

# ADISINSIGHT (Adis R&D Insight)



**Subject Coverage** Weekly reports on new drugs in research, changes in development phases, and licensing availability

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**File Type** Substance, Full Text

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**Features**

<a href="#">Alerts (SDIs)</a>	Weekly				
<a href="#">CAS Registry Numbers®</a>	<input checked="" type="checkbox"/>	Page Images	<input type="checkbox"/>	STN AnaVist	<input type="checkbox"/>
<a href="#">Keep &amp; Share</a>	<input checked="" type="checkbox"/>	<a href="#">SLART</a>	<input checked="" type="checkbox"/>	<a href="#">STN Easy</a>	<input checked="" type="checkbox"/>
Learning Database	<input type="checkbox"/>	Structures	<input checked="" type="checkbox"/>	STN Viewer	<input type="checkbox"/>

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**Record Content**

- Full text reports, i.e., profiles, on drugs in active research and development by the international pharmaceutical industry
- Generic names, synonyms, trade names
- CAS Registry Numbers®
- EphMRA ATC codes, WHO ATC codes
- Developing companies, development stages by indication and country
- Licensed forecast information from Lehman Brothers
- Adis's own unique therapeutic value rating

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**File Size** More than 26,750 records (12/10)

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**Coverage** 1998 to the present

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**Updates** Weekly

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**Language** English

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**Database Producer** Wolters Kluwer Pharma Solutions  
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**Sources**

- Direct contact with companies involved with research and development
- 1,700 biomedical and medical journals
- International meetings and conferences
- Company annual reports
- News services
- Press releases
- Licensed Lehman Brothers' PharmaPipelines data

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**User Aids**

- Online Helps (HELP DIRECTORY lists all help messages available)
  - STNGUIDE
- 

**Clusters**

- [ADISBASES](#)
  - [BIOSCIENCE](#)
  - [CASRNS](#)
  - [COMPANIES](#)
  - [FORMULATION](#)
  - [FULLTEXT](#)
  - [HEALTH](#)
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- 

**Pricing**

See the [STN Price List](#) or enter HELP COST at an arrow prompt (=>).

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## Search and Display Field Codes

The field that allows left truncation (/CNS) is marked with an asterisk.

Search Field Name	Search Code	Search Examples	Display Codes
Basic Index (contains single words from the classification code (CC), development status (DSTA), evaluation (EVAL), text (TX), revision note (RNTE), company name (CO), chemical name (CN), controlled term (CT), and geographic term (GT) fields, as well as molecular formulas (MF) and CAS Registry Numbers (RN))	None (or /BI)	S IMMUNOSTIMULANTS S ANTI-ATHER? S GLAXO (L) ORIGINATOR S MECHANISM(L)IMMUNOMODULATORS S C (1W) GO S VACCINE# (P) USE S C10H10N2O5 S 47931-85-1	CC, CN, CO, DSTA, EVAL, MF, RN, RNTE, TX
Accession Number Change Date (1)	/AN /CDAT	S 1998:9493/AN S CDAT>19980100 S JULY 2, 1998/CDAT	AN CDAT
Chemical Name (includes chemical names, generic names, synonyms, and trade names)	/CN	S POLOXAMER 188 NF/CN	CN
Chemical Name Segment*	/CNS	S (METHYL (L) THIAZOL)/CNS S ?AMINO BUTYRYL?/CNS S (SALBUTAMOL AND SCHERING)/CNS	CN
Classification Code (EphMRA ATC codes and WHO ATC codes) (code and text) (2)	/CC	S R03/CC S R3/CC S "ANTI-ACNE PREPARATIONS"/CC S TOPICAL PREPARATIONS/CC	CC
Company Name (2) (corporate name and location)	/CO	S SMITHKLINE UNITED KINGDOM/CO S LICENSEE (L) INTROGEN/CO	CO
Controlled Term (indication)	/CT	S ALZHEIMER?/CT S ANXIETY DISORDERS/CT	DSTA
Development Status (development phase, location, and indication)	/DSTA	S (PHASE II (L) GERMANY)/DSTA S (STROKE (L) PRECLINICAL)/DSTA	DSTA
Document Number Element Count, Specific (1)	/DN /Element symbol	S 002345/DN S 1/N AND 3/O	DN MF
Entry Date (1)	/ED	S L1 AND ED>=19990700	Not displayed
Evaluation	/EVAL	S (DIABETES AND TYPE AND 1)/EVAL	EVAL
Evaluation Score (1)	/EVAL.S	S DIABETES/EVAL (L) EVAL.S>=80	EVAL
Field Availability (code and text)	/FA	S EVALUATION/FA S L1 AND RN/FA	FA
Geographic Term (code and text)	/GT	S GERMANY/GT S DE/GT	DSTA
Highest Development Phase	/HDP	S PHASE III/HDP	HDP
Journal Title	/JT	S ADIS R&D INSIGHT/JT	JT, SO
Molecular Formula	/MF	S C10H10N2O5/MF S C18 H22 N2 O S . CI H/MF	MF
Number of Components (1)	/NC	S L6 AND NC>=2	MF
Other Source (Adis Alerts Accession Number)	/OS	S "800007351"/OS	OS
Periodic Group	/PG	S T3/PG	MF
Reference	/RE	S JOURNAL OF PHARMACOLOGY/RE	RE
Revision Date (1)	/RDAT	S 19980312/RDAT	RDAT

