, 1189
phenotypic changes, angiotensin II and calcium blockers preventing, 687
salt restriction effects (rat), 437
Glomerulus, 81
capillary permselectivity, angiotensin II modulation, 653
injury to, molecular mechanisms, 2518
maximal hypertrophy, nephronopenia with, 2600
monocyte-chemoattractant protein 1 expression, pros taglandin E2 reducing, 897
nitric oxide derived from, platelet-activating factor dilution of different arterioles, 90
subepithelial deposits, plasminogen activator inhibitor-1 localization, membranous nephropathy, 2434
Glucocorticoid, polycystic kidney disease induced by, thyroid hormone modulation, comment, 633
Glucose, growth effects induced by, captopril reversal, 1207
Glycation
accelerated nonenzymatic, diabetes, 183
end products, advanced, 1198
Graft, kidney, half-life, 792
Graft failure, cyclosporine protecting against, higher maintenance dose, children, 550
Graft rejection
cardiovascular disease related to, 158
cyclosporine protection versus toxicity, logistic-regression model, 786
Graft-versus-host disease, kidney triggers, combined transplantation of kidney and peripheral leukocytes, 2254
Granulocyte activation, hemodialysis, regional citrate anticoagulation reduction, 234
Granulomatosis, Wegener's, see Wegener's granulomatosis
Growth, LLC-PK1, cells, high-glucose-induced, captopril reversal, 1207
Growth factor
apoptosis, neonatal ureteral obstruction, 1098
endothelial, vascular, 661
platelet-derived, 991
recombinant human insulin-like growth factor-1, inflammatory response to acute renal injury, 710
Guanosine monophosphate, cyclic, 1038
Guidelines, clinical practice, renal transplant donors, living, 2288
Haplotype, congenital nephrotic syndrome, Finnish type, 2700
Heart
arrhythmia, central venous catheter procedures, 1079
failure, congestive, furosemide-induced natriuresis in, 1032
morbidity, end-stage renal disease, 728
renal failure affecting, 667
Heat shock response, urea inducing, neuroblastoma cells, 275
Hematuria, collagen gene mutations in, 702
Heme
biosynthesis abnormalities, acute renal failure, 628
biosynthesis pathway, recombinant human erythropoietin effects on, 774
Hemihypertrophy, congenital, medul lary sponge kidney with, 1123
Hemochromatosis, urinary concentrating defect, 128
Hemodialysis: see also Dialysis
access flow measurements, ultrasound dilution technique, 966
anemia, androgen versus erythropoietin treatment, 140
antibiotic-resistant endocarditis, 536
arteriovenous fistula dysfunction, risk factors, 1169
blood pressure and left ventricular mass correlation, 2658
blood volume measurement, noninvasive, comment, 1241
bone turnover marker, plasma total versus bone alkaline phosphatase, 506
calcitriol, pulse oral versus intravenous, 488
chronic epidural abscess in, 2264
plasma β2-microglobulin levels, membrane biocompatibility affecting, 472
coronary artery disease in, 2044
deferoxamine test response, iron status influencing, 135
ingress energy expenditure, 2545
granulocyte activation reduction during, regional citrate anticoagulation for, 234
hepatitis B surface antigen positivity, vaccine-induced, 1229
high-flux polysulfone membrane, endotoxin transfer across, 883
homocysteine and folate concentrations in blood, 2414
incident, psychologic functioning, quality of life, and behavioral compliance in, 2152
iron status, 2654
lipopolysaccharide binding protein and bactericidal/permeability increasing factor in, 479
maintenance, hepatitis C infection, 2409
parathyroid hormone-ionized calcium curve, calcitriol affecting, 497
pentosidine accumulation, 1198
polysulfone membrane, comparison of three brands, 871
protein loss, 2259
red blood cell survival, erythropoietin in, 1178
Staphylococcus aureus type 5 capsular polysaccharide-
Pseudomonas aeruginosa recombinant exoprotein A conjugate vaccine, 247
ultrafiltration combined with, vascular reactivity during, 2664
urea kinetics, two-point modeling, 780
uremic patients, porphyrin metabolism in, 774
vascular access morbidity, 523
vascular disease in, risk factors, 1169
Hemodynamics
glomerular, 90
renal, 721
chronic glomerular disease, 306
type 2 diabetes, 2627
Hemofiltration and hemorth replacement, continuous renal replacement procedures, heparin use in, 145
Hemosiderosis, 128
Heparan sulfate
proteoglycan, mesangial cell production, 1015
proteoglycan excretion, proteinuria after renal transplantation, 2670
Heparin, continuous renal replacement procedures, filter coagulation versus hemORTH, 145
Hepatitis B, vaccination, hemodialysis patients, 1229
Hepatitis C
glomerulonephritis associated with, membranoproliferative, 2469
infection diagnosis, anti-E2, 2409
Heterodimer, integrin, 2636
Heymann nephritis
glomerular injury, molecular mechanisms, 2518
natriuretic peptide resistance, phosphodiesterase inhibitor correction, 582
passive, kidney iron status, 1183
Hillock, formation of, mesangial cells in culture, 2230
131I-Hippuran, 125I-IOThalamate simultaneous infusion, glomerular filtration rate precision improvement, 567
Histocompatibility complex, class I and class II molecules, lupus nephritis showing absence of, 2445
HIV: see Human immunodeficiency virus
Homeostasis, potassium, extrarenal, exercise effects, 1223
Homewriter Award, 815
Homocysteine, blood concentration, hemodialysis patients, 2414
Hormone: see also Thyroid hormone
calcium-modulating, thiazide receptor density, 1052
Hospital
costs, renal failure patients, 751
utilization, chronic dialysis, risk factors, 889
Human immunodeficiency virus, nephropathy associated with, epidemic, 1
Hyaluronan, CD44 expression by proliferating mesangial cells, anti-Thy-1 nephritis, 1006
Hybridization, in situ, intraglomerular C3 synthesis detection, 2428
Hydrogen peroxide
mesangial cell apoptosis induced by, 2357
mesothelial cell generation, peritoneal defense, 2371
Hydronephrosis, 113
Hypercalcemia, 608
essential hypertension, 1058
medullary sponge kidney with, 1123
phospholipid n-6 polyunsaturated fatty acid composition, 613
Hyperfiltration, glomerular, 721
diabetes mellitus-induced, 105
Hyperinsulinemia, 113
Hyperlipidemia
post-transplant, 971
renal transplantation preceding, 158
Hyperparathyroidism, secondary, low-calcium dialysate affecting, letter, 364, 635
Hyperphosphatemia, hypocalcemia with, patient management, 2056
Hypertension: see also Blood pressure
ambulatory monitoring, 2279
DOCA-salt, endothelin-1 enhanced expression sites (rats), 1159
essential
active kallikrein response to sodium chloride intake, 443
urinary calcium excretion, 1058
experimental, transgenic rats, 2119
glomerulopathic changes in, verapamil or trandolapril therapy, 681
Na-K-ATPase inhibitor, dialysis, 454
potassium’s effects on renal vascular morphology, 338
ramped hypertonic sodium dialysis complication, 242
renal transplant patients, amlodipine increases cyclosporine levels, 831
salt-sensitive
impaired kallikrein activation, 2565
renal injury, TGF-β1 in, 2578
target organ damage, angiotensin I-converting enzyme gene deletion polymorphism, 2550
terminal renal failure, 314
transplantation with kidney (humans), 1131
Hypertrophy
cell, NH4Cl-induced, 73
glomerular, maximal, 2600
Hypocalcemia, end-stage renal disease, 728
Hypocalcemia, hyperphosphatemia with, patient management, 2056
Hyponatremia, inappropriate secretion of ADH, renal uric acid clearance, 805
Hypercystinemia, medullary, 1066
Hypoxia, medullary, myoglobinuric acute renal failure, 1066
Immersion, water, 55
Immune complex, glomerulonephritis, complement synthesis in injured kidney, 2314
Immunoassay, monoclonal enzyme, 1229
Immunoglobulin
IgA, nephropathy, 906
IgG complexes, binding to mesangial cells, 573
Jacalin-reactive, Immunoglobulin A nephropathy, 955
Immunocalcitization, Na-K-Cl cotransporter secretory isomor, renal intercalated cells (rat), 2533
Immunosuppression, renal allograft, 318
Infection
access catheter salvage, 2264
continuous ambulatory peritoneal dialysis, twin- versus single-bag disconnect system, 2392
exit-site, nasal mupirocin prevention, 2403
exit-site/tunnel, Tenckhoff catheter reimplantation, comment, 1085
hepatitis C, anti-E2 in diagnosis, 2409
Inflammation, glomerular, membranous glomerulonephritis, 299
Inflammatory response, acute renal injury, recombinant human insulin-like growth factor-1 affecting, 710
Influx, cell, peritoneal dialysis patients, 2379
Infusion
amino acid, kidney and heart transplant recipients, 1145
125I-Iothalamate and 131I-Hippuran simultaneously, glomerular filtration rate precision improvement, 567
Ingestion, inhibition, urinary middle-sized molecule fractions, 2453
Inhibition, angiotensin-converting enzyme, transgenic rats, 2119
Inhibitor
metalloproteinase, 2495
Subject Index

