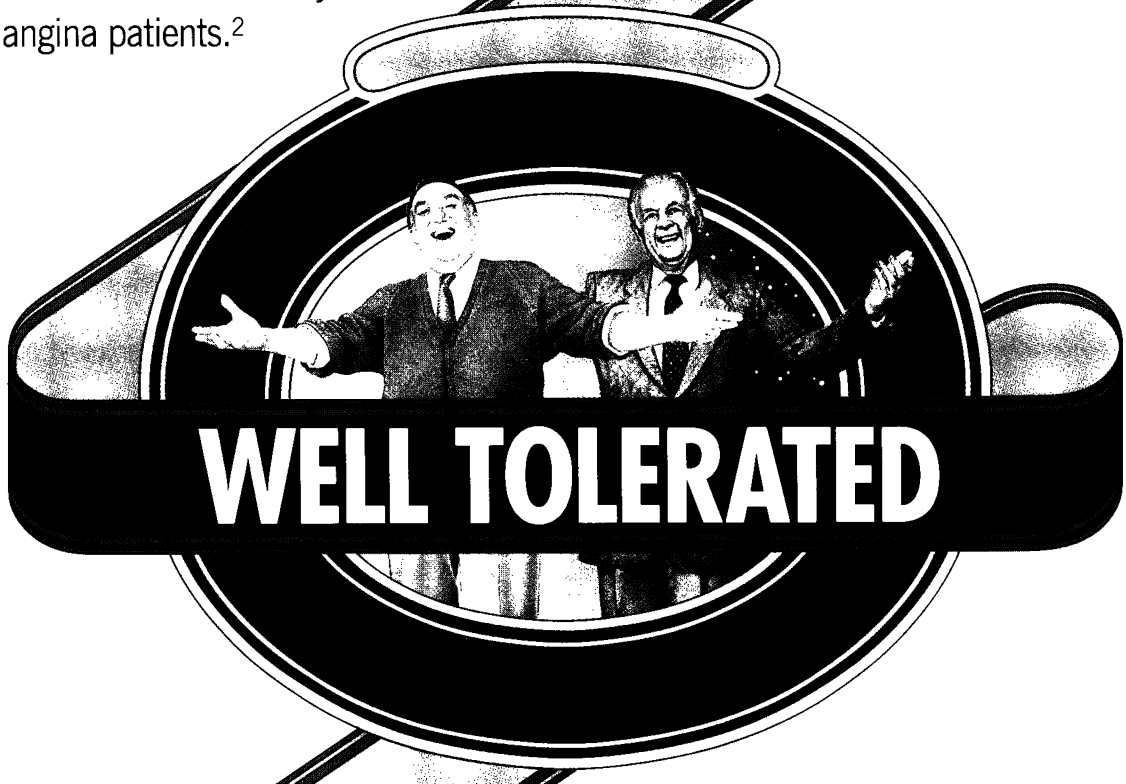
ISTIN is a once daily calcium antagonist that controls blood pressure for a full 24 hours.[1]

Additionally, ISTIN provides full 24 hour cover for your angina patients.[2]



WELL TOLERATED

With a smooth plasma profile over 24 hours ISTIN avoids rapidly changing plasma levels[3] resulting in a low level of early vasodilator side-effects.[4]

*

AMLODIPINE

A GROWING REPUTATION FOR RELIABILITY

ABBREVIATED PRESCRIBING INFORMATION FOR ISTIN* (AMLODIPINE): UK PRESENTATION: TABLETS CONTAINING 5MG OR 10MG AMLODIPINE. **INDICATIONS:** FIRST-LINE TREATMENT OF HYPERTENSION AND MYOCARDIAL ISCHAEMIA ASSOCIATED WITH STABLE ANGINA PECTORIS OR VASOSPASTIC (PRINZMETAL'S OR VARIANT) ANGINA. **DOSAGE:** FOR HYPERTENSION AND ANGINA, INITIAL DOSAGE 5MG ORALLY ONCE DAILY WHICH MAY BE INCREASED TO A MAXIMUM DAILY DOSAGE OF 10MG. **USE IN CHILDREN:** NOT RECOMMENDED. **USE IN THE ELDERLY:** NORMAL DOSAGE. **USE IN RENAL IMPAIRMENT:** NORMAL DOSAGE. **USE IN HEPATIC IMPAIRMENT:** DOSAGE RECOMMENDATIONS HAVE NOT BEEN ESTABLISHED; USE WITH CAUTION. **CONTRA-INDICATIONS:** KNOWN SENSITIVITY TO DIHYDROPYRIDINES. **WARNINGS AND PRECAUTIONS:** PREGNANCY AND LACTATION: ISTIN SHOULD NOT BE ADMINISTERED DURING PREGNANCY OR LACTATION, OR TO WOMEN OF CHILD-BEARING POTENTIAL UNLESS EFFECTIVE CONTRACEPTION IS USED. **SIDE-EFFECTS:** OEDEMA, HEADACHE, FLUSHING, DIZZINESS, NAUSEA, PALPITATIONS, FATIGUE, ABDOMINAL PAIN AND SOMNOLENCE. LESS COMMONLY, PRURITUS, DYSPNOEA, ASTHENIA, MUSCLE CRAMPS AND DYSPEPSIA. RASH, AND RARELY ERYTHEMA MULTIFORME HAVE BEEN OBSERVED. AS WITH OTHER CALCIUM CHANNEL BLOCKERS, THE FOLLOWING, WHICH CANNOT BE DISTINGUISHED FROM THE NATURAL HISTORY OF THE UNDERLYING DISEASE HAVE BEEN RARELY REPORTED: MYOCARDIAL INFARCTION AND CHEST PAIN. **FURTHER INFORMATION:** STUDIES HAVE SHOWN THAT ISTIN DID NOT LEAD TO CLINICAL DETERIORATION IN NYHA CLASS II-III HEART FAILURE. STUDIES HAVE NOT BEEN PERFORMED IN PATIENTS WITH CLASS IV HEART FAILURE. **LEGAL CATEGORY:** POM. **PACKAGE QUANTITIES AND BASIC NHS COST:** 5MG TABLETS CALENDAR PACK OF 28 £11.85 (PL 0057/0297); 10MG TABLETS CALENDAR PACK OF 28 £17.70 (PL 0057/0298). FURTHER INFORMATIONON REQUEST. **PFIZER LIMITED.** RAMSGATE ROAD, SANDWICH, KENT CT13 9NJ. **REFERENCES:1.** MROCZEK WJ, BURRIS JF AND ALLENBY KS. J CARDIOVASC PHARMACOL. 1988. 12 SUPPL 7: S79-S84. **2.** TAYLOR CR ET AL, PRESENTED AT A SYMPOSIUM ON CIRCADIAN VARIATION IN CARDIOVASCULAR DISEASE: THE NEED FOR COMPLIANCE, SEPTEMBER 1990. **3.** DATA ON FILE: PFIZER PROTOCOL 368. **4.** OSTERLOH I. AM HEART J. 1989. 118: 1114-1120.

