THE JOURNAL OF CLINICAL AND APPLIED RESEARCH AND EDUCATION

Diabetes Care

VOLUME 17 NUMBER 10

ABSTRACT FORM FOR 55TH SCIENTIFIC SESSIONS INCLUDED: SUBMISSION DEADLINE: JANUARY 6, 1995

OCTOBER 1994

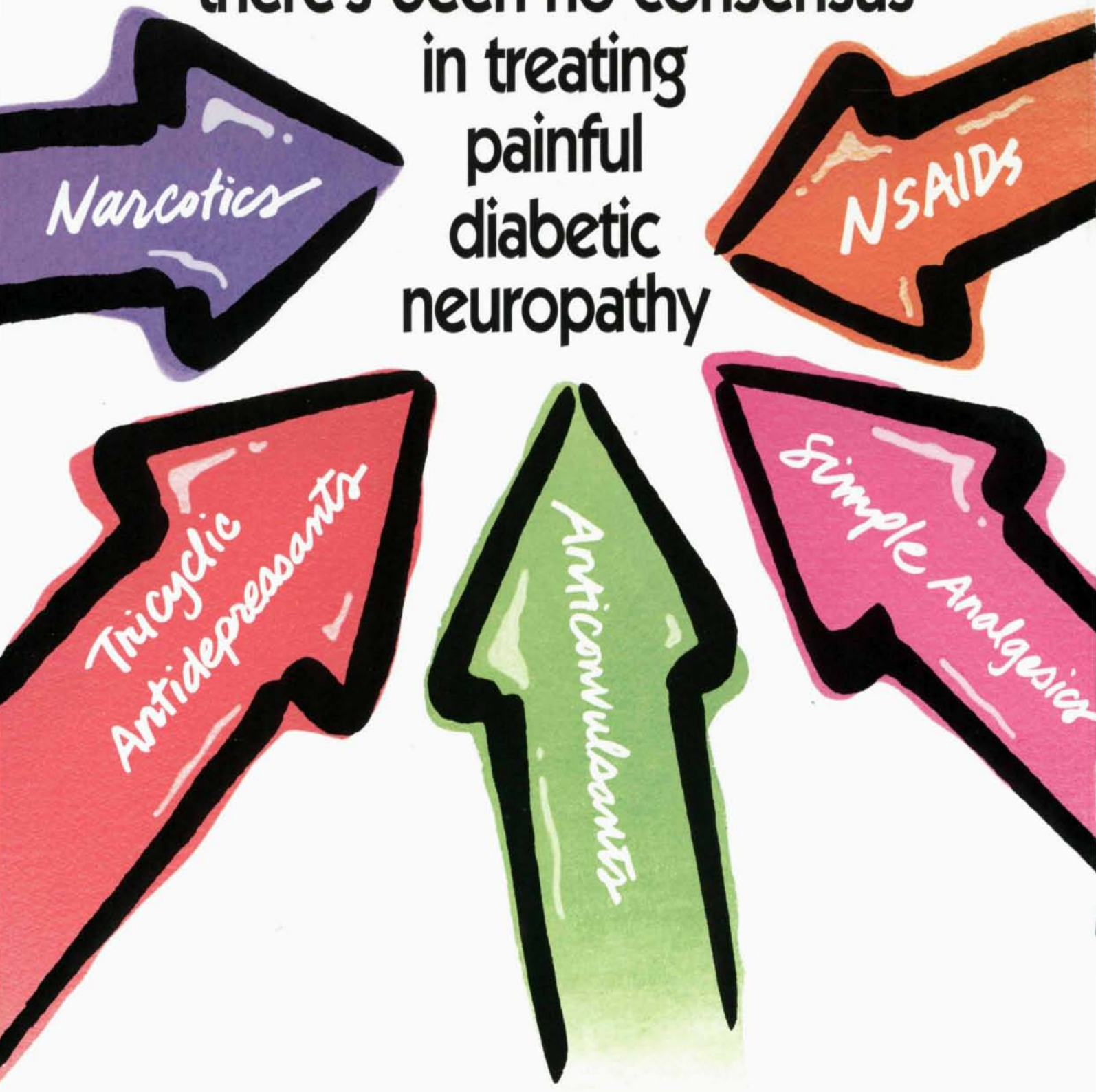
Original Articles

Short Reports

American Diabetes Association®

ISSN 0149-5992

Until now, there's been no consensus in treating painful diabetic neuropathy



References:
1. Donofrio P, Walker F, Hunt V, et al. Treatment of painful diabetic neuropathy with topical capsaicin: a multicenter, double-blind, vehicle-controlled study. *Arch Intern Med.* 1991;151:2225-2229. **2.** Dailey GE III, Muchmore DP, Springer JW, et al. Effect of treatment with capsaicin on daily activities of patients with painful diabetic neuropathy. *Diabetes Care.* 1992;15:159-165. **3.** Tandan R, Lewis GA, Krusinski PB, Badger GB, Fries TJ. Topical capsaicin in painful diabetic neuropathy: controlled study with long-term follow-up. *Diabetes Care.* 1992;15:8-14. **4.** Scheffler NM, Sheitel PL, Lipton MN. Treatment of painful diabetic neuropathy with capsaicin 0.075%. *J Am Podiatr Med Assoc.* 1991;81(6):288-293.

GenDerm Corporation
Lincolnshire, IL 60069

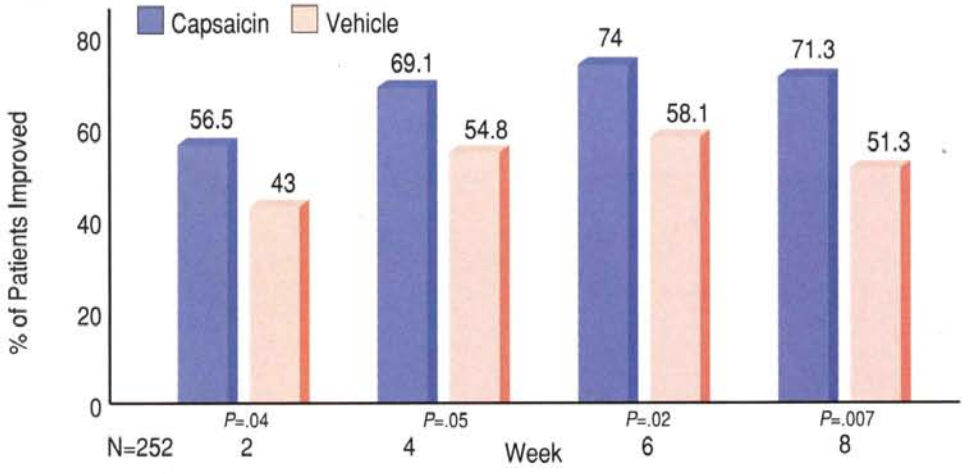
GENDERM®

Now, there's ZOSTRIX®-HP

7 out of 10 patients had pain relief by week 4 that was sustained through week 8[1]

Use early: *Because it's effective*

In a multicenter, double-blind trial of patients with painful diabetic neuropathy refractory to conventional therapy, 7 of 10 ZOSTRIX-HP treated patients had pain relief after 4 weeks that was sustained through week 8.[1] Pain intensity was reduced by a mean of 60% at the end of the study[1] with a *"...subsequent improvement in daily activities, enhancing the quality of the patient's life."*[2]



Use early: *Because it's safe*

Unlike systemic agents, topical ZOSTRIX-HP reduces pain without risk of serious side effects.[1-4] Because ZOSTRIX-HP delivers site-specific relief, it won't interfere with the underlying disease or concomitant treatments.[1,2]

For painful diabetic neuropathy

ZOSTRIX®-HP (CAPSAICIN 0.075%)

Because it makes a difference

THE JOURNAL OF CLINICAL AND APPLIED RESEARCH AND EDUCATION

VOLUME 17 NUMBER 10

Diabetes Care

Diabetes Care is a journal for the health-care practitioner that is intended to increase knowledge, stimulate research, and promote better management of people with diabetes mellitus. To achieve these goals, the journal publishes original articles on human studies in the areas of epidemiology, clinical trials, behavioral medicine, nutrition, education, health-care delivery, medical economics, and clinical care. The journal also publishes clinically relevant review articles, clinical observations, letters to the editor, and public health/medical news or points of view. Topics covered are of interest to clinically oriented physicians, researchers, epidemiologists, psychologists, diabetes educators, and other professionals.

All manuscripts and other editorial correspondence should be sent by first class mail to Allan L. Drash, MD, Editor, *Diabetes Care*, Children's Hospital, Rangos Research Center, 3705 Fifth Avenue, Pittsburgh, PA 15213; (412) 692-5851.

Diabetes Care publishes only original material. When submitting a manuscript, authors must state in their transmittal letter that the material has not been previously published or is not currently being submitted to another journal.

Manuscripts should be prepared in accord with the requirements specified in the document "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," *New England Journal of Medicine* 324:424–428, 1991. "Instructions for Authors" containing specifications for manuscript preparation appears in the January and July issues.

Diabetes Care (ISSN 0149-5992) is published monthly by the American Diabetes Association, Inc., 1660 Duke Street, Alexandria, VA 22314. Individual subscription rates are $100 in the U.S., Canada, and Mexico (for Canada add 7% GST) and $155 for all other countries. Institutional rates are $150 in the U.S., Canada, and Mexico (for Canada add 7% GST) and $205 in all other countries. Professional membership includes $75 designated for *Diabetes Care*. Single issues are $11 in the U.S., Canada, and Mexico (Canada add 7% GST) and $26.00 in all other countries. Second class postage paid at Alexandria, VA 22314, and at additional mailing offices. POSTMASTER: Send change of address to *Diabetes Care*, American Diabetes Association, Inc., Journal Subscriptions, Dept. 0028, Washington, DC 20073-0028.

Diabetes Care is listed in Science Citation Index, Current Contents/Life Sciences, Current Contents/Clinical Medicine, SCISEARCH, ISI/BIOMED databases, and Automatic Subject Citation Alert. *Diabetes Care* is available online on BRS Colleague. For more information call 800-955-0906. It is also available in machine-readable format from University Microfilms International. *Diabetes Care* is printed on acid-free paper starting with Vol. 11(1), 1988.

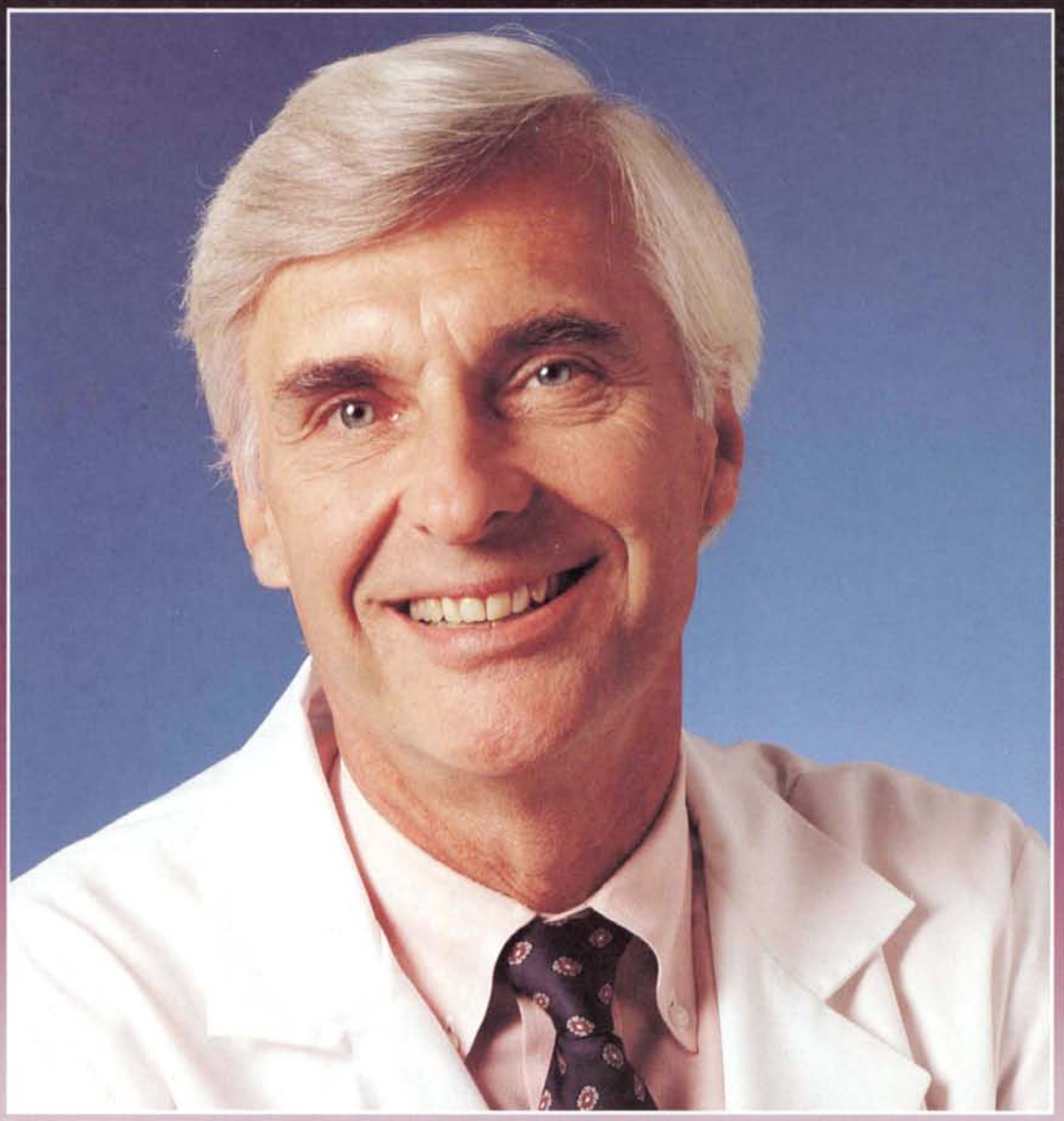
The mission of the American Diabetes Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

American Diabetes Association.
ISSN 0149-5992
PRINTED IN THE USA.

