



National
Kidney
Foundation®

kidney living®

Fall 2014

Issue 8

LET'S EAT!

TIPS FOR DEALING WITH DIET AND
DELICIOUS RECIPES TO HELP

MINDFULNESS MEDITATION

WHAT'S IT ALL ABOUT?

TAKE ACTION!

BE A NKF ADVOCATE!



PATIENT EDITORS

Meg Banks
Poughkeepsie, NY

Dorothy Davis
Birmingham, AL

Sheldon Francis
Bronx, NY

Celeste Castillo Lee
Ann Arbor, MI

PROFESSIONAL EDITORS

Dawn Berry, RD
West Des Moines, IA

Eileen Boyte, MSW
Los Angeles, CA

Mark Conard, PhD
Darien, IL

Denise Eilers, BSN, RN
Davenport, IA

Maria B. del Rosario, MD
Worcester, MA

Dodie M. Stein, PhD, MSW, LCSW
Indianapolis, IN

Mandy Trolinger, MS, RD, PA-C
Highlands Ranch, CO

Roberta Wager, RN, MSN
San Antonio, TX

IN-HOUSE STAFF

Jennifer Martin
Executive Editor

Kelli Collins, LICSW
Editorial Director

Bernard Rittersporn
Managing Editor

Staci McKeown
Design Director

kidney living®

A MAGAZINE FOR PEOPLE ON DIALYSIS

Let's Eat!

Eating Right & Eating Well

Who doesn't like food? Who doesn't need some sort of diet plan, even if it's just trying to eat as healthy as possible? We all need to watch what we eat, be physically active, and find ways to manage the stresses of all the things we "should" or "shouldn't" do. These are all topics in this issue of Kidney Living.

I am a social worker who works with home dialysis patients. I can appreciate the strength and discipline it takes to stick to your diet plan as a kidney patient, as well as the guidelines if you also have diabetes or high blood pressure. I admire the focus that dialysis patients show in keeping healthy. In this issue, you'll read about one patient who learned to manage the dialysis diet well. You'll also learn about managing stress, dining out, healthy snacks, and more!

Enjoy, my friends, and may you thrive, not just survive, on your dialysis diets and in your other activities for a healthy and happy life!



Dodie M. Stein

Dodie M. Stein, PhD, MSW, LCSW
Professional Editor

National Kidney Foundation

30 East 33rd Street
New York, NY 10016
800.622.9010 | 212.889.2210
Email: kidneyliving@kidney.org
www.kidney.org/kidneyliving

kidney living is a magazine for people on dialysis published by the National Kidney Foundation (NKF). Opinions expressed do not necessarily represent the position of the NKF or its sponsor. The NKF reserves the right to edit all articles. Please contact the NKF for article submission guidelines or permission to reprint articles.

© 2014 National Kidney Foundation, Inc. 01-65-6753_HBE



What's in this Issue?

We'd like to hear from you!



Tell us what you think about *Kidney Living*! We invite you to take our online survey at www.surveymonkey.com/s/kidneyliving or mail in your thoughts to NKF, 30 East 33rd St., New York, NY 10016, attn: *Kidney Living*.

Respond by November 30, 2014, and you'll be entered for a chance to win one of five \$40 American Express gift cards! Winners will be notified by email or mail in December 2014.

FEATURE ARTICLE

- 6** **Take Action!**
Become a NKF Advocate!

IN EVERY ISSUE ...

- 9** **Ask Your Healthcare Team**
How can I enjoy dining out without feeling like I'm breaking the rules of my diet?
- 10** **Kidney Kitchen**
Tips for surviving the dialysis diet & delicious recipes to help with it
- 14** **kidney living Voices**
What's your favorite quick, easy, and kidney-friendly snack?



The shock of the
dialysis diet!

8

FOR ONE MARATHONER, HOME HEMO KEEPS HIM

IN STEP

By Greg Soderlund

For as long as I can remember, I've been running. In junior high, I ran three miles to school. In my teens and 20s, I logged miles with friends. During my 30s, I began competing and finished hundreds of races, including 32 Ultra Marathons. I hit the road seven days a week, regardless of the weather — through rain, heat, and cold.