*Trade Mark

Pfizer

Feb '95 61166

ZOCOR® (simvastatin, MSD)

ABRIDGED PRODUCT INFORMATION

Refer to Data Sheet before prescribing.

PRESENTATION

Peach, oval-shaped, film-coated tablets, marked 'ZOCOR 10' on one side, containing 10 mg simvastatin, MSD.

Tan, oval-shaped, film-coated tablets, marked 'ZOCOR 20' on one side, containing 20 mg simvastatin, MSD.

INDICATIONS

Primary hypercholesterolaemia unresponsive to diet and other non-pharmacological measures.

In patients with coronary heart disease and a plasma cholesterol level of 5.5 mmol l or greater, to

- reduce risk of mortality
- reduce risk of coronary death and non-fatal myocardial infarction
- reduce risk for undergoing myocardial revascularising procedures (CABG and PTCA)
- slow the progression of coronary atherosclerosis, including reducing development of new lesions and new total occlusions.

DOSAGE AND ADMINISTRATION

Hypercholesterolaemia

Initially 10 mg *nocte*; dose range 10-40 mg once daily *nocte*.

Maximum therapeutic response occurs within four to six weeks. Consider dose reduction if total serum cholesterol level falls below 3.6 mmol l or if LDL cholesterol falls below 1.94 mmol l. (See Data Sheet for full dosage instructions.) A standard cholesterol-lowering diet should be continued.

Coronary heart disease

Starting dose 20 mg day *nocte*. Adjustment of dose as above.

Concomitant therapy: 'Zocor' is effective alone or in combination with bile-acid sequestrants. In patients taking immunosuppressants concomitantly with 'Zocor', the maximum recommended dosage is 10 mg day (see below).

Impaired renal function: In patients with severe renal insufficiency (creatinine clearance <30 ml min), dosages above 10 mg day should be carefully considered and, if deemed necessary, implemented cautiously.

Elderly patients: Modification of dose should not be necessary.

Children: Studies to show safety and efficacy have not been done.

CONTRA-INDICATIONS

Hypersensitivity to this product; active liver disease or unexplained persistent elevations of serum transaminases; porphyria; pregnancy and breast-feeding; women of childbearing potential unless adequately protected by non-hormonal methods.

PRECAUTIONS

Homozygous familial hypercholesterolaemia: 'Zocor' is unlikely to be effective.

Hypertriglyceridaemia: 'Zocor' is not indicated where hypertriglyceridaemia is the abnormality of most concern.

Hepatic effects: Initial and periodic liver-function monitoring recommended. Discontinue if persistent enzyme elevations occur, particularly if they rise to three times the upper limit of normal. Caution in patients with a history of liver disease and or alcoholism.

Muscle effects: Clinically insignificant transient mild elevations of creatine phosphokinase have been seen. Therapy with HMG-CoA reductase inhibitors has rarely been associated with myopathy (<0.1%). Myopathy should be considered in any patient with marked elevations of creatine phosphokinase (CPK) levels (≥10 times the upper limit of normal) or with diffuse myalgias, muscle tenderness and such marked elevations of CPK levels. The patient should be asked to promptly report unexplained muscle pain, tenderness or weakness. The risk of myopathy with HMG-CoA reductase inhibitors is known to be increased by concomitant immunosuppressive therapy including cyclosporine, by concomitant therapy with a fibric acid derivative or lipid-lowering doses of nicotinic acid, and believed to be enhanced by itraconazole. There have been rare reports of severe rhabdomyolysis with secondary acute renal failure. Therefore, the benefits and risks of using simvastatin concomitantly with immunosuppressive or

fibrate drugs, lipid-lowering doses of nicotinic acid, or itraconazole and other systemic azole antifungal derivatives should be carefully considered.

Pregnancy: Contra-indicated. One month should elapse between ending therapy with 'Zocor' and planned conception.

Paediatric use: Safety and effectiveness in children have not been established.

