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.

Oxalosis and Hyperoxaluria Foundation

Oxalosis and Hyperoxaluria Foundation
Request for Proposals

Research funds are available for investigation into hyperoxaluria and oxalosis. The OHF seeks to fund grants, which will increase the understanding of hyperoxaluria and oxalosis and improve the clinical management and treatment of these two orphan diseases. Investigation into alternative methods of treatment, which will alleviate the need for transplantation therapy, is encouraged. The Oxalosis & Hyperoxaluria Foundation was incorporated in 1989 to inform patients, families, physicians, and medical professionals about hyperoxaluria and the related conditions, oxalosis and calcium-oxalate kidney stones. The OHF promotes research to advance medical knowledge and treatment. Application guidelines are available on the World Wide Web at http://www.ohf.org or from the Oxalosis and Hyperoxaluria Foundation at OHF, Midwest Office, 5727 Westcliffe Drive, St. Louis, MO 63129-4265. All grant applications should be submitted with an original and 10 copies by August 1, 1998. E-mail inquiries to: secy@ohf.org.

13th Comprehensive Nephrology Review Course

The 13th Comprehensive Nephrology Review Course will be held October 2 to 8, 1998 at the Beverly Hilton Hotel, Beverly Hills, CA. The deadline for reservations is September 1. The course is sponsored by the office of Continuing Medical Education, UCLA School of Medicine. Participants can earn up to 44.5 hours of Category 1 credit toward the AMA Physicians Recognition Award. Enrollment fees are $800 for physicians and $700 for residents. To enroll, call (310) 794-2620 or fax (310) 794-2624, or write to the Office of Continuing Medical Education, Comprehensive Nephrology Review Course, Office of CME, 10920 Wilshire Boulevard, Suite 1060, Los Angeles, CA 90024-6512.

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 Crystalization; 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 Xth 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 Xth 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, I° “G”, 1111 Buenos Aires, Argentina. Telephone: (+54 1) 812-1021; e-mail: bayfem@ibm.net.
INSTRUCTIONS TO AUTHORS

Send manuscripts to the Editor:

C. Craig Tisher, M.D.
J. Am. Soc. Nephrol.
Division of Nephrology
Box 100224
1600 SW Archer Road
University of Florida
Gainesville, Florida 32610

The Journal of the American Society of Nephrology will publish original manuscripts judged by peers to be of high quality and relevant to the broad field of nephrology. Nephrology is an alliance of scientists and physicians who seek to understand the functions of the kidneys and the means to improve the medical care of individuals with kidney disease. The strength and vitality of the discipline radiate, historically, from the dynamic interaction between the basic and the clinical sciences. The Journal strives to nurture this relationship by providing the means for communicating to nephrologists and others in related specialties critical information of broad significance in the field. Subjects appropriate for the Journal include, but are not restricted to:

- clinical nephrology
- cell and transport physiology
- pathology and immunology
- cell and structural biology
- pathophysiology of renal disease
- hormones, autacoids and growth factors
- hemodynamics, hypertension and vascular regulation
- dialysis
- transplantation
- mineral metabolism and bone disease
- molecular medicine, genetics, and development

General Information

Original manuscripts are of two types: Regular Articles and Brief Communications. Regular Articles are traditional full length papers that address research questions with exhaustive experimental design and methodology. Brief Communications should contain not more than 2000 words (including abstract, figures, tables and references) describing important new observations in nephrology.

Reviews of basic and clinical topics of interest to the readership will be solicited by the editors.

In the cover letter, designate one author as the correspondent. The cover letter should include a statement explaining why the research is especially important. The journal office may solicit editorials to accompany articles that are especially newsworthy or controversial.

Include in the cover letter the names, addresses, telephone and fax numbers and areas of expertise of at least five individuals (peers) who may serve at the discretion of the editors, as reviewers of the manuscript.

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Include one of the following statements on copyright interests signed by all authors: “In consideration of the American Society of Nephrology’s taking action in reviewing and editing this submission, the author(s) undersigned hereby transfer(s), assign(s) or otherwise convey(s) all copyright ownership to the ASN in the event this work is published by the ASN.”