Table of Contents (continued)

OCTOBER AUTHOR INDEX (VOLUME 17, NUMBER 10)

Why are more and more doctors recommending B-D ULTRA-FINE™?



"Having diabetes isn't easy, but the B-D ULTRA-FINE Insulin Syringe Needle helps make it a little more comfortable."

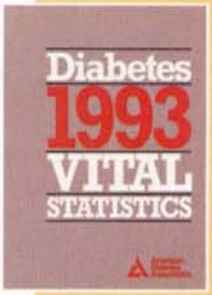
The ultra-comfortable B-D Insulin Syringe with the ULTRA-FINE™ Needle gives your patients all the quality, accuracy, ease and comfort you have come to expect from B-D. Plus the thinnest syringe needle ever.

The next generation of injection comfort.

BETTER B-D DIABETES CARE

Get the Best for Less!

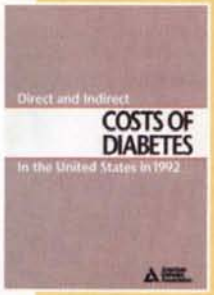
The Diabetes Fact Set



Diabetes: 1993 Vital Statistics

Put the latest diabetes facts and figures right at your fingertips! Risk factors, treatment, prevention, and more... it's all right here with more than 40 charts and graphs to highlight important information. Perfect for the researcher, diabetes educator, or anyone interested in learning more about diabetes and its complications. Softcover; 60 pp.; #PMDVS93.

Nonmember: $17.50; Member: $13.95



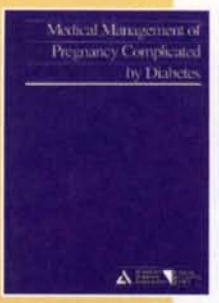
Direct and Indirect Costs of Diabetes in the U.S. in 1992

Takes a hard look at the economic impact of diabetes on our nation. If $90 billion seems like a lot to you, then you need to get this book. That's how much diabetes cost this country in medical expenses and lost productivity due to premature death and disability in a single year. Includes incidence and prevalence, number and length of hospital stays, outpatient visits, and more. Softcover; 32 pp.; #PMDIC92.

Nonmember: $16.95; Member: $13.50

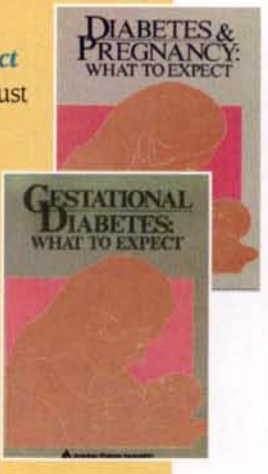
The Pregnancy Set

Combining the Best in Professional and Patient Resources



Medical Management of Pregnancy Complicated by Diabetes

Comprehensive, yet concise! Takes you through every aspect of pregnancy and diabetes, from prepregnancy counseling to postpartum follow-up, and everything in between. Provides precise protocols for treatment of both pre-existing and gestational diabetes mellitus. A must-read! Softcover; 136 pp.; #PMMPCD. *Nonmember: $37.50; Member: $29.95*



Diabetes & Pregnancy: What to Expect and Gestational Diabetes: What to Expect

Whether your patients are pregnant or are just thinking of having children in the future, these books will give them the information they need, in terms they will understand. Each is filled with the latest information about managing diabetes during pregnancy, covering topics such as nutrition, exercise, insulin therapy, self-monitoring and much more! Softcover; 70 pp. each.

Diabetes and Pregnancy: #CPREDP.
Nonmember: $9.95; Member: $7.95

Gestational Diabetes: #CPREGD.
Nonmember: $9.95; Member: $7.95

SAVE 10% ON THE SET OF 2!

#PDIVSET2. *Nonmember:* $31.00; *Member:* $24.70

SAVE 10% ON THE SET OF 3!

#BDPGDPCD. *Nonmember:* $51.65; *Member:* $41.25

❑ YES! Please send me the books I've listed, and include a free catalog.
❑ NO. I'm not ordering right now, but please send me a free catalog.

Item #	Item Name	Qty	Unit Price	Total

Shipping & Handling

up to $30.00	add $3.00
$30.01–$50.00	add $4.00
over $50.00	add 8%

Publications Subtotal..... $_____
VA Residents add 4.5% tax..... $_____
Shipping & Handling (see chart) $_____
Total Due..... $_____

Allow 2-3 weeks for shipment. Add $3 to shipping & handling for each extra shipping address. Add $15 for each overseas address. Prices subject to change without notice.

Ship To

First Name _____ Middle Initial _____ Last Name _____

Address _____

City/State/Zip _____ P19CA4

❑ Payment enclosed (check or money order)
Charge my: ❑ VISA ❑ MC ❑ AMEX
Account Number: _____
Signature: _____ Exp. Date: ___/___

Mail to: American Diabetes Association
1970 Chain Bridge Road
McLean, VA 22109-0592

American Diabetes Association.

For people with diabetes, no other meter has proven itself more accurate than ONE TOUCH® Brand Meters. Or more simple to use. Perhaps that's why we're the number one selling brand of blood glucose meters. And the system recommended by more physicians and diabetes educators. As well as the no-wipe meter chosen by more hospitals.

So the most difficult thing you'll probably have to deal with is choosing which ONE TOUCH® Meter to recommend for your patient's individual needs. The ONE TOUCH® BASIC® System, the meter that provides an accurate reading quickly and easily for value-minded patients. Or the ONE TOUCH® II System, the meter that takes simple monitoring a step further, providing helpful information such as 250-test memory and 14-day average right at their fingertips.

Whichever you recommend, your patients will be using the blood glucose monitoring systems that two million people have put to the test, more than two billion times. And by using Genuine ONE TOUCH® Test Strips, they will assure that our system will help keep their system running smoothly. What's more, they'll also receive the assurance of our 30-day, money-back guarantee. Plus our 24-hour, toll-free customer service. If you have any questions, call our Healthcare Professional Hotline at 1 800 453-7226, ext. 5510.

ONE TOUCH® Systems. Simple reasoning, simply the best.

THE BEST REASON TO USE OUR BLOOD GLUCOSE MONITORING SYSTEMS IS ALSO THE SIMPLEST.

For diabetes and life.

LIFESCAN INC.
a Johnson & Johnson company

NOW SAVE UP TO 30% On Patient Materials When You Buy In Bulk!

The American Diabetes Association recognizes how important it is to get correct self-care information into the hands of diabetes patients. And what better route to take than to go directly to you, the patient's primary source of health care advice? To make it easy for you, we've arranged a bulk discounting system when you buy 5 or more copies of a single publication. Here's how it works:

1. Find the desired number of copies and applicable discount in the table below.

2. Take this percentage off the listed single-copy **nonmember** price and multiply this price by the number of copies desired.

3. *Exchange Lists for Meal Planning* and *Exchange Lists for Weight Management* will be discounted as follows: 10-99 copies, $1.10 each; 100-499 copies, $1.04 each; 500 - 999 copies, $ .91 each; 1,000+ copies, $ .78 each.

Bulk Discount Table

(Discount Off Single-Copy Nonmember Price)

No. of Copies	Member	Nonmember
5 - 24	22%	10%
24 - 49	24%	12%
50 - 99	26%	15%
100 - 499	28%	20%
500+	30%	25%

The Take Charge Guide to Type I Diabetes

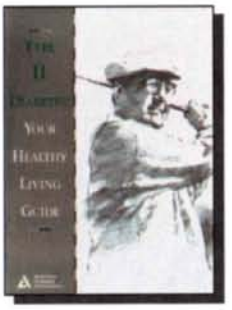
This new "owner's manual" will help your patients take control of their health. It provides answers to dozens of questions in terms that your patients will understand. Topics include: Intensive Insulin Therapy, Impotence and Sexual Dysfunction; Diabetes and Your Social Life; and more. All the self-management tools your patients need to maintain good control are packed into this all-in-one guide—a must for all patients with type I diabetes! Softcover; 282 pages; #CSMT2.

NEW!

Nonmember: $24.95; ***Member:*** $19.95

Type II Diabetes: Your Healthy Living Guide

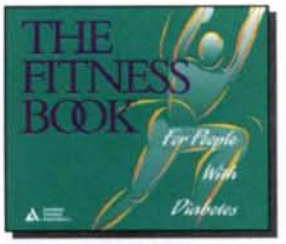
Help your patients lay the groundwork for a sensible, healthy lifestyle with this ADA best-seller. Thorough, easy-to-read chapters address lifestyle adjustments and concerns such as diet and exercise, taking medications safely, avoiding complications, and much more! Softcover; 235 pages; #CTIIHG.



Nonmember: $24.95; ***Member:*** $19.95

The Fitness Book: For People With Diabetes

Your patients need to understand the important role fitness plays in helping them control their diabetes. Written specifically for people with diabetes, this book will give them the expert information they need to start, maintain, or improve on a life that includes exercise and fitness. Illustrated; Softcover; 150 pages; #CSMFB.



NEW!

Nonmember: $18.95; ***Member:*** $14.95

Exchange Lists for Meal Planning

Teaches your patients about the six exchange lists and the foods in each through colorful charts and simple language. Includes food portions that can be easily adjusted to fit any calorie level. Specifically for people with diabetes. Softcover; 32 pages; #CELMP.

Nonmember: $1.30; ***Member:*** $1.10

Large Print, #CELMPL.

Nonmember: $2.50; ***Member:*** $2.15

Exchange Lists for Weight Management

This booklet makes it easy for your patients to learn better weight control using the Exchange System. Covers the basics of good nutrition, setting goals for a good weight management program, and more. Softcover; 32 pages; #CELWM.

Nonmember: $1.30; ***Member:*** $1.10

❑ YES! Please send me the books I've listed, and include a free catalog.
❑ NO. I'm not ordering right now, but please send me a free catalog.

Item #	Item Name	Qty	Unit Price	Total

Shipping & Handling

up to $30.00	add $3.00
$30.01–$50.00	add $4.00
over $50.00	add 8%

Publications Subtotal..... $_____
VA Residents add 4.5% tax..... $_____
Shipping & Handling (see chart) $_____
Total Due..... $_____

Allow 2-3 weeks for shipment. Add $3 to shipping & handling for each extra shipping address. Add $15 for each overseas address. Prices subject to change without notice.

Ship To

First Name _____ Middle Initial _____ Last Name _____

Address _____

City/State/Zip _____ P20CA4

❑ Payment enclosed (check or money order)

Charge my: ❑ VISA ❑ MC ❑ AMEX

Account Number: _____

Signature: _____ Exp. Date: ___/___

Mail to: American Diabetes Association
1970 Chain Bridge Road
McLean, VA 22109-0592

American Diabetes Association.