## Search and Display Field Codes (cont'd)

Search Field Name	Search Code	Search Examples	Display Codes
Revision Note Source Trade Name Update Date (1) Word Count (1)	/RNTE /SO /TN /UP /WC	S PRECLINICAL DEV?/RNTE S ADIS R&D INSIGHT/SO S TANADOPA/TN S L1 AND UP>=19990600 S L1 AND WC	RNTE SO CN Not displayed WC

## DISPLAY and PRINT Formats

Any combination of formats may be used to display or print answers. Multiple codes must be separated by spaces or commas, e.g., D L1 1-5 CN EVAL. The fields are displayed or printed in the order requested.

Hit-term highlighting is available for all fields except FA, STF, STR, and STS. Highlighting must be ON during SEARCH in order to use the HIT, KWIC, and OCC formats.

Format	Content	Examples
AN	Accession Number	D AN
CC	Classification Code (EphMRA ATC codes and WHO ATC codes)	D 1-3 CC
CDAT (1)	Change Date	D CDAT
CN	Chemical Name (Generic Names, Synonyms, Chemical Name, and Trade Names) (includes TN)	D CN STR
CO	Company Name (corporate name and location) (Originator, Parent, Licensee, and Other)	D CO 1,3-5
DN	Document Number	D AN DN
DSTA	Development Status (development status, location, and indication)	D DSTA
EVAL (2)	Evaluation (indication, score, and route)	D EVAL
FA (2)	Field Availability	D FA
HDP	Highest Development Phase	D HDP
JT (2)	Journal Title	D JT 2
MF	Molecular Formula	D CN MF
OS	Other Source (Adis Alerts Accession Number)	D OS
RDAT (RNTE)	Revision Date and Revision Note	D RDAT
RE	Reference	D RE L1 4
RN	CAS Registry Number and Related CAS Registry Number	D RN 3,4
SO	Source	D SO
STF	Flat Structure (no stereo indicated)	D L9 1 3
STR (3)	Structure Diagram (includes stereo bonds and R/S/E/Z labels when available)	D L4 STR
STS (2,3)	Stereo Structure (includes stereo bonds when available)	D STS
TN (2)	Trade Name	D TN
TX	Text (Introduction, Evaluation, Commercial Summary (table with Company, Major Markets, Launch Date, Commercial Value, and Patent Expiry), Pharmacology Overview (Mechanism of action, Route of Elimination), Clinical Overview, Adverse Events, Pharmacology (Pharmacokinetics, Clinical Studies), and Therapeutic Trials) (includes EVAL)	D TX
WC	Word Count	D WC
ALL (3)	AN, SO, DN, CDAT, CN, MF, RN, STR, related RN, CC, HDP, DSTA, CO, OS, WC, TX, RDAT, RNTE, RE	D ALL
DALL (3)	ALL, delimited for post-processing	D DALL
IALL (3)	ALL, indented with text labels	D IALL
IDE (3)	AN, SO, DN, CDAT, CN, MF, RN, STR, related RN, CC, HDP, CO, OS, WC	D IDE
IIDE (3)	IIDE, indented with text labels (IIDE is the default)	D L2 3 IIDE
ISTD (3)	STD, indented with text labels	D ISTD

