ANNOUNCEMENTS

Strategies for Influencing Outcomes In Pre-ESRD and ESRD Patients
The American Society of Nephrology (ASN), National Institutes of Health, the National Kidney Foundation, and the Renal Physicians Association will present “Strategies for Influencing Outcomes in pre-ESRD and ESRD Patients,” June 12-14, 1998, at the Sheraton hotel in Washington, D.C. This conference is a first in the history of these organizations, and a follow-up to the landmark 1989 Dallas meeting, which focused on high morbidity and mortality associated with suboptimal delivered dialysis dose and malnutrition. The objectives of this conference are to demonstrate the trends in practice that have occurred since the 1989 Dallas meeting, determine whether these trends have favorably affected outcomes, and determine areas for further improvement. Conference sessions will include “Global Trends in Outcome: 1989 to the Present—Morbidity and Mortality In Patients on Dialysis;” “Trends in the Quantity of Dialysis, Solute Removal, Time and Membrane: Impact on Outcomes (HD and PD);” “Trends, Interventions, and Outcomes in Nutrition;” “Trends in Anemia Control, Practices, and Outcomes;” “Pre-ESRD Care, Risk Factors and Initiation of Renal Replacement Therapy;” and “Quality Improvement.” To register, contact Charlene Murphy. Telephone: (214) 358-2300; fax: (214) 358-0486; e-mail: murphyc@dneph.com. Registration is $225.

16th Annual Meeting of the International Society of Blood Purification
The 16th Annual Meeting of the International Society of Blood Purification (ISBP) will be held October 4–6, 1998, in Newport, Rhode Island. Sir Roy Calne will deliver the annual award lecture. Planned symposia include: new directions in pre-ESRD therapies; current thinking about diabetes in renal failure; and the influence of a changing health care infrastructure on the management of kidney failure patients. There will also be free communications and poster presentations. For more information, visit our website at http://www.ISBP.org or contact Michael J. Lysaght, P.O. Box 2480, Providence, RI 02906; Telephone: (401) 863-7512; fax: (401) 863-1753; e-mail: ISBP98@Brown.edu.

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 more 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.

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 abstracts is January 19, 1998. For information, contact Lucy Felicissimo & Associates, Inc., 12,449 rue Cousineau, Montréal, Quebec, Canada H4K 1P9. Fax: 514-334-5200.

CME Credit Available for Practicing Nephrologists
Credit hours in Category I of the Physician’s Recognition Award of the American Medical Association are available in a course scheduled for May 3 to 8, 1998, Copley Plaza Hotel, Boston, MA. The course, designed for the practicing nephrologist, will review pathophysiologic and clinical advances in the major areas of nephrology, including glomerular disease, fluid, and electrolyte disorders, hypertension dialysis, and renal transplantation. It is sponsored by the Department of Continuing Education, Harvard Medical School, and the Department of Medicine, Beth Israel Deaconess Medical Center. For more information, contact Professional Meeting Planners, 5 Central Square, Suite 201, Stoneham, MA 02180. Telephone; (781) 279-9887 or 800-378-6857; fax: (781) 279-9875; e-mail: PMPMeeting@aol.com.

Second Meeting of the International Society for Apheresis (ISFA)
The second meeting of the International Society for Apheresis (ISFA) will be held April 15 to 18, 1999, in Saarbrücken, Germany. The ISFA was founded in April 1996 in Kyoto, Japan. The program will include more than 15 main topics. Plenary sessions, symposia, workshops, and oral and poster sessions are planned. Main topics include clinical results, new aspects, immunomodulation in plasmapheresis, selective separation methods, and bioreactors. Costs and benefits of plasmapheresis will also be discussed. For more information, contact Dr. Rolf Bambauer, Congress President, Talstrasse 49, 66424 Homburg/Saar, Germany, Telephone: 06841/2081; fax: 06841/61183.

17th Annual Meeting of the North American Society for Dialysis and Transplantation
The 17th annual meeting of the North American Society for Dialysis and Transplantation will be held July 26–30, 1998, at the Ritz-Carlton, Kapalua, Maui, Hawaii. This program is designed to enhance the participant’s knowledge in nephrology, dialysis, and transplantation. For more information regarding registration and submission of abstracts, contact Wadi N. Suki or Laura Brazil, 6550 Fannin, Suite 1273, Houston, TX 77030. Telephone: (713) 790-3275; fax: (713) 790-5053.