PLEASE NOTE THAT SECTIONS IN RED ARE NEW/REVISED THIS YEAR

American Diabetes Association.

55th SCIENTIFIC SESSIONS

June 10 - 13, 1995 Atlanta, Georgia

Submission Deadline: Friday, January 6, 1995

INSTRUCTIONS FOR PREPARATION OF ABSTRACTS

1. **Originality of work, adequacy of data, and clarity of exposition are the determinants in the selection of abstracts.** Make abstracts as informative as possible, including a brief statement of the purpose of the study or why it was done, the methods or what was done, the results observed, and the author(s)' conclusions based on the results. Actual data should be summarized. It is inadequate to state "The results will be discussed" or "The data will be presented." Tables may be used to present data (refer to #19 in the instructions).

2. **Abstracts are not eligible for consideration if the paper has been presented at another national or international meeting, or will be published before the American Diabetes Association's 55th Annual Meeting and Scientific Sessions.**

3. **The final decision with respect to selection, programming, and/or publication of any abstract will be made by the Association's Scientific Sessions Meeting Committee.**

4. **Accepted abstracts will be reduced by 25% and photographed as submitted for publication in the 55th Abstract Book, the May supplement to *Diabetes*.**

5. **Abstracts must be received at the Association's National Center by Friday, January 6, 1995.** Abstracts received after the deadline, regardless of the postmark date, will not be accepted.

6. **Accepted abstracts will be printed as submitted.** Changes to abstracts will not be accepted after submission. They should be carefully written and edited prior to submission.

7. **The abstract must be clear , within the border of the form, and limited to the space provided.** Use only a typewriter or laser printer, as the quality of dot matrix printers varies considerably. The text must be within the border of the form. Those exceeding the border will not be accepted. Abstracts with the text glued or taped inside the border will also be accepted. Please use the following tips when printing your abstract:

- If typed, use carbon ribbon or slightly used black silk ribbon (new ribbons smudge, old ones reproduce too faintly). Practice typing the abstract in a rectangle 4 3/16" X 6 3/16" before using the original form.
- If using a laser printer, please note that the page size of the form is not 8 1/2" by 11". A left margin of 1.15" and a right margin of 3.35" should keep text within the border. Practice printing the abstract with these margins before using the original form.

8. **The printed abstract must be an original and must be submitted on the abstract forms found in this packet.** To obtain additional abstract packets, refer to #21 in these instructions.

9. **The review of abstracts is blinded, therefore two original abstract forms must be submitted: one (1) for publication (Form A) with the title and author(s)' name(s) within the border of the form, and one (1) for review (Form B) without this information.** Please refer to the abstract forms on pages 3 and 5 for further instructions.

10. **The signature of an active member of the Professional Section of the American Diabetes Association is required to validate the abstract.** Members who sponsor non-members should verify that the latter are conforming to the rules. A member is not limited to the number of abstracts he/she can sponsor.

11. **An individual (member or non-member) may appear on four abstracts as an author, but may only appear as first author on two abstracts.** A member may appear as author, co-author, or sponsor. A non-member may appear as author or co-author, but not as a sponsor. Authors are not required to be members of the Association.

12. **Two (2) original abstract forms (Abstract Form A and Abstract Form B) and five (5) copies of the front only of each form must be provided for processing.**

13. **Abstract headings must follow a specified format.** The format is as follows (refer to the example on page 2):

a. Headings should begin to the immediate right of the box located in the upper left corner of the abstract area.

b. The first letters of major words in the title should be capitalized. Do not use subtitles (e.g., Methods, Results) within the body of the abstract.

c. Author(s)' complete first and last name(s) should be listed and capitalized. Authors who appear on more than one abstract should list their names the same way on all.

d. Author(s) who are members of the Association's Professional Section must be indicated by an asterisk (*) after their name. No other identifying marks are permissible (refer to #13e below).

e. Author(s) who have indicated "yes" on the *Duality of Interest* form (see page 6) must include a notation after their name(s). Use the following to indicate the type of duality: 1 = employment; 2 = membership on board of directors; 3 = stock/shareholder; 4 = honoraria or consulting fees; 5 = grant/research support; 6 = other.

f. Do not list credentials, degrees, academic title(s) (e.g., MD, RN, RD), or institutional affiliation(s) on the abstract form.

g. Include city and state (postal abbreviations) or country of origin of work; do not include street address and zip code.

Example of abstract heading:

☐ A Novel Form of Chelation Prevents IDDM in BB Rats. JOHN DOE[1], JAMES E. REASONER, SUSAN SMITH[3], JANE FRIDAY[6], Alexandria, VA

14. **It will be presumed that the first author on the abstract will be the presenter, but it is not mandatory.**

15. **All correspondence will be sent to the person indicated as the corresponding author.**

16. **The first line of the text of the abstract and first line of any subsequent paragraphs should be indented three spaces.**

17. **The use of standard abbreviations is requested.** Examples include kg, g, mg, ml, L (liter), meq, m (meter), mM (millimoles per liter), / (per), and % (percent). Place special or unusual abbreviations in parentheses after the full word the first time it appears, then use the abbreviation throughout the rest of the abstract. Use numerals to indicate numbers, except when beginning sentences.

18. **Nonproprietary (generic) names should be used the first time a drug is mentioned and typed in lowercase letters; names are always capitalized, e.g., aspirin (Bufferin).**

19. **Simple tables or special symbols may be included if they fit within the border of the form.** Material that cannot be typed should be drawn in India ink.

20. **Do not include references, credits, or grant support information in the abstract.**

21. **All authors listed on the abstract must read and sign the *Duality of Interest* form (page 6) and the form must be included with each abstract submitted.** Please refer to #13e for instructions on noting dualities on the abstract form. When preparing abstracts, please allow enough time to have all authors sign the original form.

22. **If you want acknowledgement that an abstract was received by the Association, provide a self-addressed, stamped postal card addressed to the corresponding author.** The reverse side of the card should indicate the title of the abstract and the name(s) of all author(s). The card will be stamped with a temporary number and returned. If no acknowledgement card has been included with submission, confirmation of receipt cannot be provided by phone.

23. **A non-refundable processing fee of US$35.00 and a completed payment form (see page 7) must accompany each abstract submitted to the American Diabetes Association.** Payment must be in the form of a check or money order in U.S. funds and drawn on a U.S. bank, and made payable to the American Diabetes Association. Major credit cards (American Express, VISA, MasterCard) are also accepted. Purchase orders are unacceptable.

24. **Before mailing an abstract submission, use the checklist on page 7 to confirm that all instructions have been followed and all items have been included.**

25. **Do not fold the originals or copies.** They should be mailed FIRST CLASS or AIR MAIL, when applicable, and addressed as follows: Scientific Sessions Meeting Committee, American Diabetes Association, P.O. Box 26427, Alexandria, VA 22313-6427, USA. Abstracts sent by express mail should be addressed as follows: Scientific Sessions Meeting Committee, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314-3447, USA. **When shipping express mail, do not ship for a Saturday arrival.** Abstracts will not be accepted for review if sent via fax.

26. **For additional abstract packets, or if you have questions about completing the abstract form, contact Jill Thompson, Professional Programs Administrator, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314-3447, USA; phone: (703) 549-1500, ext. 212; fax: (703) 683-1839.**

27. **Oral presentations at the Scientific Sessions will be limited to 10 minutes each to allow time for discussion.**

28. **Presenters must pay the registration fee for attendance at the Scientific Sessions.** Presenters will be able to register at preregistration rates. For more information on registration, contact the Meeting Services Department, American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314-3447, USA; phone: (703) 549-1500, ext. 330; fax: (703) 683-1351.

29. **Expenses associated with the submission and presentation of the abstract are the responsibility of the presenter.**

1995 ABSTRACT CATEGORIES

Select **one** two-digit category number and enter it on the appropriate line on both abstract forms:

01 Clinical Diabetes
02 Complications, Hypoglycemia and Other
03 Complications, Macrovascular
04 Complications, Nephropathy
05 Complications, Neuropathy
06 Complications, Retinopathy
07 Diabetes Education
03 Epidemiology
09 Forms of Therapy/New Technology
10 Gene Regulation
11 Genetics
12 Health Care Delivery
13 Hormones, Not Insulin
14 Immunology
15 Insulin Action
16 Insulin Synthesis/Secretion
17 Lipids/Lipoproteins
18 Metabolism, in vitro
19 Metabolism, in vivo, animals
20 Metabolism, in vivo, humans
21 Nutrition/Obesity/Exercise
22 Pregnancy
23 Psychosocial/Behavioral Medicine
24 Signal Transduction
25 Transplantation

TYPE ABSTRACT WITHIN BOX

FOR OFFICE USE ONLY

Date Rec'd _____ PMT? _____

Abstract No. _____

Duality Signed? _____ Y _____ N

AS/400 ID No. _____

American Diabetes Association.

ABSTRACT FORM A

(For publication)

CHECK ONE:

- ☐ Poster Session Preferred
- ☐ Oral Session Preferred
- ☐ Poster Session Only
- ☐ Oral Only
- ☐ No Preference

The author's wishes will be followed if possible.

Abstract Category Number: _____

(See two-digit category numbers listed on page 2)

Key Words for Program Index (list two):

_____

_____

IMPORTANT

This form must be signed by an active member of the Professional Section of the American Diabetes Association.

The instructions on pages 1 and 2 must be followed exactly for abstracts to be considered for review.

The sponsoring member agrees that the material submitted herein conforms with the instructions on pages 1 and 2.

_____

MEMBER SIGNATURE

_____

PRINTED NAME

List first name, middle initial, last name, degrees, address (including city/state/country/zip), and telephone/fax numbers of author who should receive correspondence (please type or print):

First Name _____ MI _____

Last Name _____

Credentials _____ Department _____

Institution _____

Street Address _____

_____ City _____ State _____

Country _____ Zip code or postal code _____

Work Phone (include area code/country code) _____ Fax Number (include area code/country code) _____

Has this research been supported, in whole or in part, by a grant from the American Diabetes Association? _____ Y _____ N

PLEASE LEAVE THIS AREA BLANK

ONLY TYPE ABSTRACT TITLE AND ABSTRACT WITHIN BOX; DO NOT TYPE AUTHOR(S)' NAMES OR LOCATION

Type only title to right of box:

FOR OFFICE USE ONLY

Abstract No. _____

American Diabetes Association.

ABSTRACT FORM B

(For review)

CHECK ONE:

- ☐ Poster Session Preferred
- ☐ Oral Session Preferred
- ☐ Poster Session Only
- ☐ Oral Only
- ☐ No Preference

The author's wishes will be followed if possible.

Abstract Category Number:_____

(See two-digit category numbers listed on page 2)

The American Diabetes Association's blinded review process:

All abstracts submitted to the American Diabetes Association are peer-reviewed through a "blinded" review process. Reviewers are provided copies of the abstract form on this page (Abstract Form B). Please be certain that Abstract Form B does not include the author(s)' names or location(s). Be sure to indicate your presentation preference and the abstract category number on Abstract Form B as you have done on Abstract Form A. Abstract forms which do not comply with these guidelines or instructions on pages 1 and 2 will not be submitted for review. See Abstract Form B sample format below.

ONLY TYPE ABSTRACT TITLE AND ABSTRACT WITHIN BOX; DO NOT TYPE AUTHOR(S)' NAMES OR LOCATION

Type only title to right of box: Insulin-Mediated Mitogenic Signal Transduction Requires IRS-1.

Abstract data.....

DUALITY OF INTEREST STATEMENT

All participants at professional education events sponsored by the American Diabetes Association should present an objective and scientifically valid view on the subject they are addressing. It is essential that all speakers adhere to this objective in order to protect their reputation and integrity as well as that of the programs of the American Diabetes Association.

On occasion, however, a situation may exist in which an individual presenting the results of scientific research has a relevant duality of interest. Generally, a relevant duality of interest exists when an individual has material interests which could influence him/her or could be perceived as influencing him/her to act contrary to the interests of scientific research and for their own personal benefit or that of a family member, or a business associate. Usually a relevant duality of interest would be financial, such as when an individual has an employment relationship, stock ownership interest, consultative or advisory arrangement, or is the recipient of monies through a grant or stipend.