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Manuscript Preparation

- Submit an original manuscript and three photocopies, typed double-spaced in letter-quality print on one side only of standard (8½ × 11 inch) white bond paper. Manuscripts should be organized as follows: title page, abstract, introduction, methods, results, discussion, acknowledgments, references, tables and figure legends.
- On the title page type the full names, highest academic degrees and affiliations of all authors. The title should not exceed 100 characters including spaces between words. Number all pages consecutively beginning with the title page. Include an abbreviated title of not more than 40 characters.
- Abstract: State the problem considered, methods, results and conclusions in less than 250 words.
- Use of Systeme International d'Unites (SI) for measurements is preferred throughout the manuscript. Factors for converting frequently used components can be found in JAMA (1989; 262:200–202).
- Use generic names of drugs.
- Do not use abbreviations in the title. Define unusual abbreviations with the first use in the body of the manuscript. A list of accepted abbreviations can be found in the July and January issues of the Journal.
- Text footnotes should be typed on a separate page.
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• It is assumed that all clinical investigation described in the manuscript was conducted in accordance with the guidelines proposed in the Declaration of Helsinki. Document in the manuscript that informed consent was obtained.

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• Figures: Four complete sets of glossy photographs of all figures including graphs, black and white light and electron micrographs and color photographs, must be submitted. The use of color illustrations is encouraged, but authors should contact the editor prior to their preparation for advice and assistance. All figures should be clearly labeled on the back. Photomicrographs should be sized to fit one column (8 cm) or two columns (17 cm); the maximum plate size is 17 × 22 cm. The fee for color figures is $250.00 per page. Authors are responsible for the cost of color pages. Legends should state degree of magnification or scale bars should be used on the photograph. Graphs must be of professional quality. Computer-generated graphs should be of laser quality. High contrast prints for roentgenographic photographs and electron micrographs are essential. Clear photocopies of the figures should be included with the original and each copy of the manuscript.

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Applications are due by December 1 of each year for funding the following year.

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Please direct inquiries to:

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Chairman, Department of Medicine  
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Patients should be advised that during treatment with cyclosporine, vaccination may be less effective and the use of live vaccines should be avoided.

Patients should be given careful dosage instructions. Neoral® Oral Solution (cyclosporine oral solution for microemulsion) should be administered, preferably with or orange or a similar flavor, at least 1 hour before or after meals. The combination of Neoral® Oral Solution (cyclosporine oral solution for microemulsion) with milk can be unacceptable.

Patients should be advised to take Neoral® on a consistent schedule with regard to time of day and meal. Grapefruit juice may affect the bioavailability of cyclosporine and therefore should be used with caution. Patients should be monitored frequently, especially during the first 6 months of treatment with cyclosporine. In addition, concomitant non-steroidal anti-inflammatory drugs, particularly in the setting of denervation, may potentiate renal dysfunction.

Those patients who may potentiate renal dysfunction include angiotensin (benazepril, fosinopril, enalapril, ramipril, trandolapril, valsartan, and moexipril) and angiotensin receptor blockers (candesartan, irbesartan, losartan, olmesartan, telmisartan, and valsartan). These agents generally should be avoided during cyclosporine therapy. However, if combination therapy is required, the dose of cyclosporine should be decreased.

Patients should be informed that high-dose cyclosporine may lead to increased risk of infections, and that those patients receiving high-dose cyclosporine should be monitored closely for signs of infection.

Monitoring of renal function should be performed. Cyclosporine levels should be monitored daily during the first 7 days of treatment, and at least weekly thereafter. The levels should be measured 6-8 hours post-dose. The dose should be adjusted as needed to achieve serum cyclosporine levels of 150-200 ng/mL (93-124 ng/mL in Japanese patients) on alternate days during the first week of treatment.

Neoral® Soft Gelatin Capsules provide individualized, predictable serum concentration profiles. The dose should be adjusted to achieve steady-state cyclosporine concentrations of 100-200 ng/mL (60-120 ng/mL in Japanese patients) on alternate days. There is a potential for dose escalation in patients with chronic renal failure who have been stabilized on a stable dose.

The following side effects of cyclosporine therapy may occur: anemia, neutropenia, leukopenia, thrombocytopenia, agranulocytosis, aplastic anemia, peripheral neuropathy, Guillain-Barré syndrome, benign lymphocytic leukemia, myeloid leukemia, myelodysplastic syndromes, aplastic anemia, and acute or chronic lymphocytic leukemia. The dose should be adjusted to achieve steady-state cyclosporine concentrations of 100-200 ng/mL (60-120 ng/mL in Japanese patients) on alternate days.

Cyclosporine can cause or exacerbate pre-existing renal dysfunction. Care should be taken in patients with pre-existing renal disease and in those patients receiving other nephrotoxic agents.

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