

# LUNG CANCER MANAGEMENT NEED NOT BE ALL BAD NEWS

- *You could offer him a therapy which can be administered in the local hospital*

- *You could also improve his level of symptom relief and sense of well-being<sup>(1,2)</sup>*

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(gemcitabine)

*A new option in the management of  
Non-small Cell Lung Cancer*

*For details of a patient centred approach to the management of NSCLC contact Lilly Oncology on 01256 315461*

## ACCESSIBLE TREATMENT WHICH COULD IMPROVE CANCER CARE FOR YOUR PATIENTS

**Abbreviated Prescribing Information: Gemzar** - (Gemcitabine Inn) **Presentations** Glass vials containing gemcitabine hydrochloride, equivalent to 200mg or 1g of gemcitabine, as a sterile lyophilised powder.

**Uses** Gemzar is indicated for the palliative treatment of adult patients with locally advanced or metastatic non-small cell lung cancer. **Dosage and Administration** (For full information, see data sheet or package inserts.) The drug is only administered intravenously and not more than once per week. The recommended dose is 1000mg/m<sup>2</sup> given by 30 minute intravenous infusion. This dose should be repeated once weekly for three weeks, followed by a one week rest period. This four week cycle is then repeated. Gemcitabine can be administered on an outpatient basis. Dosage reduction is based upon the amount of toxicity experienced by the patient. Patients receiving gemcitabine should be monitored every other week for platelet, leucocyte and granulocyte counts and, if necessary, the dose may be either reduced or withheld in the presence of haematological toxicity (see data sheet). **The elderly:** As for adults. Gemcitabine has been well tolerated by patients over the age of 65 years. **Hepatic and renal impairment:** Gemcitabine should be used with caution in patients with hepatic insufficiency or with impaired renal function. Periodic checks of liver and kidney functions, including transaminases and serum creatinine, should be performed in patients receiving gemcitabine. **Contra-indications, Warnings, etc.** **Contra-indications:** Known hypersensitivity to gemcitabine. **Warnings:** Prolongation of the infusion time and increased dosing frequency have been shown to increase toxicity. Myelosuppression is short-lived and usually does not result in dose reductions and rarely in discontinuation. There have been very rare cases of haemolytic uraemic syndrome (signs of microangiopathic haemolytic anaemia such as rapidly falling haemoglobin with concomitant thrombocytopenia, elevation of serum bilirubin or LDH). If this occurs, discontinue gemcitabine immediately. **Precautions** Usage in pregnancy or lactation: Avoid in pregnant or breast-feeding women, since safety has not been established. Experimental animal studies have shown reproductive toxicity. Patients should be cautioned against driving or operating machinery until they are sure they do not become somnolent. **Adverse reactions. Haematological:** Anaemia, leucopenia and thrombocytopenia. Thrombocythaemia. **Gastro-intestinal:** Abnormalities of liver

transaminases, which were usually mild, non-progressive and rarely necessitated stopping treatment. Nausea or vomiting, which required therapy in about 20% of patients and was rarely dose-limiting. **Renal:** Mild proteinuria and haematuria, which was rarely clinically significant. A few cases of renal failure of uncertain aetiology have been reported. **Allergic:** Rash and pruritus were usually mild and not dose-limiting. Desquamation, vesiculation and ulceration have been reported rarely. Anaphylaxis has been reported rarely. Dyspnoea. Bronchospasm occurred in less than 1% of patients and was usually mild and transient but parenteral therapy may be required. **Other:** Influenza-like symptoms (fever, headache, back pain, chill, myalgia, asthenia and anorexia). Cough, rhinitis, malaise, sweating and insomnia. Oedema or peripheral oedema. A few cases of hypotension have been reported. Alopecia (usually minimal hair loss), somnolence, diarrhoea, oral toxicity (mainly soreness and erythema) and constipation. Rarely, injection site reaction. **Legal Category** POM **Product Licence Numbers** Vials 200mg: 0006/0301, Vials 1g: 0006/0302 **Direct Hospital Price** 200mg: £18.75 ex.VAT.; 1g: £93.75 ex.VAT. **Full Prescribing Information is Available From** Eli Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5SY. Telephone: Basingstoke (01256) 315000 'GEMZAR' is a Lilly trade mark. **Date of preparation** October 1995.

### References:

1. Anderson H., Betticher D.C., et al Symptomatic Benefit from Gemcitabine and Other Chemotherapy In Advanced Non-Small Cell Lung Cancer; Changes in Performance Status and Tumour Related Symptoms. *Anti-Cancer Drugs* 1995; Vol 6(Suppl. 6):39-48
2. Anderson H., Thatcher N., et al Quality of Life and Symptomatic Benefit in patients with NSCLC. Lilly Oncology Global Medical Conference. 22 - 35

DATE OF PREPARATION: April 1996

GEM66



## THE EXPANDING WORLD OF 'ZESTRIL'

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Consult Data Sheet before prescribing.

#### **'ZESTRIL'**

**USE:** All grades of essential hypertension and renovascular hypertension. Congestive heart failure (adjunctive therapy). Acute myocardial infarction in haemodynamically stable patients (in addition to standard coronary care).

**PRESENTATION:** Tablets containing 2.5mg, 5mg, 10mg or 20mg lisinopril.

**DOSAGE AND ADMINISTRATION:** *Hypertension* Adults (inc elderly): initially 2.5mg daily, a 2.5mg dose seldom achieves a therapeutic response; adjust dose according to response. Maintenance usually 10-20mg once daily. Maximum is 40mg daily.