phosphodiesterase, natriuretic peptide resistance corrected by, Heymann nephritis (rat), 582
Injection, lohoxel, intravenous, glomerular filtration rate determination, 2689
myo-Inositol transporter mRNA, renal medulla, independent regulation (rat), 283
Inpatient care, renal failure patients, relative risk and economic consequences, 751
Insertion-deletion polymorphism, terminal renal failure, 314
Insulin-like growth factor, recombinant human, inflammatory response to acute renal injury, 710
Integrin
  circulating leukocyte expression, Wegener’s granulomatosis, 40
  inside-out signaling through, 1091
  subunit distribution, diabetic kidney, 2636
Intercalated cell
  renal, Na-K-Cl cotransporter secretory isoform, 2533
  subpopulations, collecting duct (mouse), 260
Intercellular adhesion molecule-1, neutrophils to peritoneal mesothelial cells, 208
Interferon, interferon-gamma, biofilm causing decreased production, 877
Interleukin
  IL-1
    adhesion molecule-1 expression increase, mesangial cells (rat), 2213
  crescentic glomerulonephritis, 2271
  IL-6, cytokine production, proinflammatory, 2192
  IL-8, endothelial cell production, proteinase 3 enhancement, 694
Intestine, lipid absorption, nephrotic rat, 431
lohoxel, intravenous injection, glomerular filtration rate determination, 2689
Iopamilol, nephropathy induced by, endothelin effects (rats), 1153
125I-iothalamate, 131I-hippuran simultaneous infusion, glomerular filtration rate precision improvement, 567
Iron, renal, passive Heymann nephritis, 1183
Iron overload, 128
Iron status
deferoxamine test response, 135
hemodialysis patients, 2654
Ischemia
blood flow autoregulation after, ketanserin’s beneficial influence, 621
renal failure due to, Arg-Gly-Asp (RGD) peptide biodistribution, 2682
Isoform
acidic renin, cyclosporine-A-treated kidneys, 331
apolipoprotein E, diabetic nephropathy risk, 1075
secretory, Na-K-Cl cotransporter, 2533
Jaccaln-reactive immunoglobulin, immunoglobulin A nephropathy, 955
Kallikrein
active response, sodium chloride intake affecting, essential hypertension, 443
inactive to active conversion, hypertension, 2565
renal production, dietary protein modulation, 721
Kallikrein-kinin system, postnatal maturation, 81
Ketanserin, blood flow autoregulation influenced by, post-ischemic kidneys, 621
Ketoacidosis, severe, overnight development, 192
Ketoconazole, chloride and fluid secretion activated by, nectarus gallbladder, low pH, 254
Kidney: see also Renal
  acidic renin isoforms in, cyclosporine-A-treated, 331
  dietary salt intake variation, 1045
  furosemide metabolism, probenecid inhibition, 345
  graft-versus-host disease triggered by, combined transplantation of kidney and peripheral leukocytes, 2254
  growth
    salt restriction inhibition (rat), 437
  sphingolipid role, 171
  iron status, passive Heymann nephritis, 1183
  kallikrein-kinin system postnatal maturation (rat), 81
  medulla, aldose reductase and myo-inositol transporter mRNA independent regulation in, 283
  medullary sponge, congenital hemihypertrophy with, 1123
  moderate failure, chronic glomerular disease, 306
  pertused, isolated (rat), 653
  remnant, model, 687
  transplantation: see Transplantation, kidney
  tubular water reabsorption in, dynamic magnetic resonance imaging, 424
  urea transporters, vascular and tubular (rat), 852
  vascular morphology, potassium’s effects, 338
Kinetics, urea, 464
hemodialysis, 780
Lactate, bicarbonate-lactate, peritoneal dialysis solutions buffered by, mesothelial and neutrophil function affected by, 218
Lazaroid, nitric oxide quenching, electron paramagnetic resonance evaluation, 961
Leukocyte
  function-associated antigen-1 expression, colchicine interference, 594
  infiltration of, noncrescentic acute post-streptococcal glomerulonephritis, 2419
  integrin expression, Wegener’s granulomatosis, 40
  peripheral, stem-cell-enriched, 2254
Ligation, common bile-duct, 2110
Light microscopy, intercalated cell subpopulations in collecting duct (mouse), 260
Linkage
  autosomal dominant polycystic kidney disease, types 1 and 2, 2142
  congenital nephrotic syndrome, Finnish type, 2700
  renin-angiotensin axis and end-stage renal disease, African Americans, 2559
Linkage analysis, Gitelman’s syndrome (Barter’s variant), 2244
Linoleic acid, dithromogamma-linoenic acid/arachidonic acid ratio, 1024
Lipid
  absorption, nephrotic rat, 431
  peroxidation, 2518
  Lipopolysaccharide binding protein, plasma, hemodialysis, 479
Liver, cirrhosis, ascites with, aminoguanidine in, 2694
Liver disease, renal resistance to atrial natriuretic peptide in, 2110
LLC-PK cells, high-glucose-induced growth effects, captopril
reversal, 1207
Localisation, endothelin-1 enhanced expression, DOCA-salt hypertensive rats, 1159
Logistic-regression model, cyclosporine levels correlated with rejection or toxicity, 786
Losartan, 105
Lupus erythematosus, systemic
membranous glomerulonephritis, long-term outcome, 299
nucleosome-complexed antinucleosome autoantibody
cell surface binding, 946
pediatric nephritis, 924
Lupus nephritis
B cells and autoantibodies in (mouse), 387
major histocompatibility complex molecule absence, 2445
pediatric, prognostic factors and therapy, 924
therapeutic plasma exchange for, 367
Lysoosomal cathepsin, cell hypertrophy affected by, renal proximal tubule cells, 73