Running helps me deal with stress. I always feel better at the end of training, both mentally and physically. I even met my wife, Mary, through running.

In 2009, at the age of 60, I lost my right kidney to cancer. Despite this, I remained committed to running, and was lacing up my shoes to go back to training as soon as I possibly could. A year later I completed an Ultra Marathon (31 miles), and believed I'd put my health issues behind me. Then in 2012, I lost my remaining kidney to cancer, too.

"I found a way to maintain control over my life and independence... I began to dialyze at home."

This might have stopped some people in their tracks, but I found a way to maintain control over my life and independence. A few weeks post-surgery, I began to dialyze at home. Now, I undergo hemodialysis five to six days a week in my own space, on my own schedule. This allows me to continue training, running four to five miles daily, and six to 10 miles on Sundays. In doing so,

I am able to maintain my health so that I can one day receive a kidney transplant, my ultimate goal.

It's hard to believe that a machine in my home keeps me alive. It also packs up and can travel by car or plane, making it possible for me to go on vacation with it. Recently, Mary and I toured Carmel, California and I was able to dialyze in our hotel room.

I have good days and bad ones. What helps me through the rough ones is the same as what drove me to run Ultra Marathons. To reach that finish line, you have to dig down deep inside yourself. Eleven months after losing both kidneys, at the age of 64, I did just that and completed a half marathon.

My advice to others who are facing challenges like mine? Take one step at a time. You have no idea how far you can take yourself unless you try. And the rewards you'll find are well worth it.



Greg Soderlund is an avid runner and home hemo patient

MINDFULNESS MEDITATION

LEAVING PRECONCEIVED IDEAS AT THE FRONT DOOR

By Gary Petingola MSW, RSW

I woke up today to discover a fine mist of rain outside of my window. I wondered whether I should ride my bicycle to work or get a ride from my daughter. It might thunder. I might get drenched and have to sit in wet clothing all day. What if I get out of the door and the rain comes down hard? Then it dawned on me that perhaps the easiest thing to do was to stop fearing the worst and accept what is. This meant leaving my preconceived ideas at the front door as I headed out, getting on my bicycle, and accepting what would be without trying to change it — rain or no rain. This is essentially the main thinking behind mindfulness meditation.

Mindfulness meditation is a practice that allows one to purposefully pay attention to the present moment without judgment. It helps us to look at things with a new lens and change the way we typically see things. Much of our life is filled with worry about things that may never happen. We often immerse ourselves in thoughts about the past with all of its “should haves” and “could haves” and worrying about the future “what ifs.” This rumination takes much of our energy and catapults us



*Stop fearing the worst
and accept what is.*


into a mindless existence. It takes away from our ability to be in the moment, which is all that we really have.

When we are mindful, we drop our ego and judgment and are more compassionate to ourselves. We accept *what is* with all of its scars and blemishes. This helps us to get rid of the notion of doing, achieving, accomplishing, and fixing, and we come to accept that there are some things that we may never be able to change.

Chronic illness is one of those things. It can be like the drizzle that nearly prevented me from riding my bicycle this morning to work. We allow it to take over our lives and in doing so we nourish it, giving it power to become the “scary monster” that we always feared it would be. When we embrace the moment, even if it means dialysis, accesses that don’t work, graft revisions, and restless legs, we can regain power and control by looking at those demons head on.

Today’s mist turned to rain. The rain refreshed my dry, sun-baked skin, and I allowed myself to simply enjoy the moment. It felt right!

YOUR VOICE MATTERS!



The National Kidney Foundation is committed to positively impacting the lives of those with kidney disease. We advocate on behalf of patients and work to influence legislation that affects those with kidney disease. We need your help!

All you have to do is visit

www.kidney.org/takeaction to sign up for our action updates — it's quick and easy, and it can make a big difference in the lives of kidney patients.

This past year, NKF worked diligently to improve kidney care.

We're proud to share that due to our advocacy and public policy efforts, we were able to avoid deep Medicare dialysis payment cuts that would have negatively affected patient care. These payment cuts would have likely led to overcrowded dialysis facilities due to closures and consolidations. They also would have overburdened dialysis center staff due to hiring freezes, and that would have reduced patients' ability to access much-needed services like nutritional counseling and social work.

