

Current Nutritional Support for Cystic Fibrosis Does Not Adequately Address Fat Malabsorption with Enteral Nutrition^{1,2}

Malnutrition in Hospitalized Patients Results in Poorer Outcomes and Higher Treatment Costs



Almost 50% of all patients are malnourished at the time of hospital admission³



4 to 6 days longer hospital length of stay^{4,5}



54% higher likelihood of hospital 30-day readmissions⁶



Up to 300% increase in hospital costs⁵

Clinical Value of RELiZORB^{7,8}

- The only FDA-cleared digestive enzyme product to hydrolyze fats in enteral nutrition
- Clinical evidence in enterally fed patients
- Designed for continuous feeding
- Allows use of low-cost enteral formulas

RELiZORB[®]
(IMMOBILIZED LIPASE) CARTRIDGE



RELiZORB is a first-of-its-kind digestive enzyme cartridge designed to mimic the function of pancreatic lipase. RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula.

Characterized by a deficiency in pancreatic enzymes—(including lipase, the enzyme responsible for fat digestion)—exocrine pancreatic insufficiency (EPI) can lead to significant malnutrition and fat malabsorption⁹

Conditions commonly associated with fat malabsorption¹⁰:

- Cystic fibrosis
- Acute or chronic pancreatitis
- Pancreatic cancer or other cancers
- Pancreatectomy
- Short bowel syndrome

More than 50% of critically ill patients without pre-existing pancreatic diseases have EPI^{9,11} – including those with:

- Abdominal surgery
- Chronic liver disease
- Trauma/critical care
- Crohn's disease
- Celiac disease

Fat malabsorption is associated with poor outcomes that can impact digestive symptoms, nutritional status, physical functioning, treatment burden, body image, and pain^{1,12,13}

Consider RELiZORB in Your Cystic Fibrosis Patients Who Require Enteral Nutrition



Meet Jamie*

A 25-year-old female with cystic fibrosis who has impaired nutritional status and fat malabsorption

*Fictional patient based on actual patient experience. The information presented is for illustrative purposes only, and not intended, nor implied, to be a substitute for professional medical advice. Individual patient profiles may vary.

As Many as Half of All Patients With Cystic Fibrosis Do Not Meet Nutritional Targets Due to Impaired Nutrient Absorption¹

Clinical Presentation

- Symptoms of fat malabsorption: diarrhea, bloating, and weight loss on oral diet despite taking maximum dose of oral enzymes
- Weight 40.5 kg (BMI 15.6 kg/m²)

Relevant History

- Consistent weight loss (current weight 40.5 kg, down from 50 kg a year ago)
- End stage lung disease, with FEV₁ 26% of predicted
- Vegetarian diet
- Poor intake due to reduced appetite

Diagnosis

- Cystic fibrosis and end stage lung disease
- Exocrine pancreatic insufficiency with fat malabsorption

Treatment

- Initial treatment focus was improvement of nutritional status, including reduction of fat malabsorption symptoms, to broaden future treatment options
- Despite initial hesitation, the patient agreed to the placement of a gastro-jejunal tube. The patient continued to eat normally during the daytime, but was started on two RELiZORB cartridges with 1 L Vital[®] enteral formula overnight
- Shortly after starting RELiZORB, the patient reported significant improvement in fat malabsorption symptoms (decreased GI symptoms of diarrhea and bloating)
- The patient's condition continued to improve and she remains on enteral feedings with RELiZORB to supplement her oral diet

RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. Please see Instructions For Use for full safety information at www.relizorb.com.

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