Psychonephrology 1998, Eleventh International Conference on Psychonephrology
Psychonephrology 1998, the eleventh international conference on psychonephrology, will be held in New York City
October 9–11, 1998. This meeting will cover the psychosocial and ethical issues confronting patients with renal failure and offer information for the professional people caring for these individuals. Internationally recognized experts in this area will present in plenary sessions, concurrent large sessions, small group discussions, and a debate. The keynote speaker will be Dr. Eli A. Friedman. Sixteen and a half hours of AMA Category I CMA credit are offered. Continuing education credits will also be available for social workers and nurses. Tuition is $200. For more information, including submission of abstracts for Free Communication, contact Dr. Norman B. Levy, Coney Island Hospital, 2601 Ocean Parkway, Brooklyn, NY 11235. Fax: (718) 616-5314.

**FASEB Summer Research Conference on Renal Hemodynamics**

The “FASEB Summer Research Conference on Renal Hemodynamics: Integration of Endothelial, Epithelial, and Vascular Control Mechanisms” will be held from June 27 to July 2, 1998, at Saxtons River, VT. Chairing the event are John E. Hall, Barbara Ballermann, Joey P. Granger, Wilhelm Kriz, and A. Erik Persson. Thirty Category I CME credit hours are offered. For more information, write to: FASEB Summer Research Conferences, 9650 Rockville Pike, Bethesda, MD 20814-3998. FAX (301) 571-0650; e-mail: ahewitt@faseb.org.

**2nd Finlayson Colloquium on Urolithiasis: Calcium Oxalate Nephrolithiasis**

The second Finlayson Colloquium on Urolithiasis will be held January 29 to 31, 1999, at the University of Florida, Gainesville, FL. The program will consist of symposia followed by roundtable discussions and will include the following topics: Sites and Mechanisms of Crystal and Stone Formations; Crystal/Tissue Interactions; Modulators of Crystallization; Oxalate and Its Transport; Lithotripsy and Other Therapies. Presentations are by invitation only. For more information, contact Dr. Saeed R. Khan, Department of Pathology, Box 100275, College of Medicine, University of Florida, Gainesville, FL 32610-0275. Telephone: (352) 392-3473; fax: (352) 846-0155; e-mail: mirza.pathology@mail.health.ufl.edu.

**XVth International Congress of Nephrology and XIth Latin American Congress of Nephrology**

The International Society of Nephrology and Latin American Society of Nephrology and Hypertension are planning the XVth International Congress of Nephrology and XIth Latin American Congress of Nephrology, May 2 to 6, 1999, in Buenos Aires, Argentina. A continuous medical education (CME) course will be offered in English and Spanish. Some of the themes include: Molecular Biology for the Clinician; Metabolic Bone Disease; Management of Urinary Tract Infections; Water, Acid-Base, and Electrolyte Disorders; Management of Hypertension in Renal Patients; Vascular Access Complications; CAPD; Quality and Outcome of Dialysis; and Essential Hypertension. Topics for the main scientific program include: Hormones and the Kidney; Nonimmune Injury of the Kidney; and Renal Transplantation. Deadline for Abstracts is September 22, 1998. For young physicians and scientists who are submitting abstracts from developing countries, 120 ISN travel grants of $1000 (US) will be available. For more information, contact the Secretariat of the XV ICN, Ayacucho 937, 1º “G”, 1111 Buenos Aires, Argentina. Telephone: (+54 1) 812-1021; e-mail: bayfem@ibm.net.
NEPHROLOGIST
Growing multi-specialty group seeks to add second Nephrologist. Group currently includes two-internists, a nephrologist, two pulmonologists, gastroenterologist and endocrinologist. Practice includes hemodialysis, CAPD, CAVHD and transplant follow-up, and covers 3 hospitals and two hemodialysis units. Some internal medicine is expected. Location is 90 miles north of NYC in beautiful Catskill/Hudson Valley Region close to ski resorts and other recreational activities. Excellent Financial Package leading to full partnership. Reply to: JASN Box #1-12, 351 W. Camden Street-5N, Baltimore, MD 21201-2436.

http://dnes.simplenet.com
http://webmed.org/nephrology.html
http://webmed.org/webnephron.html

How to Prepare For and Pass the Nephrology Board Examination.