Macrophage
glomerular, early influx, 2604
tubulointerstitial fibrosis, 2202
Magnetic resonance, angiography, intracranial aneurysms followed by, autosomal dominant polycystic kidney
disease, 2135
Magnetic resonance imaging, contrast-enhanced dynamic, rat kidney, 424
Major histocompatibility complex, inflammatory response to acute renal injury, 710
Marker, bone turnover, plasma total versus bone alkaline phosphatase, 506
Mass, left ventricular, hemodialysis patient, 2658
Mass transfer coefficient, 225
Mathematical modeling, $^{31}$Cr-EDTA plasma clearance rate, glomerular filtration rate measurement, 118
Matrix, extracellular, mesangial cells in culture, 2230
Maturation, postnatal, kallikrein-kinin system, 81
Measurement, blood volume, noninvasive, hemodialysis patients, comment, 1241
Medulla
kidney, 852
renal, aldose reductase and myo-inositol transporter mRNA
independent regulation in, 283
Medullary thick ascending limb, chlorine channels, basolateral, 818
MELAS syndrome, acute renal failure and, 647
Membrane, polysulfone
comparison of three brands, 871
high-flux, endotoxin transfer across, 883
Membrane biocompatibility, plasma $\beta_2$-microglobulin levels, chronic hemodialysis, 472
Membrane potential, mitochondrial, proximal tubule, 2348
Membrane transport
peritoneal, children receiving long-term dialysis, 2385
small-solute, peritoneal tissue surfaces (rat), 225
Mesangial cell
adhesion molecule-1 expression, nitric oxide inhibition, 2213
capacitatively calcium influx in, 983
culture of, apoptosis in, 2357
culture without serum, extracellular matrix distribution and
hillock formation, 2230
endothelin-1 enhanced expression, DOCA-salt hypertensive rats, 1159
heparan sulfate proteoglycan production, 1015
immunoglobulin G complex binding to, IgG- and C1q-
receptors' role, 573
MCP-1 expression, TNF-α's role, 914
nitric oxide effects, 999
proliferation
CD44 expression in anti-Thy-1 nephritis, 1006
platelet factor 4 inhibition, 991
proliferation inhibition
antisense therapy, 2219
antithrombin, III, 2249
tyrosine phosphorylation of focal adhesion kinase regulation, 413
Mesothelial cell
dehydrogen peroxide generated by, peritoneal defense, 2371
peritoneal, adherence of neutrophils to, 208
peritoneal dialysis solutions affecting, bicarbonate and bicarbonate-lactate buffered, 218
Messenger ribonucleic acid
alpha chain, type IV collagen expression, 938
glomerular, 897
myo-inositol transporter, renal medulla, independent regulation (rat), 283
renal endothelin-1 enhanced expression, DOCA-salt hypertensive rats, 1159
Metabolic acidosis, $\beta_2$-microglobulin generation, 350
Metabolism
furosemide, probenecid inhibition, 345
porphyrin, recombinant human erythropoietin effects on, 774
type II diabetes, ZDF/Drt-fa rat model, 113
Metabolite, epoxygenase, preglomerular vasculature affected by, 2364
Metalloproteinase
inhibitors of, 2495
tissue inhibitor of (TIMP-1), glomerular expression, 97
Microalbuminuria, type 2 diabetes, 2627
$\beta_2$-Microglobulin
amyloidosis, kidney transplantation for symptom relief, 798
generation, metabolic acidosis, 350
$\beta_2$-Microglobulin, plasma levels, membrane biocompatibility affecting, 472
Microsatellites, autosomal dominant polycystic kidney disease, types 1 and 2, 2142
Migration, monocyte, TNF-α's role, 914
Mitochondrion
encephalomyopathy, acute renal failure and, 647
potential collapse, anoxic proximal tubules, 2348
Model
logistic-regression, cyclosporine levels correlated with rejection or toxicity, 786
obese Zucker rat, glomerulosclerosis in, 2604
remnant kidney, 687
type II diabetes, ZDF/Drt-fa rat, 113
Modeling, two-point, hemodialysis urea kinetics, 780
Modification of Diet In Renal Disease Study
effects of diet and antihypertensive therapy on creatinine
clearance and serum creatinine concentration, 556
Subject Index