Situations involving a relevant duality of interest are not inherently wrong or bad, but the prospective audience must be made aware that an affiliation/financial interest exists in order to be able to evaluate fully the information presented. Accordingly, all abstract authors must complete and return the statement below. An author may decline to complete this form, and, in that event, cannot have his/her name on the abstract.

DUALITY OF INTEREST DISCLOSURE FORM

All authors listed on abstracts submitted for the 55th Annual Meeting and Scientific Sessions must sign this form, and a completed form must be included with every abstract submitted.

I have read the American Diabetes Association's *Duality of Interest Statement*, and I am indicating below that I have or have not had in the previous 12 months a relevant duality of interest with a company whose products or services are directly related to the subject matter of my presentation. A relevant duality of interest includes employment, ownership of stock, membership on a standing committee or on the board of directors, receiving honoraria or consulting fees, or receiving financial support or grants for research. Company is defined as a for-profit concern engaged in the development, manufacture, or sale of pharmaceutical or biomedical device(s)/supplies.

Authors' Signatures:		Use appropriate numeral to indicate type of duality*	
1. _____	☐ YES	_____	☐ NO
2. _____	☐ YES	_____	☐ NO
3. _____	☐ YES	_____	☐ NO
4. _____	☐ YES	_____	☐ NO
5. _____	☐ YES	_____	☐ NO
6. _____	☐ YES	_____	☐ NO

(If additional space is needed for author(s)' signature(s), please photocopy this form and include with abstract submission.)

*By answering yes, ADA will disclose the existence of the relevant duality of interest. ADA will make the disclosure by placing a numeral by the author(s)' name(s) in the program indicating the type of duality that exists (1 = employment; 2 = membership on board of directors; 3 = stock/shareholder; 4 = honoraria or consulting fees; 5 = grant/research support; 6 = other duality). The numeral will refer to the following statement in the program book:

"This presenter (denoted by a numeral next to his/her name in the program) has indicated that he/she has a relationship which, in the context of the subject of his/her presentation, could be perceived to represent a relevant duality of interest. The relationship is between the author and a pharmaceutical company, biomedical device manufacturer, or other corporation whose products or services are directly related to the subject matter of the author's presentation. Relevant dualities include employment by an industrial concern (1), ownership of stock (2), membership on a committee or on the board of directors (3), receiving honoraria or consulting fees (4), receiving grants or funds from such corporations (5), or other types of dualities not listed (6)."

Submission of this form does not: 1) guarantee acceptance of the abstract for presentation (All abstracts are peer-reviewed and not all abstracts are accepted for presentation.); and 2) influence the review of the abstracts (Reviewers are not provided copies of *Duality of Interest Disclosure Forms*.)

ABSTRACT PREPARATION CHECKLIST

Two original abstract forms must be submitted as indicated in the Instructions for Preparation of Abstracts (see page 1, #12).

Before mailing, please check your abstract submission for the following:

For both Abstract Form A and Abstract Form B:

- ☐ Is the submission on original abstract forms?
- ☐ Does the heading of the abstract begin to the right of the box located in the left corner of the abstract border, and is the text of the abstract within the border?
- ☐ Are the first letters of major words in the title capitalized?
- ☐ Have the instructions for the body of the abstract been followed, including indentation, abbreviation, nonproprietary names, tables, and references?
- ☐ Has the type of presentation preference been indicated?
- ☐ Has the appropriate abstract category number been filled in?
- ☐ Have five copies of each form been included?

For Abstract Form A:

- ☐ Are author(s)' and co-author(s)' names capitalized, and do author(s)' complete first name(s) precede last name(s), in the heading?
- ☐ Have asterisks been used to designate active member(s) of the Professional Section of the American Diabetes Association in the heading?
- ☐ Have appropriate marks to indicate an author(s)' duality been included in the heading?
- ☐ Have degrees, academic titles, institutional affiliations, street address, and zip code not been listed in the heading?
- ☐ Has the form been signed by an active member of the Professional Section of the American Diabetes Association?
- ☐ Have key words for indexing been provided?
- ☐ Has the corresponding author information been provided, i.e., credentials, institution, and mailing address?
- ☐ Has the the question regarding the funding of the abstract's research been answered?

For Abstract Form B:

- ☐ Have author(s)' name(s), cit(ies) and state(s) been removed from the heading to "blind" the abstract?

For each abstract submission, have the following items been completed and included:

- ☐ Has each author read and signed the *Duality of Interest* form (back of the original Abstract Form B)?
- ☐ Has a self-addressed, stamped postal card been provided if acknowledgement is desired?
- ☐ Has a processing fee of US$35.00, payable by check or money order to the American Diabetes Association, been enclosed with a payment form, or, has the appropriate credit card information on the payment form been completed and signed by the credit card holder?

CUT ALONG DOTTED LINE

American Diabetes Association.

PAYMENT FORM

FOR OFFICE USE ONLY

Date Rec'd: _____

Processed By: _____

Include this form with your abstract submission.

Title of Abstract: _____

Name of Corresponding Author: _____

Method of Payment

_____I have enclosed a check/money order in the amount of US$35.00 for each abstract submitted. (please attach check to this form)

_____I authorize the American Diabetes Association to charge $_____ to my credit card for my abstract processing fee.

☐ American Express ☐ VISA ☐ Mastercard

Card issued in name of (please print):_____

Card Number:_____Expiration Date:_____

Signature:_____

American Diabetes Association.

FUTURE MEETINGS

42nd Annual Advanced Postgraduate Course
January 20 - 22, 1995
San Diego, California

University of the West Indies Postgraduate Course
February 23 - 26, 1995
Ocho Rios, Jamaica

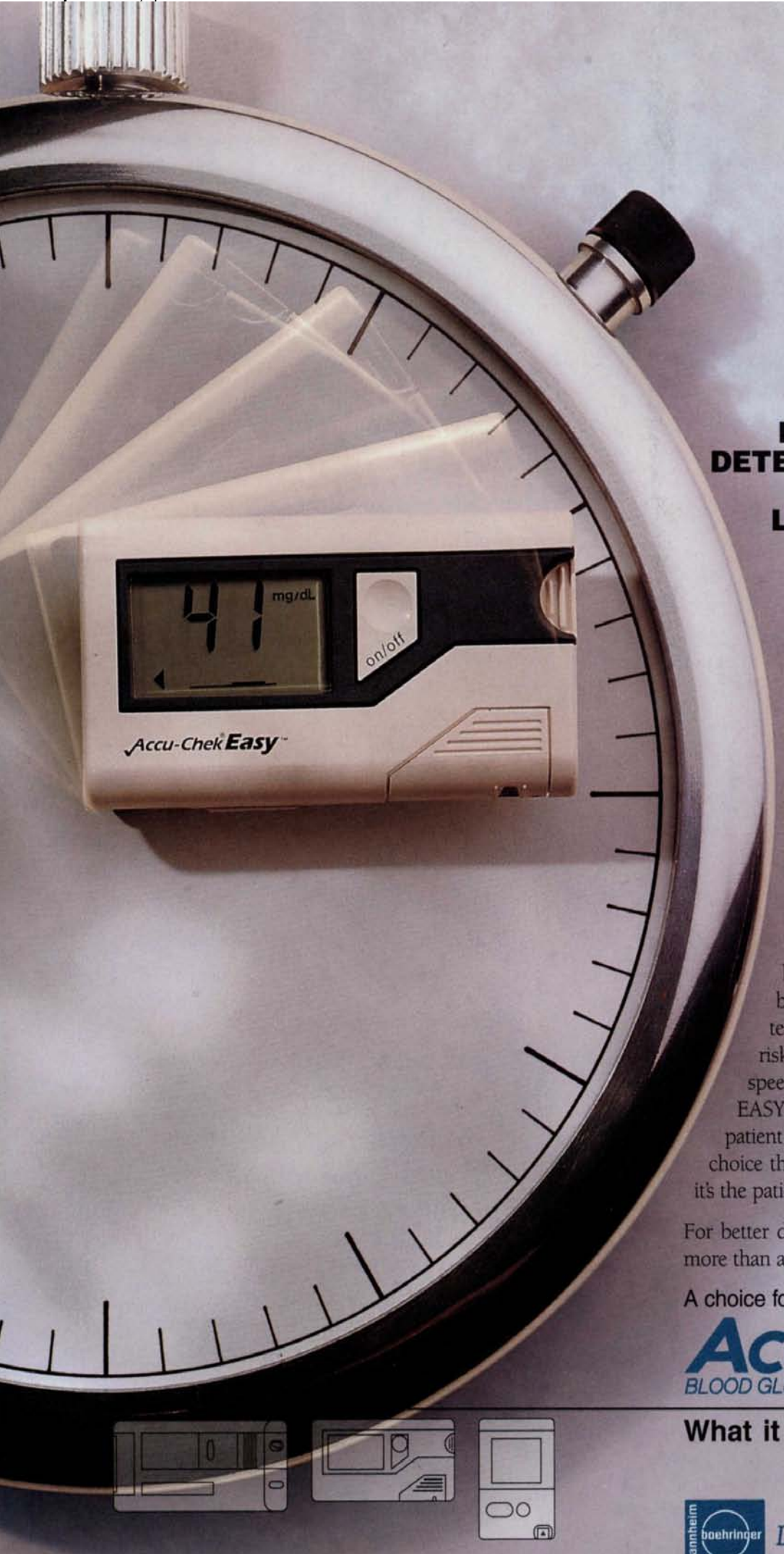
Co-sponsored by the University Diabetes Outreach Project and the American Diabetes Association

Diagnosis and Treatment of Genitourinary Disorders in Diabetes
March 9 - 11, 1995
San Francisco, California

Diagnosis and Treatment of the Complications of Diabetes
April 20 - 23, 1995
Boston, Massachusetts

55th Annual Meeting and Scientific Sessions
June 10 - 13, 1995
Atlanta, Georgia

For more information and registration forms, contact the
American Diabetes Association, Meeting Services Department,
1660 Duke Street, Alexandria, VA 22314-3447 USA;
phone: (703) 549-1500, ext. 330; fax: (703) 683-1351.



IN THE RACE TO DETECT HYPOGLYCEMIA, ONE SYSTEM LEADS THE PACK

In as little as 15 seconds, the ACCU-CHEK® EASY™ can alert your patients to a hypoglycemic episode. No other system is as fast. It's another example of how ACCU-CHEK® Systems are designed to meet your patients' needs.

Allowing your patients to choose a blood glucose monitor they feel comfortable with is important for better diabetes control. It may be how a meter is calibrated. Or it may be the way blood is applied to the test strip. Maybe a patient is at high risk of hypoglycemia and needs the speed that comes with ACCU-CHEK® EASY™. Whatever the reason, each patient is an individual and should have a choice that fits his or her lifestyle. After all, it's the patient who makes it work.

For better diabetes control, give your patients more than a chance...give them a choice.

A choice for different needs

Accu-Chek®
BLOOD GLUCOSE MONITORING SYSTEMS

What it takes to take control

mannheim boehringer Diagnostics

If You Are A Medical Professional In

Be In San Diego

...at the 42nd Annual Advanced

American Diabetes Association's
42nd Annual Advanced
Postgraduate Course
January 20-22, 1995
Sheraton Harbor Island Resort
San Diego, California

FRIDAY, JANUARY 20

General Session — Pathogenesis

Pathogenesis of Immune Destruction of the Pancreas: Do We Know How This Happens?

What Causes NIDDM: Defects in Insulin Secretion, Insulin Action, or Both?

Diabetic Neuropathy: Is It A Metabolic or A Vascular Disease?

Atherosclerotic Vascular Disease: Does the Pathogenesis Differ in IDDM and NIDDM?

What Causes Hypoglycemic Unawareness?

General Session — Topics in Endocrinology

Endocrine Hypertension Diagnosis and Treatment

Hypoglycemic Disorders

Endocrine Causes of Syncope

Growth Hormone Deficiency in Children and Adolescents

Presentation

The New National Standards for Diabetes Patient Education Programs

SATURDAY, JANUARY 21

General Session — Treatment

Can Complications in NIDDM be Prevented? If So, How?

Neuropathy: How Effective is the Treatment of Neuropathic Pain?

Nephropathy: Proven vs. Promising Therapies: Which is Which?

The Field Of Diabetes, You Must

In January...

Postgraduate Course.

SATURDAY, JANUARY 21 *(continued)*

Atherosclerotic Vascular Disease: Does Treatment of Diabetic Dyslipidemia Differ in IDDM and NIDDM?