Drug interactions: Care should be taken in patients on concomitant lipid-lowering therapy, particularly fibrates or nicotinic acid derivatives or itraconazole or immunosuppressive therapies, as they are at increased risk of myopathy. In two clinical studies, 'Zocor' modestly potentiated the anticoagulant effect of warfarin: patients taking coumarin derivatives should have their prothrombin time determined prior to therapy with 'Zocor' and monitored as usual. Slight elevation in digoxin levels has been seen when co-administered with 'Zocor'.

SIDE EFFECTS

Side effects reported most frequently in controlled clinical trials: abdominal pain, constipation, flatulence, asthenia, and headache. Rarely, myopathy. Side effects reported either in long-term extension studies or in marketed use: nausea, diarrhoea, rash, dyspepsia, pruritus, alopecia, dizziness, muscle cramps, myalgia, pancreatitis, paraesthesia, peripheral neuropathy, vomiting, and anaemia. Rarely, rhabdomyolysis and hepatitis jaundice occurred. An apparent hypersensitivity syndrome has been reported rarely which has included some of the following features: angioedema, lupus-like syndrome, polymyalgia rheumatica, vasculitis, thrombocytopenia, eosinophilia, ESR increased, arthritis, arthralgia, urticaria, fever, flushing, dyspnoea, and malaise. Marked and persistent increased serum transaminases have been reported infrequently. Elevated alkaline phosphatase and γ-glutamyl transpeptidase have been reported. Liver-function test abnormalities have generally been mild and transient. Increases in CPK (muscle derived) have been reported. Side effects reported but where a causal relationship to 'Zocor' is not established: depression, erythema multiforme including Stevens-Johnson syndrome, leucopenia, and purpura.

PACKAGE QUANTITIES AND BASIC NHS COST

10 mg tablets, £18.29 for 28-tablet calendar pack
20 mg tablets, £31.09 for 28-tablet calendar pack

Product licence numbers:

10 mg tablets, 0025/0241; 20 mg tablets, 0025/0242

Product licence holder: Merck Sharp & Dohme Limited, Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU.

| POM | Date of review: August 1995.

® denotes registered trademark of Merck & Co., Inc., Whitehouse Station, NJ, USA.

ZOCOR®

(simvastatin, MSD)

Improving survival in post-MI and angina patients

MSD

Merck Sharp & Dohme Limited
Hertford Road, Hoddesdon, Hertfordshire, EN11 9BU

08-96 ZCR.95.GB.70195.J. A

NOW AVAILABLE FOR ANGINA

ONCE-DAILY

Adalat® LA

LONG ACTING

nifedipine 30mg & 60mg

FOR HYPERTENSION AND NOW ANGINA

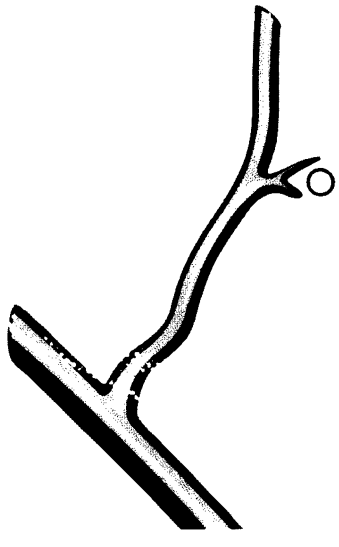
MORE ADVANCED THAN ADALAT RETARD

HAS REDUCED SIDE-EFFECTS[1]

A SMOOTHER PLASMA PROFILE[2]

AND COMES IN A ONCE-DAILY DOSE

A Modern Therapeutic Alternative to Intravenous Nitrates



Venous access without the drip

- As effective as intravenous nitrates[1,2]
- Easy and convenient to administer
- Can provide major cost savings without compromising patient care[3]

