

At home dialysis
Know all of
your options

Kidney-friendly kitchen
Expert advice on
renal diets

Kidney cancer
Don't ignore the
symptoms

**MEDIA
PLANET**

September 2012

KIDNEY HEALTH

THE POWER OF PREVENTION

Celebrity advocate Nick Cannon
discusses his struggle with kidney
disease and how he's using his
"second chance" to create
awareness and inspire others

NICK CANNON PHOTO: TERI DOYLE/TEENICK



"Keep your food simple but don't get discouraged. There are plenty of options to enhance the flavors of your food." **Food Network Chef Aaron McCargo Jr.** on creating a kidney-friendly kitchen.

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CHALLENGES

Most Americans know that heart disease and cancer can be silent killers and understand that monitoring blood pressure and cholesterol are critical to protecting their health.

Too few realize, however, that chronic kidney disease (CKD) is another common, life-threatening illness that often goes undetected until very advanced when it could be diagnosed early through simple tests.

A growing health problem

Although it often has no symptoms, kidney disease is a growing public health problem that none of us can afford to ignore any longer.

The numbers tell the story. Today, more than 26 million Americans have CKD and 1 in 3 are actually at risk due to diabetes, high blood pressure or a family history of kidney disease. Undiagnosed and untreated, CKD can lead to serious health problems including kidney failure and heart attack. But there is good news. When caught early, it can often be managed, and kidney damage can be slowed or stopped. And there's even better news. If those at risk adopt a healthy lifestyle, including proper diet and exercise and control of blood pressure and blood sugar, they may be able to prevent kidney disease altogether.

Advocacy

Our cover story features the

health saga of Nick Cannon, award winning actor, comedian and host of "America's Got Talent." The star has begun shining the spotlight on what he's termed the body's least known but hardest working organ—the kidney. Cannon, who never gave his own kidneys a second thought, was hospitalized last winter and diagnosed with lupus nephritis. He's now teaming up with the National Kidney Foundation.

Cannon's message is simple, but powerful—pay attention to your kidneys and protect them through screening and healthy lifestyle. Cannon himself had unhealthy eating habits and has learned that a low fat, low sodium, and low sugar diet can prevent kidney damage. Research also suggests that decreasing animal protein intake and cutting out sugar-sweetened beverages can protect your kidneys.

For those who aren't yet convinced, it's a good idea to find out what the kidneys do to maintain



Lynda Szczech, MD
National Kidney Foundation President

More than 26 million Americans have CKD and 1 in 3 are actually at risk due to diabetes, high blood pressure or a family history of kidney disease.

overall health. They act as the body's purifier, filtering waste and toxins from the blood. And if that weren't enough, they regulate blood pressure and direct production of red blood cells.

Getting tested

So if you're now ready to go to the doctor and get checked, here's what's involved—three simple but life-saving tests. Blood pressure measurement is important because high blood pressure can damage the kidneys. A reading of 140/90 puts you in the clear. Protein in the urine is an early sign of kidney disease but if you don't get a urinalysis test, you won't know whether you have it. The third test is a blood test that measures how well your kidneys are functioning—the GFR or glomerular filtration rate. Doctors measure the levels of waste in the blood and perform a calculation based on age, race, and gender. A result of over 90 is normal and less than 60 for three months is a sign of kidney disease.

So take the time to get screened and adopt at least one healthy lifestyle habit today. It just might save your kidneys and your life.

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WE RECOMMEND



Bill Bro
Kidney cancer survivor and CEO, Kidney Cancer Association

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**MEDIA
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Celebrating 25 years as "The Voice of the Transplant Community,"

members of TRIO (Transplant Recipients International Organization) are reaching out to their primary care physicians (PCPs) to offer education and personal testimony to the success of organ and tissue transplantation. With more than 115,000 on the growing waitlist for donated organs (80% waiting for kidneys), family doctors are in a unique position to ask their patients if they are registered as organ donors, offering supportive education as needed.

- **TRIO: Transplant Recipients International Organization**
- **TRIO's PCP campaign is a grassroots effort engaging recipients and patients in promoting family physicians talking to their patients about organ donation**
- **TRIO is celebrating its 25th anniversary this year**
- **TRIO is promoting its PCP ("Primary Care Physician") campaign at its Leadership Summit event Sept 28/29th in Pittsburgh (its founding city)**

You too can help by raising that "organ donor" subject next time you visit your family doctor. If they need more information to discuss it, suggest they go to www.trioweb.pcp to learn about TRIO's PCP campaign. Go to that web site to see how to register as an organ donor or gain information to talk to your family and friends about your own decision. Join us as a TRIO member at TRIOweb.org.