**DISPLAY and PRINT Formats (cont'd)**

<b>Format</b>	<b>Content</b>	<b>Examples</b>
SCAN (1,4) STD (3)  TRIAL (1) (SAM, TRI)	CN (Generic Name) (random display, no answer number) AN, SO, DN, CDAT, CN, MF, RN, STR, related RN, CC, HDP, DSTA, CO, OS, WC, TX CN (Generic Name), CDAT	D SCAN D STD  D TRIAL TOTAL
HIT KWIC OCC (1)	Fields containing hit terms Hit terms with 20 words on either side (KeyWord-In-Context) Number of occurrences of hit terms and fields in which they occur	D HIT D KWIC NOH D OCC

- (1) No online display fee for this format.  
(2) Custom display format only.  
(3) Stereo structure diagrams are available only on graphics terminals and offline prints.  
(4) SCAN must be entered on the command line, i.e., DISPLAY SCAN, D SCAN.

**ADISINSIGHT****SELECT, ANALYZE, and SORT Fields**

The SELECT command is used to create E-numbers containing terms taken from the specified field in an answer set.

The ANALYZE command is used to create an L-number containing terms taken from the specified field in an answer set.

The SORT command is used to rearrange the search results in either alphabetic or numeric order of the specified field(s).

Field Name	Field Code	ANALYZE/ SELECT (1)	SORT
Accession Number	AN	Y	N
CAS Registry Number	RN	Y (2)	N
CAS Registry Number and Chemical Name	CHEM	Y (3)	N
Change Date	CDAT	Y	Y
Chemical Name	CN	Y (4) (default)	N
	NAME	Y (5)	N
Classification Code (EphMRA and WHO ATC codes)	CC	Y	Y
Company Name (Corporation Name)	CO	Y	Y
Controlled Term (Indication)	CT	Y (6)	N
Development Status	DSTA	Y	N
Document Number	DN	Y	Y
Evaluation	EVAL	Y	N
Geographic Term	GT	Y (6)	N
Highest Development Phase	HDP	Y	Y
Journal Title	JT	Y	Y
Molecular Formula	MF	Y	Y
Occurrence Count of Hit Terms	OCC	N	Y
Other Source (Adis Alerts Accession Number)	OS	Y (7)	Y
Reference	RE	Y	N
Revision Date	RDAT	Y (6)	N
Revision Note	RNTE	Y (6)	N
Source	SO	Y	N
Text	TX	Y (8)	N
Trade Name	TN	Y	N
Word Count	WC	N	Y

- (1) HIT may be used to restrict terms extracted to terms that match the search expression used to create the answer set, e.g., SEL HIT CN.
- (2) Selects or analyzes the CAS Registry for the substance and the related CAS Registry Numbers with /BI appended to the terms created by SELECT.
- (3) Selects or analyzes the CAS Registry for the substance, the related CAS Registry Numbers, Generic Names, Synonyms, Chemical Name, and Trade Names) with /BI appended to the terms created by SELECT.
- (4) Selects or analyzes the Generic Names, Synonyms, Chemical Name, and Trade Names).
- (5) Selects or analyzes the Generic Names, Synonyms, Chemical Name, and Trade Names with /BI appended to the terms created by SELECT.
- (6) SELECT HIT and ANALYZE HIT are not valid with this field.
- (7) Appends /DN to the terms created by SELECT.
- (8) Appends /BI to the terms created by SELECT.