Obesity: Can It Be Treated Effectively? What is the Definition of Effective?

Concurrent Workshops

Management of Intensive Insulin Therapy in the Private Practice Setting

Educating and Training Patients in the Managed Care Setting: You Have 10 Minutes...

Economics of Diabetes: Is Intensive Management Cost-Effective? And If So, How Do You Convince Third-Party Payers?

Pancreas Transplantation: What It Can't Do, What It Can Do, and What It Might Be Able To Do

Diabetes Management: How to Be a More Culturally Sensitive Practitioner

The Intelligent Use of Carbohydrates: Is the Ban on Sugar Lifted?

1994 Nutrition Recommendations: Theory to Practice

SUNDAY, JANUARY 22

General Session — Prevention/ Education

Prevention of IDDM: Is It Possible?

Should People Be Screened for Diabetes? If So, Will It Alter the Outcome?

Can Antioxidants Prevent Atherosclerotic Disease?

Diabetic Foot Disease: How Do You Screen and How Should You Intervene?

If Changing Behavior Prevents Disease, Can Behavior Be Changed?

For innovative sessions on the latest in clinical research in areas of interest to all health care professionals in the field of diabetes, come to San Diego in January. This year's general sessions will focus on the most pressing questions in the areas of pathogenesis, treatment, prevention and education. Back by popular demand are the general session on endocrinology topics other than diabetes, and afternoon interactive workshops. In addition, a special one-hour session will be held to answer all your questions on the new National Standards for Diabetes Patient Education Programs. Call now for registration information, and join your colleagues for this outstanding educational opportunity!

With natural beauty and a rich heritage, San Diego offers a wide variety of sights and attractions. While it is best known for its near-perfect climate and miles of sandy beaches, you'll also discover a city with a character and ambiance rich in the arts and culture.

Nestled at the water's edge on enchanting San Diego Bay, the newly renovated Sheraton Harbor Island Resort offers easy access to both the airport and the city's most famous attractions and leisure opportunities. Offering majestic panoramic views of the Bay and adjacent downtown, the hotel is just minutes away from all that San Diego has to offer. Discover magnificent beaches, abundant golf, and virtually every water sport imaginable. For cultural stimulation there's the Globe Theater and the acclaimed San Diego Opera, "Must see" attractions include the city's world-famous zoo, wild animal and aquatic parks, and the exciting new Gas Lamp district. The Sheraton Harbor Island Resort is the ideal location for the 42nd Annual Advanced Postgraduate Course.

For Registration Information Contact:

American Diabetes Association.

Meeting Services Department
1660 Duke St., Alexandria, VA 22314
Phone: 703/549-1500, ext. 330
Fax: 703/683-1351

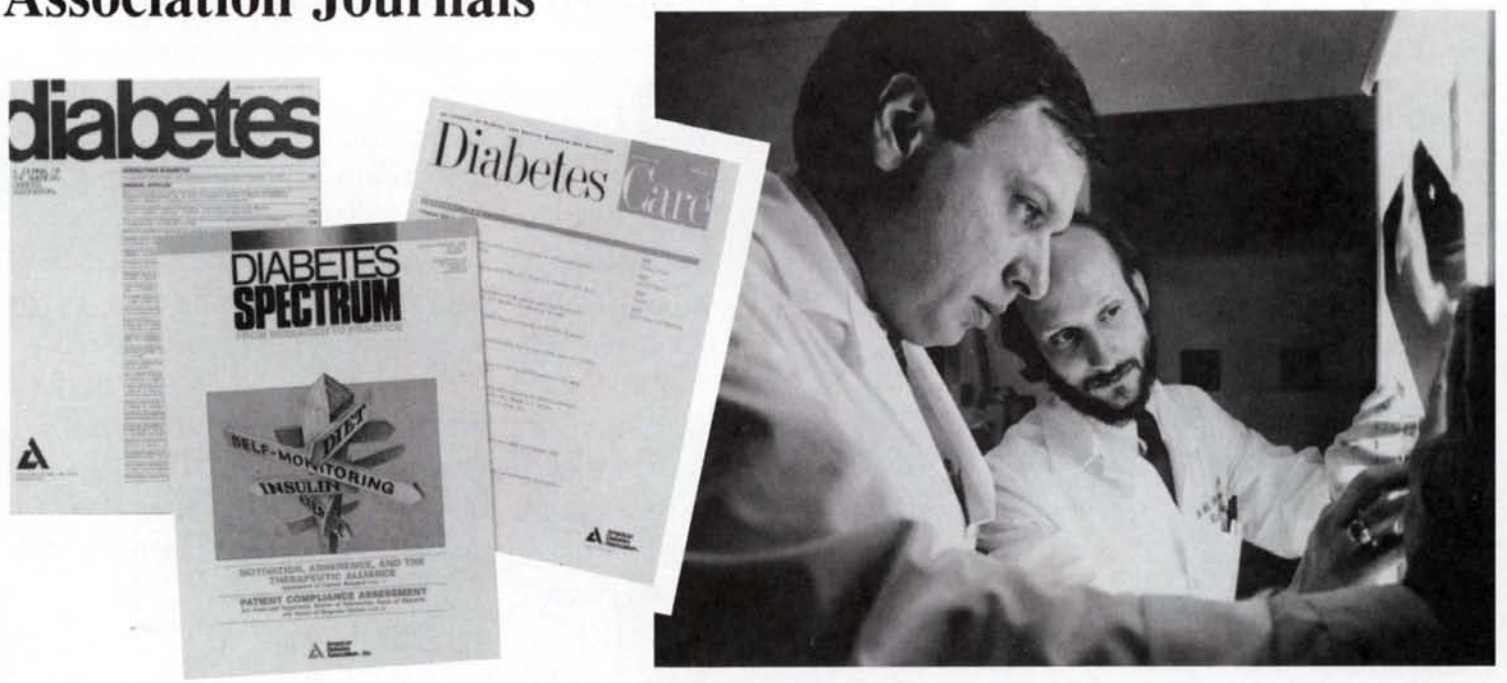
ACT NOW!

42nd ANNUAL
ADVANCED
POSTGRADUATE
COURSE

SAN DIEGO • JANUARY 20-22, 1995

Get the Facts on Diabetes Breakthroughs

Subscribe to American Diabetes Association Journals



DIABETES

The premier journal of basic diabetes research, DIABETES presents the latest laboratory findings from the world's top scientists, plus reviews, editorials, and ADA news. Published monthly with occasional supplements, DIABETES brings you major research studies by Roger Unger, Paul Lacy, Bernard Jeanrenaud, George Eisenbarth and other authorities.

DIABETES CARE

DIABETES CARE presents the latest clinical research from top researchers with analysis and comments on what the new findings mean for you and your patients. A must for practitioners, dietitians, and educators who want to keep up with the latest clinical findings.

DIABETES SPECTRUM

Written for professionals who work day-to-day on the front line of diabetes treatment, DIABETES SPECTRUM translates the latest research into practice. Each issue contains concise, easy-to-follow summaries of the hottest papers in diabetes research, plus tips for treating your patients.

American Diabetes Association.

Please start my subscription for the following journals:

- ☐ **DIABETES (12 issues)** Rate: US/Mexico:$135 International $190
- ☐ **DIABETES CARE (12 issues)** Rate: US/Mexico:$100 International $155
- ☐ **DIABETES SPECTRUM (6 issues)** Rate: US/Mexico:$30 International $45

Name/Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Province/Country: _____

J4ADCP1

All payments must accompany your order, paid in US funds on checks drawn on a US bank. Credit orders accepted. Allow 6-8 weeks for delivery. Canadians add 7% GST tax.

Method of Payment (check one):

- ☐ Check/money order
- ☐ VISA
- ☐ MasterCard

Card no. _____ exp ___

Signature: _____

☐ Check here to receive information about ADA professional membership.

Return this form with payment to:

American Diabetes Association
Subscription Services
1660 Duke Street
Alexandria, VA 22314, USA

It's difficult to get your patients to test their blood glucose as often as they should.

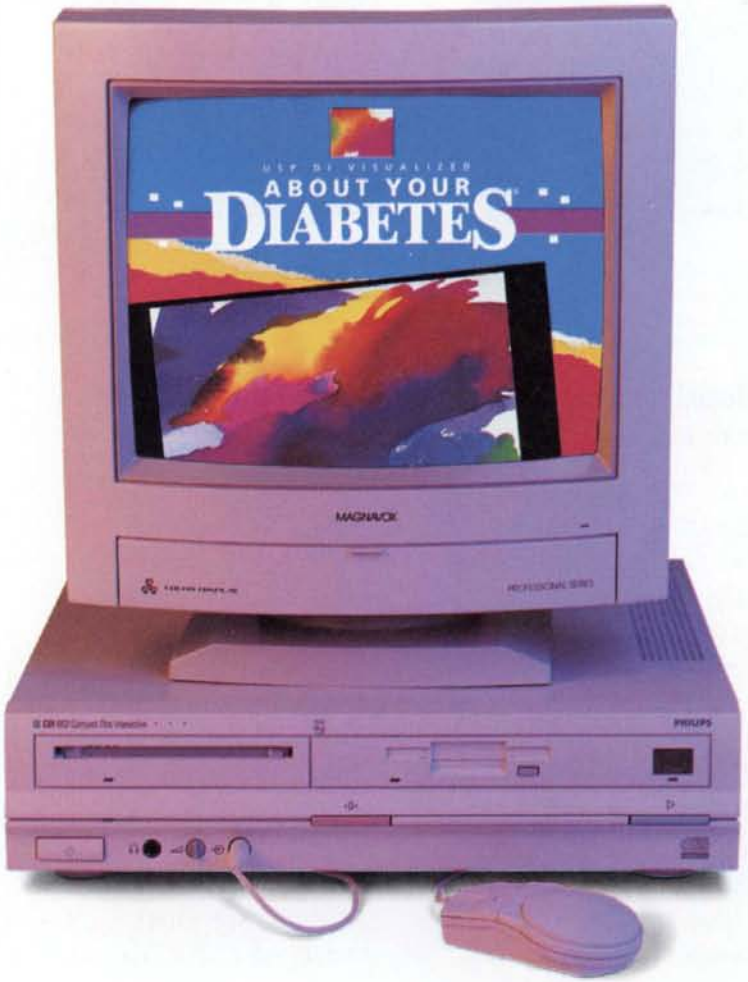
Or is it?

You advise your patients with diabetes to test their blood glucose levels several times a day. They tell you they will, but inevitably they don't because it's time consuming, inconvenient and difficult. Well, we've changed all that with the Companion™ 2. We've made testing automatic. Insert the test strip, add a small drop of blood, wait only 20 seconds and you're done.
Our biosensor technology has made it easier than ever to quietly and discreetly test blood glucose levels. And there's no cleaning, which means no contamination. And the Companion 2 is also exceptionally accurate. For more information, call us at 1-800-537-3575. Tell your patients about the Companion 2. We think it will make both of you feel a lot better.

MEDISENSE

Companion™ 2

If you don't have time to read this...



you need

About Your Diabetes

the personalized interactive training system.

Time Saver.

USP DI Visualized About Your Diabetes® features the latest in compact disc interactive technology which actively involves your patients in customized, step-by-step instructions for understanding, monitoring and managing their disease. With ***About Your Diabetes***, you'll be able to determine quickly and accurately your patients' comprehension, freeing up much more time for individual counseling and guidance.

Stress Saver.

As simple to use as a VCR, ***About Your Diabetes*** is a compact, easy-to-transport, single-unit multimedia training system featuring audio narration, full motion video, music, graphics and text to create a stimulating learning experience. You can depend on ***About Your Diabetes*** to create personalized presentations that address your patients' unique health profile and needs.

Money Saver.

About Your Diabetes puts the benefits of interactive training well within your reach. Never before has the power of interactive diabetes education been so affordable.

* Hardware prices may vary with market and choice of peripherals.

Life Saver.

About Your Diabetes covers topics critical to your patients' health and well-being. Instructions for insulin administration, meal planning, self-monitoring, foot care, what to do in an emergency, and other essential procedures are extensively covered in the program. Immediate feedback helps to ensure that your patients thoroughly understand the information presented.

Call
1-800-227-8772
for a free brochure.

USP® SINCE 1820

American Diabetes Association.