Diuretic-treated patients - if possible stop diuretic 2-3 days before starting 'Zestril'. Resume diuretic later if desired.

*Congestive heart failure* Adults: initially 2.5mg daily under close medical supervision (hospital initiation for severe or unstable heart failure and other patients at higher risk), increasing to 5-20mg once daily according to response. Monitor blood pressure and renal function.

*Acute myocardial infarction* Treatment may be started within 24 hours of symptoms. First dose is 5mg, followed by 5mg after 24 hours, 10mg after 48 hours and then 10mg once daily. Dosing should continue for six weeks. Lower dosage in patients with low systolic blood pressure (120mmHg or less) - see Data Sheet.

Renal impairment - may require lower maintenance dosage. 'Zestril' is dialysable.

Children - not recommended.

**CONTRA-INDICATIONS:** Pregnancy. Hypersensitivity to 'Zestril'. Patients with history of angioneurotic oedema to previous ACE-inhibitor therapy. Patients with aortic stenosis, cor pulmonale or outflow tract obstruction.

**PRECAUTIONS:** Assessment of renal function is recommended. Symptomatic hypotension may occur, particularly in volume depleted patients and congestive heart failure. Caution in patients with ischaemic heart or cerebrovascular disease; renal insufficiency; renovascular hypertension. Patients with a history of angioedema may be at increased risk of angioedema with an ACE inhibitor. Acute myocardial infarction patients with evidence of renal dysfunction or at risk of serious haemodynamic deterioration - see Data Sheet. Cough has been reported with ACE inhibitors. Renal impairment (usually reversible) may occur in some patients. Hypotension may occur during surgery or anaesthesia. Caution in nursing mothers. No paediatric experience. Afro-Caribbean patients may show reduced therapeutic response. Symptomatic hypotension can be minimised by discontinuing diuretic prior to 'Zestril'. Interaction with indomethacin and lithium. Potassium supplements, potassium sparing diuretics and potassium containing salt substitutes not recommended. Avoid concomitant use with high-flux dialysis membranes.

**SIDE EFFECTS:** Hypotension, dizziness, headache, diarrhoea, cough, nausea, fatigue. Less frequently: rash, asthenia. Rarely, angioneurotic oedema and other hypersensitivity reactions, myocardial infarction or cerebrovascular accident possibly secondary to excessive hypotension in high risk patients, palpitations, tachycardia, abdominal pain, dry mouth, pancreatitis, hepatitis, jaundice, mood alterations, mental confusion, paraesthesia, bronchospasm, alopecia, urticaria, diaphoresis, pruritus, uraemia, oliguria/anuria, renal dysfunction, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthralgia/arthritis, positive ANA, elevated ESR, eosinophilia, leukocytosis; rash, photosensitivity or other dermatological manifestations may occur. Increases (usually reversible) in blood urea, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hyperkalaemia and hyponatraemia.

Anaphylactoid reactions during desensitisation treatment. Leucopenia and thrombocytopenia have occurred (causal relationship not established).

**LEGAL CATEGORY:** POM.

**PRODUCT LICENCE NUMBERS AND BASIC NHS COSTS:** 'Zestril' 2.5mg (12619/0084) 28 tablets £7.64; 5mg (12619/0085) 28 tablets, £9.58; 10mg (12619/0086) 28 tablets, £11.83; 20mg (12619/0087) 28 tablets, £13.38.

'Zestril' is a trademark, the property of ZENECA Limited.

Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ. 95/4366/H Issued Sept '95

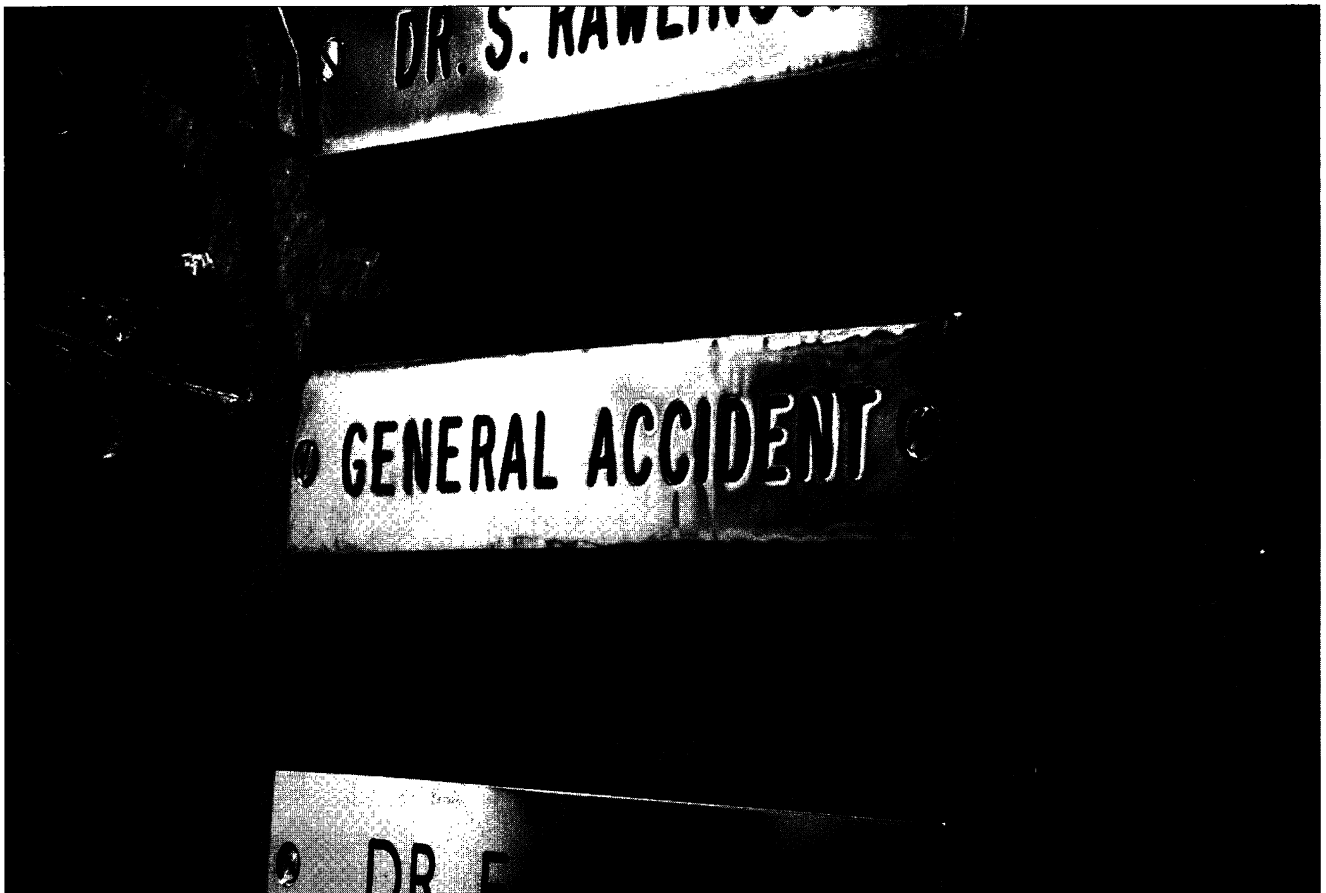
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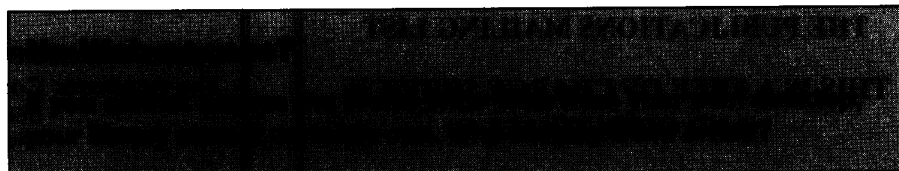
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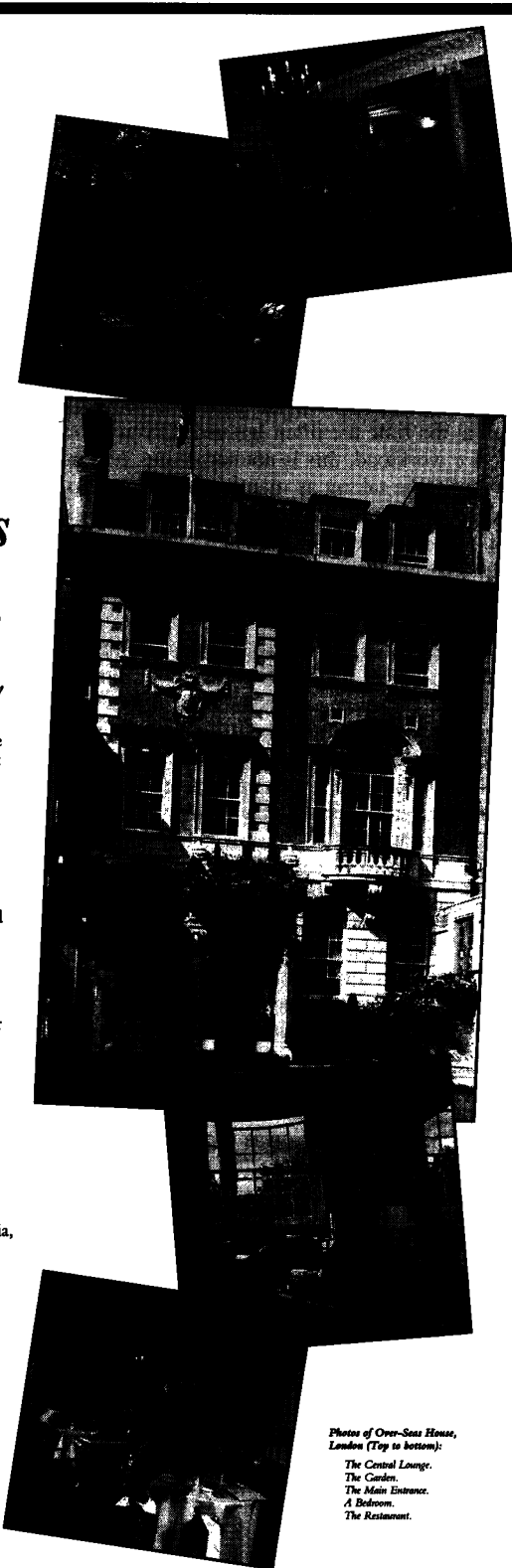
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*Photos of Over-Seas House,  
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**'Primary/Secondary Care  
prescribing groups —  
experience so far  
and the way forward'**

**AGENDA**

**Commences: 09.30 am**

**The Public Health perspective of primary/  
secondary care prescribing groups**

Dr Martin Duerden, Public Health Registrar,  
Cambridge & Huntingdon Health Authority