While we're proud of the role we play in advocating on behalf of important kidney issues, it takes a team to have the most impact! A stronger and louder voice leads to better results, so the NKF relies on partnerships with other kidney organizations, kidney patients, family members, and healthcare providers who are also impacted by these issues.

That's why we need your help! Every voice counts, and together we are able to present a unified position.





Mark Greene talks with fellow patients at the Kidney Patient Summit in Washington, DC.

One NKF patient advocate feels strongly that the best way to effect change is to speak up on behalf of himself and others in a similar position, and we agree! Mark Greene, age 45, of Shawnee, KS, has lived on dialysis for 13 years.

In March of this year, Mark traveled to Washington, DC as part of the inaugural Kidney Patient Summit hosted by the NKF. Along with 60 other advocates — patients and family members of those with kidney disease — he met with Members of Congress and their staff to share his personal story and advocate for policies that promote early detection and additional federal research funding for kidney disease. According to Mark, “Members of Congress are more likely to feel obliged to vote in favor of the issues for which I’m advocating after they hear from me directly. It really lends a personal voice to the issues and shows that real people and real lives are affected by the words on paper and the numbers in a budget.”

We encourage all kidney patients to follow in Mark’s footsteps. Let your voices be heard in Washington — you don’t even need to travel to make an impact! You can be an effective advocate right from your computer. Get involved by visiting NKF’s Advocacy Center at www.kidney.org/takeaction to receive action updates.

You will receive periodic e-mails when action is needed on specific legislation relating to kidney disease, dialysis, transplant, and donation. Once you receive these e-mails, all you need to do is enter your zip code, and with a click of your mouse, we’ll send a pre-written letter to your Members of Congress. It’s really that simple. If you wish, you can also add a personal note to your e-mail to tell Congress your story and how this legislation will impact your life.

Together, we will continue to make sure kidney patients have access to the care and treatments they need. Thank you in advance for helping advocate on behalf of yourself and others like you!

Take Action! Let your voice be heard. Join today!
www.kidney.org/takeaction



THE INITIAL SHOCK



OF THE DIALYSIS DIET

By Lisa Baxter, social worker and hemodialysis patient

I've been around kidney disease and kidney failure my entire life. My father had polycystic kidney disease (PKD) and three of my sisters and my three brothers ended up on dialysis. It wasn't until I received a sonogram that showed cysts on my kidneys that it really hit home that I had PKD too.

I knew I would have to go on dialysis someday, but I never knew how much dialysis would impact my diet. I love food! I used to be the one with all of the snacks in the pantry. When I started dialysis in February 2004, I knew I was going to have to make some changes, but some of my healthcare team's advice was difficult to follow.

The biggest challenge for me was the water; I used to drink 10-12 glasses a day. Then they told me that I could only have 32 ounces of fluid each day. That was a hard adjustment! But you have to follow the rules, and if you don't watch your fluid, you can have trouble breathing.

I also had to really look at what I was eating. There are many foods out there that can kill you if you're not

smart. Foods and drinks that are high in potassium can give you a heart attack if you're not careful. Phosphorous is hidden in foods too, and that can cause a lot of discomfort, like itchy skin or bone pain, if you don't watch your levels and take your binders.

When I started to pay attention to my diet, my body reacted to the changes pretty quickly. I used to be overweight, but when I changed my eating habits and began to exercise more frequently to stay healthy, I lost a lot of weight. I learned about portion sizes and how to be realistic with what I eat. Now, I can tell you what a half-cup of something is by sight. I eat smaller portions now and I feel better because of it.

I've been on dialysis for over 10 years, and I know the initial dietary changes can be a challenge, but if you really listen to what your dietitians are saying, you can survive and thrive. It's tough sometimes, but it's livable and you don't have to be miserable. There is good food out there for us! Make sure you follow the rules and stick to the diet plan. After the initial changes, your dialysis diet will become another part of living a full life.



