ANNOUNCEMENTS

Genes and Genetics in Hypertension
Genes and Genetics in Hypertension, an International Society of Nephrology-sponsored Forefronts in Nephrology symposium, will be held in Gross Doelln (near Berlin), Germany, on September 4–7, 1997. The aims of the meeting are to expand existing knowledge in the area of molecular genetics and hypertension, as well as forge cooperation between scientists in the United States, western Europe, and elsewhere with scientists in eastern Europe and Russia. Main topics include human genetics, animal genetics, somatic gene transfer in cardiovascular disease, strategies in complex genetic diseases, genetic field working, and the study of cardiovascular phenotypes in animals and humans. For further information, contact Friedrich C. Luft, Franz Volhard Clinic, Wiltberg Strasse 50, D-13122 Berlin, Germany. Telephone: 49-30-9417-2202; fax 49-30-9417-2206; e-mail: fluft@mdc-berlin.de; internet: http://www.fvk-berlin.de.

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: rcunning@ubmedb.buffalo.edu.

Second Congress of the Macedonian 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; and primary and secondary glomerulonephropathies; hypertension; ultrasounds in nephrology; and renal transplantation. For further information, contact Prof. M. Polenakovic, Department of Nephrology, Clinical Centre, Medical Faculty, Vodnanska 17, 91000 Skopje, R. Macedonia. Telephone: +389 91 112 179; fax: +389 91 614 486; e-mail: maknepfo@lotus.mpt.com.mk.

NIDDK Polycystic Kidney Disease (PKD) Workshop
The National Institute of Diabetes and Digestive and Kidney Diseases will hold a Polycystic Kidney Disease (PKD) Workshop at the National Institutes of Health in Bethesda, Maryland, September 10–11, 1997. For information, contact Ms. Andrea Gasper, CCC. Telephone: (301) 493-9674; fax: (301) 493-9674; e-mail: andreag@ccc76.com.

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, contact Prof. Q. Maggiore, Nephrology Unit, S.M. Annunziata Hospital, 50011, Florence, Italy. Fax: +39 55 6449223; e-mail: q.maggiore@trident.net.uno.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 session, 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, Selyemerdő u. l., 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.

Third European Peritoneal Dialysis Meeting
The Third European Peritoneal Dialysis Meeting will be held in Edinburgh, Scotland, on April 5–7, 1998. The meeting will focus on maintaining longevity in peritoneal dialysis. The scientific programme will include state-of-the-art lectures and symposia, free communications and poster sessions. There will also be a workshop on animal models in peritoneal dialysis and continuing medical education sessions. The second announcement, call for abstracts, and registration will be sent out in August. Dr. R. I. Winney is the local organizer and can be contacted at the Department of Renal Medicine, Edinburgh Royal Infirmary NHS Trust, Lauriston Place, Edinburgh EH3 9YW Scotland. Telephone: +44-131-536-2305/6; fax +44-131-536-1541; e-mail: R. I. Winney@ed.ac.uk. For further information, please contact Ms. Margaret Sherry, In-Conference Ltd, The Stables, 10B Broughton Street Lane, Edinburgh EH1 2LY Scotland. Telephone: +44-131-556-9245; fax +44-131-556-9638; e-mail: 100256.1750@compuserve.com.

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, 1998, 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, contact Lucy Felicissimo & Associates, Inc., 12,449 rue Cousineau, Montréal, Quebec, Canada H4K 1P9. Fax: 514-334-5200.
NEORAL® Soft Gelatin Capsules (cyclosporine capsules for microemulsion)

NEORAL® Oral Solution (cyclosporine oral solution for microemulsion)

Caution: Federal law prohibits dispensing without prescription

BRIEF SUMMARY: Please see package insert for full prescribing information.

WARNING: Only physicians experienced in immunosuppressive therapy and management of organ transplant patients should use NEORAL. Patients not started on the drug should be managed in facilities equipped and staffed with adequate laboratory and supportive medical resources. The physician who practices immunosuppressive therapy must be familiar with the information required for the follow-up of the patient.

NEORAL may be administered with other immunosuppressive agents. Increased susceptibility to infection and the possibility of development of lymphomas and other neoplasms may result from the degree of immunosuppression.