**Evidence-based medicine — values explored**

Dr Andrew Moore, Editor - Bandler  
Oxford Health Authority

**Prescribing issues for hospitals which  
are driven by the interface**

Mr Howard Rowe, Pharmacy Manager,  
East Glamorgan NHS Trust,  
East Glamorgan General Hospital

**Management of Benign Prostatic Hyperplasia  
— a Public Health Perspective**

Professor Peter Boyle, Director,  
Division of Epidemiology & Biostatistics,  
European Institute of Oncology, Milan

**Future issues in prescribing**

Mr Ian Carruthers, Chief Executive,  
Dorset Health Authority

**The GP's perspective of the  
hospital/community prescribing debate**

Dr David Phillips, General Practitioner and Medical  
Adviser, Gwent Health Authority

**What opportunities exist for  
joint prescribing groups**

Mr Norman Evans, Pharmaceutical Adviser,  
Merton, Sutton & Wandsworth Health Authority

**What I expect from my joint prescribing group**

Mr Graham Butland, Chief Executive,  
South Essex Health Authority

**Concludes: 16.50 pm**

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**TeleMed 96** this year, taking place at the Conference Centre of the Sheraton Skyline Hotel, includes all aspects of telemedicine ('medicine at a distance') and the emerging discipline of telecare. There will be an exciting mixture of conventional presentations and live demonstrations from around the world.

**TeleMed 96** provides a very important opportunity for those concerned with the future of Health Services to see at first hand the developments that will have a very significant impact on the means of delivery and the qualities of service that will become expected in the near future. In fact it will be seen that these changes have already happened in some areas.

**TeleMed 96** will have sessions on, Telemedicine, Telepsychiatry, Education, Home Monitoring and Telecare, Current Issues and Remote Diagnosis.

**Poster Session.** As the result of the overwhelming response to the Call for Papers enlarged Poster Sessions are being included during which the presenters will be able to talk in detail to individual conference delegates.

**Exhibition.** There will be an associated exhibition by manufacturers and suppliers who are supporting telemedicine and telecare. Ample time has been provided to allow all delegates to visit the exhibition.

**CME Approval** has been given for Hospital Staff.

**PGEA Approval** has been applied for.

**Additional Support** is being provided by Beechwood Publishing, BT, InfoDisp, K-Net, LaserLine.

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Wednesday, 26 February 1997

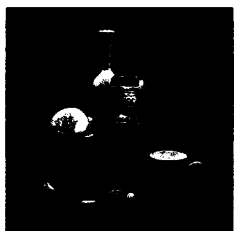
**Venue: Royal College of Physicians, London**

This Conference will consider the links between poverty and health and look at some effective interventions at clinical and policy levels to improve the health of the poor/alleviate poverty. One of the objectives of the day will be to discuss how health professionals can influence policy development, and to develop a strategy and network to carry this work forward. The Conference will be opened by Sir Kenneth Calman, Chief Medical Officer and keynote speakers include Dr Richard Smith, Editor BMJ, Professor Trevor Sheldon, Director, NHS Centre for Reviews and Dissemination.

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An initial 3 day workshop and a further 2 day workshop to facilitate consolidation of learning. Open to all health professionals and social workers working with people with cancer and their families

#### Training the Teachers

A two day workshop to help participants improve their ability to facilitate the learning of communication skills. Open to any health care professional who is involved in teaching interviewing, assessment or counselling skills

#### "Communicating effectively with Cancer patients and their families" and "Helping the Bereaved"

A programme of one day seminars in communication skills for professionals working with cancer patients and their families. Venues include: Edinburgh, London and Birmingham.

**PGEA, CME & RCN accredited.**

#### For further information contact:

Yvonne Hopkins, CRC Training Development Officer, CRC Psychological Medicine Group, Stanley House, Christie Hospital NHS Trust, Wilmslow Road, Manchester M20 4BX.

**Tel: 0161 446 3686 Fax: 0161 448 1655**

#### OESTRADIOL IMPLANTS:

**Presentation:** Pellets for implantation. 25mg, 50mg, or 100mg of Oestradiol. **Uses:** Major post-menopausal symptoms due to oestrogen deficiency, including prevention of post-menopausal osteoporosis in hysterectomised patients. In women with an intact uterus the lowest effective dose should be used and it must be co-administered with a progestogen for 10-13 days in each cycle.

**Administration:** 25-100mg. Patients require a further implant when symptoms return, usually every 4 to 8 months. Implants should be inserted subcutaneously.

**Use during Pregnancy and Breast-Feeding:** Oestradiol implants are contraindicated during pregnancy, and are not recommended in lactation.

**Contraindications:** Pregnancy. Cardiovascular or cerebrovascular disorders. Moderate to severe hypertension. Severe liver disease or history of this condition if results of liver function tests have failed to return to normal; cholestatic jaundice, a history of jaundice in pregnancy or jaundice due to the use of steroids; Rotor syndrome and Dubin-Johnson syndrome. Known or suspected oestrogen-dependent tumours. Endometrial hyperplasia.

Undiagnosed vaginal bleeding. Porphyria. Hyperlipoproteinaemia, history of herpes gestationis.

