UPDATE IN KIDNEY AND PANCREAS TRANSPLANTATION

The Update in Kidney and Pancreas Transplantation meeting, sponsored by the Mayo Foundation, will be held Saturday, September 7, 1996, at the Mayo Clinic, Rochester, MN. This 1-day meeting will focus on the latest information concerning kidney and pancreas transplantation and medical problems encountered in the care of patients after transplantation. The program features lectures and interactive clinical case presentations designed for physicians who participate in the medical care of patients who have undergone kidney or pancreas transplantation. Current information bridging basic immunobiology to the clinical setting will be provided. New immunosuppressive agents and their current role in transplantation will be reviewed. The evaluation of living donors, chronic allograft dysfunction, cytomegalovirus infection, transplantation in children and adolescents, and late medical complications after kidney or pancreas transplantation will also be discussed. Tuition: $150. For information, call 800-323-2688.

MORPHOLOGIC FINDINGS IN RENAL DISEASES AND TRANSPLANTS: CLINICO-PATHOLOGIC CORRELATION

Morphologic Findings in Renal Diseases and Transplants: Clinico-Pathologic Correlation, sponsored by the Armed Forces Institute of Pathology and the American Registry of Pathology, will be held October 1–4, 1996 at the Holiday Inn, Silver Spring, MD. For information on this continuing medical education course, contact AFIP-Education, Washington, DC. Telephone: 202-782-5021/9280; Toll-free: 800-577-3749 (U.S. only); DSN 662-5021/9280.

EIGHTH INTERNATIONAL SYMPOSIUM OF NEPHROLOGY AT MONTECATINI

The Eighth International Symposium of Nephrology at Montecatini will be held October 7–9, 1996 in Montecatini Terme, Italy. The title of the Symposium is “Progression of Renal Disease: Evaluation, Growth Factors and Other Mechanisms.” The deadline for submission of abstracts for presentation is June 15, 1996. For further information regarding attendance, accommodations, or presentations, contact Claudio Bianchi, M.D., Professor of Nephrology, Unità di Nefrologia, Clinica Medica 2, University of Pisa, 56100 Pisa, Italy. Telephone: +39-50-592573; fax: +39-50-553414.

PSYCHONEPHROLOGY 1996

On October 18–20, 1996, The Tenth International Conference on Psychonephrology, also called Psychonephrology 1996, will be held in New York City. This meeting is devoted to psychosocial and ethical issues surrounding patients on forms of dialysis and recipients of renal transplants. For further information including submission of abstracts for the Free Communication section, contact: Norman B. Levy, M.D., Coney Island Hospital, Department of Psychiatry, 2601 Ocean Parkway, Brooklyn, NY 11235. Fax: 718-616-5314.

SIXTH ALEXIS CARREL CONFERENCE ON CHRONIC REJECTION AND GRAFT ATHEROSCLEROSIS

The Sixth Alexis Carrel Conference will be held in Banff, Canada on December 4–7, 1996. The meeting is aimed at transplant physicians, surgeons, pathologists, and immunologists, as well as health care professionals with an interest in transplantation. For information regarding registration and abstracts, please contact the conference organizer: Dr. Leendert C. Paul, St. Michael’s Hospital, 30 Bond Street, Toronto, Ontario M5B 1W8, Canada. Telephone: 416-867-3701; fax: 416-867-3709; e-mail: lpaul@utoronto.ca.

3RD INTERNATIONAL SYMPOSIUM ON UREMIC TOXICITY

The 3rd International Symposium on Uremic Toxicity (ISUT) will be held in Nagoya, Japan on April 10–12, 1997. The scientific program will include state-of-art lectures, free communications, and poster sessions on all aspects of uremia. Main topics include: uremic toxins, progression of renal failure, vitamin D and PTH, nutrition and metabolism, uremic complications, and removal patterns of therapeutic strategy (HD, CAPD, and others). For further information, please contact Toshimitsu Niwa, M.D., Nagoya University Branch Hospital, 1-1-20 Dalkominami, Higashi-ku, Nagoya 461 Japan. Telephone: +81-52-719-1874; fax: +81-52-722-0973; e-mail: tniwa@med.nagoya-u.ac.jp. Internet Home Page URL Address: http://www.med.nagoya-u.ac.jp/~tniwa/index.html.
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Journal of the American Society of Nephrology
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The Official American Society of Nephrology Board Review Course...

...will take place August 24-30, 1996 in San Francisco.

The American Society of Nephrology (ASN) Board Review Course will be a week-long, in-depth review of nephrology and hypertension featuring nationally renowned teachers. The course is designed as an intensive preparation for the Nephrology Board Examination to be held in November 1996 and will also serve as an outstanding review for anyone in need of a timely update. The course will feature a variety of formats including lectures, interactive workshops, computer-assisted programs and small-group, question-and-answer sessions. It will prepare participants for the upcoming board examination by blending relevant physiology and pathophysiology with clinical discussions.

