ANNOUNCEMENTS

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.

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.

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. Saied 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: mizra.pathology@mail.health.ufl.edu.

XVth International Congress of Nephrology and XIXth 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 XIXth 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, 1° “G”, 1111 Buenos Aires, Argentina. Telephone: (+54 1) 812-1021; e-mail: bayfem@ibm.net.

Renal Tubular Cells in Cultures: Tools for the Study of Tubulointerstitial Function in Health and Disease

Renal Tubular Cells in Cultures: Tools for the Study of Tubulo-Interstitial Function in Health and Disease will be held December 4–5, 1998, at the University of Antwerp, Belgium. The scientific meeting, for which the audience will be limited to 150 people, will be held under the auspices of the International Society of Nephrology. Keynote lectures from established researchers will cover diverse aspects of human renal tubular epithelial cell/fibroblast culture, with emphasis on current methodologic aspects in primary cell culture, usefulness of permanent cell lines/nonhuman primaries, new research techniques in cell culture (oligodeoxyribonucleotides, perfusion cultures, genetically modified cells), and recent (patho-) physiologic insights in tubulointerstitial inflammation and fibrosis obtained in in vitro experimental set-ups. Presented items and abstracts will be published in a special edition of the Journal of Experimental Nephrology/Journal of Renal Cell Biology. Deadline for abstracts is August 31, 1998. For information and attendance applications, contact Prof. M. E. De Broe, University Hospital Antwerp, Department of Nephrology, Wilrijkstraat 10, B-2650 Edegem/Antwerp, Belgium.

2 Technology Update: Hemodialysis, S. Schwab; J. Bosch; R. Ward (2 Tapes)

3 Literature Update: Hypertension, N. Kaplan; S. Textor; R. Toto (2 Tapes)

4 IGA Nephropathy and Henoch Schöenlein Purpura: An Update, W. Couwer; R. Falk; J. Grande; R. Hogg (2 Tapes)

5 Cancer Related Acute Renal Failure, K. Badr; C. Flombaum; J. Lindberg; R. Rieselho; R. Zager (2 Tapes)

6 John P. Peters Award, R. Schrier; Introduced by T. Berl / Symposium: Living Unrelated Donor Transplantation - Progress and Potential, R. Luke; R. Wiggins; P. Terasaki; J. Childress; J. Curtis (2 Tapes)

7 Hemodialysis Catheters: Hate Living with Them; Can't Live without Them, G. Beathard; T. Depner; C. Kirkland; S. Trerotola (2 Tapes)

8 The Role of the Renal Transplant Biopsy in Clinical Management, R. Colvin; P. Randhawa; R. Sibley; K. Slez; Williams (2 Tapes)

9 Pregnancy and the Kidney: An Update, P. August; S. Hou; P. Jungers; M. Lindheiner (2 Tapes)

10 Gastrointestinal Disorders: Associated Fluid-Electrolyte and Acid Base Derangements, D. Baille; F. Dumler; J. Herrin (2 Tapes)

11 Calcium Channel Blockers: Their Role in Cardiovascular and Renal Medicine, R. Gifford; G. Bakris; J. Cohn; D. Siscovick (2 Tapes)

12 HIV Nephropathy: Aspects of Management, P. Kolman; G. Appel; G. Burns; M. Kolman; T. Rao; J. Winston (2 Tapes)

13 Technology Update: Peritoneal Dialysis, K. Nolph; P. Blake; J. Burkart; T. Golper; C. Thompson (2 Tapes)

14 Acid-Base Disorders & Hypernatremia: "Where Molecular Biology Meets Clinical Medicine", M. Halperin; S. Gluck; O. Moe (2 Tapes)

15 Young Investigator Award and Address: The Role of Protein and Personal Interactions in the Growth of an Investigator, B. Margolis; Introduced by R. Wiggins / Homer W. Smith Award and Address: A Journey from Basic Science to Bartter's Syndrome, S. Hebert; Introduced by T. Andreoli (1 Tape)

16 Improving Hemodialysis: The Financial Impact, W. Owen; A. Besarab; C. Charytan; J. Roberts; J. Wish (2 Tapes)

17 Organ Transplantation: Complications Seen in the Intensive Care Unit, W. Bennett; A. de Mattos; T. Gonwa; A. Olyaei; S. Tomlakovich (2 Tapes)