#### Precautions and Warnings:

Pain in the breasts or excessive production of cervical mucus may be indicative of too high a dosage. Periodical medical examinations are advisable. Patients with any of the following conditions should be monitored: latent or overt cardiac failure, renal dysfunction, epilepsy or migraine (for history of), hypertension, sickle cell haemoglobinopathy, oestrogen-sensitive gynaecological disorders, e.g. uterine fibromyomata and endometriosis. Remove implant if hypertension develops. **Adverse**

**Reactions:** Intermenstrual bleeding, increase in the size of the uterine fibromyomata, endometrial proliferation, excessive production of cervical mucus, aggravation of endometriosis, premenstrual-like syndrome. Breast tenderness, pain, enlargement, secretion. Nausea, vomiting, cholelithiasis, cholestatic jaundice. Thrombosis, rise of blood pressure. Chloasma, erythema nodosum, rash. Discomfort of the cornea if contact lenses are used. Headache, migraine, mood changes, sodium and water retention, reduced glucose tolerance, a change in body weight. Changes in liver function. **Interactions:** May diminish glucose tolerance.

**Overdosage:** Acute overdose is not known to occur.

**Legal Category:** POM

**Product Licence Numbers & NHS Cost:**

25mg	0065/5074R	£9.59
50mg	0065/5075R	£19.16
100mg	0065/5076R	£33.40

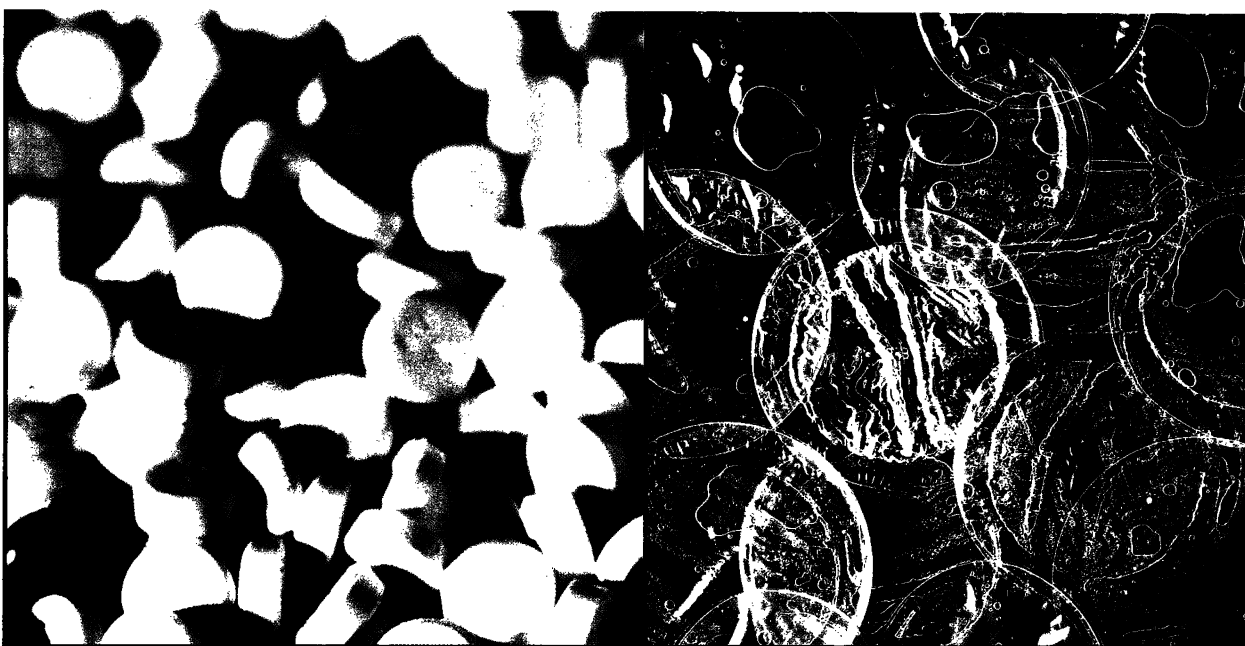
01167C-FP

Revised February '96



Further information is available from:  
**Organon Laboratories Ltd**  
Cambridge Science Park  
Milton Road  
Cambridge CB4 4FL  
Telephone: (01223) 423445

\*based on the average length of treatment



# 6 months oestrogen

## one implant

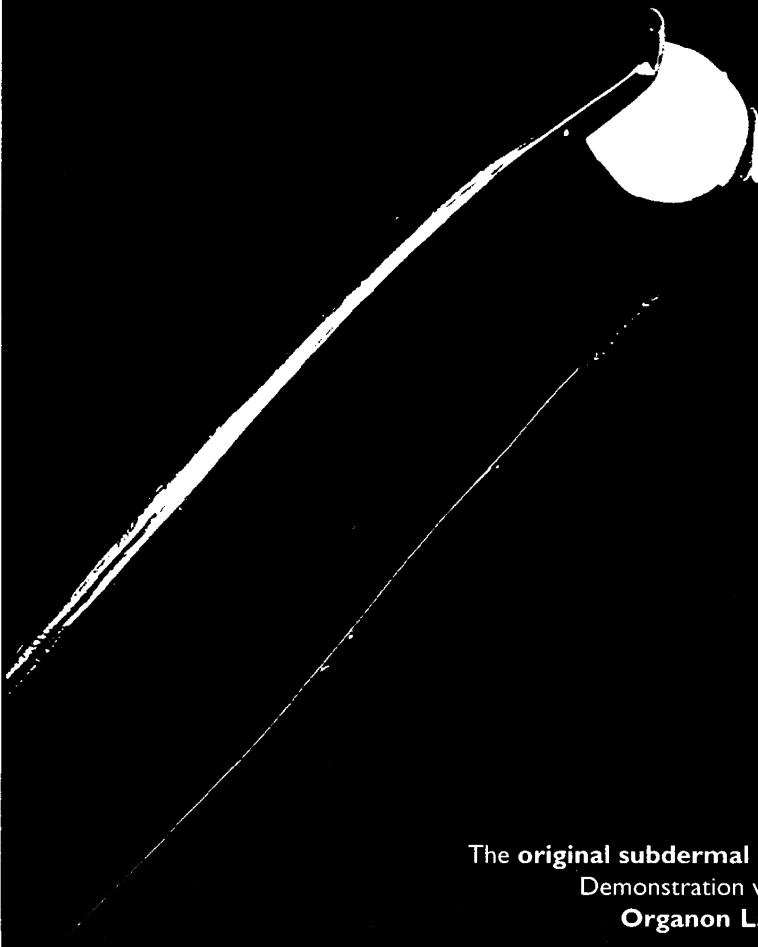
**A unique oestrogen  
delivery system for  
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Maintains therapeutic  
serum oestradiol levels for  
up to six months