protein restriction, moderate renal disease affected by, 2616
Molecule, major histocompatibility complex class I and class II, 2445
Molecule fraction, middle-sized, urinary, 2453
Monitor, on-line, dialysis adequacy, 464
Monitoring, blood pressure, ambulatory, 2130, 2279
Monocyte, migration, TNF-α's role, 914
Monocyte chemotactic peptide, nephritis, interstitial monocyte recruitment, 906
Monocyte-chemoattractant protein 1, glomerular mRNA expression, prostaglandin E1 reducing, 897
Morbidity
cardiac, end-stage renal disease, 728
hemodialysis vascular access, 523
Morphometry, glomerular, membranous nephropathy, 290
Mortality: see also Death
cardiac, end-stage renal disease, 728
peritoneal dialysis patients, peritonitis influencing, 2176
Moxonidine, cardiac effects of renal failure treated by (rat), 667
mRNA: see Messenger ribonucleic acid
Multicenter clinical validation, on-line monitor of dialysis adequacy, 464
Multiple myeloma, renal failure, therapeutic plasma exchange for, 367
Mupirocin, nasal, exit-site infection prevented by, 2403
Mutation, collagen gene, hematuria and Alport syndrome, 702
Myoglobin, acute renal failure, 1066
Na-K-ATPase inhibitor, blood pressure regulation, dialysis, 454
Nandrolone decanoate, 140
Natriemla, central diabetes insipidus with, 2527
Natriuresis
dietary salt intake influencing, age effects, 1045
furosemide-induced, dopamine not enhancing, 1032
pressure, transgenic rats, 2119
Natriuretic peptides, resistance to, phosphodiesterase inhibitor correction, 582
Necrosis, tubular, acute, 2320
Nephrectomy, 345
Nephritis
anti-Thy-1, CD44 expression by proliferating mesangial cells, 1006
hereditary, 702
Heymann: see Heymann nephritis
lupus: see lupus nephritis
monocyte chemotactic peptide-1 expression, interstitial monocyte recruitment, 906
Nephrocalcinosis, medullary sponge kidney with, 1123
Nephrolithiasis
calcium
abnormal red-cell oxalate transport as risk factor, 608
phospholipid n-6 polyunsaturated fatty acid composition, 613
calcium oxalate, crystal growth inhibition in, 602
Nephronopitiasis, focal glomerulosclerosis and maximal glomerular hypertrophy in, 2600
Nephropathy, 118
diabetic
Amadori-modified nonenzymatically glycated serum proteins in, 183
apolipoprotein E genotype, 1075
captopril affecting, 1207
genetics of, 2509
renin-angiotensin axis and end-stage renal disease, 2559
stages, urinary albumin/creatinine ratio defining, 930
HIV-associated, epidemic, 1
immunoglobulin A, 906
immunoglobulin M, 543
Jacalin-reactive immunoglobulin conformational instability, 955
membranous
cyclosporine's antiproteinuric effect, 290
glomerular injury molecular mechanisms, 2518
glomerular subepithelial deposits, 2434
kidney iron status, 1183
minimal change, "focal" segmental glomerulosclerosis, 49
obstructive, tubulointerstitial fibrosis of, nitric oxide generation ameliorating, 2202
radiocontrast-induced, endothelin effects (rats), 1153
Nephrosis
aminonucleoside, puromycin, probucol inhibition, 2340
intestinal lipid absorption (rat), 431
Nephrotic syndrome
focal segmental glomerulosclerosis, steroid-resistant idiopathic, 56
pediatric, long-term cyclosporine therapy, 543
Nephrotoxicity
cyclosporine A, 331
cyclosporine-induced, renal transplant recipients, 2677
Nerve, sympathetic, renal, 2110
Neuroblastoma cell, heat shock response in, urea inducing, 275
Neutropenia, neutrophil degranulation, 234
Neutrophil
adherence to human peritoneal mesothelial cells, intercellular adhesion molecule-1, 208
peritoneal dialysis solutions affecting, bicarbonate and bicarbonate-lactate buffered, 218
Neutrophil degranulation, complement activation and neutropenia dissociated from, 234
Nifedipine
cardiac effects of renal failure treated by (rat), 667
renal interstitial sclerosis in aging treated by, 676
Nitric oxide
adhesion molecule-1 expression inhibited by, mesangial cells (rat), 2213
electron paramagnetic resonance, 961
glomerular hyperfiltration affected by, diabetes mellitus-induced, 105
glomerulus-derived, platelet-activating factor dilation of efferent arterioles, 90
Liver cirrhosis, 2694
mesangial cell activity affected by, 999
tubulointerstitial fibrosis ameliorated, obstructive nephropathy, 2202
Nitrogen, total body, 737
North American Pediatric Renal Transplant Cooperative Study, higher maintenance cyclosporine dose decreases the risk of graft failure, 550
Nucleosome, antinucleosome autoantibodies cell surface binding, 946
Nutrition
continuous peritoneal dialysis, clinical outcome, 198
prognosis determined by, continuous ambulatory peritoneal dialysis, 737
Obesity, glomerulosclerosis, 2604
Obstruction
tubular, 2682
myoglobinuric acute renal failure, 1066
ureteral, neonatal, growth factors and apoptosis in, 1098
Oligonucleotide, antisense, mesangial cell proliferation in
hibition, 2219
Osmolality, 128
Osmolyte, organic, 283
Oxytocin, water transport, inner medullary collecting duct, 2062
Parathyroid hormone
calcitriol suppression, 488
ionized calcium curve, calcitriol affecting, 497
Paracrine factor
Arg-Gly-Asp (RGD), distribution in ischemic acute renal failure, 2682
atrial natriuretic: see Atrial natriuretic peptide
conserved, taurine transporter inactivation affected by, 2088
natriuretic, resistance to, 582
Pertussis toxin, secretion of, low-calcium dialysate stimulating, letter, 364
Perturbation marker,
interferon-gamma decreased production due to, 877
chronic ambulatory, porphyria cutanea tarda, 397
continuous ambulatory

dialysis adequacy and nutrition determine prognosis, 737
pertussins associated with, oral ciprofloxacin for, comment, 811
residual renal function measurement, 745
Peritoneal dialysis, see also Dialysis, peritoneal
biofilm, interferon-gamma decreased production due to, 877
chronic ambulatory, porphyria cutanea tarda, 397
continuous ambulatory

