

This is about Short Bowel Syndrome and more freedom to live your life.

Understanding Zorbtive Treatment

For more information, visit www.zorbtive.com or call SeroCareSM at 800-714-2437.

**ZORBITIVE**[®]
[somatropin (rDNA origin) for injection]

Greater Nutritional Independence

The potential for people with Short Bowel Syndrome

Less need for PN | More absorption | More freedom



The content of this handbook should not be considered medical advice.
Always talk to your healthcare provider for advice about your health condition and treatment.
Individual treatment results may vary.

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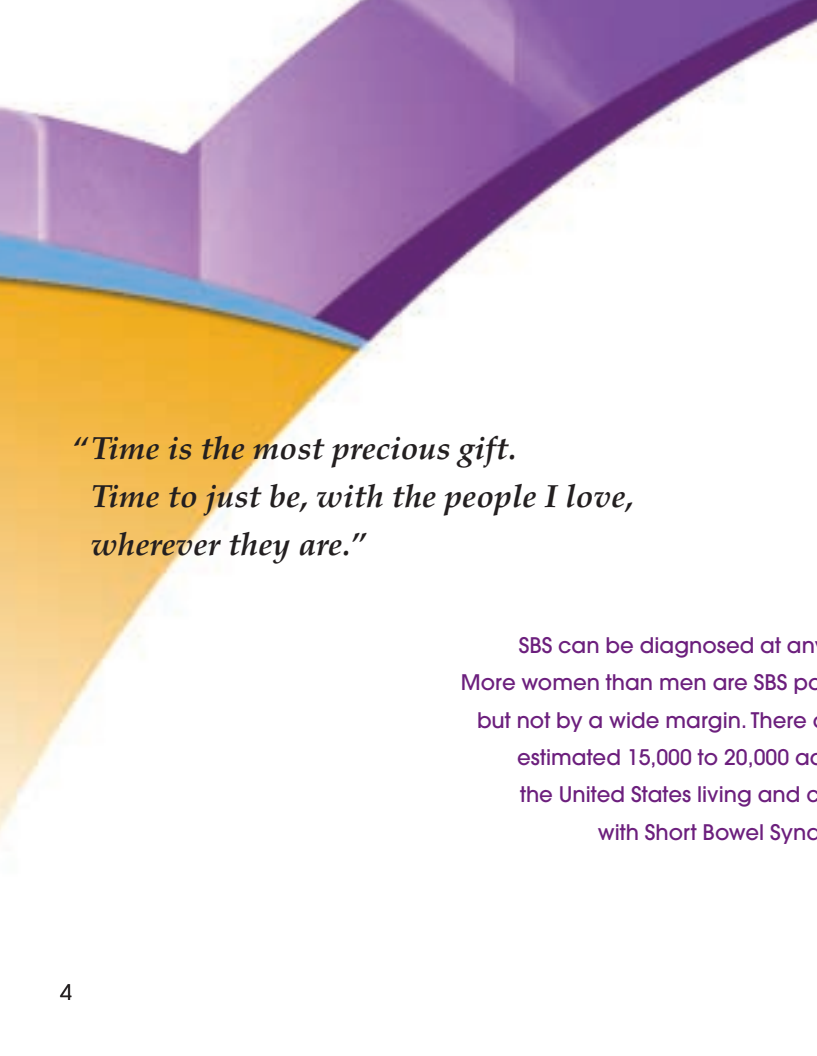
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LEARNING TOOLS IN THE BACK POCKET

Zorbtive Full Prescribing Information and Patient Information Leaflet provides information about dosage, treatment, and possible side effects. You should discuss Zorbtive treatment with your doctor.

Frequently Asked Questions (FAQs) about Zorbtive provides answers to some general questions about treatment, and may help you and your doctor decide whether Zorbtive is right for you.



*“Time is the most precious gift.
Time to just be, with the people I love,
wherever they are.”*

SBS can be diagnosed at any age. More women than men are SBS patients, but not by a wide margin. There are an estimated 15,000 to 20,000 adults in the United States living and coping with Short Bowel Syndrome.

Understanding Short Bowel Syndrome

The small intestine is an important part of your digestive system. It absorbs most (about 90%) of the nutrients and fluids your body needs to sustain health and life.

Generally speaking, a person can lose about half of the length or function of their small intestine, and the remaining segment will slowly increase its ability to absorb enough nutrients and fluid.

But, when two-thirds or more of the small intestine is removed, or not functioning the way it should, what remains may be too short or too damaged to sustain your body without help.

