ANNOUNCEMENTS

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: runcunning@ubmedb.buffalo.edu.

Second Congress of BANTAO (Balkan Cities Association of Nephrology, Dialysis, Transplantation and Artificial Organs)
The Second Congress of BANTAO will be held September 6–8, 1997, in Struga, Republic of Macedonia. The Congress is sponsored by the European Society for Artificial Organs (ESAO), the International Faculty for Artificial Organs (INFA). The primary topics of the Congress will be epidemiology of renal diseases; acute renal failure (etiopathogenesis and treatment); renal replacement therapy; systemic disease and renal involvement; progress in nephrology (invited symposia); and drugs and the kidney. For further information, contact Prof. M. Polenakovic, Department of Nephrology, Clinical Centre, Medical Faculty, Vodnjanska 17, 91000 Skopje, R. Macedonia. Telephone: +389 91 112 179; fax: +389 91 614 486; e-mail: maknefpo@lotus.mpt.com.mk.

Second Congress of the Macedonia Society of Nephrology, Dialysis, Transplantation and Artificial Organs
The Second Congress of the Macedonian Society of Nephrology, Dialysis, Transplantation and Artificial Organs will be held September 8–10, 1997, in Struga, Republic of Macedonia. The Congress is sponsored by the European Society for Artificial Organs (ESAO), the International Society for Artificial Organs (INFA). The primary topics of the Congress will be: epidemiology of renal diseases in the Republic of Macedonia; acute renal failure (etiopathogenesis and treatment); dialysis; pregnancy and the kidney; urinary tract infections; primary and secondary glomerulonephropathies; hypertension; ultrasonographs in nephrology; and renal transplantation. For further information, contact Prof. M. Polenakovic, Department of Nephrology, Clinical Centre, Medical Faculty, Vodnjanska 17, 91000 Skopje, R. Macedonia. Telephone: +389 91 112 179; fax: +389 91 614 486; e-mail: maknefpo@lotus.mpt.com.mk.

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 novelties 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.

Renal Biopsy in Medical Diseases of the Kidney
Renal Biopsy in Medical Diseases of the Kidney will be held September 24–27, 1997, at the Columbia-Presbyterian Medical Center, New York, NY. The accredited sponsor for the course is the College of Physicians & Surgeons of Columbia University. Program directors Gerald B. Appel, M.D., Vivette D. D’Agati, M.D., Conrad L. Pirani, M.D., and Fred G. Silva, M.D. will be joined by guest lecturers Charles E. Alpers, M.D., Robert B. Colvin, M.D., William G. Couser, M.D., Agnes Fogo, M.D., Eli Friedman, M.D., Gloria Gallo M.D., Gary S. Hill, M.D., J. Charles Jennette, M.D., Marc A. Pohl, M.D., Helmut G. Rennke, M.D., Burton D. Rose, M.D., Fred G. Silva, M.D., and C. Craig Tisher, M.D. The intensive course is designed for pathologists, nephrologists, internists, and other physicians interested in both a systematic review and an update on advances in diagnostic problems in medical renal diseases. The course should be of special interest to physicians who are preparing for their specialty Board Examinations in Pathology and Clinical Nephrology. Clinicopathological correlations will be emphasized. The format includes lectures, question-and-answer sessions, and the study of case problems. An optional 4-hour renal pathology laboratory exercise is available on Saturday afternoon after the conclusion of the formal lectures. Tuition fees are $595 for physicians, and $395 for fellows and residents in training. These fees include the academic presentations and laboratory sessions, course syllabus, Kodachrome slides, electronmicrographs of “classic” renal lesions, daily continental breakfast, luncheon, and refreshments. The course qualifies for CME credits of 27.5 credit hours in Category 1, A.M.A.’s Physician’s Recognition Award. For further information, contact the Center for Continuing Education, College of Physicians & Surgeons of Columbia University, 630 West 168th Street, Unit 39, New York, NY 10032. Telephone: 212-781-5990; fax: 212-781-6047.

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, Selýemerdő 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 Immunointervention 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 Montréal, Canada. The deadline for abstract submission is January 19, 1998. For further information, please contact Lucy Felicissimo & Associates, Inc., 12,449 rue Cousineau, Montréal, Quebec, Canada H4K 1P9. Fax: 514-334-5200.
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No other diltiazem is therapeutically equivalent

Brief Summary of Prescribing Information as of December 1996A

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

**CONTRAINdications**
CARDIZEM 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 (13 of 3290 patients or 0.4%) who do not have a functioning ventricular pacemaker, (3) patients with hypotension (less than 90 mm Hg systolic), (4) patients who have demonstrated hypersensitivity to the drug, and (5) patients with acute myocardial infarction and pulmonary congestion 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 rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (13 of 3290 patients or 0.4%). Concomitant use of diltiazem with beta-blockers or digitalis may result in effects on cardiac conduction. A patient with PACONIC's syndrome who was on concomitant therapy with a beta-blocker and diltiazem developed a slow AV node escape rhythm. A patient with Prinzmetal's angina who was on diltiazem and digoxin had a single ventricular escape rhythm. Reports have suggested that concomitant use of diltiazem and beta-blockers may result in significant decreases in cardiac conduction time.