SUSCARD® BUCCAL

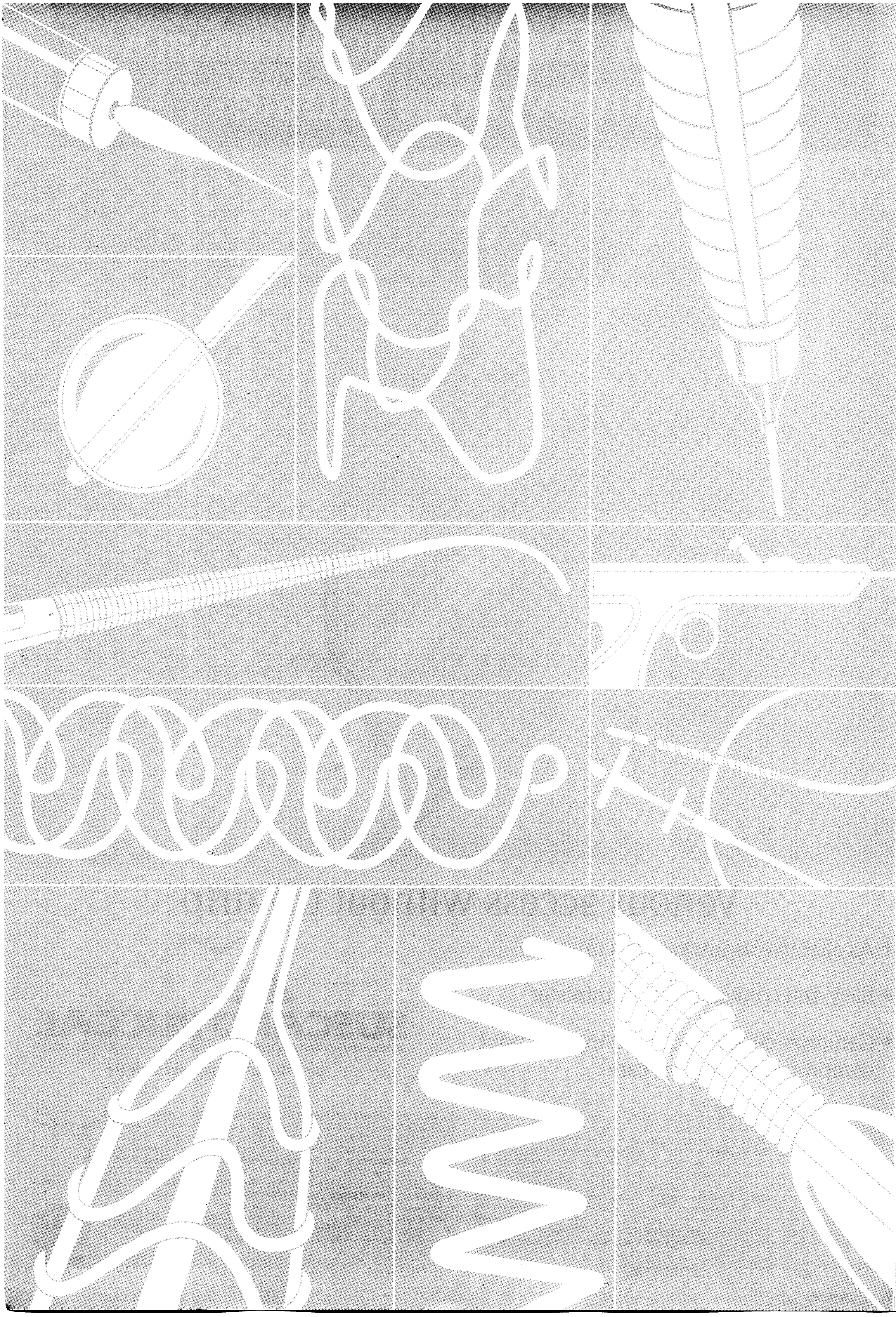
controlled release glyceryl trinitrate

Abbreviated Prescribing Information
Presentation White biconvex sustained release tablets of glyceryl trinitrate for buccal administration, each tablet marked with dosage strength on one face. **Uses** The management and treatment of angina pectoris. The in-patient management of unstable angina. Acute and Congestive cardiac failure. **Administration** Place the tablet high up between the upper lip and gum to either side of the front teeth. The tablets should NOT be placed under the tongue, nor intentionally swallowed or chewed. **Dosage** Angina: Starting dose of 2mg, administered (a) p.r.n. to abort the acute attack (b) prior to encountering an angina precipitating stimulus (c) t.i.d., or as determined by tablet dissolution rate for chronic therapy. The dosage can be increased to 3mg and then 5mg if necessary. Unstable Angina: dosage should be rapidly titrated upwards in order to relieve and prevent symptoms. Acute Heart Failure: 5mg repeated until symptoms abate. Congestive Cardiac Failure: Start with 5mg t.i.d. increasing to 10mg (2 x 5mg) over three to four days if required. **Warnings and Precautions** As for glyceryl trinitrate. Do not use in patients with marked anaemia, head trauma, cerebral haemorrhage, or closed angle glaucoma. Only use in pregnant women and lactating mothers if essential. **Side effects** Predominantly headache and facial flushing (if severe tablet can be removed). Toxic effects of glyceryl trinitrate include vomiting, restlessness, cyanosis, methaemoglobinaemia and syncope. **Presentation and Product Licence Numbers and Basic NHS Prices** Suscard (100 tablets) **1mg** - £9.82 PL0108/0067 PA 100/33/1 **2mg**-£14.19 PL0108/0069 PA 100 33 3 **3mg**-£20.48 PL0108/0073 PA100 /33/5 **5mg**-£27.88 PL0108/0071 PA100 33 6. **Legal Category** P. **Date of preparation** October 1993. Full prescribing information available on request from Pharmax Ltd., Bexley, Kent, DA5 1NX.

References 1. Lahiri et al. Am. J. Noninvas. Cardiol. 1989; 3:281-289. **2.** Dellborg M. et al. 1991 Buccal vs Intravenous Nitroglycerin in Unstable Angina. Eur J Clin Pharmacol 41:5-9. **3.** Data on file. Pharmax Ltd.

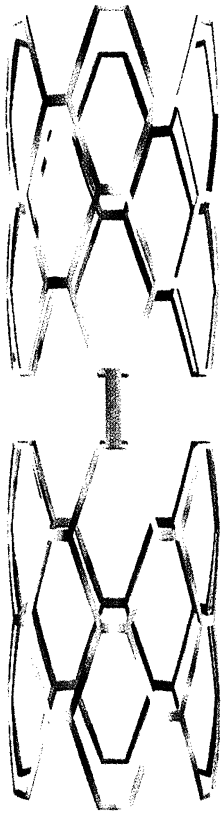
Pharmax Limited, Bexley, Kent DA5 1NX.

PHARMAX



Which of these devices has been proven effective in reducing restenosis?

Recently, more than 15 new devices, including a variety of stents, atherectomy catheters, and ablative lasers, have undergone clinical investigation. But only one, the PALMAZ-SCHATZ™ balloon-expandable STENT, has been proven capable of reducing the rate of restenosis.[1-3]



Johnson & Johnson
INTERVENTIONAL SYSTEMS
Opening the Way in Interventional Medicine

1. Spaedy TJ, Wilensky RL. Coronary stenting. *ACC Curr J Rev* 1994; 6:59-62.
2. Fischman DL, Leon MB, Baim DS, et al. A randomized comparison of coronary-stent placement and balloon angioplasty in the treatment of coronary artery disease. *N Engl J Med* 1994; 331:496-501.
3. Serruys PW, de Jaegere P, Kiemeneij F, et al. A comparison of balloon-expandable-stent implantation with balloon angioplasty in patients with coronary artery disease. *N Engl J Med* 1994; 331:489-495

See package insert for full product information.