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CANCER,
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NEWS

Spicing up your renal diet

What inspired your focus on renal recipes?

This was an opportunity for me to give back to those I have had relationships with throughout the years who are affected by chronic kidney disease. I wanted to offer delicious recipes for those looking for a variety of menu items while dealing with a renal diet.

What advice would you share with patients who are suggested condition-specific diets?

Keep your food simple but don't get discouraged. There are plenty of options to enhance the flavors of your food. However, you need to be sure to use ingredients that

are allowed within your diet, getting your family involved is also important, and be sure to consult your dietitian for new ingredients to implement within your recipes.

What specific suggestions would you give patients for enhancing the flavor profile of renal meals?

Incorporate dried spices like chili, cumin and crushed red pepper flakes, or fresh herbs like basil, oregano, thyme, dill and cilantro in your cooking. Other seasoning options include using ingredients like garlic, shallots, onions and citrus fruits. When you are cooking you can add these seasoning ingredients at the

beginning or end to add color and a fragrant aroma to each dish. Also consider using flavored oils that are low in saturated fats or seasoned and flavored vinegars.



Chef Aaron McCargo Jr., National spokesperson for Fresenius Medical Care and author of Simply Done, Well Done. PHOTO: LUCY SCHAFER

**KNOCK YOUR SOCKS OFF CHICKEN AND BROCCOLI STROMBOLI**

PHOTO: FRESNIUS MEDICAL CARE

- 1 pound store-bought pizza dough (Note: dough can be purchased at some local pizzerias as well as grocery stores)
- 2 cups broccoli florets blanched
- 2 cups diced cooked chicken breast
- 1 cup shredded low-salt mozzarella cheese
- 1 Tbsp chopped fresh garlic
- 1 Tbsp chopped fresh oregano
- 1 tsp crushed red pepper flakes
- 2 Tbsp flour
- 2 Tbsp olive oil

Preparation:

Pre-heat oven to 400 degrees. Mix in large bowl: chicken, cheese, pepper flakes, broccoli, garlic and oregano, and set aside. Dust table top with flour and roll out dough until you reach an 11x14 rectangle shape. Place chicken mixture about 2 inches from the edge of the dough, along the longest side. Roll and pinch the ends and seam until tightly sealed (a fork can be used to crimp edges for a sure tight seal). Brush the top with olive oil and make 3 small slits on the top of the dough. Bake 8-12 minutes or until golden brown on lightly oiled cookie sheet or sheet tray. Remove, let sit for 3-5 minutes, then slice and serve. Serves 4.

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Cook up a kidney-friendly kitchen
(It's tastier than you'd think!)

■ **Question:** Does a diagnosis of chronic kidney disease (CKD) mean a lifetime of joyless meals?

■ **Answer:** No.

A kidney-friendly diet contains all the elements of healthy eating—proteins, carbohydrates, and fats—modified for the individual needs of patients with CKD. Armed with proper knowledge, patients can still enjoy food.

Designing a diet

Chronic kidney disease (CKD), also known as renal disease, requires that patients adopt a diet designed to limit the workload of their kidneys—and hopefully slow disease progression.

According to Seattle Sutton, RN, Founder and President of

Seattle Sutton's Healthy Eating, which offers healthy prepared meals nationwide for patients with CKD and other chronic diseases, an important upfront consideration is the need to limit intake of phosphorous, sodium and potassium. The National Kidney Foundation suggests that patients with CKD be cautious when consuming meat, nuts, dairy products, salt and high-sodium foods, and for those who were not aware, Sutton also cautions that most soft drinks also contain phosphorus.

Eating for prevention

However, Paula Heaton, RN, National Home Delivery Director of Seattle Sutton's Healthy Eating,

says, "That doesn't mean that you need to avoid the foods you enjoy altogether. A lot of it depends on your lab work and guidance from your registered renal dietitian. Portion control is key."