18 Literature Update: Kidney Stones, F. Coe; J. Asplin; S. Bartosh; J. Lindberg; S. Scheinman (2 Tapes)

19 Basic Science for Clinical Nephrologists: Fibrogenesis - The Biology and Pathogenesis of Glomerular and Interstitial Fibrosis, E. Neilson; W. Border; N. Noble; F. Ziyadeh (2 Tapes)

20 The Nephrology Quiz, R. Glassock; W. Henrich; R. Narins; B. Rose (2 Tapes)

21 The Disruptive Dialysis Patient: Management Strategies, J. Lazuras; J. Bower; J. Ojeda; C. Price (2 Tapes)

22 Management of Advancing Non-Diabetic Renal Failure, R. Schrier; J. Breyer; A. Chapman, B. Mitch (2 Tapes)

23 The Renal Biopsy: Interpretation and Clinical Application, A. Fogo; C. Alpers; A. Cohen; V. D'Agati; J. Jennette; S. Korbet; H. Renneke (2 Tapes)

24 State-of-the-Art Lecture: Hepatitis C Virus and the Nephrologist, W. Suki; B. Pereira (1 Tape)
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Pediatric Nephrologist

The Children’s Medical Center (CMC) is currently recruiting for a part-time pediatric nephrologist for our nephrology department. CMC is a 155-bed referral center that draws patients from a twenty county area that includes southwestern Ohio, eastern Indiana and northern Kentucky. The department of pediatrics at Wright State University School of Medicine is based at CMC. There are residents in pediatrics, medicine/pediatrics, general surgery, orthopedics and others in training at CMC. Within this academic setting, all medical specialties are represented.

The successful candidate will be a member of The Children’s Care Group, a multi-specialty, for profit subsidiary of The Children’s Medical Center, and will be offered an attractive benefits and salary package. The candidate we seek will be board certified in pediatric nephrology and licensed/licensed to practice in the state of Ohio.

The department of nephrology has developed a comprehensive program with full renal replacement capabilities, and supports a busy intensive care unit and presents an excellent opportunity for a part-time physician. Please send a letter of interest and CV to:

Kathleen L. Kyer
Physician Recruitment
The Children’s Medical Center
One Children’s Plaza
Dayton, Ohio 45404-1518
Phone: 937-462-5307
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Contact:
George Kaysen, M.D., Ph.D.
Clinical Director Search
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Do not take with food. All of the information in this topic applies to both NEORAL® Soft Gelatin Capsules and NEORAL® Oral Solution. In addition, concurrent non-steroidal anti-inflammatory drugs, particularly in the setting of dehydration, may potentially retard transplant healing.

Drugs that may potentiate renal dysfunction include antibiotics (gentamicin, tobramycin, vancomycin, trimethoprim with sulphamethoxazole), antithrombocytopenics, antineoplastics (methotrexate, high-dose corticosteroids), anti-inflammatory drugs (indomethacin, ibuprofen, naproxen, ketorolac), oral anticoagulants (warfarin), non-steroidal anti-inflammatory drugs (e.g. ibuprofen, naproxen, indomethacin), and antihistamines (cetirizine).

 Patients should be advised that during treatment with cyclosporine, vaccination may be less effective and the use of live attenuated vaccines should be avoided. Patients should be given careful dosage instructions. NEORAL® Oral Solution (cyclosporine oral solution for microemulsion) should be given either 30 minutes before or 2 hours after food. NEORAL® Soft Gelatin Capsules (cyclosporine microemulsion) may be taken at any time of day and food does not affect absorption. The combination of cyclosporine microemulsion with medications that are insoluble in water or have a significantly reduced solubility in water may reduce bioavailability. In addition, concurrent non-steroidal anti-inflammatory drugs, particularly in the setting of dehydration, may potentially retard transplant healing.

Recent studies have shown that cyclosporine microemulsion therapy improves the long-term outcome of renal transplant patients. The clinical benefit of cyclosporine microemulsion therapy may be accounted for by increased bioavailability of cyclosporine, which is associated with improved immunosuppression and reduced nephrotoxicity.

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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. Furthermore, the therapeutic range of cyclosporine remains narrow—there is a well-established link between low cyclosporine dosages and increased risk of rejection.

Therapeutic range: ensuring efficacy while minimizing risk of toxicities.

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.

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References

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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