**Full-Text Browsing**

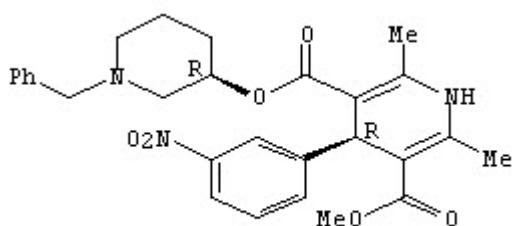
User Request	Example	System Response
DISPLAY BROWSE	=> DISPLAY BROWSE ENTER (L1) OR L#:. ENTER (DIS), ANSWER NUMBERS, OR END:	NOVICE version
D BRO  Answer number(s)  Answer number(s) and format Format only  Change default format  Forward n fields Backward n fields Search forward for character string Search backward for character string End DISPLAY BROWSE	=> D BRO L1 : :1-3  :4 HIT :TI TX  :*KWIC  :F3 :B1 :S BONE MARROW  :S -NAUSEA  :END =>	EXPERT version  display answers 1, 2, and 3 in default format display answer 4 in HIT format display title and text of last answer displayed change default to KWIC no answer displayed move forward 3 fields move backward 1 field search forward within record for 'bone marrow' search backward within record for 'nausea' exit DISPLAY BROWSE and return to => prompt

## ADISINSIGHT

## Sample Records

## DISPLAY ALL

AN 1998:1 ADISINSIGHT  
 SO Adis R&D Insight  
 DN 000001  
 CDAT Oct 20, 2008  
 CN Benidipine  
 CN KW 3049; Nakadipine  
 CN 3,5-Pyridinedicarboxylic acid, 1,4-dihydro-2,6-dimethyl-4-(3-nitrophenyl)-, methyl 1-(phenylmethyl)-3-piperidinyl ester, (R\*,R\*)-(+)-  
 CN Caritec(R); Coniel  
 MF C28 H31 N3 O6  
 RN 105979-17-7  
 STR



RN 91599-74-5  
 CC EPHMRA ATC CODE: C8A Calcium Antagonists, Plain  
 CC WHO ATC CODE: C08C-A Dihydropyridine derivatives  
 HDP Launched  
 DSTA Launched, India, Angina pectoris  
 Launched, Japan, Angina pectoris  
 Launched, China, Essential hypertension  
 Launched, India, Essential hypertension  
 Launched, Japan, Essential hypertension  
 Registered, China, Angina pectoris  
 Discontinued III, Italy, Angina pectoris  
 Discontinued III, Italy, Essential hypertension  
 Discontinued II, Germany, Angina pectoris  
 Discontinued II, United Kingdom, Angina pectoris  
 Discontinued II, United States, Angina pectoris  
 Discontinued II, Germany, Essential hypertension  
 Discontinued II, United Kingdom, Essential hypertension  
 Discontinued II, United States, Essential hypertension  
 ORIGINATOR: Chugai Pharmaceutical (Japan); Kyowa Hakko (Japan)  
 PARENT: Kyowa Hakko; Roche  
 LICENSEE: Sirton Pharmaceuticals  
 OTHER: Ranbaxy Laboratories  
 OS 800375302; 800498965; 800193530; 800720623  
 WC 886

## TX TEXT

## Introduction:

Benidipine (nakadipine, KW 3049) is a calcium antagonist developed by Kyowa Hakko (now Kyowa Hakko Kirin) for the treatment of essential hypertension and angina pectoris. It has been launched in Japan (as Coniel sup((R))) and India (as Caritec sup((R))) for both these indications. In October 2008, Kyowa Hakko merged with Kirin Pharma to form Kyowa Hakko

**DISPLAY ALL (cont'd)**

Kirin/1/.

