Since board certification exams are given annually, the ASN will now offer its board review each year. The enormously successful 1996 course program has been expanded for 1997 to include an update for more senior nephrologists.

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1997 Young Investigator Award

The purpose of this annual award is to recognize young investigators for excellence in nephrological research. The awardee will be judged primarily on the significance and originality of his or her published work. The candidate will have provided evidence of creativity and productivity for several years beyond the fellowship level, and must be less than 41 years of age on the first day of the 1997 Annual Meeting of the American Society of Nephrology.

The award will consist of a certificate of recognition, an unrestricted grant of $5,000 to the laboratory of the awardee, and paid travel expenses to the meeting.

**How to Apply:**

- Candidates must be proposed and seconded, in one letter, by two members of the American Society of Nephrology, or by one member of the American Society of Nephrology and one member of the Council on the Kidney of the American Heart Association. All pertinent materials must be received by March 3, 1997.

- The letter of nomination, not exceeding two pages, should emphasize the originality and significance of the scientific accomplishments of the candidate, and identify and highlight the three or four most important publications of the candidate.

- No more than four additional letters of support should accompany the letter of nomination, and should be from individuals well familiar with the candidate's work. At the most, only two of these supporting letters should be from a candidate's own institution, and ideally should be from individuals who can give a national perspective on the work being acclaimed in the letter of nomination.

- A complete curriculum vitae with a bibliography of the candidate should be submitted with the letter of nomination.

- Candidates who are not successful should submit a new application for each year they wish to be considered, providing they still meet the age criterion.

- Nine copies of the curriculum vitae, letter of nomination, and supporting letters should be sent in one packet, no later than March 3, 1997, to the American Society of Nephrology, Attention: Young Investigator Award Committee, 1200 19th Street, N.W., Suite 300, Washington, D.C. 20036.

**Young Investigator Awardees • 1985-1996**

1996 - Laurence Turka  
1995 - Robert A. Star  
1994 - Richard J. Johnson  
1993 - Alan S. Verkman  
1992 - Stephen L. Gluck  
1991 - Stephen T. Reeders  
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1988 - Martin G. Cogan  
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Laboratory Tests: Renal and liver functions should be assessed repeatedly by measurement of BUN, serum creatinine, serum bilirubin, and liver enzymes.

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

Drugs That May Potentially Defeat Renal Function

Antibiotics
- Neomycin

Carotid Artery Agents
- Acetylsalicylic acid

Diuretics
- Triamterene

Antihypertensives
- Atenolol

Other Drugs
- Angiotensin-converting enzyme (ACE) inhibitors

Cautionary note: oral cyclosporine should be taken with food.

Drugs That Alter Cyclosporine Levels: Cyclosporine is extensively metabolized. Cyclosporine concentrations may be influenced by drugs that affect intestinal motility, cytochrome P-450 III-B. Inhibition of this enzyme could decrease the bioavailability of cyclosporine. Patients should be monitored for drug interactions. Substances that are inducers of cytochrome P-450 activity could increase metabolism and decrease cyclosporine concentrations. Monitoring of cyclosporine levels and appropriate dosage adjustment are essential when these drugs are concomitantly used.

Drugs That Increase Cyclosporine Concentrations

Calcium Channel Blockers
- Nifedipine

Glucocorticoids
- Prednisone

Other Drugs
- Metoclopramide

Rifabutin is known to increase the metabolism of other drugs metabolized by the cytochrome P-450 system. The interaction between rifabutin 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 cyclosporine. A decrease in the serum clearance of digoxin has been reported after cyclosporine administration. These findings are similar to those reported during concomitant cyclosporine and zidovudine therapy and could be due to a drug interaction involving high dose methylprednisolone. Further information on drugs that have been reported to interact with cyclosporine is available from Sandimmune Circulars or the Drug Information Center.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Cyclosporine gave no evidence of mutagenic activity in in vitro tests after doses up to 10 µg/ml. In in vivo tests, cyclosporine did not induce tumors in any of the tests performed. There was no evidence of genotoxicity in the following in vitro tests: bacterial mutagenicity, chromosomal aberration test in Chinese hamster ovary cells, and the mouse micronucleus test. In vivo, a slight increase in the incidence of lymphomas in mice was noted. No increase in the incidence of mammary gland tumors was observed in mice. No evidence of mutagenicity in bacteria, plant, or mammalian cells has been found. Cyclosporine was shown to be non-mutagenic in the Ames test, the in vitro chromosomal aberration test in Chinese hamster cells, the bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A negative study analyzing tiseterone-carcinogenesis is not available.

No impairment in fertility was demonstrated in studies in male and female rats. Cyclosporine has not been found to be mutagenic/genotoxic in the Ames test, the V79-HGPRT test, the two-broth test in mice and Chinese hamster ovary cells, the chromosomal aberration test in Chinese hamster ovary, the bone-marrow, the mouse dominant lethal assay, and the DNA-repair test in sperm from treated mice. A negative study analyzing tiseterone-carcinogenesis is not available.

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