I love going out to eat with my family. Now we don't go out as much because I feel like nothing on the menu is good for my dialysis diet. How can I enjoy going out again without feeling like I'm breaking the rules of my diet?

For many, food is closely related to

family, friends, and social events. It's a time to celebrate, relax, and enjoy. It's important to keep that spirit and not let your diet restrictions curb your ability to enjoy these moments. However, it's also important to be smart about eating out. Here's how:

Before Eating Out

Plan ahead. When dining out, the choice of restaurant is critical. You may want to look up the menu online beforehand or call ahead to ask questions. Restaurants that serve a wide variety of foods make eating out easier. Seek your dietitian's advice beforehand, so that you can feel more confident making good choices on your own. The more closely you follow your diet on a regular basis, the more able you'll be to enjoy eating out and feel confident in your decisions.

Making Wise Menu Selections

When you arrive, study the menu while waiting to be seated. Before you order, don't be afraid to ask the waiter additional questions about how the food is prepared, seasoned, etc. In this health and nutrition conscious age, restaurant personnel are accustomed to special requests for food items or preparation. Also be conscious of portion size at many restaurants. You might consider ordering appetizers instead of an entrée for your meal.

Eating in Specific Types of Restaurants

If you find yourself at a restaurant where few food choices are available, order as carefully as possible. Some ethnic cuisines may have more limitations than others. Italian food often uses a lot of tomato sauce, which is high in potassium. Mexican food often uses beans which are high in phosphorus. Asian dishes with soy sauce are high in sodium. Ask your dietitian for specific advice if you have a particular cuisine you want to enjoy!



For more information about specific cuisines, visit us online at www.kidney.org/kidneyliving



NKF Cares

The NKF Cares Patient Help Line offers free support for patients, families, and caregivers affected by kidney disease.

You can speak with a trained professional who will answer your questions and listen to your concerns. Ask about our free brochures.

Toll Free 855.NKF.CARES (855.653.2273)
nkfcares@kidney.org

Hablamos
Español



National
Kidney
Foundation®

SURVIVING the dialysis diet



By Lisa Baxter, social worker and hemodialysis patient

Being on dialysis, I feel like a Gremlin — don't feed me after dark and don't throw water on me! People on dialysis will know what I'm talking about! Maybe you are new to dialysis, or having trouble making adjustments, but here are some of the tips I've learned after being on dialysis for over 10 years.



Get Your Family Involved. Teach your family, friends, and significant other about your new diet and how it impacts you. They will be in a better position to help you stick with your diet if they know what you can and can't eat.



Stick to a schedule. It's easier to follow a diet if you keep to a schedule. I won't eat anything after a certain time in the evening, because I know it will mess with my body's balance. I also plan out when I am going to eat and that helps me control my diet.

Be Honest with your Healthcare Provider and Dietitian.

You have to develop a good relationship with the people in the dialysis unit. Get to know your dietitian, technician, and healthcare provider. Be honest and open, tell them exactly how you are feeling, and be specific. Dialysis can leave you exhausted and can make your body go through changes, but you need to talk about all these things so the professionals can tell you whether it's a result of dialysis itself, or something that can be changed by modifying medications or your diet. I like to write things down, so I can keep track of the changes I notice.

Know Your Dry Weight.

Dry weight is the weight you are supposed to be at after a dialysis session. If you don't know your dry weight, you're in danger of being over or under it, and that can cause problems. If you are under your dry weight, it will make you cramp up painfully or feel weak with low blood pressure. Being over the dry weight usually means you're building up too much fluid — you can typically feel this in your body and it can become hard to breathe. Your healthcare provider can and will adjust your dry weight if you lose or gain body weight. Remember, you are being monitored and weighed before and after each dialysis treatment to see what was removed. I always keep track of my weight, even on days when I'm not going to dialysis.



Ace Your Report Card. I follow my report card precisely. The card has all my updated lab values and my healthcare provider and dietitian review it with me on a regular basis. This is how I make all of my eating decisions. Sure, it might be a holiday and you might feel like eating a piece of cake, but if your report card isn't good, some foods may do more harm than good. You have to pay attention, we all want something, but if the report card says no you can't have it, you can't have it!