PML101

In angina, maintaining the supply of myocardial oxygen, whatever the demands of daily activity, is crucial to patients' well-being.

Tildiem Retard acts by improving oxygen supply through selective coronary vasodilatation, and reducing oxygen demand by decreasing heart rate and cardiac afterload.

For effective control and good tolerability for your angina patients, put Tildiem Retard well up on your prescribing list.

on the up and up in angina

Tildiem® RETARD 90 bd

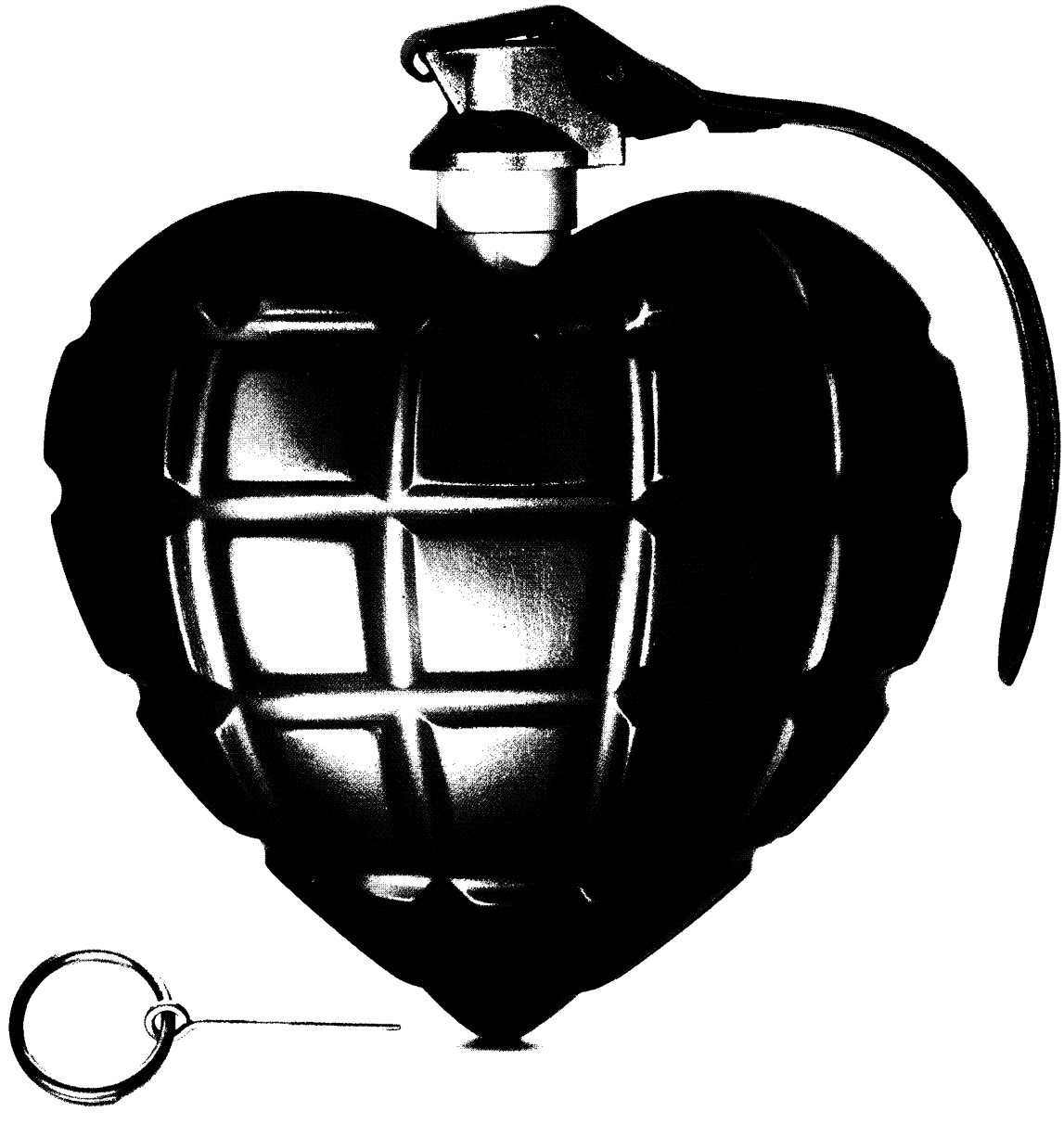
Diltiazem HCl

Lorex Synthélabo

TILDIEM RETARD: THE UK'S LEADING BRAND OF DILTIAZEM

Abbreviated Prescribing Information. Presentation: Tildiem tablet containing 60mg diltiazem hydrochloride. Tildiem Retard tablet containing 90mg or 120mg diltiazem hydrochloride. **Indication and Dosage:** (Refer to data sheet for full information.) **Angina:** Usual adult dose 180-240mg daily. Recommended starting dose in the elderly and patients with impaired hepatic or renal function is 60mg bd. Dose should not be increased if heart rate is below 50 beats per minute. **Mild to moderate hypertension:** Usual adult dose Tildiem Retard 240mg daily. Recommended starting dose in the elderly and patients with impaired hepatic or renal function is 120mg once daily. Dose should not be increased if heart rate is below 50 beats per minute. **Contraindications:** Pregnancy, women of child-bearing potential, marked bradycardia, sick sinus syndrome, left ventricular failure with stasis, second or third degree AV block in the absence of a pacemaker, concomitant use with dantrolene infusion. **Warnings and precautions:** Caution in patients: with mild bradycardia, reduced left ventricular function, prolonged PR interval, and during concomitant use with alpha blockers, and with beta blockers or other drugs known to induce bradycardia. (Refer to data sheet for full information.) **Side effects:** Bradycardia, first degree heart block, headache, malaise, ankle oedema, hot flushes, gastrointestinal disturbances, skin rash including sometimes severe vascular skin reactions. **Basic NHS Cost:** Tildiem 60mg 100 tablets £14.25. Tildiem Retard 120 56 tablets £12.29. Tildiem Retard 90 56 tablets £11.06. **Product licence numbers:** Tildiem 60mg 4969/0005. Tildiem Retard 120 4969/0013. Tildiem Retard 90 4969/0012. **Legal category:** POM. Tildiem and Lorex are trade marks. Further information is available from Lorex Synthélabo Ltd., Lunar House, Fieldhouse Lane, Globe Park, Marlow, Bucks. SL7 1LW. **Date of preparation:** October 1994. TIL 117

MIXED HYPERLIPIDAEMIA - A GREATER RISK OF CHD THAN RAISED CHOLESTEROL ALONE



Modalim® Prescribing Information
Presentation White, capsule-shaped tablets embossed MODALIM on one side with a breakline on the other, each containing 100mg ciprofibrate. **Uses:** For the treatment of primary hyperlipidaemia resistant to appropriate dietary management, including hypercholesterolaemia, hypertriglyceridaemia and combined hyperlipidaemia. In the Fredrickson classification, this includes types IIa, IIb, III and IV. **Dosage** *Adults:* One tablet (100mg ciprofibrate) per day. *Elderly patients:* As for adults but see precautions and warnings. *Use in impaired renal function:* In moderate renal impairment it is recommended that dosage be reduced to one tablet every other day. Patients should be carefully monitored. MODALIM should not be used in severe renal impairment. *Use in children:* Not