Indications for use:

- Prevention of acute rejection of liver and kidney allografts.
- Prevention of chronic rejection in liver allografts.
- Prevention of acute rejection in heart, lung, and multi-organ transplant recipients.
- Treatment of severe dermatologic disorders (psoriasis, severe chronic dermatitis, post-surgical wounds, severe chronic alopecia, vitiligo, lupus erythematosus, sarcoidosis).
- Treatment of severe primary hepatic cirrhosis.
- Treatment of severe chronic glomerulonephritis.
- Treatment of severe rheumatoid arthritis.
- Treatment of severe systemic lupus erythematosus.
- Treatment of severe ulcerative colitis and Crohn's disease.
- Treatment of severe actinic keratoses.
- Treatment of severe fibroses of connective tissue.
- Treatment of severe dermatitis herpetiformis.
- Treatment of severe keloids.

Contraindications:

- Hypersensitivity to cyclosporine.
- Renal or hepatic insufficiency.
- Hyperkalemia.
- Pregnancy.
- Lactation.

Precautions:

- Close monitoring of renal function is required.
- Close monitoring of blood pressure is required.
- Close monitoring of serum potassium levels is required.
- Close monitoring of serum creatinine levels is required.
- Close monitoring of serum bilirubin levels is required.
- Close monitoring of serum liver enzymes is required.
- Close monitoring of serum uric acid levels is required.
- Close monitoring of serum calcium levels is required.
- Close monitoring of serum magnesium levels is required.
- Close monitoring of serum phosphorus levels is required.
- Close monitoring of serum bicarbonate levels is required.
- Close monitoring of serum albumin levels is required.

Warnings:

- Patients should be advised to take Neoral on a consistent schedule with regard to time of day and relation to meals.
- Laboratory: Serum liver and renal function 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 Reduce Renal Dysfunction

- Antihypertensive Agents
  - Hydrochlorothiazide
  - Triamterene
- Anti-Inflammatory Drugs
  - Indomethacin

Monitoring:

- Careful 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 influenced by drugs that affect microsomal enzymes, particularly cyclosporine P-450 III A-3. Such agents lower plasma cyclosporine levels by 10-50%. Dose adjustments may be necessary.
- Substances that are inducers of cyclosporine P-450 activity could increase metabolites and decrease cyclosporine concentrations.

Monitoring of Neoral Dose Adjustment is essential when these drugs are used concomitantly.

Drugs That Increase Cyclosporine Concentrations

- Barbiturates
- Rifampicin
- Phenytoin

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Cyclosporine gave no evidence of mutagenic or clastogenic effects when tested in bacteria, but increased the frequency of sister chromatid exchanges in mice. In a 2-year study in female rats, an increase in mammary adenocarcinoma was noted. There are no adequate and well-controlled studies in pregnant women.

No information is available on the effects of cyclosporine in organ transplant recipients on reproduction capacity. In the rat, cyclosporine has been shown to cause dose-dependent increases in maternal mortality and in the incidence of resorptions and stillbirths. In the rabbit, it has been shown to cause increases in maternal mortality, abortions, stillbirths, and resorptions. In the hamster, no increases in malformations were noted.

Neoral is not known to increase the metabolism of other drugs metabolized by the cytochrome P-450 system. The interaction between rifampicin and cyclosporine has not been studied. Care should be exercised when Neoral is used with drugs that are administered during pregnancy.

Other Drug Interactions:

- Reduced clearance of prednisone, digoxin, and lovastatin has been observed when co-administered with cyclosporine. It is not certain whether this effect is related to an interaction at the level of the drug distribution phase. Average cyclosporine plasma concentrations were lower in the cyclosporine group in studies in which prednisone was added after metoprolol. However, this effect was not observed in studies in which digoxin was added after cyclosporine. In some cases, it may be necessary to adjust the dose of these drugs when their cyclosporine concentrations are increased.

- Patients should be aware that the plasma levels of digoxin, prednisone, and lovastatin may be increased when cyclosporine is added to these drugs.

- The use of high-dose calcium supplements in patients receiving cyclosporine should be avoided.

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INNOVATION
Through Microemulsion

- Neoral® demonstrates intrasubject variability of drug exposure (%CV) [measured by the area under the concentration-vs.-time curve] in renal transplant recipients of 9% to 21% compared to 19% to 26% for Sandimmune® (cyclosporine)

- 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

*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

NEORAL®
cyclosporine capsules and oral solution for microemulsion

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