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’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. 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, electromagneticographs 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, Selyemérdi u. 1, 6300 Kalocsa, Hungary. Telephone: +36/7462-782; fax +36/78465-077. For general information by computer, e-mail: Novis@elender.hu; http://www.elender.hu/~novis/esaos.

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. J. 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.

Medichal Education Conference in Nephrology
“Advanced Nephrology: Nephrology for the Consultant,” a continuing medical education conference, will be held January 29–31, 1998, at the La Jolla Marriott, La Jolla, California. The conference is sponsored by the Division of Nephrology, Department of Medicine, University of California, San Diego. The course is designated for 17 hours of AMA Category I accreditation. Registration fees are as follows: $425 for physicians in practice, $175 for residents/fellows. For more information, contact Shirley Kolkey, Course Coordinator, 1660 Hotel Circle North, #220, San Diego, CA 92108. Telephone: (619)299-6673; fax: (619)299-6675.

First International Course on Critical Care Nephrology, Vicenza, Italy
The “First International Course on Critical Care Nephrology” will be held May 20–23, 1998, in Vicenza, Italy. Experts in the field of intensive care medicine and nephrology will conduct the course, and the first Vicenza Critical Care Nephrology Award will be given to an eminent scientist in the field. For further information, contact Dr. Claudio Ronco, Department of Nephrology, St. Bortolo Hospital, via Rodolfi, 36100 Vicenza, Italy. Telephone: 39-(0)444-993652; fax: 39-(0)444-920693; e-mail: cronco@goldnet.it.

1st International Congress on Immunotherapy in Nephrology
The 1st International Congress on Immunotherapy 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 any 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.
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INDICATIONS

RECOMBIVAX HB is indicated for vaccination against infection caused by all known subtypes of hepatitis B virus. RECOMBIVAX HB Dialysis Formulation is indicated for vaccination of adult predialysis and dialysis patients against infection caused by all known subtypes of hepatitis B virus.

CONTRAINDICATIONS

Hypersensitivity to yeast or any component of the vaccine.

WARNINGS

Patients who develop symptoms suggestive of hypersensitivity after an injection should not receive further injections of the vaccine (see CONTRAINDICATIONS).

Because of the long incubation period for hepatitis B, it is possible for unrecognized infection to be present at the time the vaccine is given. The vaccine may not prevent hepatitis B in such patients.

PRECAUTIONS

General

As with any percutaneous vaccine, epinephrine should be available for immediate use should an anaphylactoid reaction occur.

Any serious local reaction is reason for delaying use of the vaccine except when in the opinion of the physician, withholding the vaccine entails a greater risk.

Caution and appropriate care should be exercised in administering the vaccine to individuals with severely compromised cardiopulmonary status or to others in whom a febrile or systemic reaction could pose a significant risk.

Pregnancy

Pregnancy Category C: Animal reproduction studies have not been conducted with the vaccine. It is also not known whether the vaccine can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. The vaccine should be given to a pregnant woman only if clearly needed.

Nursing Mothers

It is not known whether the vaccine is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when the vaccine is administered to a nursing woman.

Pediatric Use

RECOMBIVAX HB has been shown to be usually well-tolerated and highly immunogenic in infants and children of all ages. Newborns also respond well; maternally transferred antibodies do not interfere with the active immune response to the vaccine. See DOSAGE AND ADMINISTRATION in full Prescribing Information for recommended pediatric dosage and for recommended dosage for infants born to HBsAg positive mothers.

The safety and effectiveness of RECOMBIVAX HB Dialysis Formulation in children have not been established.

ADVERSE REACTIONS

RECOMBIVAX HB and RECOMBIVAX HB Dialysis Formulation are generally well-tolerated. No serious adverse reactions attributable to the vaccine have been reported during the course of clinical trials. No adverse experiences were reported during clinical trials which could be related to changes in the titers of antibodies to yeast. As with any vaccine, there is the possibility that broad use of the vaccine could reveal adverse reactions not observed in clinical trials.

