Abbreviated Prescribing Information for DIFLUCAN™ (fluconazole)
Presentation: Capsules containing 50mg, 150mg or 200mg fluconazole; Intravenous infusion containing fluconazole 2mg/ml in 0.9% sodium chloride solution; Powder for Oral Suspension containing either fluconazole 50mg/5ml or 200mg/5ml on reconstitution with 24ml water.
Indications and dosage: Adults: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Maintenance therapy to prevent relapse of cryptococcal meningitis in patients with AIDS: 100-200mg daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-400mg once daily based on patient’s risk for developing fungal infection. Dermal fungal infections: 50mg once daily for up to 6 weeks (usually 2-4 weeks) - see data sheet. Vaginal candidiasis and candidal balanitis: single 150mg dose. Use in the elderly as above except for those renally impaired - see data sheet. Children: over 4 weeks old: Mucocutaneous candidiasis: 3mg/kg daily. A loading dose of 6mg/kg may be used on the first day. Systemic candidiasis and cryptococcosis: 6-12mg/kg daily depending on severity of disease. Prevention of fungal infections in neutropenic patients following cytotoxic chemotherapy or radiotherapy: 3-12mg/kg daily. Maximum dose of 400mg daily. Children below 4 weeks of age: First two weeks of life: the same mg/kg dosing as above but to a maximum dose of 12mg/kg administered every 12 hours. During weeks 2-4 of life: same mg/kg dose to a maximum of 12mg/kg given every 48 hours. Administration: either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. Contra-indications: Hypersensitivity to fluconazole or related azoles; pregnancy and women of childbearing potential unless adequate contraception is employed; coadministration of terfenadine and cisapride. Warnings: Lactation: Not recommended. Renal impairment: Dosage reduction in both adults and children may be necessary, see data sheet. Drug interactions: Relevance to single-dose has not yet been established. Anticoagulants, astemizole, cyclosporin, diuretics, oral sulphonamides, phenytoin, rifabutin, rifampicin, tacrolimus, theophylline and zidovudine. Coadministration of terfenadine and cisapride contraindicated. Side-effects: Nausea, abdominal discomfort, diarrhoea, flatulence, rash, headache and rarely anaphylaxis. Legal Category: POM. Basic NHS Cost and Package Quantities: DIFLUCAN capsules in calendar packs containing 7 x 50mg (£16.61, PL. 57/0289), 7 x 200mg (£66.42, PL. 57/0317) or 1 x 150mg (£7.12, PL. 57/0290); Powder for Oral Suspension: 35ml bottle of 50mg/5ml (£16.61, PL. 57/0343), 35ml bottle of 200mg/5ml (£66.42, PL. 57/0344); Intravenous Infusion: 25ml (50mg) bottle (£7.32, PL. 57/0315); 100ml (200mg) bottle (£22.28, PL. 57/0315). Hospital prices are available on request. Further information on request. *DIFLUCAN is well tolerated with few adverse effects - Osterloh I (1992) In: The Antifungal Agents Vol 1 Fluconazole Johnson S & Johnson PN (Eds) MARIUS Press: 40-60. Further information on request. Pfizer Limited, Sandwich, Kent CT13 9NE. 51794 December 1997
ANTI-CANCER PROTEINS AND DRUGS: STRUCTURE, FUNCTION AND DESIGN

A New York Academy of Sciences Conference

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Researchers working on tumor suppressor genes and on anti-cancer drugs will discuss the therapeutic potential of these discoveries and will focus on cutting-edge anti-cancer protein/drug research issues. This conference is designed to promote a comprehensive understanding and cooperation between industrial and academic researchers, in order to facilitate the design and creation of more effective anti-cancer molecules for the treatment of cancers.

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David Dudley
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Session II. Cytoplasmic Proteins
James F. Gusella
Bonnie Rubinfeld
Minoru Yoshida
Avri Ben-Ze’ev
Hiroshi Maruta
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Session V. DNA or Peptide Delivery/Targeting
Brian Huber
David T. Curiel
Philip L. Felgner
Alain Prochiantz
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Session III. Extracellular Proteins
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Luisa Iruela-Arispe
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A contributed poster session will form an integral part of the conference program. To receive details on abstract submission, refer to the contact information below.

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