Guaranteed patient  
compliance helps ensure  
adequate protection against  
osteoporosis

Can be used in conjunction  
with testosterone to  
alleviate decreased libido

Less expensive than other  
forms of parenteral  
oestrogen replacement



## **oestradiol** implants

The original subdermal therapy available for over 50 years

Demonstration video and trocar sets available from:

**Organon Laboratories, Fax: 01223 424368**

Please Quote Reference: 01167C

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## COURSES/CONFERENCES

Gate House Courses and Conferences Ltd (formerly Barts Conferences) was established in September 1989 and runs 150 courses per year for staff in Health and Social Services. All our training associates have an in-depth knowledge of Health Service issues.



GateHouse

### Management Courses

#### Managing Absenteesim

Thursday 30th January 1997

#### Benchmarking in the NHS

Friday 31st January 1997

#### Understanding Management in the NHS

Friday 24th January 1997

#### Career and Management Development for Women

Wednesday 20th November 1996

#### Counselling Skills at Work

Friday 22nd November 1996

#### Communicating with Confidence

Tuesday 19th November 1996

#### Managing with Confidence

Tuesday 12th November 1996 or  
Wednesday 15th January 1997

#### Speaking with Confidence

Wednesday 27th November 1996

#### Understanding and Managing Conflict

Tuesday 14th January 1997

#### The One Day Management Course

Wednesday 11th December 1996

#### The Efficient Administrator

Thursday 14th  
and Friday 15th November 1996

#### The Listening Programme

Wednesday 13th November 1996

#### Handling the Media

Wednesday 22nd January 1997

#### Persuading and influencing

Friday 22nd November 1996

#### Making Effective Presentations

Thursday 23rd January 1997

#### Handling People Problems

Wednesday 29th January 1997

#### Report Writing

Thursday 12th  
and Friday 13th December 1996

#### Service Level Agreements

Friday 29th November 1996

#### Managing Priorities and Meeting Deadlines

Wednesday 6th November 1996

For further details of the above courses or a copy of our Office and Communications Skills prospectus, please call us on 0171 726 4311/251 6889 or fax 0171 251 5469.

## RECRUITMENT

Ex-UK doctor seeking to exchange practice, house, car, dog, for 3 months Early 1997, Merseyside preferred.

Contact Dr. J. Scott-Jones, PO Box 360, Opotiki, New Zealand. Or E-mail [jdpsj@wave.co.nz](mailto:jdpsj@wave.co.nz).

Experienced in theory and practise, baby/toddler carer. 56, non-smoker, driver, three hours radius North Lincs.

Reply to: Royal College of General Practitioners, Box No. SALES 261, 14 Princes Gate, London SW7 1PU.

## Let us help you pass...

### Intensive Revision Courses

**MRCGP**

London 22/23 March or Manchester 15/16 March  
repeated September '97

**DCH**

London December 16-20 repeated July '97

**DMCOG**

London March 21-23 '97 Manchester April 4-6  
repeated September '97

*The following range of courses follows by return of Post*  
**MRCGP, DCH, DMCOG, MRCOG**

#### Contact us now for further details

PasTest, Dept BG, FREEPOST, Knutsford, Cheshire, WA16 7BR

TEL: 01565 755226

**PAS TEST**

FAX: 01565 650264

## The Challenge of Infection in Primary Care

### Sharing the Expertise

*A Joint Meeting organised by the Royal College of General Practitioners, Association of Medical Microbiologists and Public Health Medicine Environment Group*

Topics include Microbiological Health and Safety in the GP Surgery; Management of Infection; Communicable Disease Control in the Community

Wednesday 16 April 1997

Venue: National Motorcycle Museum, Solihull

For further details contact:

RCGP Conference & Courses Unit,  
Royal College of General Practitioners, 14 Princes Gate,  
Hyde Park, London SW7 1PU

Tel: 0171 823 9703 Fax: 0171 225 3047

Email: [Courses@RCGP.Org.UK](mailto:Courses@RCGP.Org.UK)

### INRStar

*Complete decision support software for anticoagulation control in Primary Care*

- ✱ Developed by GPs for GPs
- ✱ Fully supports the running of practice based anticoagulation clinics
- ✱ Highly cost effective
- ✱ Fast and easy to use in Windows 3.1

For further information fax  
Dr Chris Cuff on 01325 240420

### DEPRESSION AND PHYSICAL ILLNESS

A one-day conference on  
FRIDAY 22 NOVEMBER 1996

organised by

THE ROYAL COLLEGE OF PSYCHIATRISTS  
and

THE ROYAL SOCIETY OF MEDICINE

The first in a series of meetings on the theme of 'Psychiatry for non-Psychiatrists'. Particular aims are to highlight psychiatric problems arising in clinical practice with a special accent on those that occur as a result of organic illness. The first of this series addresses the general topic of depression and physical illness. The meeting has 5 CME credits.

