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Abbreviated Prescribing Information: Gemzar - (Gemcitabine Inj) 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. The drug is only administered intravenously and not more than once per week. The recommended dose is 1000mg/m\(^2\) 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. Gemzar 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 haematocrit 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. 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 parental 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 hypertension have been reported. Alopecia (usually minimal hair loss), somnolence, dizziness, oral toxicity (mainly soreness and erythema) and constipation. Rarely, infusion site reaction. Legal Category: POM Product Licence Numbers: Vials 200mg: 000600381, Vials 1g: 000600382 Direct Hospital Price 200mg: £18.75 ex.VAT, 1g: £93.75 ex.VAT. Full Prescribing Information is Available From Ei Lilly and Company Limited, Dextra Court, Chapel Hill, Basingstoke, Hampshire, RG21 5ST. Telephone: Basingstoke (01256) 315000. GEMZAR is a Lilly trade mark.

Date of preparation: October 1995.


DATE OF PREPARATION: April 1996

GEMZAR
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CONTRA-INDICATIONS: Pregnancy. Hypersensitivity to ‘Zestril’. Patients with history of angio-neural oedema to previous ACE-inhibitor therapy. Patients with aortic stenosis, co-morbid 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 angio-neura may be at increased risk of angio-neura 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, urticaria, angioneurotic oedema and other hypersensitivity reactions, myocardiial infarction or cerebrovascular accident possible 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, arthralgia, gynaecomastia, renal dysfunction, acute renal failure, impotence, haemolytic anaemia. A symptom complex which may include fever, vasculitis, myalgia, arthropathies, positive ANA, elevated ESR, eosinophilia, leukocytosis, rash, photosensitivity or other dermatological manifestations may occur (usually reversible) in blood tests, serum creatinine, liver enzymes and serum bilirubin. Decreases in haemoglobin and haematocrit. Hypokalaemia and hyperkalaemia. Anaphylactoid reactions during desensitisation treatment. Laxator and thromboembolism; here occurred ( causal relationship not established). Legal Category: POM.

Product Licence Numbers and Basic NHS Costs: Zestril 2.5mg (12619/0064) 28 tablets £1.64; 5mg (12619/0065) 28 tablets £3.58; 10mg (12619/0066) 28 tablets £5.27; 20mg (12619/0067) 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. 99/4/06/1 Boxed Sept ‘99

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Photos of Over-Seas House, London (Trip to London):
The Grand Lounge.
The Music Room.
A Bedroom.
The Entrance.
SEMINAR
(For NHS Personnel Only)

Thursday, 28th November 1996
to be held at The Royal Pharmaceutical Society of Great Britain, London

'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 Duarden, Public Health Registrar, Cambridge & Huntingdon Health Authority

Evidence-based medicine — values explored
Dr Andrew Moore, Editor - Bandolier 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 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.

For the Conference Brochure contact IndependentT Solutions (TeleMed), tel/fax +44 (0) 1628 21508, or by email at telemed@indesols.demon.co.uk or on the World Wide Web at http://www.indesols.demon.co.uk

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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, Opotuki, New Zealand. Or E-mail jdpsj@wave.co.nz”.

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

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

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

British Journal of General Practice, November 1996 697
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DEPRESSION AND PHYSICAL ILLNESS
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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.

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

0171 823 9703
Fax: 0171 225 3047
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 MRCGP

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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WITH THE BEAUTIFUL GOWER PENINSULA RIGHT NEXT DOOR-
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FROM 4-6TH APRIL 1997

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

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FOR PARTNERS AND CHILDREN

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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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