dialysis adequacy and nutrition determine prognosis, 737
pertussins associated with, oral ciprofloxacin for, comment, 811
residual renal function measurement, 745
Peritoneum
defense by mesothelial cells, hydrogen peroxide generation, 2371
membrane transport function, children receiving long-term
dialysis, 2385
mesothelial cells, adherence of neutrophils to, 208
small-solute transport across (rat), 225
Peritonsillitis
biofilm, interferon-gamma decreased production due to, 877
chemokines regulating cell influxes, 2379
continuous ambulatory peritoneal dialysis, twin- versus single-bag disconnect system, 2392
oral ciprofloxacin for, continuous ambulatory peritoneal
dialysis, comment, 811
peritoneal dialysis patients, mortality, 2176
Permeability
glomerular, 661
peritoneal tissues, small-solute transport across (rat), 225
Permeolipid, n-6, polyunsaturated fatty acid composition, 613
Phenotype, glomerular, 687
Phenytoin, elevated serum levels, porphyria cutanea tarda, 397
Phosphate, enema, 2066
Phosphodiesterase inhibitor, natriuretic peptide resistance corrected by, Heymann nephritis (rat), 582
Phospholipase A2
ATP levels, hypoxic-reoxygenation tubular injury, 2327
proximal tubule cytoprotection induced by, 64
Phospholipid metabolism, recombinant human erythropoietin effects on, 774
Positivity, hepatits B surface antigen, vaccine-induced, 1229
Peroxidation, lipid, 2518
pH
acute change, serum anion gap affected by, 357
chloride and fluid secretion affected by, necturus gallbladder, ketoconazole activation, 254
Pharmacokinetics
calcitriol, pulse oral versus intravenous, 488
ceftazidime, intraperitoneal administration, 2399
Phenotype, glomerular, 687
Phenytoin, elevated serum levels, porphyria cutanea tarda, 397
Phosphate, enema, 2066
Phosphodiesterase inhibitor, natriuretic peptide resistance corrected by, Heymann nephritis (rat), 582
Phospholipase A2
ATP levels, hypoxic-reoxygenation tubular injury, 2327
proximal tubule cytoprotection induced by, 64
Phospholipid n-6, polyunsaturated fatty acid composition, 613
Plasma
alkaline phosphatase, bone turnover marker, 506
lipopolysaccharide binding protein, 479
β2-microglobulin levels, chronic hemodialysis, 472
single sample, glomerular filtration rate determination, 2689
Plasma clearance rate, 118
Plasma exchange, therapeutic, 367
Plasma flow, renal, effective, 567
Plasmapheresis, 367
Plasminogen activator inhibitor-1, glomerular subepithelial deposits, membranous nephropathy, 2344
Platelet factor 4, mesangial cell proliferation inhibited by, 991
Platelet-activating factor, arteriolar dilatation, glomerulus-derived nitric oxide, 90
Polyangiitis, microscopic
antineutrophil cytoplasmic autoantibody-associated, 33
autoantibody-associated, prognostic marker, 23
Polycystic kidney disease
autosomal dominant
abdominal aortic aneurysms and, 2483
intracranial aneurysms in, 2135
types 1 and 2, 2142
glucomorticoid-induced, thyroid hormone modulation, comment, 633
Polymorphism
angiotensin-converting enzyme, terminal renal failure, 314
beta subunit, sodium transport, 2490
deletion, angiotensin 1-converting enzyme gene, 2550
Polysaccharide-Pseudomonas aeruginosa recombinant exo-
protein A conjugate vaccine, Staphylococcus aureus type 5, hemodialysis patients, 247
Polysulfone
high-flux membrane, endotoxin transfer across, 883
membrane, comparison of three brands, 871
Polysulfone dialyzer, transmembrane passage, cytokine-in-
ducing bacterial products, 2183
Polytetrafluorene bridge graft, hemodialysis vascular access, 523
Porphyria cutanea tarda, chronic ambulatory peritoneal
dialysis, 397
Porphyria cutanea tarda, chronic ambulatory peritoneal
dialysis, 397
Porphyria, metabolism, recombinant human erythropoietin effects on, 774
Positivity, hepatitis B surface antigen, vaccine-induced, 1229
Potassium conductances, proximal convoluted tubule (rabbit), 2072
homeostasis, extrarenal, exercise effects, 1223
renal vascular morphology affected by, high-salt diet, 338
Practice guideline development, joint statement, 519
Pressure natriuresis, transgenic rats, 2119
Probenecid, furosemide metabolism inhibited by, renal, 345
Probuloc, puromycin aminonucleoside nephrosis inhibition, 2340
Prognosis autosomal dominant polycystic kidney disease, types 1
and 2, 2142
continuous ambulatory peritoneal dialysis, dialysis ade-
quacy and nutrition determine, 737
lupus nephritis, pediatric, 924
membranous glomerulonephritis, systemic lupus erythe-
tosus, 299
Prognostic marker, polyclonals and clonal neoplasms, antinu-
tiretrophil cytoplasmic autoantibody-associated mi-
croscopic, 23
Proliferating cell, nuclear antigen, antisense oligonucleotides
to, 2219
Proliferation, mesangial cell antithrombin 3 inhibition, 2249
platelet factor 4 inhibition, 991
Protenin, cyclosporine A, 331
Prospective study cardiac arrhythmias during central venous catheter pro-
duces, 1079
cyclosporine treatment in kidney transplantation, 792
hypertensive renal transplant patients, amiodipine in-
creases cyclosporine levels, 831
Prostaglandin prostaglandin E1, monocyte-chemoattractant protein 1
expression reduced by, 897
renal damage, letter, 1245
renal receptor, functional and molecular aspects, 8
Prostanoid, renal receptor, functional and molecular as-
pects, 8
Protein Amadori-modified nonenzymatically glycated serum, dia-
etic nephropathy pathogenesis, 183
catabolic rate, two-point modeling of hemodialysis urea
kinetics, 780
continuous renal replacement therapy, 2259
dietary
dialysis dose related to, 166
dialysis dose related to, letter, 1088
glomerular filtration rate affected by, 2097
hemodialysis patients, 2646
renal kalikrein production affected by, 721
restriction of, renal disease progression affected by, 2616
Protein kinase C capacitative calcium influx in mesangial cell, 983
mesangial cell, nitric oxide suppression, 999
taurine transporter inactivation modulated by, conserved
peptide in, 2088
Protein turnover, 73
Proteinase 3, endothelial cell IL-8 production enhanced by,
694
Proteinuria, 653
Heymann nephritis, 2518
passive, 1183
renal transplantation preceding, heparan sulfate proteogly-
can excretion associated with, 2670
Proteoglycan heparan sulfate, mesangial cell production, 1015
heparan sulfate excretion, proteinuria after renal trans-
plantation, 2670
Proximal tubule cytoprotection, phospholipase A2-induced, 64
renal, 73
Pseudomonas aeruginosa, recombinant exoprotein A conju-
gate vaccine, Staphylococcus aureus type 5 capsular
polysaccharide, 247
Psychologic functioning, hemodialysis patients, incident, 2152
Puromycin aminonucleoside nephrosis probucol inhibition, 2340
induction (rat), 431
Pyelonephritis, 113
Quality of life, dialysis patients chronic, recombinant human erythropoietin treatment af-
fecting, 763
chronic peritoneal, 1165
incident, 2152
Quencher, nitric oxide, electron paramagnetic resonance
evaluation, 961
Questionnaire, performance characteristics, dialysis-related
amyloidosis, 1235
Race amiloride-sensitive sodium channel, β-subunit variant, 2543
blood pressure comparison, nocturnal, 2130
Radiocuant, nephropathy induced by, endothelin effects
(rats), 1153
Ramipril, cardiac effects of renal failure treated by (rat), 667
Rarefaction, capillary, cardiac, renal failure (rat), 667
Ratio albumin/creatinine, urinary, 930
dihomogamma-linolenic acid/arachidonic acid, 1024
Reactivlty, vascular, combined ultrafiltration-hemodialysis,
2664
Receptor C1q, 573
Immunoglobulin G, 573
Receptor gene expression, kalikrein-kinin system postnatal
maturation (rat), 81
Recipient kidney, living related, gender discrepancy, 1139
kidney and heart, renal functional reserve in, 1145
Recruitment, monocyte, interstitial, 906
Red blood cell oxalate transport, abnormal, 608
survival, erythropoietin in, 1178
Rejection, chronic, renal allograft, 318
Remnant kidney glomerular phenotypic changes, angiotensin II and cal-
cium blockers preventing, 687
salt restriction effects (rat), 437
Remodeling, vascular, renal, 338
Renal ablation, rat model, 1024
Renal biopsy, "focal" segmental glomerulosclerosis, serial
morphometric analysis, 49
Renal cell, carcinoma, end-stage renal disease, 2461
Renal concentrating ability, aging, 1106