recommended since safety and efficacy in children have not been established. **Contra-indications:** Severe hepatic impairment, severe renal impairment, pregnancy and lactation. **Use in Pregnancy and Lactation:** There is no evidence that ciprofibrate is teratogenic, but there were signs of toxicity at high doses in teratogenicity tests in animals, and ciprofibrate has been shown to be excreted in breast milk in rats. In the absence of data on its use in human pregnancy or lactation, Modalim is contraindicated during pregnancy and in nursing mothers. **Precautions:** The daily dose should not exceed 100mg; doses of 200mg or more have been associated with a high risk of muscle related side effects. Use with caution in patients with impaired renal or hepatic function. If, after several months therapy, serum lipid concentrations are not satisfactorily controlled, additional or different therapeutic measures should be considered. **Interactions:** Ciprofibrate is highly protein bound and therefore likely to displace other drugs from plasma protein binding sites. MODALIM has been shown to potentiate the effect of warfarin indicating that concomitant oral anticoagulant therapy should be given at reduced dosage and adjusted according to prothrombin time. Although there are no specific data, it is likely that ciprofibrate will also potentiate the action of oral hypoglycaemic agents and its action may be affected by oral contraceptives. As with other fibrates, the concomitant use of Modalim with HMG-CoA reductase inhibitors, or other fibrates, may predispose patients to myopathy. **Side effects:** There have been occasional reports of headache, vertigo, rashes and gastrointestinal symptoms including nausea, vomiting, diarrhoea and dyspepsia. Generally these side effects were mild to moderate in nature and occurred early on, becoming less frequent as treatment progressed. Isolated cases of pneumonitis have been reported. As with other drugs of this class, a low incidence of myalgia, elevation of serum creatine phosphokinase, impotence, hair loss and rare cases of rhabdomyolysis, have been reported. Dizziness, drowsiness or tiredness have only rarely been reported in association with MODALIM. It is therefore unlikely to affect ability to drive or to use machinery. Abnormal liver function tests have been observed occasionally. Periodic liver function tests are recommended. MODALIM should be halted if liver enzyme abnormalities persist. **NHS Price** £13.38 per pack of 28 tablets. **Legal Category:** POM PL11723/0050
Modalim is a registered trademark.

Modalim is a registered trademark.
Further information is available from:
Sanofi Winthrop Ltd, One Onslow Street,
Guildford, Surrey, GU1 4YS
Telephone: (01483) 505515
Fax: (01483) 35432
Date of Preparation: December 1995

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Modalim®

ciprofibrate

FOR EFFECTIVE CONTROL OF MIXED HYPERLIPIDAEMIA

It's easy to be the leader in cardiac imaging. We just follow you.

Listening to cardiologists puts us way ahead in meeting your clinical and economic needs. That's why more cath labs use Philips X-ray equipment than any other kind. Why hospitals are improving productivity with "swing labs" and CD-Medical digital archiving. And why we're working with leading research institutions to develop practical MR cardiac perfusion and coronary artery imaging.

Why are we always looking ahead?
Because you are.

Let's make things better.