Company agreements

Benidipine is licensed to Crinos; in June 2002, Crinos changed its name to Sirton Pharmaceuticals.

Key development milestones

Benidipine was approved in China in September 2008 for the treatment of angina pectoris, following the filing of an application for regulatory approval in 2007/2/. According to Kyowa Hakko's May 2005 pipeline update, benidipine was launched in the People's Republic of China for the treatment of hypertension in December 2004.

Kyowa Hakko elaborated in its 2003 annual report that a special investigation evaluating the efficacy and safety of long-term (1 year) administration of benidipine in 10 000 older patients with hypertension had been initiated.

A second large-scale clinical trial in collaboration with Yamaguchi University had also been started to investigate benidipine in combination with one of three types of antihypertensives (beta-blockers, angiotensin II receptor blockers and antihypertensive diuretics) over a three-year period. The effectiveness and safety of the three combination regimens was to be compared and evaluated. This trial was to involve 3000 patients with hypertension, with 1000 enrolled in each arm.

Benidipine was undergoing phase III clinical trials in Italy and phase II trials in Germany, the United Kingdom and the USA for angina pectoris and essential hypertension. However, development appears to have been discontinued in these countries.

TX EVALUATION:  
Essential hypertension 80 (PO).

TX PHARMACOLOGY OVERVIEW:  
Pharmacodynamics:  
Coronary and cerebral vasodilatory effects in vivo; marked BP-lowering effects; diuresis; natriuresis  
Mechanism of action:  
Calcium channel antagonists  
Ion channel antagonists  
Calcium channel modulators  
Membrane glycoprotein inhibitors  
Membrane transport protein inhibitors  
Ion channel modulators  
Glycoprotein inhibitors  
Membrane protein inhibitors  
Membrane glycoprotein modulators  
Membrane transport protein modulators  
Carrier protein inhibitors  
Protein inhibitors  
Glycoprotein modulators  
Glycoconjugate inhibitors  
Membrane protein modulators  
Carrier protein modulators  
Protein modulators  
Glycoconjugate modulators  
Carbohydrate metabolism inhibitors  
Carbohydrate metabolism modulators  
Activity versus parent drug: unspecified parent

TX CLINICAL OVERVIEW:  
Route(s) of Administration: PO  
Adverse events:  
rare: Diarrhoea, Oedema.  
Drug Interactions: Unknown.

**ADISINSIGHT****DISPLAY ALL (cont'd)**

## TX Adverse Events:

In 55 patients with essential hypertension receiving benidipine 2-8 mg/day for  $\leq$  1 year, adverse events included lightheadedness (n = 1), diarrhoea (1) and peripheral oedema (1)/3/.

Drug Interactions:

## TX PHARMACOLOGY:

Pharmacokinetics:

Pharmacodynamics (Hypertension):

Preclinical studies: the long term effects of ceronapril 40 mg/kg/day, AE 0047 20 mg/kg/day and benidipine 10 or 20 mg/kg/day were examined in stroke-prone spontaneously hypertensive rats. In treated rats, the incidence of cerebrovascular lesions was significantly depressed and their life-spans were extended compared to the untreated control rats. AE 0047 sustained BP under 210mm Hg without developing fibrinoid deposition on arterial walls. After benidipine, thickened arterial walls were observed and BP remained over 250mm Hg. In contrast to benidipine, ceronapril reduced the occurrence of smooth muscle proliferation and BP levels were similar to those of benidipine.