2728

Volume 7 • Number 12 • 1996
Renal damage, prostaglandins and, letter, 1245
Renal development, neonatal ureteral obstruction, growth factors and apoptosis in, 1098
Renal disease
end-stage
autosomal dominant polycystic kidney disease, 2142
coronary artery disease in, 2044
energy expenditure, 2646
hemodialysis patients, homocysteine and folate concentrations in blood, 2414
HIV-associated nephropathy causing, epidemic, 1 hospital utilization, risk factors, 889
hypoaubuminemia, cardiac morbidity and mortality in, 728
renal cell carcinoma of, 2461
renin-angiotensin axis linkage analysis, 2559
moderate, dietary protein restriction for, 2616
progressive, angiotensin in, 2025
vascular permeability factor expression in, 661
Renal failure
acute
central venous catheter procedures, 1079
herne biosynthesis abnormalities, 628
ischemic, 2682
MELAS syndrome, 647
myoglobinuric, 1066
secondary oxalosis causing delayed recovery, 2320
cardiac effects, 667
chronic
calciphylaxis in, 978
lipopolysaccharide binding protein and bactericidal/permeability increasing factor in, 479
porphyria cutanea tarda, 397
end-stage
maximal exercise, extrarenal potassium homeostasis with, 1223
pentosidine accumulation, 1198
porphyria metabolism in, 774
inpatient care, relative risk and economic consequences, 751
lupus nephritis, pediatric, 924
moderate, chronic glomerular disease, 306
terminal, angiotensin-converting enzyme polymorphism in, 314
Renal function
delayed recovery, secondary oxalosis causing, 2320
adenosine polyphosphate effects, anesthetized Wistar rats, 1217
measurement, 556
residual, continuous ambulatory peritoneal dialysis patients, 745
Renal growth, lipopolysaccharide role, 171
Renal medulla, aldose reductase and myo-inositol transporter mRNA independent regulation in, 283
Renal replacement, continuous heparin use in, 145
protein loss, 2259
Renal resistance, atrial natriuretic peptide, common bileduct ligation (rats), 2110
Renin-angiotensin axis, end-stage renal disease linkage analysis, African Americans, 2559
Renin-angiotensin system, gene expression, transgenic rats, 2119
Replantation, Tenckhoff catheters, exit-site/tunnel infection treated by, comment, 1085
Resistance, natriuretic peptide, 582
Respiratory quotient, hemodialysis patients, 2646
Restriction, dietary protein, renal disease progression affected by, 2616
Risk, relative, inpatient care of patients with renal failure, 751
Risk factors arteriovenous fistula dysfunction, hemodialysis patients, 1169
diabetic nephropathy, 2509
early death dialysis patients, 2169
vascular disease, hemodialysis patients, 1169
Salt: see also Sodium chloride
dietary, 338
hypertension sensitive to, impaired kaliuretin activation, 2565
intake variation, renal adaptation, 1045
restriction of, renal growth inhibition (rat), 437
sensitivity to, 2578
Salt wasting, central diabetes insipidus with, 2527
Sclerosis, Interstitial, renal, endalopril and nifedipine affecting, 676
Sclerotic lesion, "focal" segmental glomerulosclerosis, serial morphometric analysis, 49
Secretion, Inappropriate, ADH, 805
L-Selectin, T lymphocyte expression, calcicilence interference, 594
Serum, anion gap, acute pH change affecting, 357
Sexual functioning, dialysis patient, chronic peritoneal, 1165
Stilic acid, immunoglobulin A nephropathy, 955
Signal transduction, mesangial cell MCP-1 expression and monocyte migration, TNF-a's role, 914
Signaling
Inside-out, through integrins, 1091
Intracellular, sphingolipid role, 171
renal prostaglandin receptor, 8
Site, enhanced expression, endothelin-1, DOCA-salt hypertensive rats, 1159
Slope calculation, long-term, glomerular filtration rate precision, 567
Small-solute transport, peritoneal tissue surfaces (rat), 225
Sodium: see also Salt
dietary restriction, chronic glomerular disease, 306
transport of, beta subunit polymorphism, 2490
Sodium channel, amiloride-sensitive, B-subunit variant, 2543
Sodium chloride: see also Salt
active kaliuretin response to, essential hypertension, 443
Sodium dialysis, ramped hypertonic benefits and side effects, 242
letter, 2704
Sodium excretion, renal, adenosine polyphosphate effects, 1217
Sodium handling, renal, aging, 1106
Sonography, autosomal dominant polycystic kidney disease, types 1 and 2, 2142
Sphingolipids, intracellular signaling and renal growth, 171
Spin-trap agent, electron paramagnetic resonance, 961
Sponge kidney, medullary, congenital hemihypertrophy with, 1123
Staff training, advance directive, chronic dialysis patient, 2160
Staphylococcus aureus
Subject Index