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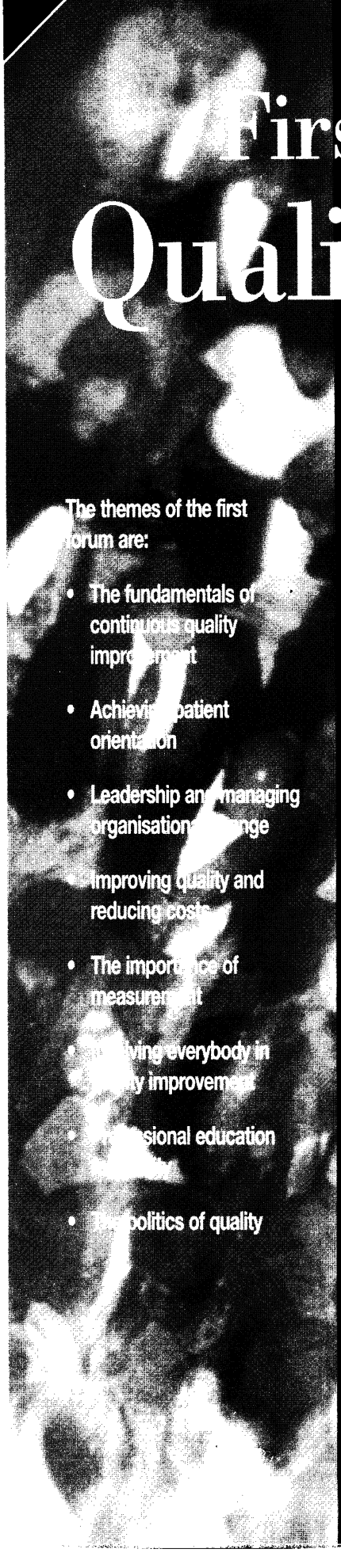
BMJ Publishing Group

INSTITUTE *for* HEALTHCARE IMPROVEMENT

First European Forum on Quality Improvement in Health Care



The themes of the first forum are:

- The fundamentals of continuous quality improvement
- Achieving patient orientation
- Leadership and managing organisational change
- Improving quality and reducing costs
- The importance of measurement
- Involving everybody in quality improvement
- Professional education
- The politics of quality

QEII Conference Centre, London, 7,8,9 March 1996

Chaired by: Mats Brommels, Helsinki, Finland; Christian Koeck, Vienna, Austria; Martin McNicol, London, UK

Bringing quality improvement to the heart of European health care.

This first European forum will allow the exchange of ideas on quality improvement in health care and provide education.

The forum will consist of plenary lectures, parallel seminars and workshops, panel discussions, and short educational courses. Open to all, the forum is aimed at: Doctors, nurses, other health professionals, health managers, quality managers and government officials responsible for health care. It will benefit both beginners and those experienced in quality improvement.

The European Forum has been developed from the United States National Forum on Quality Improvement in Health Care, which is now in its seventh year and attracts over 1500 health professionals annually.

The programme committee for the conference is:
Don Berwick (Boston, US), Gayle Capazzalo (Houston, US), Dieter Conen (Aarau, Switzerland), Michael Deighan (Edinburgh, UK), Ulises Ruiz-Ferrandiz (Madrid, Spain), Alexandra Giraud (Paris, France), Richard Grol (Maastricht, Netherlands), Eva Hammershoy (Copenhagen, Denmark), Gill Harvey (Bristol, UK), Egil Haugland (Norway), Fiona Moss (London, UK), John Ovretveit (Gottenberg, Sweden), Paul Quaethoven (Heverlee, Belgium), Richard Smith (London, UK), Christof Veit (Hamburg, Germany), Peter Wilcock (Bournemouth, UK).

For more information, complete the form below:

First European Forum on Quality Improvement in Health Care

7, 8, 9 March 1996

Please send me more information on attending the conference

Name: .....

Position: .....

Address: .....

.....

..... Postcode: .....

Tel: ..... Fax: .....

Please return to Clare Moloney, BMA Conference Unit, BMA House, Tavistock Square, London WC1H 9JP, UK

Fax: +44(0)171 383 6663 Tel: +44(0)171 383 6478 email: 100632.1404@compuserve.com

Technology for lasting clinical success.