NEPHROLOGY-PORTLAND OREGON
Northwest Permanente, P.C., a physician-managed, multispecialty group, has an excellent opportunity for a BC/BE Nephrologist in the Portland area. The Northwest Division has two nephrologists on staff providing quality care to nearly 420,000 members of Kaiser Permanente in Oregon and Washington. Ours is a collegial and stimulating practice and has a predictable schedule allowing time to pursue personal and family interests. In addition to a quality lifestyle inherent to the Pacific Northwest, we offer a competitive salary and benefit package which includes professional liability coverage, a comprehensive pension program, sabbatical leave and more. For additional information please forward a brief CV with cover letter to: Marci K. Clark, Director of Professional Resources, NORTHWEST PERMANENTE, P.C., 500 NE Multnomah, Suite 100, Portland, OR 97232-2099. Phone 800-813-3763. EOE.
Nephrologist

Gundersen Lutheran is seeking a Board Certified/Board Eligible General Nephrologist. Gundersen Lutheran is a multi-specialty group practice with over 300 physicians. We are a modern, state of the art facility adjacent to a 402-bed hospital with Level II Trauma Center. In addition, the Gundersen system includes 36 regional community clinics based throughout western Wisconsin, eastern Minnesota and northeast Iowa.

La Crosse, Wisconsin nestled between towering bluffs is located where the Mississippi, La Crosse and Black Rivers merge. The area was untouched by the glaciers, leaving many hills and valleys as an outstanding scenic area. The metropolitan area of La Crosse, with its 100,000 people, offers exceptional year round opportunities for recreational activities.

Gundersen Clinic offers excellent working conditions and fringe benefits. Salaries are competitive. Interested candidates should send a letter of application and curriculum vitae to Frank Perez-Guerra, Manager, Recruitment, Retention and Resource Planning, Gundersen Lutheran, 1836 South Avenue, La Crosse, WI 54601; or call Frank Perez-Guerra at 1-800-362-9567.

Gundersen Lutheran is an Equal Opportunity Employer.

Nephrology in the Beautiful Ozarks

Enjoy the beautiful Ozarks of southwest Missouri, only 2 hours from Kansas City and 1 hour from Branson. This community offers one of the finest nephrology practice opportunities in the country. Join an existing practice of 2 dynamic physicians who have an extremely broad-based practice and make in the upper 80th percentile of all nephrologists nationwide. Extremely competitive net income guarantee to start, partnership after one year, and student loan repayment potential. Call Rob Betzold at 1-888-401-9713. This is not a J-1 Visa opportunity. An Equal Opportunity Employer.

Nephrology

The University of Florida seeks an Associate Professor & Chief/Professor & Chief for the Department of Medicine, Division of Nephrology, Hypertension and Transplantation. The Search Committee is seeking a nationally recognized leader who has a MD/MD & PhD and who is a BC/BE nephrologist with an established record of achievement in research and clinical medicine to foster the continued growth of a large program of funded research and clinical and teaching activities. Duties include direct clinical, teaching in Nephrology. Rank, salary and benefits will be based on qualifications. Recruiting deadline: May 01, 1998. Anticipated starting date: July 01, 1998.

Applicants should send a CV with a cover letter to:
C. Richard Conti, M.D.
Chairman of Nephrology
Search Committee
Department of Medicine
Division of Cardiology
Box 100277
University of Florida
Gainesville, FL 32610

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Web page: www.med staffer.com

IOWA-NEPHROLOGIST

BC/BE Nephrologist needed to join McFarland Clinic, P.C., in Ames, IA, by the summer/fall of 1998. McFarland Clinic is a physician owned and operated multi-specialty group practice in Central Iowa. Practice entails general and consultative nephrology, hypertension, acute/chronic hemodialysis, transplants, and CAPD. Excellent benefit package include partnership, health, dental, life, disability and malpractice insurance, a pension plan and 401-K profit sharing, excellent vacation and meeting time.

Send CV to:
Tracy Loschen, Search Consultant
102 East Main Street, Urbana, IL 61801
Fax: 217-383-8249 or call (800) 528-8286 ext. 8224

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Dakota Clinic, Ltd., a 170 physician owned multispecialty group based in Fargo, North Dakota, is seeking a full time BE/BC nephrologist to replace a retiring physician. Practice features a 16 unit dialysis center, 20-25 kidney transplants per year and some limited travel to outlying regional dialysis centers. Position includes a competitive salary, full-benefits and stockholder option after two years. This opportunity does not qualify for J-1 Visa holders.

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Dick Reis, Physician Recruitment Manager
Dakota Clinic, 1702 South University Drive
Fargo, ND 58103, Fax: 701-280-3229
or call toll free at 1-800-882-7310
E-mail address is: DREIS@DAKCL.COM

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Strategies for Influencing Outcomes in Pre-ESRD and ESRD Patients

June 12–14, 1998 • Sheraton Washington Hotel • Washington, D.C.

What have we learned since the 1989 Dallas Conference and what should we do now to improve morbidity and mortality?

Key Questions

• What changes in practice have occurred over the past nine years?
• Have the changes had a measurable effect on patient outcomes – morbidity, mortality, hospitalization, cost, quality of life...
• Can any conclusions be drawn as to why that trend has occurred?
• What questions remain and how will answers to these questions be expected to influence patient outcomes?
• Based on current knowledge, what should we do now to further improve patient outcomes?