Clinical studies: a randomised, single-blind, crossover study in 15 salt-sensitive patients with essential hypertension assessed the efficacy of benidipine and controlled release nifedipine on sodium-induced changes in systemic and regional haemodynamics. Oral benidipine 4-8 mg/day once daily for 73 days significantly reduced MAP and increased CI, superior mesenteric blood flow and renal blood flow during low and high sodium intake. Nifedipine 10-30 mg/day also significantly reduced MAP during low sodium intake, but had no effects on HR, CI or regional blood flow. The high sodium diet increased MAP, CI and terminal aortic flow (all  $p < 0.05$ ), and reduced mesenteric and renal blood flows ( $p < 0.05$ ) during nifedipine administration/4/.

In 15 patients with essential hypertension, benidipine 4 mg/day and trandolapril 1 mg/day for 12 weeks similarly decreased BP, and increased concentrations of nitrite/nitrate (NOx) and cGMP. Neither agent affected HR, lipid profiles and renal functions.

In 10 elderly patients with essential hypertension undergoing mental arithmetic test, administration of oral benidipine 4mg od for 12 weeks significantly decreased 24-h BP, and had no marked effect on HR. However, the decrease in night-time DBP was not significant, and the decrease in night-time SBP was minimal. In benidipine recipients, the increase in SBP induced by mental arithmetic test was significantly decreased compared with baseline.

Pharmacodynamics (Ischaemic Heart Disease):

Benidipine suppresses ischaemic ECG changes and attenuates ST and T wave elevation in animal models. Mild and long lasting dose-dependent increases in coronary sinus outflow and decreases in BP are seen at doses  $> 1$  microg/kg IV. Benidipine protects the ischaemic canine myocardium and maintains global cardiohaemodynamics. Other animal studies have shown that benidipine exhibits preferential coronary and cerebral vasodilating activity, and has a longer duration of action than nifedipine or nicardipine.

## TX THERAPEUTIC TRIALS:

Hypertension:

In patients with essential hypertension (n = 21), oral once daily benidipine 4 mg/day for 2 weeks produced a long lasting reduction in BP compared with baseline/5/.

In an open, multicentre study in 78 patients with essential hypertension, monotherapy with oral benidipine 2-8 mg/day od for  $\leq$  1 year significantly decreased BP from baseline. Similar effect was achieved when benidipine was used in combination with other antihypertensive agents (n = 19) (details not provided). 42% of patients in the benidipine monotherapy group and 44% of patients in the combination therapy group had their BP normalised at 1 year (BP  $< 150/90$ mm Hg)/3/.

**DISPLAY ALL (cont'd)**

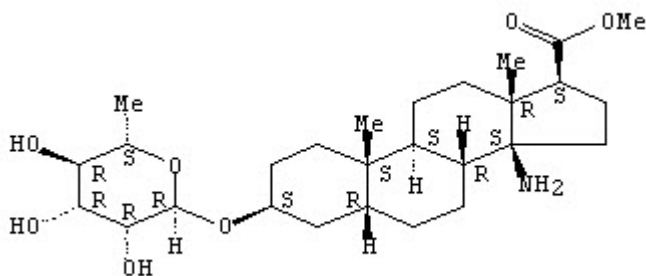
In a randomised study in 86 patients with essential hypertension, beta-blockers arotinolol, bisoprolol, ACE inhibitors captopril, imidapril and calcium antagonists nisoldipine and benidipine for 12 weeks significantly and similarly decreased 24h ambulatory BP. 24h HR decreased significantly with the beta-blockers arotinolol and bisoprolol. There were no differences in circadian and ultradian variations among the major first, second and third peaks of SBP, DBP and HR in patients receiving beta-blockers or ACE inhibitors. Calcium antagonists shortened the periodicity of ultradian variations in second and third peaks of SBP/6/ .