Ms. Sutton agrees. She says, "A big part of kidney health is maintaining a healthy weight. Even a five-pound weight loss will bring your blood sugar down. That's important, because type 2 diabetes can lead to kidney failure." In fact, according to the Centers for Disease Control and Prevention, diabetes is the leading cause of kidney failure, accounting for 44 percent of cases.

Heaton suggests that there are things that patients can eat and enjoy, including turkey, chicken,

fish and steamed vegetables. "You can even make your own salad dressing using canola or olive oil, mixed with balsamic vinegar. Then you can add any herbs you like—oregano, basil, pepper—and drizzle it on your salad or steamed vegetables. It's simply delicious," she says.

TIP

1

MAINTAIN A
HEALTHY WEIGHT

NICOLE GRAY

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YOUR LIFE. YOUR HEALTH. TAKE CONTROL.



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PANEL OF EXPERTS



Bill Bro
Kidney Cancer Survivor and CEO,
Kidney Cancer Association



Seattle Sutton RN, BSN
Founder and President,
Seattle Sutton's Healthy Eating



Question 1:
What's the most common
mistake patients make
when it comes to caring
for their kidneys?

Ignoring symptoms is dangerous. Patients who suspect they may have kidney cancer must be seen promptly by a doctor. Urologists are typically consulted for this diagnosis. A special scan may be ordered to confirm kidney cancer. This scan is more than 90 percent accurate in diagnosing a malignancy, so a biopsy is not typically performed. Surgery is a common medical intervention following a diagnosis of kidney cancer. All or part of the affected kidney may be removed.

Poor eating habits. Weight gain often leads to high blood pressure and Type II diabetes. Both are leading causes of kidney failure. Americans love restaurant food and fast food, which unfortunately, often contains too much sodium and fat, plus portions are almost never appropriate. Eating proper portions and less processed foods at home can help. You do not need to be a gourmet chef to eat healthier. Foods in their simplest form are actually the healthiest.

Question 2:
What is a simple step that
patients can take to gain
control over their kidney
health?

It is essential when kidney cancer is confirmed that an expert be consulted. Referrals are available free from the Kidney Cancer Association Nurse Hotline by telephoning 1-866-400-5151 (toll-free). Publications about kidney cancer are available free of charge at www.KidneyCancer.org. Advanced kidney cancer (cancer that has spread beyond the kidney) may require additional treatment using one of several drugs. Because advanced kidney cancer is difficult to cure, patients should consider enrolling in a clinical trial, where the newest treatments will be available.

Drink water, not soda. Nothing cleanses your kidneys like water. Consume less salt. Processed, frozen and restaurant foods can be very high in sodium. If overweight, lose weight and learn to maintain a healthier weight. If diagnosed with high blood pressure and/or high blood sugar, get both under control. If weight loss is needed, then weight loss can help. Every pound of weight you lose is a pound of workload off your heart.

Finding freedom with at home dialysis



Question: Is it possible to have a fulfilling life if you require dialysis?

Answer: Yes, learn all you can, stay positive, take an active role in your care, and choose a dialysis treatment that fits your preferred lifestyle. You have options!

Does dialysis have to hold you back? No. These days, you have options!

Peritoneal dialysis (PD) is a needle-free, easy to learn, portable home treatment. PD is gentle, work-friendly, and with treat-

ment each day—or at night while you sleep—you will feel the positive effects.

Hemodialysis is most often done in a clinic. But did you know that some clinics offer nocturnal hemodialysis three times a week (for eight hours) while you sleep? The long treatments are easy on your heart. And, they don't disrupt your day!

You can do home hemodialysis on your own schedule, and you don't have to purchase the

machine. The dialysis clinic will provide it and train you on proper usage. Some people do short daily hemodialysis five to six days a week*, others opt for nocturnal treatments. Survival with these options is about the same as deceased donor transplant. Your choice of dialysis can help you live the life you want to have.

DORI SCHATELL

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NEW BOOK

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INSPIRATION

Question: Why has entertainer Nick Cannon added the role of kidney health advocate to his already extensive resume?

Answer: Because he doesn't want others to experience the same struggles with kidney disease that he did.

FOCUSING ON THE POSITIVE

You know him as the host of "America's Got Talent," the husband to singer Mariah Carey and father to twins, Monroe and Moroccan. But Nick Cannon, 31, wants you to know about his struggles with kidney disease.