The site for this user-friendly course will be the Palace Hotel. Registration is as follows: ASN members - $735; ASN associate members - $660; nonmembers - $840; nonmember fellows - $700. “Early bird” reduced rates are also available until April 15, 1996. To make your reservation or obtain an information brochure, call ASN national headquarters at 202/857-1190. If you need to get in shape for the fall exam, leave your gym card at home and join us in San Francisco.
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Join another nephrologist in this quaint New York State community surrounded by lakes yet only a short distance from one of the State's major cities. Mountains, dramatic vistas overlooking the valley make this an ideal setting for a growing nephrology practice. A new dialysis unit is opening shortly, a recently built office on the hospital campus and a kidney transplant center 35 miles away, further contribute to the practice's attractiveness. Join our client as he builds his team and adds to his already impressive reputation. Wanda Parker, E. G. Todd Physician Search, One Byram Brook Place, Armonk, NY 10504, 914-273-5666, fax: 914-273-5895.

Nephrology

Research Assistant Professor: The Department of Medicine at the University of Maryland School of Medicine is seeking a Ph.D. trained in molecular biology for studies of growth regulation in the nephron for a full-time, non-tenure track position at the Research Assistant Professor level on/between July-December 1996. Skills in gene transfer, RNASE protection assays and in-situ hybridization desirable. Applicants should submit CV and names of at least 3-4 references to Matthew R. Weir, Nephrology Division, University of Maryland Medical Center, 22 S. Greene Street, Baltimore, MD 21201. UMAB encourages women and minorities to apply and is an AA/EEO/ADA Employer.

Nephrology, Assistant Professor - BC/BE

Candidates should be experienced in all areas of clinical nephrology and committed to teaching fellows, residents and students. Will be expected to contribute to clinical research program. Send CV to: Christine Bastl, M.D., Chief, Nephrology Section, Department of Medicine, Temple University School of Medicine, 3401 N. Broad Street, Philadelphia, PA 19140. Temple University School of Medicine is an Affirmative Action/Equal Opportunity Employer and strongly encourages applications from women and minorities.

Academic Nephrologist

The Department of Medicine at the University of Maryland School of Medicine is seeking a BC/BE nephrologist for a full-time non-tenure track position at the Assistant/Associate Professor level on/between January-July 1997. Interested candidates will be expected to develop a focused clinical research program and must possess excellent teaching and clinical skills. Applicants should submit CV and names of at least 3-4 references to Matthew R. Weir, M.D., Nephrology Division, University of Maryland Medical Center, 22 South Greene Street, Baltimore, MD 21201. UMAB encourages women and minorities to apply and is an AA/EEO/ADA Employer.

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Assistant/Associate Professor Academic Nephrologist

Board certified/board eligible to join the Division of Nephrology, Department of Medicine, University of Texas Medical Branch (UTMB) at Galveston, Galveston, Texas. Duties will include clinical research, teaching and patient care. Interested candidates send CV to: Robert L. Safirstein, M.D., Director, Division of Nephrology, 4.200 John Sealy, 301 University Blvd., Galveston, TX U.S.A. 77555-0562, Phone (409) 772-1811, FAX (409) 772-5451. UTMB is an EO/AA employer m/f/d/v. UTMB hires only individuals authorized to work in the United States.
Join the ASN in New Orleans in 1996.

The American Society of Nephrology’s 29th Annual Scientific Meeting and Exposition will be held November 3-6, 1996, at the Convention Center in New Orleans, Louisiana.

ASN members will automatically receive the Call for Abstracts and Preliminary Program. Nonmembers can receive meeting information by contacting the ASN Office at 1200 19th Street, N.W., Suite 300, Washington, DC 20036, Phone: 202/857-1190; Fax: 202/223-4579.

We look forward to seeing you there!

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Brief Summary of Preclinical and Clinical Experience as of July 1995

**CARDIZEM** CD (diltiazem HCl)

**Capsules**

**CONTRAINdications**  
CARDIZEM CD is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker; (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker; (3) patients with hypotension (less than 90 mm Hg systolic); (4) patients with heart failure or marked hypotension; and (5) patients with acute myocardial infarction and pulmonary congestion, not documented by x-ray on admission.

**WARNINGS**

1. Cardiac Conduction: CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may result in abnormal slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block; therefore, caution should be used in patients with beta-blockers or digitalis when initiating or changing dose of diltiazem. CARDIZEM administered with beta-blockers or digitalis may result in significant effects on cardiac conduct system. A patient with pacemaker's activity monitored by telemetric method should be instructed to report any changes in heart rate or blood pressure. The effects of beta-blockers with concomitantly administered diltiazem to maintain optimum therapeutic blood levels.