August/September 1994 Volume 11 Number 7

Diabetic Medicine

Journal of the British Diabetic Association

0742-3071(199408/09)11:7;1-4

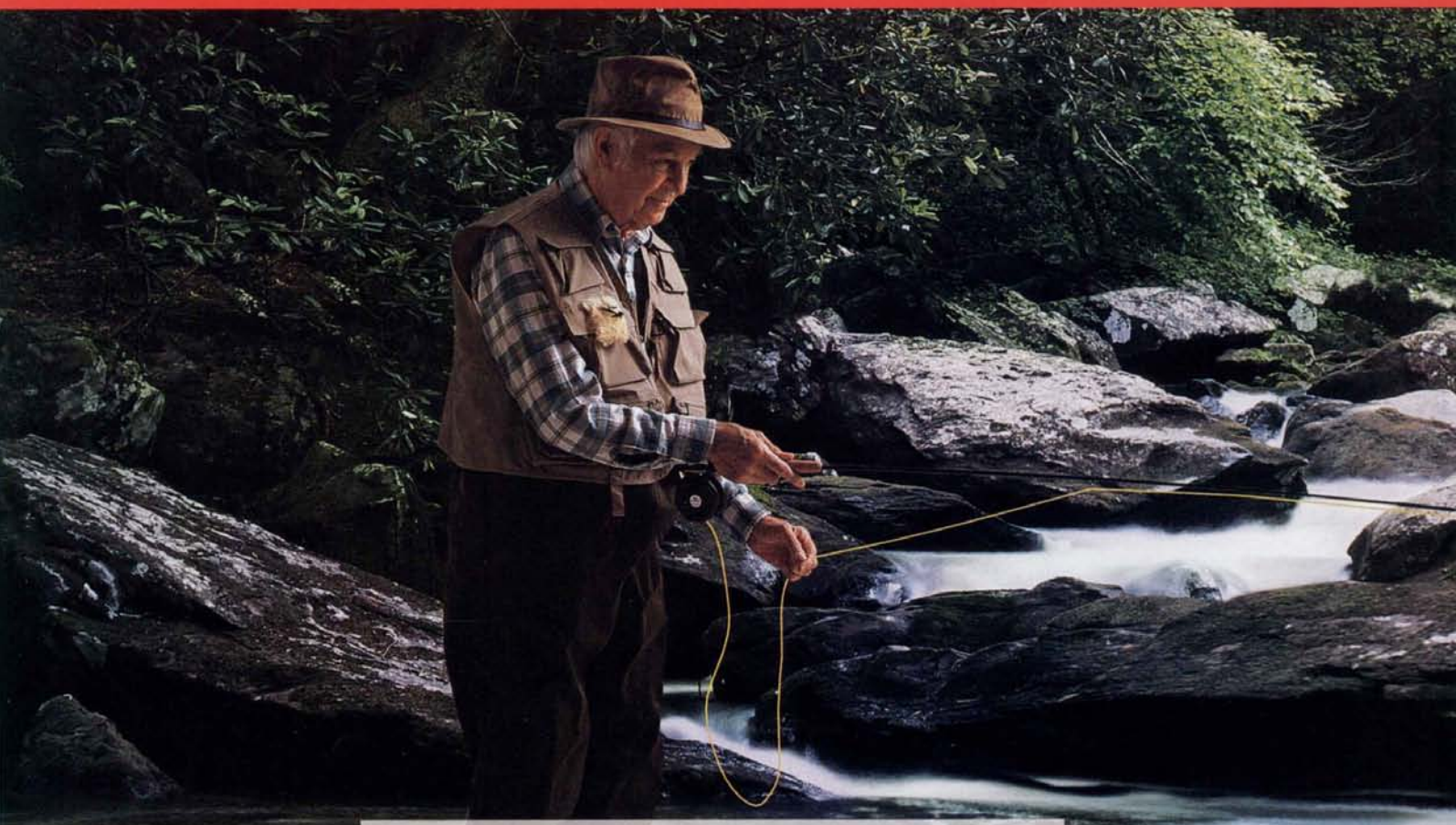
WILEY

A WILEY MEDICAL PUBLICATION

DIMEEV 11(7) 609–720 (1994)

ISSN 0742–3071

THE VALUE OF EXPERIENCE



BENEFIT FROM THE EXPERIENCE

- Proven 24-hour control in hypertension
- Proven 24-hour control in angina
- Over 1.8 billion patient therapy days reported*

EXPERIENCE THE BENEFITS

- Well tolerated
- Effective in a wide range of patient types[1-5]
- Consistent 24-hour plasma levels[6]
- No clinically significant effect on heart rate[2,3]

once-a-day

PROCARDIA XL®

(nifedipine) extended release

Tablets 30mg, 60mg and 90mg GITS

*Methodology on file at Pratt Pharmaceuticals, derived from NPA Plus™, IMS America, Ltd., 1993.

Please see brief summary of prescribing information on adjacent page.

TRUST THE EXPERIENCE

CONVENIENT DOSING

- Easy to titrate
- Convenient AM or PM dosing
- Can be taken with or without food

WELL-TOLERATED THERAPY

Side effects include peripheral edema, which is not associated with fluid retention, and headache

In controlled clinical trials of 776 patients with PROCARDIA XL, edema resulted in discontinuation of therapy in 2.6% of patients[6]

References: 1. Monsen L, Moisey D, Gaffney M, Fischer J, the Nifedipine GITS Study Group. Consistent blood pressure reduction without loss of diurnal variability with once-daily nifedipine GITS treatment. *Am J Hypertens.* 1990;3(2):114A. Abstract. 2. Parmley WW, Nesto RW, Singh BN, Deanfield J, Gottlieb SO, the N-CAP Study Group. Attenuation of the circadian patterns of myocardial ischemia with nifedipine GITS in patients with chronic stable angina. *J Am Coll Cardiol.* 1992;19:1380-1389. 3. Phillips RA, Ardeljan M, Shimabukuro S, et al. Effects of nifedipine-GITS on left ventricular mass and left ventricular filling. *J Cardiovasc Pharmacol.* 1992;19 (suppl 2):S28-S34. 4. Sheu WH-H, Swislocki ALM, Hoffman B, Chen Y-DI, Reaven GM. Comparison of the effects of atenolol and nifedipine on glucose, insulin, and lipid metabolism in patients with hypertension. *Am J Hypertens.* 1991;4:199-205. 5. Reams G, Lau A, Knaus V, Bauer JH. The effect of nifedipine GITS on renal function in hypertensive patients with renal insufficiency. *J Clin Pharmacol.* 1991;31:468-472. 6. Data on file. Pfizer Inc, New York, NY.

Brief Summary
PROCARDIA XL® (nifedipine) Extended Release Tablets For Oral Use

CONTRAINDICATIONS: Known hypersensitivity reaction to nifedipine.

WARNINGS: Excessive Hypotension: Although in most angina patients the hypotensive effect of nifedipine is modest and well tolerated, occasional patients have had excessive and poorly tolerated hypotension. These responses have usually occurred during initial titration or at the time of subsequent upward dosage adjustment, and may be more likely in patients on concomitant beta blockers.

Severe hypotension and/or increased fluid volume requirements have been reported in patients receiving nifedipine together with a beta-blocking agent who underwent coronary artery bypass surgery using high dose fentanyl anesthesia. The interaction with high dose fentanyl appears to be due to the combination of nifedipine and a beta blocker, but the possibility that it may occur with nifedipine alone, with low doses of fentanyl, in other surgical procedures, or with other narcotic analgesics cannot be ruled out. In nifedipine-treated patients where surgery using high dose fentanyl anesthesia is contemplated, the physician should be aware of these potential problems and if the patient's condition permits, sufficient time (at least 36 hours) should be allowed for nifedipine to be washed out of the body prior to surgery.

The following information should be taken into account in those patients who are being treated for hypertension as well as angina:

Increased Angina and/or Myocardial Infarction: Rarely, patients, particularly those who have severe obstructive coronary artery disease, have developed well documented increased frequency, duration and/or severity of angina or acute myocardial infarction on starting nifedipine or at the time of dosage increase. The mechanism of this effect is not established.

Beta Blocker Withdrawal: It is important to taper beta blockers if possible, rather than stopping them abruptly before beginning nifedipine. Patients recently withdrawn from beta blockers may develop a withdrawal syndrome with increased angina, probably related to increased sensitivity to catecholamines. Initiation of nifedipine treatment will not prevent this occurrence and on occasion has been reported to increase it.

Congestive Heart Failure: Rarely, patients usually receiving a beta blocker, have developed heart failure after beginning nifedipine. Patients with tight aortic stenosis may be at greater risk for such an event, as the unloading effect of nifedipine would be expected to be of less benefit to those patients, owing to their fixed impedance to flow across the aortic valve.

PRECAUTIONS: General—Hypotension: Because nifedipine decreases peripheral vascular resistance, careful monitoring of blood pressure during the initial administration and titration of nifedipine is suggested. Close observation is especially recommended for patients already taking medications that are known to lower blood pressure. (See WARNINGS.)

Peripheral Edema: Mild to moderate peripheral edema occurs in a dose dependent manner with an incidence ranging from approximately 10% to about 30% at the highest dose studied (180 mg). It is a localized phenomenon thought to be associated with vasodilation of dependent arterioles and small blood vessels and not due to left ventricular dysfunction or generalized fluid retention. With patients whose angina or hypertension is complicated by congestive heart failure, care should be taken to differentiate this peripheral edema from the effects of increasing left ventricular dysfunction.

Other: As with any other non-deformable material, caution should be used when administering PROCARDIA XL in patients with preexisting severe gastrointestinal narrowing (pathologic or iatrogenic). There have been rare reports of obstructive symptoms in patients with known strictures in association with the ingestion of PROCARDIA XL.

Laboratory Tests: Rare, usually transient, but occasionally significant elevations of enzymes such as alkaline phosphatase, CPK, LDH, SGOT, and SGPT have been noted. The relationship to nifedipine therapy is uncertain in most cases, but probable in some. These laboratory abnormalities have rarely been associated with clinical symptoms; however, cholestasis with or without jaundice has been reported. A small (5.4%) increase in mean alkaline phosphatase was noted in patients treated with PROCARDIA XL. This was an isolated finding not associated with clinical symptoms and it rarely resulted in values which fell outside the normal range. Rare instances of allergic hepatitis have been reported. In controlled studies, PROCARDIA XL did not adversely affect serum uric acid, glucose, or cholesterol. Serum potassium was unchanged in patients receiving PROCARDIA XL in the absence of concomitant diuretic therapy, and slightly decreased in patients receiving concomitant diuretics.

Nifedipine, like other calcium channel blockers, decreases platelet aggregation *in vitro*. Limited clinical studies have demonstrated a moderate but statistically significant decrease in platelet aggregation and increase in bleeding time in some nifedipine patients. This is thought to be a function of inhibition of calcium transport across the platelet membrane. No clinical significance for these findings has been demonstrated.

Positive direct Coombs test with/without hemolytic anemia has been reported but a causal relationship between nifedipine administration and positivity of this laboratory test, including hemolysis, could not be determined.

Although nifedipine has been used safely in patients with renal dysfunction and has been reported to exert a beneficial effect in certain cases, rare reversible elevations in BUN and serum creatinine have been reported in patients with pre-existing chronic renal insufficiency. The relationship to nifedipine therapy is uncertain in most cases but probable in some.

Drug Interactions—Beta-adrenergic blocking agents: (See WARNINGS) Experience in over 1400 patients with Procardia® capsules in a noncomparative clinical trial has shown that concomitant administration of nifedipine and beta-blocking agents is usually well tolerated but there have been occasional literature reports suggesting that the combination may increase the likelihood of congestive heart failure, severe hypotension, or exacerbation of angina.

Long Acting Nitrates: Nifedipine may be safely co-administered with nitrates, but there have been no controlled studies to evaluate the antianginal effectiveness of this combination.

Digitalis: Administration of nifedipine with digoxin increased digoxin levels in nine of twelve normal volunteers. The average increase was 45%. Another investigator found no increase in digoxin levels in thirteen patients with coronary artery disease. In an uncontrolled study of over two hundred patients with congestive heart failure during which digoxin blood levels were not measured, digitalis toxicity was not observed. Since there have been isolated reports of patients with elevated digoxin levels, it is recommended that digoxin levels be monitored when initiating, adjusting, and discontinuing nifedipine to avoid possible over- or under-digitalization.