Sometimes, You Have to Eat It!

My dietitian tells me I have to eat more protein. I am not a big meat eater, so sometimes it's hard for me to eat exactly what they are telling me to. But you know what? When I do it, I feel a lot better. So listen to the advice you're being given and know that what you eat really has a big impact on how you feel.



If You're Good, You'll Find Time to Be Bad. I had a banana yesterday, and a few days ago I had some French fries — not a lot, but a few. You know why I could do that? I was following my plan! The dietitian looked at my numbers and said I could enjoy some of the things I normally have to avoid. If you work it right, and if your dietitian approves it, you can taste some of the foods you miss.

Stay Positive. Staying positive is a big part of maintaining a diet. If you don't feel good, why would you want to follow a diet? We all know that bad things happen to good people, but sometimes all you need to do is plan a trip for yourself, help someone else get through a tough day, or do something that you really enjoy and you'll get that positive energy to stay strong and thrive on dialysis and with your diet.



Recipes

Recipes courtesy of Rebekah Engum, RD from her book *Creative Kidney Cooking for the Whole Family*



Roasted Red Pepper Dip

Serves 6 (2 tablespoons per serving)

INGREDIENTS:

7 oz. jar roasted red peppers (rinsed and patted dry)
1 clove garlic (chopped)
1 inch fresh ginger (coarsely chopped)
1 fresh jalapeño (seeded and chopped)
1 scallion (sliced)
2 teaspoons low sodium soy sauce
2 tablespoons rice wine vinegar
1 tablespoon honey or agave
3 tablespoons bread crumbs

DIRECTIONS:

Mix ingredients in food processor until thick and smooth. If runny, add more bread crumbs, one tablespoon at a time. Serve with kidney-friendly vegetables like carrots, celery, and low-sodium crackers.

ANALYSIS:

calories 20	potassium 25 mg
protein 0 g	phosphorous 5 mg
total fat 0 g	calcium 7 mg
carbohydrates 0 g	cholesterol 0 mg
sodium 245 mg	fiber 0 g



Turkey and Cranberry Sandwich

Serves 1 (1 sandwich per serving)

INGREDIENTS:

2 slices white bread
2 tablespoons cream cheese
2–4 tablespoons cranberry sauce or jelly
2 oz. oven roasted or grilled turkey or chicken breast (fresh, not deli)
Lettuce to taste
Onion to taste

DIRECTIONS:

Toast bread. Spread cream cheese onto one bread slice. Assemble sandwich by layering turkey, lettuce, and onion. Dollop with cranberry sauce and top with the other piece of bread.

ANALYSIS:

calories 455	potassium 265 mg
protein 23 g	phosphorous 200 mg
total fat 1 g	calcium 112 mg
carbohydrates 37 g	cholesterol 75 mg
sodium 465 mg	fiber 1 g



Chicken and Asparagus Linguine

Serves 4 (1 cup per serving)

INGREDIENTS:

6 oz. uncooked linguine
1 small onion (chopped)
2 garlic cloves (minced)
1 tablespoon extra-virgin olive oil
2 teaspoons unsalted butter
½ lb. fresh asparagus (trimmed and cut into ½-inch pieces)
½ lb. chicken breasts (cooked and cubed)
2 tablespoons white wine
2 tablespoons Parmesan cheese (shredded)
1 tablespoon lemon juice
1/8 teaspoon pepper

DIRECTIONS:

Cook linguine in boiling water. In a medium skillet, sauté onion and garlic in oil and butter until tender. Add asparagus and chicken breasts. Cook 2 minutes. Add wine, pepper, and lemon juice. Cook and stir 1-2 minutes or until liquid is reduced to half. Remove from heat. Drain linguine and toss with chicken-asparagus sauté. Add Parmesan cheese and serve!