exit-site infection, nasal mupirocin prevention, 2403
Type 5 capsular polysaccharide-Pseudomonas aeruginosa recombinant exoprotein A conjugate vaccine, hemodialysis patients, 247
Stem cell, peripheral leukocytes enriched by, combined transplantation with kidney, 2254
Steroid, focal segmental glomerulosclerosis resistant to, idiopathic, 56
Stone, renal
abnormal red-cell oxalate transport as risk factor, 608
phospholipid n-6 polyunsaturated fatty acid composition, 613
Streptozotocin, 106
diabetes induced by (rat), 721
Stroke, rat prone to, hypertensive glomerulopathic changes in, 681
Subunit beta
amiloride-sensitive sodium channel, African Americans, 2543
polymorphism in, sodium transport, 2490
integrin, distribution in diabetic kidney, 2636
Survival, red blood cell, erythropoietin in, 1178
Survival analysis, cadaveric renal allograft, 151
Swelling, cell, potassium and chloride conductances activated by, proximal convoluted tubule (rabbit), 2072
Synthesis complement, injured kidney, 2314
home, acute renal failure, 628
intraglomerular C3, in situ hybridization detection, 2428
T cell
activation, calcine inhibition, 594
peripheral activation, long-term renal transplant patients, 2476
Taurine, transporter inactivation, protein kinase C modulated, 2088
Tenckhoff catheter, re plantation, exit-site/tunnel infection treated by, comment, 1085
Tetany, hyperphosphatemia with hypocalcemia, patient management, 2056
Thrombosis, protein loss, 2259
Thiazide
cotransporter gene locus sensitive to, Gitelman’s syndrome mapping to, 2244
receptor density, calcium-modulating hormones, 1052
thickening, arteriolar wall, cardiac, renal failure (rat), 667
Thrombin, tyrosine phosphorylation of focal adhesion kinase regulation, 413
Thromboxane, mesangial cell effects, 999
Thyroid hormone, glucocorticoid-induced polycystic kidney disease modulated by, comment, 633
Tissue inhibitor, metalloproteinase (TIMP-1), glomerular expression, diabetes, 97
Toxicity, cyclosporine, 786
renal transplant recipients, 2677
Trandolapril, glomerulopathic changes affected by, hypertensive, 681
Transferrin
iron, saturation, 135
saturation, hemodialysis patients, 2654
Transforming growth factor TGFβ
heparan sulfate proteoglycan production, mesangial cells, 1015
mesangial cell, nitric oxide suppression, 999
receptor protein expressions, captopril decreases, 1207
TGF-β1
hypertensive renal injury, 2578
interstitial fibrosis, 2495
Transmission electron microscopy, intercalated cell subpopulations in collecting duct (mouse), 260
Transplantation kidney
allograft survival, recipient body size affecting, 151
cardiovascular disease after, 158
cyclosporine treatment, 513
cyclosporine levels correlated with rejection or toxicity, 786
cyclosporine treatment, randomized study 10-year follow-up, 792
cyclosporine-induced nephrotoxicity after, 2677
cytomegalovirus disease prophylaxis, acyclovir, 325
donor gender affecting allograft survival, 318
gender discrepancies in living donors and recipients, 1139
heparan sulfate proteoglycan excretion and proteinuria after, 2670
hyperlipidemia following, 971
hypertension transplanted with (humans), 1131
hypertensive patients, amlodpine increases cyclosporine levels, 831
living donor evaluation, clinical practice guidelines, 2288
long-term patients, peripheral T cell activation in, 2476
membranoproliferative glomerulonephritis in, 2469
β2-microglobulin amyloidosis relieved by, 798
kidney and heart, renal functional reserve in recipients, 1145
kidney and peripheral leukocytes, graft-versus-host disease triggered by, 2254
Transport membrane, peritoneal, 2385
red-cell oxalate, abnormal, 608
small-solute, peritoneal tissue surfaces (rat), 225
sodium, beta subunit polymorphism, 2490
water, collecting duct, inner medullary (rat), 2062
Transporter taurine, inactivation modulated by protein kinase C, 2088
urea, vascular and tubular, rat kidney, 852
Triglycerides
plasma, ovariectomy decreases, uninephrectomized female analbuminemic rats, 1189
post-transplant hyperlipidemia, 971
Tubular Injury, hypoxic-reoxygenation, ATP levels, phospholipase A2 determining, 2327
Tubules, proximal, anoxic, 2348
Tumor necrosis factor (TNF-α)
crescentic glomerulonephritis, 2271
mesangial cell MCP-1 expression and monocyte migration, 914
Tunnel, infection, Tenckhoff catheter re plantation, comment, 1085
Turnover, bone, marker of, 506
Type 5 capsular polysaccharide-Pseudomonas aeruginosa recombinant exoprotein A conjugate vaccine, Staphylococcus aureus, hemodialysis patients, 247
Tyrosine phosphorylation, focal adhesion kinase, cAMP and thrombin regulation, 413

