American Kidney Fund®

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AKF in Action

Fighting kidney disease and helping people live healthier lives.

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Introducing Kidney Kitchen!

For many of us, the food we eat has deeper meaning beyond simply satisfying our hunger. Food is tied to culture, family tradition, social gatherings and even one's sense of self. One of the greatest challenges of being diagnosed with kidney disease, as you may know well, is having to change the foods you eat. Although most people with kidney disease will need to adjust their eating habits, kidney disease ***should not*** take the joy out of food.

We have heard your stories, listened to your concerns and developed a new interactive section of our website—**Kitchen.KidneyFund.org**—dedicated to helping people with kidney disease navigate healthy eating. Kidney Kitchen focuses on what you **can** eat and drink, rather than what you **cannot**, because we believe you should be empowered to make positive food and fluid choices, without being burdened or discouraged.

In Kidney Kitchen, you can take a deep dive into what each nutrient means for people with kidney disease, and how much of these nutrients common foods contain. Learn what "healthy" eating means when you are on dialysis or living with a kidney transplant. Check out basic and practical cooking techniques, and even some kidney disease cooking hacks. And, try out all kinds of easy and exciting kidney-friendly recipes, watch cooking demonstration videos, and much more.

We hope Kidney Kitchen is a one-stop-shop for people who want to take charge of eating healthy with kidney disease. We will update Kidney Kitchen with new recipes and features on an ongoing basis, so visit now and visit often.

Getting to know your food

Having kidney failure means there are certain nutrients found in foods and drinks that you should pay close attention to, to prevent health complications. Learning what these nutrients are and how to identify them can help you choose foods and meals that are healthiest for you.

Nutrients

The foods we eat and drink provide us with the nutrients we need to survive and thrive: protein, carbohydrates, fat, vitamins and minerals.

FUN FACT: *Food and nutrition have been recognized as building blocks of good health as early as 400 B.C. when the Greek physician Hippocrates, the "Father of Medicine," said, "Let thy food be thy medicine and thy medicine be thy food."*

Our bodies use protein, carbohydrates and fat as fuel, or calories, giving us energy to function properly. When

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Kidney-friendly recipes

Changing what you eat due to kidney disease can make it a challenge to find new and tasty recipes that meet your specific needs. Here are some delicious meals and snacks that are low in potassium, phosphorus and/or sodium—three nutrients that many people with kidney failure need to limit. As always, please speak with your doctor and dietitian to come up with a food and fluid plan that is healthy for your unique needs. You can find many more recipes and cooking videos in the recipe section of Kidney Kitchen at **Kitchen.KidneyFund.org**.

Breakfast

Burritos Rapidos

Makes: 4 low-potassium servings

Recipe contributed by
Northwest Kidney Centers, Seattle, WA

Ingredients

1 ½ tsp canola or olive oil
½ of red bell pepper, diced
4 green onions (scallions), sliced thin
8 eggs, beaten
4 corn tortillas (6-inch)

Method

1. Heat oil in a medium frying pan on medium heat.
2. Add bell pepper and green onion and cook until softened, about 3 minutes.
3. Add eggs and scramble about 5 minutes or until eggs are cooked through.
4. Place tortillas between two damp paper towels, then place on plate.
5. Microwave tortillas for 25 seconds.
6. Spoon egg mixture into warm tortillas.
7. Roll up the tortillas and enjoy.

Tip: *For a little kick, try adding a dash of hot sauce or a sprinkle of chili powder.*

Nutrition facts (1 serving)

Calories: 232
Carbohydrates: 16g
Fiber: 6g
Protein: 14g
Sodium: 152mg
Phosphorus: 207mg
Potassium: 211mg

Lunch

Cheese Quiche

Makes: 8 low-potassium servings

Recipe contributed by
Homestead Rehabilitation &
Health Care Center, Newton, NJ

Ingredients

4 eggs, slightly beaten
Dash of pepper
1 ½ cups 2% milk
3 oz cheddar cheese, grated
¼ cup onions, chopped
1 tsp parsley leaves
1 unbaked pastry shell (9-inch)

Method

1. Preheat oven to 350 degrees F.
2. Combine ingredients and mix well.
3. Pour into prepared, unbaked pastry shell.
4. Bake for 40-45 minutes.
5. Cool slightly before cutting.

Nutrition facts (1 serving)

Calories: 189
Fat: 12g
Saturated Fat: 5g
Cholesterol: 121mg
Carbohydrates: 11g
Sugar: 4g
Protein: 8g
Sodium: 223mg
Calcium: 150mg
Phosphorus: 152mg
Potassium: 139mg

Snack

Energy Bites

Makes: 20 low-sodium, low-phosphorus, low-potassium servings

Recipe contributed by
Kathleen Field, MS, RD, LDN

Ingredients

3 cups regular or quick oats, uncooked
1 cup creamy peanut butter
1 cup honey
¾ cup ground flax seeds (optional)
¾ cup mini, semi-sweet chocolate chips
3 tsp vanilla extract