In a group of studies, 1,636 doses of RECOMBIVAX HB were administered to 653 healthy infants and children (up to 10 years of age) who were monitored for 5 days after each dose. Injection site reactions (including erythema and swelling) and systematic complaints were reported following 8% and 17% of the injections, respectively. The most frequently reported systematic adverse reactions (>1% injections), in decreasing order of frequency were irritability, fever (>101°F oral equivalent), crying, diarrhea, vomiting, diminished appetite, and insomnia.

In a group of studies, 3,258 doses of RECOMBIVAX HB were administered to 1,252 healthy adults who were monitored for 5 days after each dose. Injection site and systemic complaints were reported following 17% and 15% of the injections, respectively.

The following adverse reactions were reported:

Incidence Less Than 1% of Injections

BODY AS A WHOLE

Sweating; achiness; sensation of warmth; lightheadedness; chills; and flushing

DIGESTIVE SYSTEM

Vomiting; abdominal pain; cramps; dyspepsia; and diminished appetite

RESPIRATORY SYSTEM

Rhinitis; influenza; and cough

NERVOUS SYSTEM

Vertigo; dizziness; and paresthesia

INTEGUMENTARY SYSTEM

Pruritus; rash (non-specific); angioedema; and urticaria

MUSCULOSKELETAL SYSTEM

Arthralgia including monoarticular; myalgia; back pain; neck pain; shoulder pain; and neck stiffness

HEMICLYMPHATIC SYSTEM

Lymphadenopathy

PSYCHIATRIC/BEHAVIORAL

Insomnia/disturbed sleep

SPECIAL SENSES

Earache

URGENITAL SYSTEM

Dysuria

CARDIOVASCULAR SYSTEM

Hypotension

Marketed Experience

The following additional adverse reactions have been reported with use of the marketed vaccine. In many instances, the relationship to the vaccine was unclear.

Hypersensitivity

Anaphylaxis and symptoms of immediate hypersensitivity reactions including rash, pruritus, urticaria, edema, angioedema, dyspnea, chest discomfort, bronchial spasm, palpitation, or symptoms consistent with a hypotensive episode have been reported within the first few hours after vaccination. An apparent hypersensitivity syndrome (serum-sickness-like) of delayed onset has been reported days to weeks after vaccination, including; arthralgia/arthritis (usually transient), fever, and dermatologic reactions such as urticaria, erythema multiforme, ecchymoses and erythema nodosum (see WARNINGS and PRECAUTIONS).

Digestive System

Elevation of liver enzymes; constipation.

Nervous System

Guillain-Barre Syndrome; multiple sclerosis; myelitis including transverse myelitis; peripheral neuropathy including Bell's Palsy; radiculopathy; herpes zoster; migraine; muscle weakness; hypotension.

Integumentary System

Stevens-Johnson Syndrome; petechiae.

Musculoskeletal System

Arthritis.

Hematologic

Increased erythrocyte sedimentation rate; thrombocytopenia.

Immune System

Lupus-like syndrome.

Psychiatric/Behavioral

Irritability; agitation; somnolence.

Special Senses

Optic neuritis; tinnitus; conjunctivitis; visual disturbances.

Cardiovascular System

Syncope, tachycardia.

The following adverse reaction has been reported with another Hepatitis B Vaccine (Recombinant) but not with RECOMBIVAX HB: keratitis.

LOCAL REACTION (INJECTION SITE)

Injection site reactions consisting principally of soreness, and including pain, tenderness, pruritus, erythema, ecchymosis, swelling, warmth, and nodule formation.

BODY AS A WHOLE

The most frequent systemic complaints include fatigue/weakness; headache; fever (≥101°F); and malaise.

DIGESTIVE SYSTEM

Nausea; and diarrhea

RESPIRATORY SYSTEM

Pharyngitis; and upper respiratory infection

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RECOMBIVAX HB is contraindicated in the presence of hypersensitivity to yeast or to any component of the vaccine. Patients who develop symptoms suggestive of hypersensitivity after an injection should not receive further injections of the vaccine. RECOMBIVAX HB Dialysis Formulation (40 mcg/mL) is intended only for adult predialysis/dialysis patients.

A booster dose or revaccination may be considered if the anti-HBs level is less than 10 mIU/mL 1–2 months after the third dose. Please read the Brief Summary of the Prescribing Information accompanying this advertisement.