That condition is Short Bowel Syndrome (SBS).

This booklet is about treatment advances for SBS. It begins with this message of hope for those who face this challenging condition:

The understanding of SBS and the range of treatment options has improved in recent years.

Today, SBS patients have

Living with Short Bowel Syndrome

“Living” with SBS wasn’t always a given.

Thirty or 35 years ago, before parenteral nutrition, a diagnosis of Short Bowel Syndrome generally meant life expectancy was short. Many people measured life in months, maybe a few years.

Parenteral nutrition (PN) was the first treatment advance. PN has been the standard treatment for SBS since the late 1960s. PN replaces what can no longer be absorbed in your small intestine. It is a mix of fluids and nutrients. This mix is delivered directly into your blood, usually through a catheter, or permanent feeding tube. The feeding tube is placed into one of your veins.

PN has increased life expectancy and improved life quality for thousands of SBS patients. The therapy has steadily improved since it was introduced.

But, parenteral nutrition has two significant shortcomings:

First, PN may sometimes cause health problems, which may be permanent or serious. Second, PN does not improve the function of your small intestine.

Zorbitive® (somatropin (rDNA origin) for injection) is the second treatment advance. Zorbitive may improve the ability of the small intestine to absorb nutrients from an oral diet. This in turn may lead to less need for PN.



better prospects for reduced PN need, which may lead to an improved lifestyle.

Zorbtive and the potential for increased absorption

Zorbtive® (somatropin (rDNA origin) for injection) is the first and only medication approved by the Food and Drug Administration for treatment of SBS.

It is specifically for people with Short Bowel Syndrome who rely on a special diet, which may include parenteral nutrition. In other words, Zorbtive is for people whose small intestine can no longer absorb enough fluids and nutrients by itself from a “regular” oral diet.

Zorbtive is growth hormone, similar to the growth hormone your body produces naturally. When Zorbtive is taken along with a special oral diet, there is potential to absorb more of the fluids and nutrients your body needs from what you eat and drink.

An increase in nutrients and fluids from what you eat and drink may reduce the need for parenteral nutrition, and that is a very important treatment goal of SBS.

An important first step is to explore treatment options for SBS. Your doctor will evaluate your condition and may decide to prescribe Zorbtive. Your need for PN may be reduced as a result.



is to explore your Short Bowel Syndrome treatment options with your doctor.



Why SBS may need specialized treatment

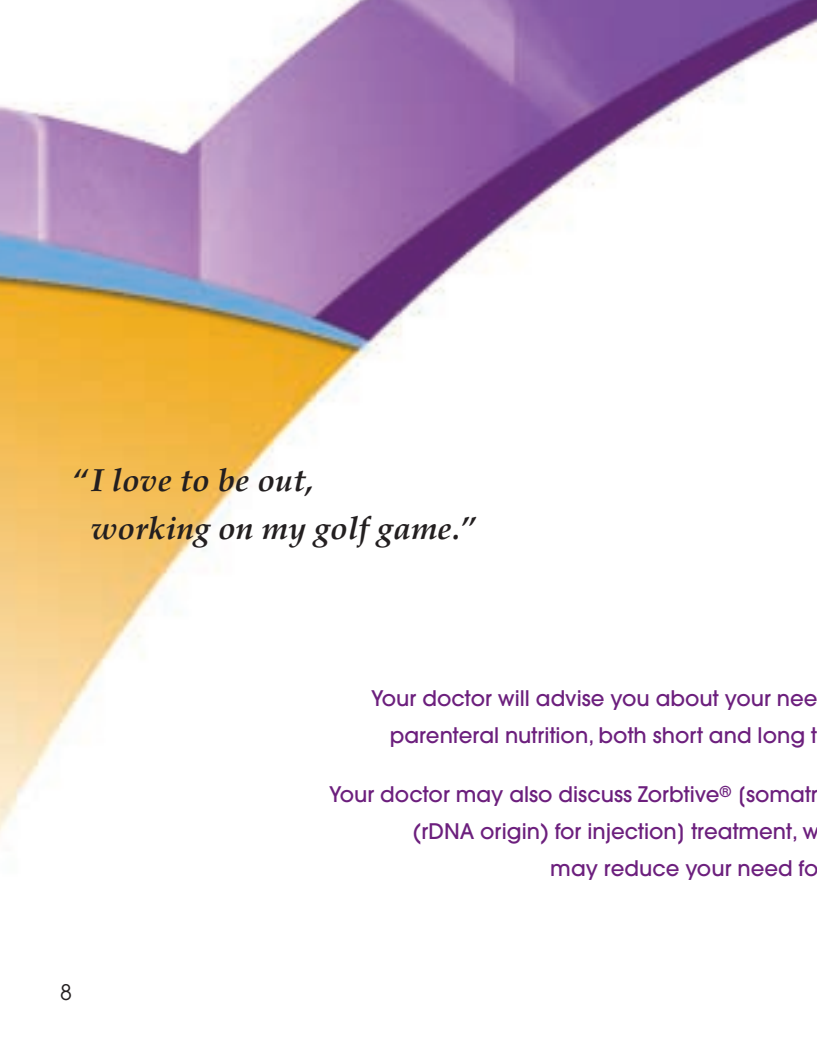
The first signs that your small intestine can no longer absorb enough fluids and nutrients may include regular diarrhea, dehydration, weight loss, tiredness, and muscle weakness.