Sessions

Global Trends in Outcome: 1989 to the Present Morbidity and Mortality in Patients on Dialysis
Trends in the Quantity of Dialysis, Solute Removal, Time and Membrane: Impact on Outcomes (HD and PD)
Trends, Interventions, and Outcomes in Nutrition
Trends in Cardiovascular Disease, Interventions, and Outcomes
Trends in Anemia Control, Practices, and Outcomes
Pre-ESRD Care, Risk Factors and Initiation of Renal Replacement Therapy
Quality Improvement

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Registration Information

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FAX: 214-358-0486
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E-mail: murphyc@dneph.com
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Neoral® (cyclosporine oral solution for microemulsion) is indicated in patients with transplant-related hypertension, including those requiring antihypertensive therapy, and in the prevention of rejection in solid organ transplantation.

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Cautions:

Neoral® Soft Gelatin Capsules are contraindicated in patients with a hypersensitivity to cyclosporine or any of the ingredients of the formulation.

Neoral® Capsules are not comparable to cyclosporine microemulsion (cyclosporine capsules). Neoral® Oral Solution is not comparable to cyclosporine microemulsion (cyclosporine oral solution for microemulsion).

INTERACTIONS:

Caution should be exercised when Neoral® is used with other nephrotoxic drugs, such as aminoglycosides, calcineurin inhibitors, cytotoxic agents, and antimetabolites.

Neoral® may increase plasma levels of carbamazepine, valproic acid, phenytoin, phenobarbital, and warfarin, and may decrease plasma levels of digoxin.

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Neoral® should be used with caution in patients who are taking drugs that inhibit CYP3A4, such as atorvastatin, itraconazole, and ritonavir.

Neoral® should be used with caution in patients who are taking drugs that induce CYP3A4, such as phenytoin, phenobarbital, and rifampicin.

Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as azole antifungal agents, protease inhibitors, and nucleoside reverse transcriptase inhibitors.

Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as calcium channel blockers, antihypertensive agents, and antiarrhythmic agents.

Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as antidiabetic agents, immunosuppressants, and bone marrow transplantation.

Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as anticoagulants, anticonvulsants, and immunosuppressants.

Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as antithyroid agents, antimuscarinic agents, and antihypertensive agents.

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Neoral® should be used with caution in patients who are taking drugs that interact with cyclosporine, such as antithyroid agents, antimuscarinic agents, and antihypertensive agents.
If You Write or Dispense Cyclosporine,
This Information Is Critical

You know that, in the management of organ transplant recipients, the margin for error is small. Cyclosporine has a narrow therapeutic range and, in each individual patient, dosages must be carefully adjusted and monitored to ensure that the risks of overexposure (toxicity) and underexposure (rejection) are minimized.1,2 Furthermore, the therapeutic range of cyclosporine remains narrow—there is a well-established link between low cyclosporine dosages and increased risk of rejection.3,5

Therapeutic range: ensuring efficacy while minimizing risk of toxicities.

![Therapeutic Range Diagram]

What you may not be aware of is that surveys of both retail and hospital pharmacists who specialize in the treatment of transplant recipients have clearly ranked cyclosporine among a select group of "critical drugs." Because the safety and efficacy of critical drugs require individual titration of drug exposure within a narrow range (Table), the pharmacists surveyed stated that they would be reluctant to substitute any of these drugs.6

Criteria Defining Critical Drugs

- A narrow therapeutic range
- Dosages individually titrated
- Limited or erratic absorption profiles
- Formulation-dependent bioavailability
- Drug monitoring required
- Dosage that must be calculated based on body weight or body surface area
- Used for a critical/life-sustaining condition

Any change of cyclosporine formulation should be made cautiously and under physician supervision because it may result in the need for a change in dosage for optimal performance. Physicians need to specify the intended brand, Neoral® or Sandimmune® (cyclosporine, USP), by name; pharmacists need to call the physician to verify intended brand for all prescriptions written "cyclosporine," "CsA," or "CyA." Because when it comes to the management of a critical drug, minor changes in exposure can have a critical impact.

Neoral and Sandimmune® are not bioequivalent and cannot be used interchangeably without physician supervision.

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References
6. Vasquez EM, Min DI. Poster presentation at the American Society of Health-System Pharmacists; December 7-11, 1997; Atlanta, Ga.

The principal adverse reactions of cyclosporine therapy in transplantation are renal dysfunction, tremor, hirsutism, hypertension, and gum hyperplasia. Please see brief summary of prescribing information on the adjacent page.

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