"It was probably one of the scariest things I've ever experienced," he says, noting 26 million Americans also have kidney disease.

"Luckily I caught mine in an early enough stage to where there wasn't any permanent damage done to this point," he says.

Raising awareness

These days, Cannon's involved with The National Kidney Foundation.

"Everyday I'm learning more about my own body, how my kidney function is and keeping tabs on that," he says.

Cannon, who spent months on a renal diet and was too weak to exercise, now looks forward to working out.

"So to be able to get out there, be active again, I feel like it's a second chance," he says. "Why not use my second chance to help create awareness and inspire others?"

He's an advocate for prevention and encourages "people to go get their kidneys checked, find out if there's kidney disease in their family."

Life today

Cannon's a busy man, including films, TV and hosting a syndicated radio show on CBS, but he's making his health a priority and credits his family with helping him get well.

"My family was the one I leaned on," he says. "My wife was right there by my side the whole time. Calling her Dr. Carey the whole



PHOTO: GOMILLION & LEUPOLD

TIP

3

GET YOUR KIDNEYS
CHECKED AND
UNDERSTAND THE
HISTORY OF CKD IN
YOUR FAMILY

time. And then at the time my two infant kids, who are now 15 months, but just knowing I had to be there for them that's the thing that kept me going."

Cannon has documented his kidney struggles through a web series on his website, www.Nick-Cannon.com.

"Always focus on the positive," he says. "That's just the type of person I am."

KRISTEN CASTILLO

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In times of great need, good samaritans rise

The recipient

12-year-old Jose Castaneda was a healthy boy. But then on May 17, 2010, his parents took him to an area hospital in Aurora because he wasn't feeling well and stopped eating. Several days later, his condition worsened and he had to be transported to Children's Memorial via helicopter for kidney failure.

After spending a month in the intensive care unit, Jose was able to go home but had to undergo dialysis three times a week which meant long car rides to Lincoln Park.

When the parents were notified that a donor had come forwarded and he was a match for Jose — they were thrilled and elated that

their little boy — whom mom says is a fighter — would be healthy again.

Today — Jose is doing great and when he grows up he wants to be a firefighter.

The donor

36-year-old John Mastro, who is single, has a heart for kids. He says he was prompted to be a Good Samaritan Donor after watching a reality health show which showcased anonymous organ donation.

Since John wanted his kidney to go to a child he contacted Children's Memorial's transplant center. John did not do this for the recognition but to help a kid in need. In fact his family and friends were taken aback when he said he

wanted to donate his kidney.

In November, 2010, John submitted the paper work to be a donor. In July 2011 — Children's contacted him because they had a perfect match and he underwent surgery at Northwestern Memorial Hospital.

On Friday, September 16 — nearly two months to the date of his transplant — Jose and his family will be meeting John for the first time.

Although Jose's hero is Abraham Lincoln — he may have a new hero in John Mastro.

Common myths of organ donation

Despite continuing efforts at public education, misconceptions



Anonymous living kidney donor John Mastro (left) later met his recipient, 12-year-old Jose Castaneda. PHOTO: JAN TERRY

and inaccuracies about donation persist. It's a tragedy if even one person decides against donation because they don't know the truth. Following is the most common myth along with the actual facts:

Myth: If emergency room doctors know you're an organ donor, they won't work as hard to save you.

Fact: If you are sick or injured and admitted to the hospital, the number one priority is to save your life. Organ donation can only be considered after brain death has been declared by a physician.

JULIE PESCH

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Brief Summary: Consult full package insert for complete Prescribing Information.

INDICATIONS AND USAGE: Phoslyra® (calcium acetate oral solution 667 mg per 5 mL) is a phosphate binder indicated to reduce serum phosphorus in patients with end stage renal disease (ESRD). Management of elevated serum phosphorus levels usually includes all of the following: reduction in dietary intake of phosphate, removal of phosphate by dialysis, and inhibition of intestinal phosphate absorption with phosphate binders.

DOSAGE AND ADMINISTRATION: The recommended initial dose of Phoslyra for the adult dialysis patient is 10 mL with each meal. Increase the dose gradually to lower serum phosphorus levels to the target range, as long as hypercalcemia does not develop. Titrate the dose every 2 to 3 weeks until an acceptable serum phosphorus level is reached. Most patients require 15–20 mL with each meal.