ANALYSIS

calories 380
protein 27 g
total fat 9 g
carbohydrates 45 g
sodium 140 mg

potassium 350 mg
phosphorous 240 mg
calcium 45 mg
cholesterol 55 mg
fiber 4 g



Apple Berry Crisps

Serves 9

INGREDIENTS:

1½ cups each of blueberries and raspberries
1 cup cranberries
1 medium tart apple (chunked)
¾ cup sugar (can use sugar substitute)
3 tablespoons cornstarch
½ cup all-purpose flour
½ cup packed brown sugar (can use sugar substitute)
¼ cup cold unsalted butter

DIRECTIONS:

Preheat oven to 400°. Combine berries and apple in a large bowl. In separate bowl, combine sugar and cornstarch. Sprinkle over the fruit and gently toss to coat. Transfer to a greased 8-inch square baking dish. In the same bowl, combine flour and brown sugar (can use sugar substitute). Cut in butter until crumbly. Sprinkle over fruit. Bake for 20-25 minutes or until filling is bubbly and top is golden brown. Serve warm.

ANALYSIS:

calories 130
protein 0g
total fat 5g
carbohydrates 20 g
sodium 0 mg

potassium 80 mg
phosphorous 0 mg
calcium 16 mg
cholesterol 15 mg
fiber 0 g

snack Attack

What is your favorite quick, easy, and dialysis-friendly snack?

An apple – my favorites are gala, honey-crisp, empire, or golden delicious. *Arne B.*

Unsalted air-popped popcorn. *Mike G.*



Cucumbers cut up in vinegar *Michael B.*

That is easy! Pineapple. Nothing helped me get back in gear after 8 hour nocturnal treatments like fresh pineapple. Low in both potassium and phosphorous, it is refreshing, nutritious, and delicious! The fiber is also very beneficial for the side effects of my binders! *Daniel T.*

Working full time and being on dialysis, I always pack a snack to take with me such as: frozen grapes, sliced chicken, watermelon cubes, and sliced cucumbers. This usually takes care of my cravings throughout the day. I also love to make the kidney-friendly recipes for sugar-free dessert items that interest me. Who doesn't like dessert? *Kathleen B.*

I enjoy baby carrots for a snack as well as an occasional cookie. *Patricia H.*

Roast beef and low-sugar cookies. *David*

Actually, I am off dialysis now since my transplant last November. But, I still remember what was my favorite "quick, easy, and dialysis-friendly snack" which is lightly salted crackers and one-fourth of a junior-size bottled water. And, also, a sugar-free candy on the side for "dessert." *Jun Z.*

I usually pack grapes and apple wedges for a snack. On a hot summer day I like to freeze the grapes. *Jim H.*



Because it's summer, watermelon is my favorite. I also love cottage cheese as a mid-morning snack. *Lisa C.*

Fresh cut fruits or vegetables. *Benjamin M.*



My favorite snack is a popsicle! *Manuel D.*

You can't go wrong with graham crackers! *George R.*

I have cut green peppers with a couple of radishes. *Kenneth S.*

Unsalted gluten-free pretzel twists. *Diana D.*



Check with your dietitian to see what snacks are right for you based on your individual diet

Brief Summary:

Please see Full Prescribing Information for additional information

**INDICATIONS AND USAGE**

Velphoro (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

DOSAGE AND ADMINISTRATION

Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, tablets may be crushed.

The recommended starting dose of Velphoro is 3 tablets (1,500 mg) per day, administered as 1 tablet (500 mg) 3 times daily with meals.

Adjust by 1 tablet per day as needed until an acceptable serum phosphorus level (less than or equal to 5.5 mg/dL) is reached, with regular monitoring afterwards. Titrate as often as weekly.

DOSAGE FORMS AND STRENGTHS

Velphoro (sucroferric oxyhydroxide) chewable tablet 500 mg.

CONTRAINDICATIONS

None.

WARNINGS AND PRECAUTIONS

Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.

ADVERSE REACTIONS

In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).

To report SUSPECTED ADVERSE REACTIONS, contact Fresenius Medical Care North America at 1-800-323-5188 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

DRUG INTERACTIONS

Velphoro can be administered concomitantly with ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metformin, metoprolol, nifedipine, omeprazole, quinidine and warfarin.

Take alendronate and doxycycline at least 1 hour before Velphoro.

Velphoro should not be prescribed with oral levothyroxine and oral vitamin D analogs.