Full programme details from:

Ms Alison Hamlett, Academic Conference Department  
The Royal Society of Medicine, 1 Wimpole Street,  
London W1M 8AE. Fax: 0171 290 2977.

## C O U R S E S

### Study Day on Sport & Health: Fitness for Children & Teenagers

**Friday 29 November 1996**

Venue: RCGP, 14 Princes Gate, London SW7

The RCGP, in association with the Sports Council, is organising a Study Day which will look at the effects of exercise on the health of young people. Current research in this area will be discussed, and topics for discussion will include asthma management, weight control and mental health.

The Delegate Fee (inclusive of VAT) is £60.00. PGEA Applied for.

### Study Day on HIV & AIDS

**Friday 13 December 1996**

The RCGP Working Party on HIV/AIDS is organising a Study Day which will address two important areas for health professionals - Home Care of Patients with HIV/AIDS and Issues around HIV and pregnancy.

The Delegate Fee (inclusive of VAT) is £30.00. PGEA Applied for.

*For further details of any of the above please contact:*

RCGP Courses, 14 Princes Gate, Hyde Park, London SW7 1PU.

Tel: 0171 823 9703. Fax: 0171 225 3047. Email: [Courses@RCGP.Org.UK](mailto:Courses@RCGP.Org.UK)



**0171 823 9703**

Fax: 0171 225 3047

# **PANG**

Pain and Nociception Group

## **Forthcoming Symposia for 1996 and 1997**

Charing Cross & Westminster Medical School  
Margravine Road  
Fulham, London W6 8RP

Monday 2 December 1996

The economic consequences of pain

Monday 10 March 1997

Regional anaesthesia for surgery

Monday 12 May to Wednesday 14 May 1997

London chronic pain symposium

Friday 17 October 1997

Current controversies in the management  
of cancer pain

Organisers: Dr P J D Evans & Dr D M Justins

Further information: Miss C O'Neil  
Department of Anaesthesia  
Charing Cross Hospital  
London W6 8RF

Tel: 0181 846 7017

Fax: 0181 846 7585

(Approved for CME)  
(Concessionary rates available)

## **RCGP SALES CHRISTMAS ORDERS**

To ensure delivery of publications, gifts and record cards before Christmas all orders are to be received by the Sales Office at Princes Gate by Friday 13 December.

RCGP Sales,  
14 Princes Gate,  
Hyde Park,  
London SW7 1PU.  
Tel: 0171-823-9698  
between 9.30 and 4.30  
Fax: 0171-225-3047  
Email: sales@rcgp.org.uk

24-hour answerphone for credit card orders:  
0171-225-3048



Royal College of General Practitioners  
1996 Christmas Lecture for 15-18 Year Olds  
Thursday 12 December 1996

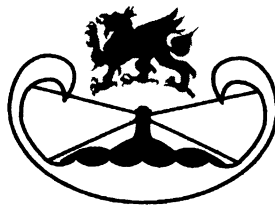
## ***"Very General Practitioners: Primary and Secondary Care in Rural Africa"***

PRESENTED BY:  
*Drs Richard and Carolyn Rigby MRCP*

Further details please contact:  
The Royal College of General Practitioners, Courses Unit,  
14 Princes Gate, Hyde Park, London SW7 1PU.  
Tel: 0171 823 9703 or Fax: 0171 225 3047  
Email address: courses@rcgp.org.uk

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4-6th APRIL  
1997**

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**COME TO WALES IN THE SPRING**

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**SWANSEA, A MODERN CITY BY THE SEA**

**WITH THE BEAUTIFUL GOWER PENINSULA RIGHT NEXT DOOR-**

**A LIVELY CITY OF CULTURE AND ENTERTAINMENT**

**WELL CONNECTED TO THE REST OF THE UK AND TO IRELAND**

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**AND BOOST YOUR MORALE.**

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IS BEING HELD IN THE SWANSEA BAY CONFERENCE CENTRE  
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leech farm can be  
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**SPEAKERS WILL INCLUDE;**

**Sir Donald Irvine  
Professor Roger Jones  
Professor John Bligh  
Professor Nigel Stott  
Dr Ruth Chambers  
Dr Donald Evans**