CONTRAINDICATIONS: Patients with hypercalcemia.

WARNINGS AND PRECAUTIONS:

Hypercalcemia. Patients with end stage renal disease may develop hypercalcemia when treated with calcium, including calcium acetate (Phoslyra). Avoid the concurrent use of calcium supplements, including calcium-based nonprescription antacids, with Phoslyra. An overdose of Phoslyra may lead to progressive hypercalcemia, which may require emergency measures. Therefore, early in the treatment phase during the dosage adjustment period, monitor serum calcium levels twice weekly. Should hypercalcemia develop, reduce the Phoslyra dosage or discontinue the treatment, depending on the severity of hypercalcemia.

More severe hypercalcemia (Ca >12 mg/dL) is associated with confusion, delirium, stupor and coma. Severe hypercalcemia can be treated by acute hemodialysis and discontinuing Phoslyra therapy. Mild hypercalcemia (10.5 to 11.9 mg/dL) may be asymptomatic or manifest as constipation, anorexia, nausea, and vomiting. Mild hypercalcemia is usually controlled by reducing the Phoslyra dose or temporarily discontinuing therapy. Decreasing or discontinuing Vitamin D therapy is recommended as well.

Chronic hypercalcemia may lead to vascular calcification and other soft-tissue calcification. Radiographic evaluation of suspected anatomical regions may be helpful in early detection of soft tissue calcification. The long-term effect of Phoslyra on the progression of vascular or soft tissue calcification has not been determined.

Hypercalcemia (>11 mg/dL) was reported in 16% of patients in a 3-month study of a solid dose formulation of calcium acetate; all cases resolved upon lowering the dose or discontinuing treatment.

Maintain the serum calcium-phosphorus product (Ca X P) below 55 mg²/dL².

Concomitant Use with Medications. Hypercalcemia may aggravate digitalis toxicity. Phoslyra contains maltitol (1 g per 5 mL) and may induce a laxative effect, especially if taken with other products containing maltitol.

ADVERSE REACTIONS: No clinical trials have been performed with Phoslyra in the intended population. Because the dose and active ingredients of Phoslyra are equivalent to that of the calcium acetate gelpcaps or tablets, the scope of the adverse reactions is anticipated to be similar.

Hypercalcemia is discussed elsewhere (*see Warnings and Precautions*).

Clinical Trial Experience. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In clinical studies, calcium acetate has been generally well tolerated.

The solid dose formulation of calcium acetate was studied in a 3-month, open-label, non-randomized study of 98 enrolled ESRD hemodialysis patients and in a two week double-blind, placebo-controlled, cross-over study with 69 enrolled ESRD hemodialysis patients. Adverse reactions (>2% on treatment) from these trials are presented in Table 1.

Table 1: Adverse Reactions in Patients with End-Stage Renal Disease Undergoing Hemodialysis

Preferred Term	Total adverse reactions reported for calcium acetate n=167	3-mo, open-label study of calcium acetate n=98	Double-blind, placebo-controlled, cross-over study of calcium acetate n=69	
	n (%)	n (%)	Calcium acetate n (%)	Placebo n (%)
Nausea	6 (3.6)	6 (6.1)	0 (0.0)	0 (0.0)
Vomiting	4 (2.4)	4 (4.1)	0 (0.0)	0 (0.0)
Hypercalcemia	21 (12.6)	16 (16.3)	5 (7.2)	0 (0.0)

Calcium acetate oral solution was studied in a randomized, controlled, 3-arm, open label, cross-over, single-dose study comparing calcium acetate oral solution to a solid formulation in healthy volunteers on a controlled diet. Of the observed drug-related adverse reactions, diarrhea (5/38, 13.2%) was more common with the oral solution.

Postmarketing Experience. The following additional adverse reactions have been identified during post-approval of calcium acetate: dizziness, edema, and weakness.

DRUG INTERACTIONS: The drug interaction profile of Phoslyra is characterized by the potential of calcium to bind to drugs with anionic functions (e.g., carboxyl, carbonyl, and hydroxyl groups). Phoslyra may decrease the bioavailability of tetracyclines or fluoroquinolones via this mechanism.