USE IN SPECIFIC POPULATIONS**Pregnancy**

Pregnancy Category B: Reproduction studies have been performed in rats and rabbits at doses up to 16 and 4 times, respectively, the human maximum recommended clinical dose on a body weight basis, and have not revealed evidence of impaired fertility or harm to the fetus due to Velphoro. However, Velphoro at a dose up to 16 times the maximum clinical dose was associated with an increase in post-implantation loss in pregnant rats. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

There are no adequate and well-controlled studies in pregnant women.

Labor and Delivery

No Velphoro treatment-related effects on labor and delivery were seen in animal studies with doses up to 16 times the maximum recommended clinical dose on a body weight basis. The effects of Velphoro on labor and delivery in humans are not known.

Nursing Mothers

Since the absorption of iron from Velphoro is minimal, excretion of Velphoro in breast milk is unlikely.

Pediatric Use

The safety and efficacy of Velphoro have not been established in pediatric patients.

Geriatric Use

Of the total number of subjects in two active-controlled clinical studies of Velphoro (N=835), 29.7% (n=248) were 65 and over. No overall differences in safety or effectiveness were observed between these subjects and younger subjects.

OVERDOSAGE

There are no reports of overdosage with Velphoro in patients. Since the absorption of iron from Velphoro is low, the risk of systemic iron toxicity is negligible. Hypophosphatemia should be treated by standard clinical practice.

Velphoro has been studied in doses up to 3,000 mg per day.

HOW SUPPLIED/STORAGE AND HANDLING

Velphoro are chewable tablets supplied as brown, circular, bi-planar tablets, embossed with "PA 500" on 1 side. Each tablet of Velphoro contains 500 mg iron as sucroferric oxyhydroxide. Velphoro tablets are packaged as follows:

NDC 49230-645-51 Bottle of 90 chewable tablets

Storage

Store in the original package and keep the bottle tightly closed in order to protect from moisture.

Store at 25°C (77°F) with excursions permitted to 15 to 30°C (59 to 86°F).

PATIENT COUNSELING INFORMATION**Dosing Recommendations**

Inform patients that Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed [see *Dosage and Administration*].

Velphoro should be taken with meals.

Some drugs need to be given at least one hour before Velphoro [see *Drug Interactions*].

Adverse Reactions

Velphoro can cause discolored (black) stool. Discolored (black) stool may mask GI bleeding. Velphoro does not affect guaiac based (Hämocult) or immunological based (iColo Rectal, and Hexagon Opti) fecal occult blood tests.

Distributed by:

Fresenius Medical Care North America
920 Winter Street
Waltham, MA 02451



**FRESENIUS
MEDICAL CARE**

US Patent Nos. 6174442 and pending, comparable and/or related patents.

© 2014 Fresenius Medical Care North America. All rights reserved.



National
Kidney
Foundation®

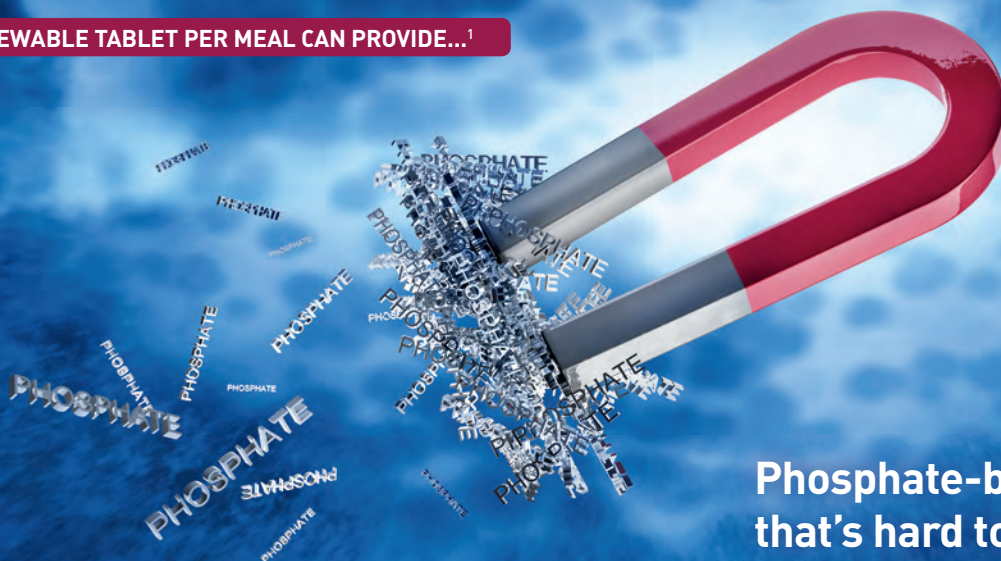
30 East 33rd Street
New York, NY 10016
www.kidney.org