As the condition of Short Bowel Syndrome continues, more serious health problems may develop, including hair loss, muscle loss, dry and flaky skin, and poor wound healing.

Finally, SBS may be life-threatening, because your body cannot get the amount of fluids and nutrients it needs.

SBS is not a condition to take lightly. It can be treated effectively. You and your doctor together may decide that Zorbtive should be part of your treatment.

***“Freedom; that’s a part
of life I’d love to get back a little.”***



*“I love to be out,
working on my golf game.”*

Your doctor will advise you about your need for parenteral nutrition, both short and long term.

Your doctor may also discuss Zorbtive® (somatropin (rDNA origin) for injection) treatment, which may reduce your need for PN.

Two important goals of SBS treatment

Getting the nutrients and fluids your body needs. Short Bowel Syndrome may have a serious impact on your health and quality of life. This is why the first goal of SBS treatment is nutritional stability.

Your doctor, possibly with assistance from a dietitian, will work with you on a diet and treatment program to help your body get the fluids and nutrients it needs.

A special diet, diet supplements, parenteral nutrition (PN), intravenous feeding, or the use of a feeding tube, may be considered.

Getting what your body needs, with as little need for PN as possible. Once you are getting the nutrients and fluids you need, the second goal of treatment is to reduce PN as much as possible.

Your doctor will recommend the treatment that is best for you.

A goal of treatment for SBS is

Living with parenteral nutrition

We have learned that parenteral nutrition has been the standard treatment for Short Bowel Syndrome.

But, long-term use of PN may cause or contribute to health problems, including:

- Liver and kidney damage;
- Bone disease; and,
- Blood infections that may require hospitalization.

PN dependence may also contribute to reduced physical strength, problems sleeping, and depression. It may impact lifestyle and range of activity.

Summarize PN this way: it provides nutrients and fluids people need, but it can be a complicated therapy.

Reducing the need for PN is an important goal for people with Short Bowel Syndrome.

Your doctor may choose to consider Zorbtive® (somatropin (rDNA origin) for injection) and a special oral diet, which may decrease the amount of PN you need.



to get the most nutrition possible from food and drink, and lessen the need for PN.

Understanding Zorbtive treatment

Zorbtive® (somatropin (rDNA origin) for injection) is human growth hormone. It is similar to the growth hormone produced by the pituitary gland in your body.

Zorbtive will not cure Short Bowel Syndrome, but...

Through its action as growth hormone, and with a special oral diet, Zorbtive may increase the ability of your small intestine to absorb nutrients and fluids.

Zorbtive may be prescribed by your doctor if:

- you have been diagnosed with Short Bowel Syndrome; and,
- you are stable on a special oral diet, which may include PN.

You will need careful follow-up and monitoring while you are taking Zorbtive.

You should follow all Zorbtive-related treatment instructions from your doctor.

Some common side effects of Zorbtive treatment include muscle and joint pain, and swelling.

Zorbtive may also cause serious side effects such as inflammation of the pancreas (pancreatitis), diabetes or other blood sugar problems, pain, numbness or tingling in your wrist and hand, or increased blood pressure in your brain. Make sure and talk to your doctor about these side effects.



independence is a health and lifestyle issue.



Understanding the results of Zorbtive treatment

As with most medications, treatment results will vary. The results of Zorbtive® (somatropin (rDNA origin) for injection) treatment may depend partly on your overall health condition, and:

- the nature and location of your intestinal surgery or damage;
- the cause of your surgery (e.g., Crohn's disease, injury, etc.);
- your determination to follow all the treatment instructions given by your doctor or dietitian.