2. Coexistent Heart Failure: Although diltiazem has a negative inotropic effect in nonclinical studies with agents. Cardiovascular studies in humans with normal ventricular function have not shown a decrease in cardiac index or consistent negative effect on left ventricular ejection fraction (LVEF) with diltiazem. An acute study of oral diltiazem in patients with impaired ventricular function (systolic fraction 20% to 30%) showed improvement in indices of ventricular function without significant decrease in contractile function (dp/dt). Worsening of congestive heart failure has been reported in patients with preexisting impairment of ventricular function. Experience with the use of CARIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be used in such patients.

3. Hypotension: Decreases in blood pressure associated with CARDIZEM therapy are usually well tolerated. However, patients with a history of hypotension should be advised to report any symptoms of hypotension.

4. Acute Hepatic Injury: Mild elevations of transaminases with and without concomitant elevation in alkaline phosphatase and bilirubin have been observed in clinical studies. Such elevations usually return to normal levels and have been resolved even with continued diltiazem treatment. In rare instances, significant elevations of transaminases, alkaline phosphatase, bilirubin, SGOT, SGPT, and other phenomena consistent with acute hepatocellular necrosis have been reported. These reactions tend to occur early after therapy initiation (1 to 6 weeks) and have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in some cases, but probable in some. (See PRECAUTIONS.)

**PRECAUTIONS**

1. General: CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and bile. As with any drug, given over prolonged periods, laboratory parameters of renal and hepatic function should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem resulted in hepatic and renal toxicity. In dogs, in vivo, and in vitro in mannitol cell assays or in vitro in bacteria. No evidence of impaired fertility was observed in studies performed in male and female rats at oral dosages levels of up to 30 mg/kg/day. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis in diltiazem. (See WARNINGS.)

2. Dermatological: (See ADVERSE REACTIONS section) may be transient and may disappear despite continued use of CARDIZEM. However, prolonged use or therapeutic regimens to systemic monotherapy and/or antihypertensive drugs have also been infrequently reported. Should a dermatological reaction persist, the drug should be discontinued.

3. Drug Interactions: Due to the potential for additive effects, caution and careful titration are warranted in using CARDIZEM concomitantly with other agents known to affect cardiac contractility and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digoxin in combination with diltiazem. (See WARNINGS.)

As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM undergoes biotransformation by cytochrome P-450 mixed function oxidase. Coadministration of CARDIZEM with other agents which follow the same route of biotransformation may result in the competitive inhibition of metabolites. Concomitantly administered drugs, particularly those of low therapeutic ratio, may require adjustment when starting or stopping concomitantly administered diltiazem to maintain optimum therapeutic blood levels.

Beta-blockers: Controlled and uncontrolled clinical studies that suggest concomitant therapy with beta-blockers is usually well tolerated, but available data are not sufficient to predict the effects of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities.

Beta-blockers: In clinical trials of CARDIZEM, patients with beta-blockers and digitalis showed increased mean heart rate, whereas other patients with beta-blockers and digoxin showed a decrease in mean heart rate.

3. **Gastrointestinal:**

   - **Diarrhea:** 5.4%  
   - **Dyschezia:** 3.0%  
   - **Bradyarrhythmias:** 3.5%  
   - **AV Block First Degree:** 3.0%  
   - **Arrhythmia:** 2.8%  
   - **ECG Abnormality:** 2.5%  
   - **Amenorrhea:** 1.6%  
   - **Contraceptive Failure:** 1.7%  

In clinical trials of CARDIZEM capsules, tablets, and CARDIZEM SR capsules involving over 2000 patients, the most common events (i.e., greater than 1%) were edema (4.9%), headache (4.1%), dizziness (3.2%), asthenia (2.9%), first-degree AV block (2.4%), bradycardia (1.7%), flushing (1.4%), nausea (1.4%), and rash (1.2%).

In addition, the following events were reported infrequently (less than 1%): carotenuria, photophobia, diplopia, blurred vision, abdominal pain, functional constipation, dyspepsia, epigastralgia, abdominal cramps, insulinoma, melasma, periorbital edema, hemolysis, urticaria, pruritus, angioedema, dermatitis, skin necrosis, renal failure, jaundice, and nephro-urotic syndrome (see WARNINGS).

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: allergic reactions, alopecia, angioedema (including facial or periorbital edema), asystole, atrial multifascicular block, Stevens-Johnson syndrome, toxic epidermal necrolysis, exfoliative dermatitis, extrapyramidal symptoms, gingivitis, glossitis, hemolytic anemia, increased bleeding time, leukopenia, purpura, retinopathy, and thrombocytopenia. In addition, events such as myocardi- tis have been observed which are not readily distinguishable from the natural history of the disease in these patients. A number of well-documented cases of generalized rash, some characterized as maculopapular vesiculiform, have been reported. However, a de- finitive causal relationship between these events and CARDIZEM therapy is yet to be established.

Prescribing Information as of July 1995

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† In clinical trials with Cardizem CD.
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