Coumarin Anticoagulants: There have been rare reports of increased prothrombin time in patients taking coumarin anticoagulants to whom nifedipine was administered. However, the relationship to nifedipine therapy is uncertain.

Cimetidine: A study in six healthy volunteers has shown a significant increase in peak nifedipine plasma levels (80%) and area-under-the-curve (74%), after a one week course of cimetidine at 1000 mg per day and nifedipine at 40 mg per day. Ranitidine produced smaller, non-significant increases. The effect may be mediated by the known inhibition of cimetidine on hepatic cytochrome P-450, the enzyme system probably responsible for the first-pass metabolism of nifedipine. If nifedipine therapy is initiated in a patient currently receiving cimetidine, cautious titration is advised.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Nifedipine was administered orally to rats, for two years and was not shown to be carcinogenic. When given to rats prior to mating, nifedipine caused reduced fertility at a dose approximately 30 times the maximum recommended human dose. *In vivo* mutagenicity studies were negative.

Pregnancy: Pregnancy Category C. Nifedipine has been shown to be teratogenic in rats when given in doses 30 times the maximum recommended human dose. Nifedipine was embryotoxic (increased fetal resorptions, decreased fetal weight, increased stunted forms, increased fetal deaths, decreased neonatal survival) in rats, mice, and rabbits at doses of from 3 to 10 times the maximum recommended human dose. In pregnant monkeys, doses 2/3 and twice the maximum recommended human dose resulted in small placentas and underdeveloped chorionic villi. In rats, doses three times maximum human dose and higher caused prolongation of pregnancy. There are no adequate and well controlled studies in pregnant women. PROCARDIA XL® (nifedipine) Extended Release Tablets should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

ADVERSE EXPERIENCES: *Over 1000 patients from both controlled and open trials with* PROCARDIA XL Extended Release Tablets in hypertension and angina were included in the evaluation of adverse experiences. All side effects reported during PROCARDIA XL Extended Release Tablet therapy were tabulated independent of their causal relation to medication. The most common side effect reported with PROCARDIA XL was edema which was dose related and ranged in frequency from approximately 10% to about 30% at the highest dose studied (180 mg). Other common adverse experiences reported in placebo-controlled trials include: headache (15.8%, compared to 9.8% placebo incidence), fatigue (5.9%, compared to 4.1% placebo incidence), dizziness (4.1%, compared to 4.5% placebo incidence), constipation (3.3%, compared to 2.3% placebo incidence), and nausea (3.3%, compared to 1.9% placebo incidence). Of these, only edema and headache were more common in PROCARDIA XL patients than placebo patients.

The following adverse reactions occurred with an incidence of less than 3.0%. With the exception of leg cramps, the incidence of these side effects was similar to that of placebo alone: *body as a whole/systemic*: asthenia, flushing, pain; *cardiovascular*: palpitations; *central nervous system*: insomnia, nervousness, paresthesia, somnolence; *dermatologic*: pruritus, rash; *gastrointestinal*: abdominal pain, diarrhea, dry mouth, dyspepsia, flatulence; *musculoskeletal*: arthralgia, leg cramps; *respiratory*: chest pain (nonspecific), dyspnea; *urogenital*: impotence, polyuria.

Other adverse reactions were reported sporadically with an incidence of 1.0% or less. These include: *body as a whole/systemic*: face edema, fever, hot flashes, malaise, periorbital edema, rigors; *cardiovascular*: arrhythmia, hypotension, increased angina, tachycardia, syncope; *central nervous system*: anxiety, ataxia, decreased libido, depression, hypertonia, hypoesthesia, migraine, paroniria, tremor, vertigo; *dermatologic*: alopecia, increased sweating, urticaria, purpura; *gastrointestinal*: eructation, gastro-esophageal reflux, gum hyperplasia, melena, vomiting, weight increase; *musculoskeletal*: back pain, gout, myalgias; *respiratory*: coughing, epistaxis, upper respiratory tract infection, respiratory disorder, sinusitis; *special senses*: abnormal lacrimation, abnormal vision, taste perversion, tinnitus; *urogenital/reproductive*: breast pain, dysuria, hematuria, nocturia.

Adverse experiences which occurred in less than 1 in 1000 patients cannot be distinguished from concurrent disease states or medications.

The following adverse experiences, reported in less than 1% of patients, occurred under conditions (e.g., open trials, marketing experience) where a causal relationship is uncertain: gastrointestinal irritation, gastrointestinal bleeding.

In multiple-dose U.S. and foreign controlled studies with nifedipine capsules in which adverse reactions were reported spontaneously, adverse effects were frequent but generally not serious and rarely required discontinuation of therapy or dosage adjustment. Most were expected consequences of the vasodilator effects of Procardia. Adverse experiences reported in placebo-controlled trials include: dizziness, lightheadedness, and giddiness (27%, compared to 15% placebo incidence); flushing, heat sensation (25%, compared to 8% placebo incidence); headache (23%, compared to 20% placebo incidence); weakness (12%, compared to 10% placebo incidence); nausea, heartburn (11%, compared to 8% placebo incidence); muscle cramps, tremor (8%, compared to 3% placebo incidence); peripheral edema (7%, compared to 1% placebo incidence); nervousness, mood changes (7%, compared to 4% placebo incidence); palpitation (7%, compared to 5% placebo incidence); dyspnea, cough, and wheezing (6%, compared to 3% placebo incidence); and nasal congestion, sore throat (6%, compared to 8% placebo incidence).

There is also a large uncontrolled experience in over 2100 patients in the United States. Most of the patients had vasospastic or resistant angina pectoris, and about half had concomitant treatment with beta-adrenergic blocking agents. The relatively common adverse events were similar in nature to those seen with PROCARDIA XL.

In addition, more serious adverse events were observed, not readily distinguishable from the natural history of the disease in these patients. It remains possible, however, that some or many of these events were drug related. Myocardial infarction occurred in about 4% of patients and congestive heart failure or pulmonary edema in about 2%. Ventricular arrhythmias or conduction disturbances each occurred in fewer than 0.5% of patients.

In a subgroup of over 1000 patients receiving Procardia with concomitant beta blocker therapy, the pattern and incidence of adverse experiences was not different from that of the entire group of Procardia treated patients (See PRECAUTIONS.)

In a subgroup of approximately 250 patients with a diagnosis of congestive heart failure as well as angina, dizziness or lightheadedness, peripheral edema, headache or flushing each occurred in one in eight patients. Hypotension occurred in about one in 20 patients. Syncope occurred in approximately one patient in 250. Myocardial infarction or symptoms of congestive heart failure each occurred in about one patient in 15. Atrial or ventricular dysrhythmias each occurred in about one patient in 150.

In post-marketing experience, there have been rare reports of exfoliative dermatitis caused by nifedipine.

More detailed professional information available on request. Revised October 1992

Pfizer Pratt Pharmaceuticals

Fax your credit card order to (703) 549-6995

Two Reasons to Join ADA Today:

1 You Choose the Journals You Want to Receive!

2 Join Now and You Save on Scientific Sessions Registration

Introducing ADA's Cafeteria-Style Membership

The American Diabetes Association now offers two low-priced Professional Section membership options that let you receive the publications ***you want***—at a price that fits your budget.

Category I-Entitles you to choose between *Diabetes* or *Diabetes Care*, plus the opportunity to subscribe to additional ADA journals at reduced member prices. Please note, physicians must join this category.

Category II-Entitles you to *Diabetes Spectrum*, plus the opportunity to subscribe to additional ADA journals at reduced member prices.

Both membership categories offer a wide range of benefits, including discounts on ADA's Scientific Sessions, Postgraduate Course, and other educational programs; the Professional Section *Membership Directory*; eligibility for ADA research grants and awards; one free Professional Section Council membership; local ADA affiliate membership; the *Professional Section News*; and *Clinical Practice Recommendations* and a discount to ***BRS Colleague.***

In-Training Membership Rates

You are eligible to become a Member-In-Training if you have received your first professional degree within the last five years. This qualifies you for dues at half-price. Also, you will be eligible to subscribe to additional ADA journals at the same reduced rates as other members.

Exclusive Member Benefits

Your Choice of Publications

Diabetes—the world's most-cited journal of basic diabetes research brings you the latest findings from the world's top scientists.

Diabetes Care—the premier journal of clinical diabetes research and treatment. *Diabetes Care* keeps you current with original research reports, commentaries, and reviews.

Diabetes Reviews—the comprehensive but concise review articles in ADA's newest journal are a convenient way for the busy clinician to keep up-to-date on what's truly new in research.

Diabetes Spectrum—translates research into practice for nurses, dietitians, and other health-care professionals involved in patient education and counseling.

Clinical Diabetes—for the primary-care physician as well as other health-care professionals, this newsletter offers articles and abstracts highlighting recent advances in diabetes treatment.

Diabetes Forecast—ADA's magazine for patients and their families features advice on diet, exercise, and other lifestyle changes, plus the latest developments in new technology and research. It is a valuable tool for patient education.

1995 Scientific Sessions Abstract Book—given out at the door to all Scientific Sessions attendees, the *Abstract Book* is available through the mail, for a small fee, if you want to receive an advance copy or are unable to attend the meeting.

Professional Section Report

This quarterly newsletter highlights Professional Section events and other ADA news.

FREE Council Membership

Professional Section Councils give you an opportunity to network with members from different specialties who share your interest in a specific area of diabetes research or care. One free Council membership is included with your membership. Additional Council memberships are available for $25 each.

Membership Directory Listing

Your link to a valuable network of more than ten thousand diabetes experts. Locate your colleagues by specialty, location, and Professional Section Council membership.

Eligibility for ADA Research Grants and Awards

An exclusive benefit. Only members of the Professional Section are eligible to receive ADA grants that support diabetes research. In addition, annual awards are presented to physicians, diabetes educators, and researchers to honor outstanding performance.

Discounts on ADA Scientific and Medical Programs

Save on registration for ADA's Scientific Sessions, Postgraduate Course, and ADA-sponsored symposia. ADA meetings are accredited for CME credits.

Local Affiliate Membership

Your Professional Section membership also entitles you to membership in your local ADA affiliate where you can participate in patient and professional education programs, network with other professionals, and actively participate in shaping the future of ADA.

Clinical Practice Recommendations

This extensive guide details the current ADA standards of clinical care. The position statements and technical reviews in *Clinical Practice Recommendations* are convenient and important resources for all health-care professionals who care for people with diabetes.

Application for Professional Section Membership

American Diabetes Association.

Title | First Name | M.I. | Last Name

Organization/Institution

Address, line 1

Address, line 2

City | State | ZIP/Postal Code

Country (if outside the United States)

License/Registration | Other degrees/certificates | Primary Area of Focus. Clinical Practice Research Education Industry

Phone _____ Fax _____ Is this your Home or Office Address

University or College Attended _____

Education: Degree _____ Date Earned _____

Please mark your primary specialty with P and your secondary specialty(s) with S. Mark up to 3 total specialties:

___Administration (AD)
___Biochemistry (BC)
___Cardiology (CA)
___Dentistry (DO)
___Dermatology (DE)
___Education (ED)
___Epidemiology (EP)
___Adult Endocrinology (EN)
___Exercise Physiology (EX)
___Family Practice (FP)
___General Practice (GP)
___Geriatrics (GE)
___Internal Medicine (IM)
___Immunology (IU)
___Metabolism (ME)
___Nephrology (NE)
___Neurology (NR)
___Nursing (NS)
___Nutrition (NU)
___Obstetrics/Gynecology (OG)
___Opthalmology (OP)
___Optometry (OT)
___Orthopedics (OR)
___Osteopathy (OS)
___Pathology (PT)
___Pediatric Endocrinology (PN)
___Pediatrics (PE)
___Pedorthic Management (PR)
___Pharmacology (PA)
___Pharmacy (PM)
___Physical Therapy (PX)
___Physiology (PY)
___Podiatry (PO)
___Psychiatry (PS)
___Psychology (PC)
___Public Health (PH)
___Research (RE)
___Social Work (SW)
___Surgery (SU)
___Urology (UR)
___Other:
_____
_____
_____

Primary Practice Setting (please check one):

Hospital | Private/group practice | HMO | University/Academic | Private Research Center | Government
Public Health | Pharmaceutical/Manufacturing | Pharmacy | Nursing Home | Home Health | Other_____

FREE COUNCIL MEMBERSHIP

Please check your selection(s). Professional Section members receive ***one*** *free Council membership. Additional Council Memberships are available for $25 each.*

Council on Complications (TT)
Council on Diabetes in Pregnancy (BB)
Council on Diabetes in Youth (EE)
Council on Behavioral Medicine and Psychology (PP)
Council on Education (SS)
Council on Foot Care (RR)
Council on Epidemiology and Statistics (CC)
Council on Clinical Endocrinology, Diabetes & Metabolism (SS)
Council on Exercise (XX)
Council on Health Care (DD)
Council on Nutritional Sciences and Metabolism (AA)
Council on Molecular, Cellular & Biochemical Aspects of Diabetes (MM)

MEMBERSHIP CATEGORY/DUES INFORMATION

Please check appropriate membership category and journal selections. Physicians must select Category I.