2. **Dilhiazem Toxicity**. Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac output or consistent negative effects on echocardiography (RR). An acute study of oral diltilazem in patients with impaired ventricular function (ejection fraction 24% ± 6%) showed improvement in left ventricular function when diltiazem was added but a significant decrease in contractility (dp/dT) at 2 and 4 h. Worsening of congestive heart failure has been reported in patients with pre-existing impairment of ventricular function. Experience with the use of CARDIZEM (diltiazem hydrochloride) in combination with beta-blockers in patients with impaired ventricular function is limited. Caution should be exercised in the use of these combinations.

3. **Hypotension**. Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic 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 were usually transient and infrequently resolved even with continued diltiazem therapy. Significant elevations in enzymes such as alkaline phosphatase, LDH, SGOT, and SGPT, and other phenomena concomitantly have not been reported. These reactions tend to occur early after initiation of therapy (1 to 2 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**

Diltiazem (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in 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, the animals were associated with hepatic damage. Some rat liver and kidney damage have been noted. These reactions tended to occur early after initiation of therapy (1 to 2 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.)

**Drug Interactions**
Diltilazem for additive effects, caution and careful titration are warranted in patients receiving CARDIZEM concomitantly with other agents known to affect cardiac conduction and/or conduction. (See WARNINGS.) Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction and/or AV nodal refractory period and possibly in prolonging the QT interval. (See WARNINGS.) As with all drugs, care should be exercised when treating patients with multiple medications. CARDIZEM is a substrate for cytochrome P-450. Some concomitant or other drugs which also follow the same route of biotransformation may result in the competition or interaction of metabolism. Especially in patients with renal and/or hepatic impairment, dosages of similarly metabolized 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 domestic studies suggest that concomitant use of CARDIZEM and beta-blockers is usually well tolerated, but available data are not sufficient to evaluate the use of concomitant treatment in patients with left ventricular dysfunction or cardiac conduction abnormalities. Administration of CARDIZEM (diltiazem hydrochloride) concomitantly with propranolol in five normal volunteers resulted in increased propranolol levels in all subjects and bioavailability of propranolol was increased approximately 50%. In vitro, propranolol appears to be displaced from its binding sites by diltilazem. If combination therapy is initiated or withdrawn in conjunction with propranolol, an adjustment in the propranolol dose may be warranted. (See WARNINGS.)

**Cholestasis**. A relatively healthy volunteer has shown a significant increase in peak diltilazem plasma levels (38%) and area-under-the-curve (33%) after a 1-week course of cerebrozole at 1200 mg per day and a single dose of diltilazem 180 mg. Rats blinded before 30 mg/kg of diltilazem produced small, nonsignificant differences. The effect may be mediated by cerebrozole's inhibition of hepatic cytochrome P-450, the enzyme system responsible for the first, irreversible elimination of diltilazem. Patients with cerebrozole concomitantly diltiazem therapy should be carefully monitored for a change in pharmacological effect when initiating or discontinuing these concomitantly. Administration of diltiazem may warrant a dosage adjustment. Cardiac Effects. Administration of diltiazem with digoxin in 24 healthy male subjects increased plasma digoxin concentrations approximately 10%. Another investigator found no increase in digoxin levels in 12 patients who concurrently received digoxin for a mean of 12 months. Since there are conflicting results regarding the effect of digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing concomitantly diltiazem. Leukopenia has been associated with diltiazem at isolated post (See WARNINGS.)

**Anesthetics**. The depression of cardiac contractility, conduction, and autonomic as well as the vasoconstrictor effects, associated with anesthetics may be potentiated by calcium channel blockers. When used concomitantly, anesthetics and calcium blockers should be titrated carefully.

**Drug Interactions**
A reduction in cytochrome P-450 activity between diltiazem and cyclosporine has been observed during studies involving renal and cardiac transplant patients. In renal and cardiac transplant recipients, a reduction of cyclosporine dose ranging from 15% to 40% was necessary to maintain cyclosporine trough levels to those seen prior to the administration of diltiazem. In those agents are to be administered concurrently, cyclosporine concentrations should be monitored, especially when diltiazem therapy is discontinued. The effect of cyclosporine on diltiazem plasma concentrations has not been evaluated.

**References**
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‡ FDA does not, at this time, consider other diltiazem to be therapeutically equivalent because bioequivalence has not been demonstrated through appropriate studies.

Please see brief summary of prescribing information on adjacent page.

FOR HYPERTENSION OR ANGINA

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

No other diltiazem is therapeutically equivalent

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