**A FULL SOCIAL PROGRAMME HAS BEEN ARRANGED  
FOR PARTNERS AND CHILDREN**

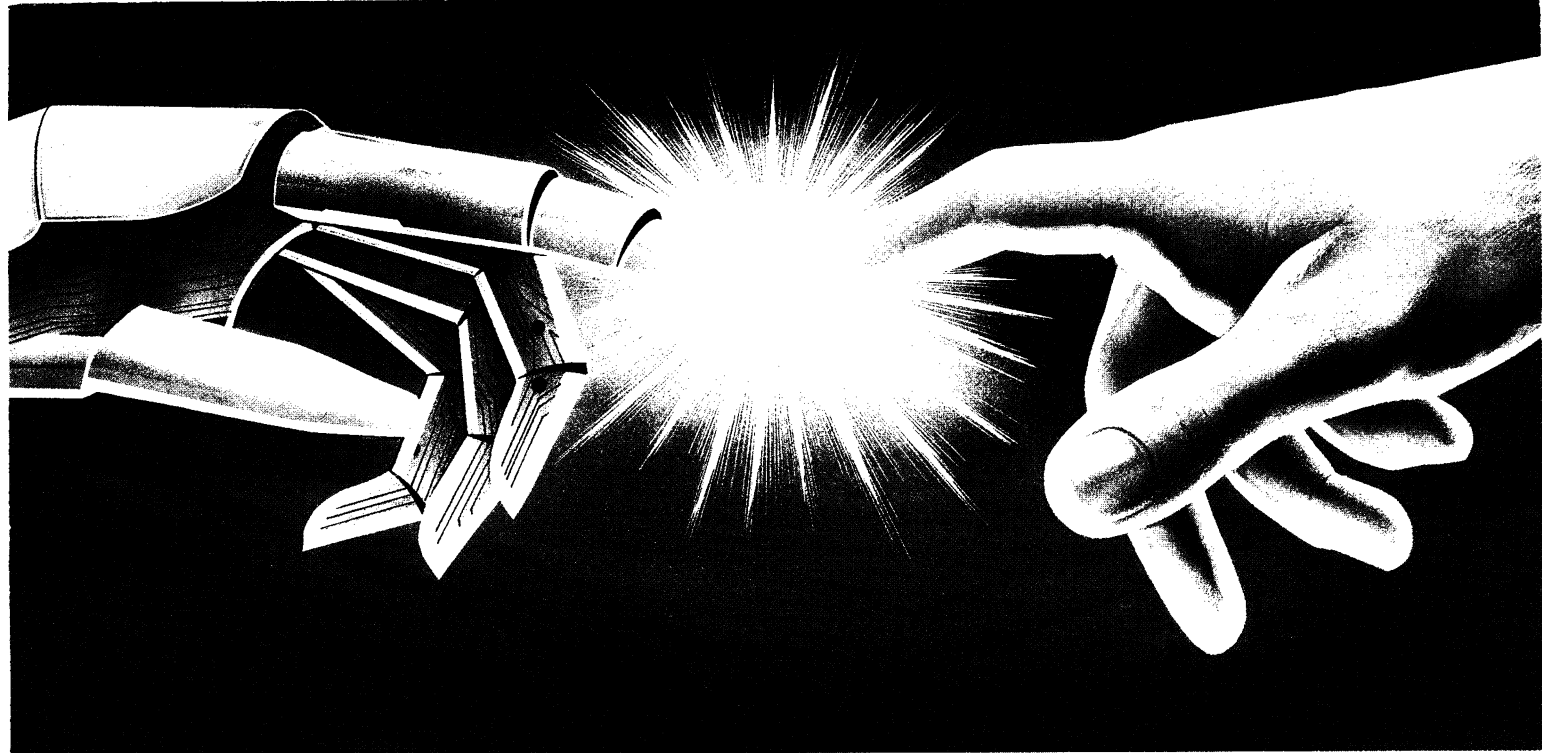
**REMEMBER THAT THERE ARE DISCOUNTS FOR BOOKING EARLY,  
AND THAT LAST YEARS SYMPOSIUM WAS FULLY BOOKED BY FEBRUARY!**

**"CROESO I GYMURU" (WELCOME TO WALES)**

**FOR FURTHER INFORMATION CONTACT:**

**THE ADMINISTRATOR, SOUTH WEST WALES FACULTY OF THE RCGP  
MAES-Y-GWERNEN HALL, MORRISTON HOSPITAL, SWANSEA TEL/FAX 01792 - 793584**





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**Information Management Group**  
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**NHS Executive Headquarters**  
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**Feldene\*** **GEL 112g**  
piroxicam

### FOR ONE MONTH'S RELIEF

**PRESCRIBING INFORMATION FOR FELDENE\* (PIROXICAM) GEL 112g: UK**  
**Indications:** FELDENE Gel is effective in the treatment of osteoarthritis of superficial joints and acute musculoskeletal disorders. **Dosage:** For external use only. Occlusive dressings should not be used. Apply one gram of FELDENE Gel and rub into the affected site three to four times daily leaving no residual material on the skin. Therapy should be reviewed after 4 weeks. **Contra-indications. Precautions:** Contra-indicated in patients who have previously shown a hypersensitivity to FELDENE Gel or piroxicam in any of its forms, aspirin or other non-steroidal anti-inflammatory agents. If local irritation develops, discontinue FELDENE Gel. Keep away from the eyes and mucosal surfaces. Do not apply to sites affected by open skin lesions,

dermatoses or infection. **Use in children:** Not recommended. **Use in pregnancy and lactation:** The safety of FELDENE Gel during pregnancy and lactation has not been established. **Side- Effects:** Mild or moderate local reactions at the application site. Systemic reactions occur infrequently including nausea and dyspepsia; rare reports of abdominal pain and gastritis and isolated reports of bronchospasm and dyspnoea. **Legal Category:** POM. **Package Quantities and Basic NHS Cost:** FELDENE Gel 112g tube - £7.84 (PL 0057/0284). Further information on request. **Pfizer Limited.** Sandwich, Kent. \*FELDENE Gel is the first topical NSAID in the UK with a licensed indication for osteoarthritis.



A Division of Pfizer Ltd

March '94