	Category I	Category II
Regular	$125	$50
Regular In-Training	$ 65	$25
International	$180	$65
International In-Training	$118	$40

If you choose: **Category I** Please select either ***Diabetes*** or, ***Diabetes Care*** — **Category II** members automatically receive ***Diabetes Spectrum***

ADDITIONAL JOURNAL SUBSCRIPTIONS

	Regular	International**
Diabetes (monthly)	$75	$130
Diabetes Care (monthly)	$75	$130
Diabetes Reviews (quarterly)	$45	$65
Diabetes Spectrum (bimonthly)	$15	$30
Diabetes Forecast (monthly)	$12	$37
Clinical Diabetes (bimonthly)	$15	$21
Abstract Book (annual) (for 1995 Scientific Sessions)	$10	$18

** *Includes all members outside the U.S., Canada and Mexico. Prices reflect a charge for expedited delivery service.*

SEND YOUR APPLICATION TODAY!

I am enclosing
A. $_____ for a New Renewed Membership
B. $_____ for additional publications
C. $_____ for additional councils
D. $_____ for 7% GST (*Canadian members only:* applies to total of A, B, & C)

Amount Enclosed $_____

Payment Enclosed
Charge my VISA MasterCard

Card# _____ Exp. Date_____

Signature_____

Questions? Call ADA Customer Service at 1-800-232-3472, ext. 343 or (703) 549-1500 ext. 343. Or fax to (703) 549-6995

The portion of membership dues set aside for publications is as follows:

Category I: *Diabetes* or *Diabetes Care* $75 **Category II:** *Diabetes Spectrum* $15

Please allow 7-9 weeks for order processing

American Diabetes Association
Professional Section Membership
Department 0028
Washington, DC 20073-0028

J4ADCPM1

THE AMERICAN DIABETES ASSOCIATION
54TH ANNUAL MEETING - NEW ORLEANS
AUDIO CASSETTES

Selected sessions at this year's ADA Annual Convention are now available through AVW Audio Visual, Inc. You may order your selections by simply placing an "X" in the appropriate box next to the session you wish to order. Then send the order by mail or fax to the address or the fax number below. All orders must be prepaid. Please make sure to include all information for proper shipping (i.e. phone, etc.)

PROFESSIONAL SECTION COUNCIL PROGRAMS		# of tapes in session	Price
☐ ADA4 - 01	Council on Clinical Endocrinology, Diabetes and Metabolism	2T	$19.00
☐ ADA4 - 02	Council on Diabetes in Pregnancy *(Does Not Include: John O'Sullivan or Edward Ogata)*	2T	$19.00
☐ ADA4 - 03	Council on Diabetes in Youth	3T	$28.50
☐ ADA4 - 04	Council on Education	2T	$19.00
☐ ADA4 - 05	Council on Foot Care	3T	$28.50
☐ ADA4 - 06	Council on Health Care Delivery and Public Health *(Does Not Include: William Herman)*	1T	$9.50
☐ ADA4 - 07	Joint Session with the Council on Health Care and Public Health & The Council on Clinical Endocrinology, Diabetes and Metabolism	1T	$9.50
☐ ADA4 - 08	Council on Behavioral Medicine and Psychology	2T	$19.00
☐ ADA4 - 09	Council on Complications	2T	$19.00
☐ ADA4 - 10	Council on Epidemiology and Statistics *(Does Not Include: William Knowler)*	3T	$28.50
☐ ADA4 - 11	Council on Exercise	2T	$19.00
☐ ADA4 - 12	Council on Molecular, Cellular and Biochemical Aspects of Diabetes	2T	$19.00
☐ ADA4 - 13	Council on Nutrition Science and Metabolism *(Does Not Include: Arshag Mooradian)*	3T	$28.50
CONCURRENT SYMPOSIA			
☐ ADA4 - 14	Strategies for Finding the Diabetes Gene *(Does Not Include: Eric Lander)*	1T	$9.50
☐ ADA4 - 15	The Energy Balance Equation	2T	$19.00
☐ ADA4 - 28	Is A Dyslipidemia Intrinsic to the Etiology of NIDDM?	2T	$19.00
☐ ADA4 - 29	Small GTP Binding Proteins: Potential Role in Insulin Action and Insulin Secretion *(Does Not Include: Y. LeMarchant)*	1T	$9.50
☐ ADA4 - 30	Hypoglycemia: Critical Issues In Diabetes Management	2T	$19.00
☐ ADA4 - 46	Insulin Resistance and Hypertension: A Second Look	2T	$19.00
☐ ADA4 - 47	Animal Models of Obesity and Diabetes	2T	$19.00
☐ ADA4 - 48	Changing Behavior (Tuesday - 8:15am-10:15am)	2T	$19.00
CONCURRENT ORAL PRESENTATIONS			
☐ ADA4 - 16	Signal Transduction *(Does Not Include: Lynn Kozma # 7)* (ABSTRACTS - 1-8)	2T	$19.00
☐ ADA4 - 17	Immunology (Sunday - ABSTRACTS 9-16)	2T	$19.00
☐ ADA4 - 18	Psychosocial/Behavioral Medicine (ABSTRACTS 17-24)	2T	$19.00
☐ ADA4 - 19	Insulin Secretion (ABSTRACTS - 25-32)	2T	$19.00
☐ ADA4 - 20	Insulin Action (Sunday - ABSTRACTS 33-40)	2T	$19.00
☐ ADA4 - 21	Complications, Neuropathy (ABSTRACTS - 41-48)	2T	$19.00
☐ ADA4 - 22	Education (ABSTRACTS 49-56)	2T	$19.00
☐ ADA4 - 23	Immunogenetics/Immunology (Includes State-of-the-Art Lecture: The Genetics of Antigen Presentation) (ABST. - 57-62)	2T	$19.00
☐ ADA4 - 31	Metabolism, in vivo, humans *(Does Not Include: Jong-Hee Hwang # 238)* (ABSTRACTS 231-241)	2T	$19.00
☐ ADA4 - 32	Lipids/Complications, Macrovascular *(Does Not Inlude: Galen Pieper #249)* (ABSTRACTS - 242-248)	2T	$19.00
☐ ADA4 - 33	Treatment of Diabetes: Clinical Diabetes (ABSTRACTS 250-257)	2T	$19.00
☐ ADA4 - 34	Signal Transduction (ABSTRACTS - 258-265)	2T	$19.00
☐ ADA4 - 35	Health Care Delivery (ABSTRACTS - 266-273)	2T	$19.00
☐ ADA4 - 36	Nutrition *(Does Not Include: Michael Schwartz #280)* (ABSTRACTS - 274-281)	2T	$19.00
☐ ADA4 - 37	Insulin Synthesis/Secretion (ABSTRACTS - 282-289)	2T	$19.00

CONCURRENT ORAL PRESENTATIONS (continued)

		# of tapes in session	Price
☐ ADA4 - 38	Immunology (Includes State-of-the-Art Lecture: Tolerance to *B-Cell Autoantigens*) (ABSTRACTS - 290-295)	2T	$19.00
☐ ADA4 - 49	Metabolism, in vivo, animals ***(Does Not Include: Dana Sindelar #418)*** (ABSTRACTS - 416-423)	2T	$19.00
☐ ADA4 - 50	Pregnancy (ABSTRACTS - 424-431)	2T	$19.00
☐ ADA4 - 51	Transplantation (ABSTRACTS - 432-439)	2T	$19.00
☐ ADA4 - 52	Hypoglycemia (Tuesday - ABSTRACTS - 440-447)	2T	$19.00
☐ ADA4 - 53	Insulin Action ***(Does Not Include: Akifumi Ando #449)*** (Tuesday - ABSTRACTS - 448-455)	2T	$19.00
☐ ADA4 - 54	Complications, Nephropathy & Retinopathy (ABSTRACTS - 456-463)	2T	$19.00
☐ ADA4 - 55	Epidemiology (Tuesday - ABSTRACTS - 464-471)	2T	$19.00
☐ ADA4 - 56	Immunology (Includes State-of-the-Art Lecture: Prediction of IDDM) (Tuesday - ABSTRACTS 472-477)	2T	$19.00

CONCURRENT WORKSHOPS

☐ ADA4 - 24	Initiation of Intensive Insulin Therapy	1T	$9.50
☐ ADA4 - 39	Hypoglycemia (Monday - 1:30PM - 3:30PM)	2T	$19.00
☐ ADA4 - 40	Therapeutic Choices in NIDDM	2T	$9.50
☐ ADA4 - 41	Treatment of Lipid Disorders in Diabetes	1T	$9.50
☐ ADA4 - 57	Changing Behavior (Tuesday - 1:30pm-3:30pm)	1T	$9.50
☐ ADA4 - 58	Education Programs for Intensive Diabetes Management	1T	$9.50

CONCURRENT POSTER DISCUSSION SESSIONS

☐ ADA4 - 25	Access to Care (Abstracts - 101, 96,88,95,98,97,102,99)	1T	$9.50
☐ ADA4 - 26	Epidemiology (Sunday - ABSTRACTS - 63 - 72)	1T	$9.50
☐ ADA4 - 42	Complications (Abstracts - 187 - 189, 346-347, 332, 326, 319, 105) ***(Does Not Include: Kellie Faulk #111)***	2T	$19.00
☐ ADA4 - 43	Insulin Action (Monday - ABSTRACTS - 369, 370, 232, 380)	1T	$9.50
☐ ADA4 - 59	Glucose Signaling of Insulin Secretion (Abstracts - 559-567)	2T	$19.00
☐ ADA4 - 60	Forms of Therapy/New Technology (Abstracts - 192, 505, 503, 498, 511, 196, 201, 198, 200, 199)	2T	$19.00

SPECIAL SESSIONS, SYMPOSIUM & LECTURES

☐ ADA4 - 27	President's Address & Banting Lecture	1T	$9.50
☐ ADA4 - 44	Lilly Lecture	1T	$9.50
☐ ADA4 - 45	Symposium: American Diabetes Association Nutrition Recommendations: 1994	1T	$9.50

NAME _____

COMPANY _____

ADDRESS _____

CITY _____

STATE/COUNTRY/ZIP _____

PHONE _____

ADVANCE PAYMENT IS REQUIRED FOR ALL ORDERS

CIRCLE ONE:

AMEX VISA MC DINERS CLUB CARTE BLANCHE
DISCOVER CHECK

CARD # _____

EXPIRES _____

SIGNATURE _____

PLEASE ALLOW 3 - 4 WEEKS FOR DELIVERY

Please include $1.00 for each cassette (minimum $2.00) $30.00 MAXIMUM. Include $6.50 shipping and handling on ALL INTERNATIONAL MAIL ORDERS up to 5 cassettes. Thereafter add $1.00 per cassette up to $90.00 maximum. Federal Express, Airborne, and UPS charges will be charged to credit cards only. RUSH orders add $5.00. Orders without shipping and handling charges included will be returned.
RETURNS MUST BE MADE WITHIN 10 DAYS OF SHIPPING DATE!

TOTAL FOR TAPES ORDERED	$
TOTAL FOR BINDERS ORDERED ____ 6 PK. @ $5.00 (US) ____ 12 PK. @ $7.00 (US)	$
SHIPPING & HANDLING (MIN. $2.00)	$
SALES TAX (MAIL ORDERS) 8.25% * * APPLIES TO TEXAS RESIDENTS ONLY	$
☐ PLEASE RUSH MY ORDER	$5.00
TOTAL	$

MAIL ORDERS TO:

AVW AUDIO VISUAL, INC.
ATTN: TAPING SERVICES
2233 IRVING BLVD
DALLAS, TEXAS 75207
PHONE (214) 638 - 0024
FAX (214) 631 - 5238