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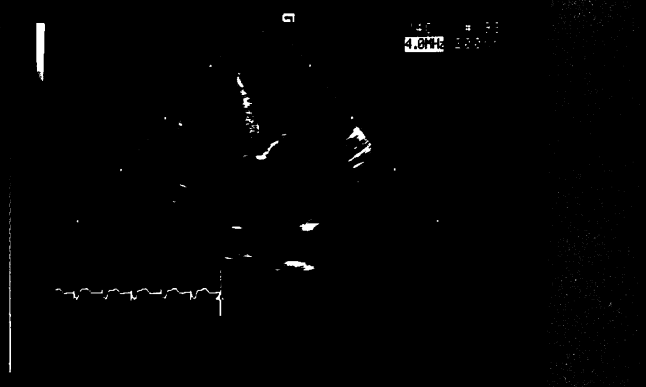
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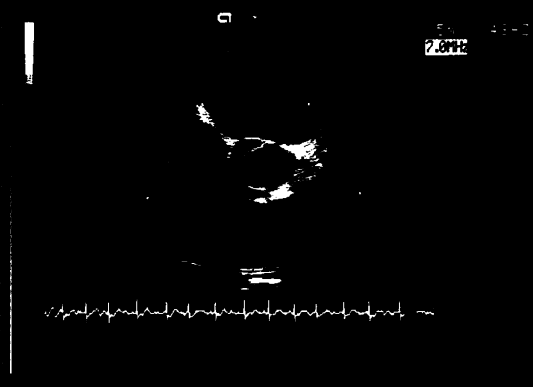
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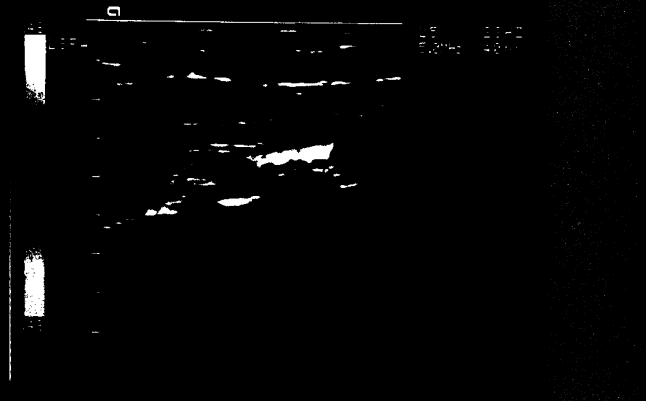
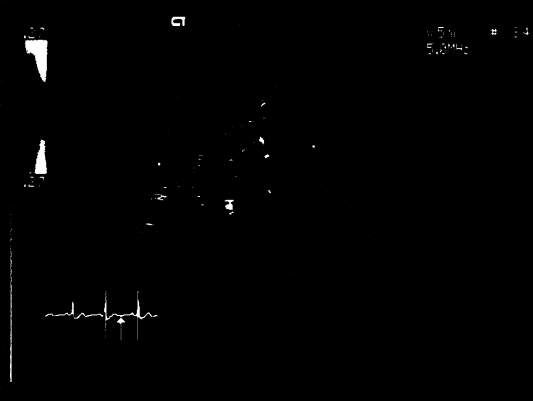
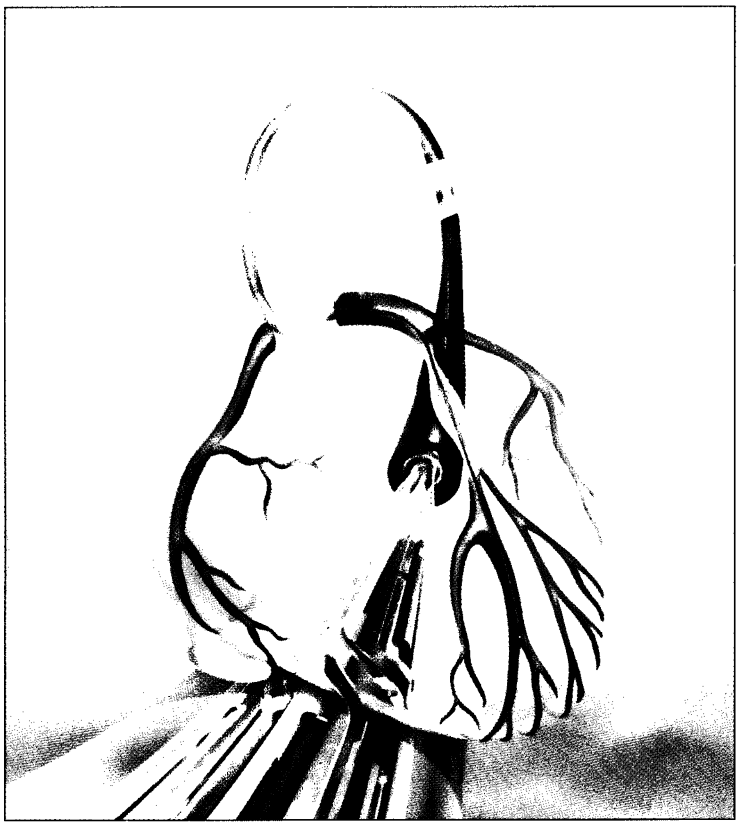




A New Beginning In Coronary Medicine



The PALMAZ-SCHATZ™ balloon-expandable STENT introduces a new era for selected patients with symptomatic ischemic heart disease

Reduces Incidence of Restenosis

Implantation of the PALMAZ-SCHATZ stent reduces the incidence of restenosis compared to angioplasty alone.[1,2]

Increases Success Rate of Angioplasty

The procedural success rate of angioplasty performed with the PALMAZ-SCHATZ stent is higher than that of angioplasty alone.[2]

Extensive Clinical Experience

Over 75,000 PALMAZ-SCHATZ stents have been successfully implanted in patients worldwide.

Yields Higher Rates of Event-free Survival

In patients treated with the PALMAZ-SCHATZ coronary stent, 87% with *de novo* lesions survived event-free for one year after implantation.[3]

New Spiral Stent Offers Improved Strength

The newest PALMAZ-SCHATZ stent incorporates a spiral articulation for improved radial strength.

To learn more about the PALMAZ-SCHATZ stent and training programs for stent implantation, contact your JJIS representative.

[1] Serruys PW, de Jaegere P, Kiemeneij F, et al. A comparison of balloon-expandable–stent implantation with balloon angioplasty in patients with coronary artery disease. *N Engl J Med* 1994; 331:489-495.

[2] Fischman DL, Leon MB, Baim DS, et al. A randomized comparison of coronary-stent placement and balloon angioplasty in the treatment of coronary artery disease. *N Engl J Med* 1994; 331:496-501.

[3] Savage MP, Fischman DL, Schatz RA, et al. Long-term angiographic and clinical outcome after implantation of a balloon-expandable stent in the native coronary circulation. *JACC* 1994; 24:1207-1212.

Johnson & Johnson
INTERVENTIONAL SYSTEMS
a Johnson & Johnson company