RDATE	RNTE
30 Oct 2000	Launched for Angina pectoris in India (PO)
30 Oct 2000	Launched for Essential hypertension in India (PO)
30 Oct 2000	Profile reviewed by Ranbaxy Laboratories
26 Jan 2000	Two studies have been added to the Hypertension therapeutic trials section (720623, 746001)
05 Jul 1999	Registered for Angina pectoris in India (PO)
05 Jul 1999	Registered for Essential hypertension in India (PO)
30 Apr 1999	A study has been added to the Hypertension pharmacodynamics section (746001)
29 Sep 1998	A study has been added to the Hypertension pharmacodynamics section (691650)
11 Nov 1994	A preclinical study has been added to the hypertension pharmacodynamics section (307950)
14 Sep 1994	New profile

- RE
1. Kyowa Hakko Kogyo Co Ltd, Kirin Pharma Company Limited, et al. Strategic Alliance Between Kyowa Hakko Group and Kirin Group Maximizing Synergy Through an Alliance Centered Around the Pharmaceutical Business. Media Release. : 22 Oct 2007. Available from: URL: <http://www.kyowa.co.jp>. (English).
  2. Kyowa Hakko Kogyo Co Ltd. Kyowa Hakko Interim Operating Income up 25.2%. Media Release. : 29 Oct 2007. Available from: URL: <http://www.kyowa.co.jp>. (English).
  3. Imazu M, Yamabe T, et al. Antihypertensive effects and safety of long-term treatment with benidipine hydrochloride in essential hypertensive patients. *Shinryo to Shinyaku*. 32: 995-1005, 1995. (Japanese). 800375302
  4. Shimamoto H, Shimamoto Y. Benidipine counteracts sodium-induced alterations in systemic and regional hemodynamics. *Blood Pressure*. 6: 18-23, Jan 1997. (English). 800498965
  5. Nakanishi T, Takahashi H, et al. Effects of benidipine hydrochloride on 24-hour blood pressure. *Current Therapeutic Research - Clinical and Experimental*. 53: 270-276, Mar 1993. (English). 800193530
  6. Kawamura H, Mitsubayashi H, et al. Calcium channel blockers shorten the periodicity of ultradian variation in blood pressure in patients with essential hypertension. *Koketsuatsu*. 21: 179-186, Sep 1998. (English). 800720623

**ADISINSIGHT****DISPLAY IIIDE**

ACCESSION NUMBER: 1998:1107 ADISINSIGHT  
 SOURCE: Adis R&D Insight  
 DOCUMENT NO: 001241  
 CHANGE DATE: Feb 22, 2002  
 GENERIC NAME: LND 796  
 SYNONYM: LNF 209  
 CHEMICAL NAME: Androstane-17-carboxylic acid,  
 14-amino-3-((6-dexoxy-alpha-L-  
 mannopyranosyl)oxy)-, methyl ester, (3beta, 5beta,  
 14beta, 17beta)-  
 TRADE NAME: Cordil  
 MOLECULAR FORMULA: C27 H45 N O7  
 CAS REGISTRY NO.: 118549-42-1  
 STRUCTURE:



RELATED CAS REG. NO.: 122322-73-0  
 EPHMRA ATC CODE: C1A1 Plain cardiac glycosides  
 WHO ATC CODE: C01A Cardiac Glycosides  
 HIGHEST DEV. PHASE: No Development Reported

**COMPANY INFORMATION**

ORIGINATOR: Nativelle (France)  
 PARENT: Procter & Gamble  
 OTHER: Procter & Gamble; Rohm

OTHER SOURCES: 800165260  
 WORD COUNT: 260

**In North America**

CAS  
 STN North America  
 P.O. Box 3012  
 Columbus, Ohio 43210-0012 U.S.A.

CAS Customer Center:  
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 614-447-3700 (worldwide)  
 Fax: 614-447-3751  
 E-mail: help@cas.org  
 Internet: www.cas.org

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 Fax: +49-7247-808-259  
 E-mail: helpdesk@fiz-karlsruhe.de  
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 International Chemical Information)  
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 Internet: www.jaici.or.jp