Non-profit Org.
US Postage
PAID
National
Kidney
Foundation



Electronic Service Requested

NOW **1** CHEWABLE TABLET PER MEAL CAN PROVIDE...¹



Phosphate-binding potency that's hard to resist

INDICATION

Velphoro® (sucroferric oxyhydroxide) is a phosphate binder indicated for the control of serum phosphorus levels in patients with chronic kidney disease on dialysis.

IMPORTANT SAFETY INFORMATION

- Velphoro must be administered with meals. Velphoro tablets must be chewed and not swallowed whole. To aid with chewing and swallowing, the tablets may be crushed.
- Patients with peritonitis during peritoneal dialysis, significant gastric or hepatic disorders, following major gastrointestinal (GI) surgery, or with a history of hemochromatosis or other diseases with iron accumulation have not been included in clinical studies with Velphoro. Monitor effect and iron homeostasis in such patients.
- In a parallel design, fixed-dose study of 6 weeks duration, the most common adverse drug reactions to Velphoro chewable tablets in hemodialysis patients included discolored feces (12%) and diarrhea (6%).
- Velphoro can be administered concomitantly with ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metformin, metoprolol, nifedipine, omeprazole, quinidine and warfarin. Take alendronate and doxycycline at least 1 hour before Velphoro. Velphoro should not be prescribed with oral levothyroxine and oral vitamin D analogs.

References: 1. Velphoro® [package insert]. Waltham, MA: Fresenius Medical Care North America; 2013. 2. Data on file. Fresenius Medical Care North America, Waltham, MA.

Velphoro is a registered trademark of Vifor Fresenius Medical Care Renal Pharma Ltd.

Distributed by:
Fresenius Medical Care North America
Waltham, MA 02451



© 2014 Fresenius Medical Care North America. All rights reserved. PN 102276-01 Rev. A 01/2014

Introducing Velphoro® (sucroferric oxyhydroxide)

- Sustained phosphorus control and significantly lower pill burden over 52 weeks*^{1,2}
 - Efficacy comparable to sevelamer carbonate¹
 - 5.4 fewer tablets per day than sevelamer carbonate²
- Starting dose of 1 chewable tablet per meal¹
- Non-calcium, iron-based formulation¹
 - Minimal systemic iron absorption
- Well tolerated*¹

* A 2-part, 52-week, open-label, active-controlled, parallel-group phase 3 clinical study evaluated the safety and efficacy of Velphoro in lowering serum phosphorus. Patients (N=1054) had chronic kidney disease, were on hemodialysis or peritoneal dialysis, and had serum phosphorus levels ≥ 6 mg/dL. In part 1 (Study 05A), patients were randomized to treatment with either Velphoro (starting dose: 2 tablets/day) or sevelamer carbonate (starting dose: 6 tablets/day) for 24 weeks. After 24 weeks, 93 hemodialysis patients on Velphoro were re-randomized to either a maintenance dose of Velphoro or low-dose control (Velphoro 250 mg/day) for 3 more weeks. Following completion of Study 05A, part 2 (Study 05B), a 28-week extension study, began. Patients continued treatment with either Velphoro (n=391) or sevelamer carbonate (n=267) according to their original randomization.^{1,2}

Please see Brief Summary on the following page or visit
www.Velphoro.com for full Prescribing Information

VELPHORO®
(sucroferric oxyhydroxide)
chewable tablets

POTENCY MAKES IT POSSIBLE