What follows on the next page are results from a study where treatment – with Zorbtive, or glutamine, or both together – was given to people with Short Bowel Syndrome.

You and your doctor should decide if Zorbtive is right for you.

*“Enjoying time outdoors with friends
is my idea of a great day spent.”*

The potential of reduced PN dependence...

Here are results from a study of Zorbtive® (somatropin (rDNA origin) for injection) treatment, conducted by doctors and dietitians experienced with Short Bowel Syndrome.

Forty-one people were treated.

Their average length of remaining small intestine was 2.4 feet.

People studied had been using PN for several years. They received PN between five and six days per week.

All were placed on a special high-carb, low-fat diet at least two weeks before treatment. Each patient was then assigned to one of the groups below and received four weeks of treatment:

Group 1: people treated with glutamine* by itself

Group 2: people treated with Zorbtive by itself

Group 3: people treated with both Zorbtive and glutamine

*Glutamine is an amino acid your body naturally produces.

After Zorbtive treatment, many people may experience less need for PN, which may lead to an improved lifestyle.

“It would be great to have a little more time and energy to spend with her.”

Twenty-five percent of people

...after Zorbtive treatment and ongoing

For those people in Group 3, who were treated with Zorbtive and glutamine:

- the amount of PN they needed was reduced up to 73%;
- the number of days they needed to receive PN was reduced from five or six days to one day per week, on average; and,
- no serious health problems were caused by the treatment.

Twelve weeks after treatment:


- 25% of people were able to eliminate PN completely;
- the reduced need for PN was maintained.

The most common side effects of treatment for people in the study were swelling, stomachache, and nausea. No serious health problems related to Zorbtive were reported.

Treatment was discontinued for several days with four people, due to pain and swelling. Then treatment was continued at one-half dose. No further problems were reported.



treated with Zorbtive and a special oral diet were able to eliminate PN completely.



*“More flexibility during
the day. A good night’s sleep.
That’s where I want to be.”*

Make sure to tell your doctor about
all your medical conditions before
Zorbtive treatment begins.

It is important to mention all surgeries,
cancers, high blood pressure, kidney, liver,
and blood-sugar problems, or pregnancy.

What you may expect – before, during, and after Zorbtive treatment

As you and your doctor discuss Zorbtive® (somatropin (rDNA origin) for injection), here is some information to help you know what to expect from treatment.

Before Zorbtive treatment

- Your diet may change, to reduce fat and increase carbs; oral nutrients may be added.
- You may receive a complete physical to record height, weight, and lab values.

During Zorbtive treatment

- Your doctor will tell you how much Zorbtive to take.
- You, or a caregiver, will be taught how to inject Zorbtive under your skin once a day for four weeks.
- Your doctor should monitor you to see when PN can be reduced and by how much.

After Zorbtive treatment

Your special oral diet may continue.

A helpful glossary of Short Bowel Syndrome treatment terms

Carpal tunnel syndrome - a problem that causes numbness, tingling, and pain in hands or wrists.

Dehydration - not enough fluids in your body.

Diabetes - too much sugar in the blood; not enough production of insulin.

Electrolytes - acids, bases, and salts you need to sustain life.

Enteral nutrition - when nutrients and fluids are provided by a tube placed in the nose, stomach, or small intestine.

Gastrointestinal (GI) tract - the muscular tube from the mouth to the anus, also called the digestive tract.

Growth hormone - a hormone naturally produced by the pituitary gland located at the base of your brain.

Intestinal resection - the surgical removal of a diseased or damaged portion of the intestine.

Large intestine - receives liquid contents from the small intestine, absorbs water and electrolytes, forms waste matter with what is left.

Malabsorption - not enough absorption of nutrients from the intestines, particularly the small intestine.

Malnutrition - a condition that results from poor intake or absorption of nutrients.

Pancreatitis - a condition where the pancreas becomes inflamed. The pancreas is an organ behind the stomach that produces enzymes to help digestion, and hormones that help use and store nutrients.

Parenteral nutrition - the feeding of a nutrient solution through a catheter (tube) placed in a large vein (IV or intravenous feeding).

Pituitary gland - a gland at the base of your brain that produces growth hormone and other hormones.

Small intestine - connects the stomach to the colon; most of the nutrients your body needs are absorbed here.

The potential for people with Short Bowel Syndrome

Less need for PN | More absorption | More freedom



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For more information, visit www.zorbtive.com or call SeroCareSM at 800-714-2437

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