Ultrafiltrate, uremic, middle-sized molecule fractions isolated from, 2453

Ultrafiltration
glomerular, 2590
hemodialysis combined with, vascular reactivity during, 2664
Ultrasound dilution technique, access flow measurements in hemodialysis, 966
Urea
clearance of, 745
continuous peritoneal dialysis, clinical outcome, 198
heat shock response induced by, neuroblastoma cells, 275 kinetics, 464
hemodialysis, 780
transporters, vascular and tubular, rat kidney, 852
Urea kinetic modeling, prognosis determined by, continuous ambulatory peritoneal dialysis, 737
Uremia
β2-microglobulin generation, metabolic acidosis, 350
pentosidine accumulation, 1198
porphyrin metabolism in, recombinant human erythropoietin effects on, 774
Uratic acid, renal clearance, hyponatremia, 805
Urinary concentrating defect, hemochromatosis, 128
Urine
albumin/creatinine ratio, diabetic nephropathy stages defined by, 930
aquaporin content, nephrogenic diabetes insipidus, 836
calcium excretion, essential hypertension, 1058
middle-sized molecule fractions isolated from, ingestive behavior inhibition, 2453
Urolithiasis, calcium oxalate crystal growth inhibition in, 602
Vaccine
hepatitis B, hemodialysis patients, 1229
Staphylococcus aureus type 5 capsular polysaccharide-Pseudomonas aeruginosa recombinant exoprotein A conjugate, hemodialysis patients, 247
Valvular disease, endocarditis, antibiotic-resistant, hemodialysis patient, 536
Vascular access, hemodialysis, morbidity, 523
Vascular disease
calciphyresis, chronic renal failure, 978
hemodialysis patients, risk factors, 1169
peripheral, renal transplantation preceding, 158
Vascular morphology, renal, potassium's effects, 338
Vascular permeability factor, glomerular disease alteration, 661
Vascular reactivity, combined ultrafiltration-hemodialysis, dialysate-derived contaminants influencing, 2664
Vasculature, plegomerular, epoxypenase metabolites affecting, 2364
Vasculitis
antineutrophil cytoplasmic autoantibody-associated prognostic markers, 23
treatment response and relapse, 33
prognostic marker, 23
Wegener's granulomatosis, circulating leukocyte integrin expression, 40
Vasopressin
collecting duct responsiveness to, aquaporin-2 urinary excretion as potential marker, 403
glomerular filtration rate increased by, antidiuretic action, 842
type 2 receptor gene, X-linked nephrogenic diabetes insipidus, 410
V₂-receptor, 836
water transport, inner medullary collecting duct, 2062
Ventricle, mass, hemodialysis patient, 2658
Verapamil, glomerulopathic changes affected by, hypertensive, 681
Vitamin C, acute renal failure, 2320
Vitronecrtin, subepithelial deposits, membranous nephropathy, 2434

Water channel, aquaporin-2 urinary excretion, 403
Water immersion, 55
Water intake, glomerular filtration rate, 842
Water transport, collecting duct, inner medullary (rat), 2062
Wegener's granulomatosis autoantigen, proteinase 3, 694
circulating antigen expression, 40
Weight gain, ramped hypertonic sodium dialysis complication, 242
ZDF/Drt-fa rat, type II diabetes model, metabolic and renal changes, 113
Zucker rat, obese, glomerulosclerosis in, 2604

Subject Index
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Patient should be advised to take Neoral on a consistent schedule with regard to time and relation to meals.

Laboratory Tests: Racial and liver functions should be assessed repeatedly by measurement of BUN, serum creatinine, serum bilirubin, and alkaline phosphatase.

Drug Interactions: All of the individual drugs cited below are well substantiated to interact with cyclosporine.

Drugs That May Potentiate Renal Dysfunction

<table>
<thead>
<tr>
<th>Drug</th>
<th>Neoral</th>
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<td>Propranolol</td>
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Cautious monitoring of renal function should be practiced when Neoral is used with nephrotoxic drugs.

Drugs That Alter Cyclosporine Levels: Cyclosporine is extensively metabolized. Cyclosporine concentrations may be affected by drugs that affect hepatic enzymes. The following Substances that inhibit these drugs may cause interactions. Cyclosporine. Monitoring of circulating cyclosporine concentrations and Neoral dosage adjustment is essential when these drugs are used concomitantly.

Drugs That Increase Cyclosporine Concentrations

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Ribitol is known to increase the metabolism of other drugs metabolized by the cytochrome P450 system. The relationship between ribitol and cyclosporine has not been studied. Care should be exercised when these two drugs are administered concomitantly.

Other Drug Interactions: Reduced clearance of prednisolone, digoxin, and lovastatin has been observed when cyclosporine is administered with these drugs. A decrease in the volume of distribution of digoxin has been reported after cyclosporine administration.

Systemic toxicity is known to have increased the potential for cyclosporine to cause nephrotoxicity. Neoral should not be used with potassium-sparing diuretics because hyperkalemia can occur. During treatment with cyclosporine, vaccination may be less effective. Increased incidence of post-transplant infectious complications has been reported in patients who have been immunosuppressed with Neoral or cyclosporine. Careful monitoring of renal function should be practiced when Neoral is used with nephrotoxic drugs.

Cyclosporine, the active ingredient of Neoral, can cause nephropathy and hepatitis toxicity when used in high doses.

It is unusual for serum creatinine and BUN levels to be elevated during cyclosporine therapy. These elevations in renal transplant patients do not necessarily indicate rejection, and each patient must be evaluated for such a condition. Serum creatinine and BUN levels should be monitored regularly during cyclosporine therapy.

Neoral is a soft gelatin capsule (cyclosporine capsules for microemulsion) and Neoral Oral Solution (cyclosporine oral solution for microemulsion). Neoral® Oral Solution (cyclosporine oral solution for microemulsion) have been given no evidence of mutagenic or carcinogenic activity in the bacterial reverse mutation test in studies in rats and mice. Neoral® Oral Solution (cyclosporine oral solution for microemulsion) has been given no evidence of mutagenic or carcinogenic activity in the bacterial reverse mutation test in studies in rats and mice.

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- Neoral provides increased bioavailability† with adverse events* comparable to those of Sandimmune when the dosage of the two drugs is adjusted to achieve the same cyclosporine blood trough concentrations

- Routine monitoring is required and dosage adjustments may be necessary in both de novo patients and maintenance patients converted from Sandimmune to Neoral!

- Neoral and Sandimmune are not bioequivalent and cannot be used interchangeably without physician supervision

- Neoral offers an important option for the prevention of organ rejection in renal, liver, and heart allogeneic transplant recipients

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cyclosporine capsules and oral solution for microemulsion

*The principal adverse reactions of cyclosporine therapy are renal dysfunction, tremor, hirsutism, hypertension, and gum hyperplasia.

†For de novo patients, start with the same Neoral dosage you would use with Sandimmune. For maintenance patients, conversion to Neoral is generally safe and well tolerated. Start with a simple 1:1 dosage conversion to Neoral (see boxed warning). Adjust the Neoral dosage to attain preconversion blood trough concentrations. The daily dose of Neoral should always be given in two divided doses (b.i.d.).

Reference

SANDOZ
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Dundalk, MD 21222-9700

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