There are no empirical data on avoiding drug interactions between calcium acetate or Phoslyra and most concomitant drugs. When administering an oral medication with Phoslyra where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy, administer the drug one hour before or three hours after Phoslyra or calcium acetate. Monitor blood levels of the concomitant drugs that have a narrow therapeutic range. Patients taking anti-arrhythmic medications for the control of arrhythmias and anti-seizure medications for the control of seizure disorders were excluded from the clinical trials with all forms of calcium acetate.

Ciprofloxacin. In a study of 15 healthy subjects, a co-administered single dose of 4 calcium acetate tablets (approximately 2.7 g) decreased the bioavailability of ciprofloxacin by approximately 50%.

USE IN SPECIFIC POPULATIONS

Pregnancy: Category C. Phoslyra contains calcium acetate. Animal reproduction studies have not been conducted with Phoslyra, and there are no adequate and well controlled studies of Phoslyra use in pregnant women. Patients with end stage renal disease may develop hypercalcemia with calcium acetate treatment (*see Warnings and Precautions*). Maintenance of normal serum calcium levels is important for maternal and fetal well being. Hypercalcemia during pregnancy may increase the risk for maternal and neonatal complications such as stillbirth, preterm delivery, and neonatal hypocalcemia and hypoparathyroidism. Phoslyra treatment, as recommended, is not expected to harm a fetus if maternal calcium levels are properly monitored during and following treatment.

Labor and Delivery. The effects of Phoslyra on labor and delivery are unknown.

Nursing Mothers. Phoslyra contains calcium acetate and is excreted in human milk. Human milk feeding by a mother receiving Phoslyra is not expected to harm an infant, provided maternal serum calcium levels are appropriately monitored.

Pediatric Use. Safety and effectiveness of Phoslyra in pediatric patients have not been established.

Geriatric Use. Clinical studies of calcium acetate did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences in responses between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

OVERDOSAGE: Administration of Phoslyra in excess of the appropriate daily dosage may result in hypercalcemia (*see Warnings and Precautions*).

HOW SUPPLIED/STORAGE AND HANDLING: Phoslyra for oral administration is a clear solution containing 667 mg calcium acetate per 5 mL. Phoslyra is supplied in a 473 mL (16 oz) amber-colored, multiple-dose bottle, packaged with a marked dosing cup. Store at 25°C (77°F); excursions permitted to 15–30°C (59–86°F) [see USP Controlled Room Temperature]. The shelf life is 24 months.

PATIENT COUNSELING INFORMATION: Inform patients to take Phoslyra with meals, adhere to their prescribed diets, and avoid the use of calcium supplements including nonprescription antacids. Inform patients about the symptoms of hypercalcemia (*see Warnings and Precautions and Adverse Reactions*).

Advise patients who are taking an oral medication where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy to take the drug one hour before or three hours after Phoslyra.

Manufactured for:
Fresenius Medical Care North America
Waltham, MA 02451 1-800-323-5188

Manufactured by:
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101493-01 Rev. B 08/2012

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INDICATION:

Phoslyra® (calcium acetate oral solution, 667 mg per 5 mL) is a phosphate binder (PB) indicated for the reduction of serum phosphorus in patients with end stage renal disease (ESRD). Phoslyra is administered orally with food.

IMPORTANT SAFETY INFORMATION:

- **Phoslyra is contraindicated in patients with hypercalcemia.**
- **Patients should have serum calcium levels closely monitored and their dose of Phoslyra adjusted or terminated to bring levels to normal.** No other calcium supplements should be given concurrently with Phoslyra.
- Phoslyra may decrease the bioavailability of tetracyclines or fluoroquinolones.
- There are no empirical data on avoiding drug interactions between calcium acetate or Phoslyra and most concomitant drugs. When administering an oral medication with Phoslyra where a reduction in the bioavailability of that medication would have a clinically significant effect on its safety or efficacy, administer the drug 1 hour before or 3 hours after Phoslyra or calcium acetate. Monitor blood levels of the concomitant drugs that have a narrow therapeutic range.
- The most common (>10%) adverse reactions experienced with Phoslyra are hypercalcemia, nausea, and diarrhea.
- Phoslyra may cause diarrhea with nutritional supplements that contain maltitol.

For additional important safety information, please see brief Prescribing Information on this page.

For more information on Phoslyra, please contact Fresenius Medical Care NA at 800-323-5188. Manufactured for and distributed by: Fresenius Medical Care NA, Waltham, MA 02451
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