National Kidney Foundation Sixth Annual Spring Clinical Nephrology Meeting—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: PMPMeet ing@aol.com.

Sixth International Course on Peritoneal Dialysis
The Sixth International Course on Peritoneal Dialysis will be held in Vicenza, Italy, from May 20–22, 1997. A scientific exhibition will be organized at the congress site, and the Third Peritoneal Dialysis Vicenza Award will be awarded during the course. For further information, contact Dr. M. Feriani, Secretariat of the Sixth International Course on Peritoneal Dialysis, Department of Nephrology, St. Bortolo Hospital, 36100 Vicenza, Italy.

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. The deadline for submission of abstracts was January 31, 1997. For further information, contact R. Cunningham, Ph.D., The Ernest Witebsky 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@ubmedb.buffalo.edu.

15th Annual Meeting of the International Society of Blood Purification (ISBP)
The 15th Annual Meeting of the International Society of Blood Purification (ISBP) will be held September 11–13, 1997, in Florence, Italy. Topics will include symposia on the myocardium in chronic renal failure, the present status of peritoneal dialysis, and novelities from erythropoietin developments. Free oral/poster communication presentations will be offered on clinical, technical, immunological and metabolic aspects pertaining to all types of blood purification methods. For further information, please contact Prof. Q. Maggiore, Nephrology Unit, S.M. Annunziata Hospital, 50011, Florence, Italy. Fax: +39 55 6449223; e-mail: q.maggiore@trident.nettuno.it.

24th Congress of the European Society For Artificial Organs
The 24th Congress of the European Society For Artificial Organs will be held October 16–18, 1997, in Budapest, Hungary. Main topics will include the pathophysiology of clinical applications of artificial organs, improvement in material properties as a prerequisite for the development of artificial organs, and the importance of auxiliary treatment in artificial organ therapy. For further scientific information, please contact Judit Walter, MD, PhD, President of ESAO 97, Selyemerdő u. 1., 6300 Kalocsa, Hungary. Telephone: +36/78/462-782; fax +36/78/465-077. For general information by computer, e-mail: Novis@elender.hu; http://www.elender.hu/~novis/esao.

1st International Congress on Immuno intervention in Nephrology
The 1st International Congress on Immunointervention in Nephrology, organized by the Department of Nephrology, Ospedale S. Michele, Cagliari, Italy (P. Altieri, M.D.), and the Division of Nephrology, Ospedale Maggiore IRCCS, Milan, Italy (C. Ponticelli, M.D.), will be held April 30–May 2, 1988, in Cagliari, Sardinia, Italy. The meeting will deal with new therapeutic strategies in kidney transplantation and with clinical and therapeutic aspects of lupus nephritis. Tuition is 250 US$. The deadline for abstract presentation is January 15, 1998. For information contact: Paolo Altieri, M.D., Dipartimento di Nefrologia e Dialisi, Ospedale S. Michele, Via Peretti, 09134 Cagliari (Italy). Telephone and fax: ++39-70-542872 or ++39-70-539491.

XVII World Congress of The Transplantation Society
The XVII World Congress of The Transplantation Society will be held July 12–17, 1998, in Montral, Canada. The deadline for abstract submission is January 19, 1998. For further information, please contact Lucy Felicissimo & Associates, Inc., 12,449 rue Cousineau, Montral, Quebec, Canada H4K 1P9. Fax: 514-334-5200.
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Gainesville, Florida 32610

The *Journal of the American Society of Nephrology* will publish original manuscripts judged by peers to be of high quality and relevant to the broad field of nephrology. Nephrology is an alliance of scientists and physicians who seek to understand the functions of the kidneys and the means to improve the medical care of individuals with kidney disease. The strength and vitality of the discipline radiate, historically, from the dynamic interaction between the basic and the clinical sciences. The Journal strives to nurture this relationship by providing the means for communicating to nephrologists and others in related specialties critical information of broad significance in the field. Subjects appropriate for the Journal include, but are not restricted to:

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- pathophysiology of renal disease
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- hemodynamics, hypertension and vascular regulation
- dialysis
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- mineral metabolism and bone disease
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General Information

Original manuscripts are of two types: Regular Articles and Brief Communications. Regular Articles are traditional full length papers that address research questions with exhaustive experimental design and methodology. Brief Communications should contain not more than 2000 words (including abstract, figures, tables and references) describing important new observations in nephrology.

Reviews of basic and clinical topics of interest to the readership will be solicited by the editors.

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- Submit an original manuscript and three photocopies, typed double-spaced in letter-quality print on one side only of standard (8½ × 11 inch) white bond paper. Manuscripts should be organized as follows: title page, abstract, introduction, methods, results, discussion, acknowledgments, references, tables and figure legends.
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Patients should be advised to take Neoral® on a consistent schedule with regard to time of day and relative meals.

Laboratory Tests: Renal and liver function should be assessed by measurement of BUN, serum creatinine, serum bilirubin, and liver enzymes.

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

**Drugs That May Potentially Affect Renal Dysfunction**

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<tr>
<th>Antihypertensives</th>
<th>Antibiotics</th>
<th>Other Drugs</th>
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<tr>
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<td>Nitrate drugs</td>
<td>Nitroprusside</td>
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<td>Calcium channel blockers</td>
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**Drugs That Alter Cyclosporine Level**

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**Carcinogenesis, Mutagenesis, and Impairment of Fertility**

Cyclosporine has not given evidence of mutagenic or teratogenic activity in standard in vivo and in vitro tests. These observations include increased cardiac valve thickness and mitral valve prolapse, which is usually mild to moderate. Care must be exercised when Neoral® is used in pregnant women. No adequate and well-controlled studies in pregnant women have been conducted with Neoral®. There is the potential for fetal harm when Neoral® is used during pregnancy. These studies were not conducted in women who are pregnant, but the potential benefits outweigh the potential risks if these women require cyclosporine therapy. In animal studies, there was an increased incidence of malformations in the offspring. The results from the mid-1970s and early 1980s in women who were treated with cyclosporine during pregnancy have suggested a possible association with the development of congenital defects.

**Contraindications**

Neoral® is contraindicated in patients with a hypersensitivity to cyclosporine or to any of the ingredients of the formulation.

**Warnings**

- **Hepatotoxicity**: Neoral® may cause nesterogenicity and hepatotoxicity when used in high doses. It is not recommended for serum creatinine and BUN levels to elevated during cyclosporine therapy. These elevations in renal transplant patients do not necessarily indicate rejection, and should be fully evaluated before dosage adjustment is initiated.
- **Drug Interactions**: Neoral® is not recommended for patients with a history of cyclosporine-associated nephropathy. There is a significant risk of renal toxicity due to the use of cyclosporine in combination with other immunosuppressive drugs.

**Indications and Usage**

Neoral® is indicated for patients who are unable to maintain compliance with oral cyclosporine. Neoral® is not recommended for use in patients with a history of cyclosporine-associated nephropathy.

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*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

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Please see brief summary of prescribing information and boxed warning for Neoral on the adjacent page.