Method

1. Mix all ingredients together with electric mixer.
2. Press mixture into 9×13 pan.
3. Cut into 20 balls or squares.

Tip: *These can be stored in your refrigerator for up to 5-7 days.*

Nutrition facts (1 serving)

Calories: 237
Fat: 12g
Carbohydrates: 30g
Sugar: 19g
Fiber: 4g
Protein: 6g
Sodium: 49mg
Calcium: 29mg
Phosphorus: 149mg
Potassium: 221mg

Dinner

Shrimp and Pea Risotto

Makes: 6 low-phosphorus, low-potassium servings

Recipe developed by
Chefs Mary and Joel Schaefer

Nutrition facts (1 serving)

Calories: 260
Fat: 5g
Cholesterol: 17mg
Carbohydrates: 43g
Sugar: 4g
Fiber: 3g
Protein: 6g
Sodium: 245mg
Calcium: 40mg
Phosphorus: 62mg
Potassium: 116mg

Ingredients

2 tbsp extra virgin olive oil, divided (1 tbsp + 1 tbsp)
10 ounces medium shrimp, shelled and deveined (about 16 pieces)
¼ tsp salt, divided (⅛ tsp + ⅛ tsp)
⅛ tsp black pepper
1 quart low-sodium vegetable broth
1 cup water
1 cup diced onions
1 ½ cups arborio rice (do not rinse)
½ cup dry white wine
1 cup frozen peas, thawed
1 tbsp fresh lemon juice
1 tsp lemon zest
2 cups loosely packed arugula, roughly chopped

Method

1. Heat 1 tbsp oil in a skillet over medium-high heat. Add the shrimp and sprinkle with ⅛ tsp salt and black pepper. Cook until the shrimp are pink and no longer see-through in the center, about 3 minutes. Transfer the shrimp and juices to a bowl to cool.
2. In a medium saucepan, heat the broth and water over medium heat, just until hot. Turn heat to low to keep the broth warm.
3. Heat the remaining 1 tbsp oil in a large saucepan over medium heat. Add onions and ⅛ tsp salt and sauté for 4 minutes until onions begin to soften, being careful not to brown them.
4. Add arborio rice and stir with a wooden spoon for 2 minutes until all the grains are well coated with oil. Set your timer for 18 minutes. This is generally the time to make a perfect risotto. Add the wine and stir until completely absorbed. Begin to add hot broth, ½ cup at a time, stirring frequently. Wait until each addition is almost completely absorbed before adding the next half cup. Stir frequently to prevent sticking.
5. After about 18 minutes, when the rice is tender but still firm, add ¼ cup broth, peas, lemon juice, lemon zest and arugula. Add the shrimp and stir until arugula wilts, about 30 seconds. Mix in additional broth if needed, ¼ cup at a time, until the risotto is creamy.
6. Serve.

Tip: *Watch a step-by-step video on how to make this recipe at* ***Kitchen.KidneyFund.org.***

Dessert

No Bake Pumpkin Cheesecake

Makes 8 low-phosphorus, low-potassium, servings

Recipe contributed by
Kathleen Field, MS, RD, LDN

Ingredients

1 package (8oz) cream cheese
1 cup canned pumpkin
½ cup sugar
½ tsp pumpkin pie spice
1 tub (8oz) whipped topping
1 ready-to-use graham cracker pie crust

Method

1. Beat cream cheese, pumpkin, sugar and pumpkin pie spice with mixer.
2. Gently stir in 2 ½ cups whipped topping.
3. Spoon into pie crust.
4. Chill for 3 hours.
5. Top with remaining whipped topping and serve.

Nutrition facts (1 serving)

Calories: 305
Fat: 17.7g
Saturated Fat: 7.9g
Cholesterol: 32.1mg
Carbohydrates: 35.5g
Sugar: 26.8g
Fiber: 1.3g
Protein: 3.8g
Sodium: 242mg
Calcium: 4.4mg
Phosphorus: 83mg
Potassium: 148mg

American Kidney Fund®
Kidney Kitchen

Kidney Kitchen is supported in part by:

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KIDNEY HEALTH COACH

Are you passionate about preventing kidney disease?
Would you like to inspire others to live a healthy lifestyle?

Become a Kidney Health Coach with the American Kidney Fund!

FREE online community health training course

Up-to-date information about kidney disease and living a healthy lifestyle

Visit KidneyFund.org/khc to get started.

MEET THE TREATMENT TEAM:

Renal dietitian

Whether you are on dialysis or are living with a kidney transplant, you likely rely on information from your renal dietitian every day. Renal dietitians are experts in diet and nutrition specifically for people with kidney disease. Your dietitian is an important member of your care team and they work closely with the other members of your care team to help you be as healthy as possible.

Unlike other dietitians, renal dietitians see their patients regularly, often for many years. They build relationships with patients and get to know patients' food habits and preferences. Renal dietitians work with patients to create a meal plan they will want to follow when at home or out and about. Sticking to the food, fluid and nutrition plan developed by your dietitian is key to managing chronic kidney disease or kidney failure. Renal dietitians provide education and monitor your levels to make sure what you consume is healthy for your body.

Patient education

One of a dietitian's main responsibilities is education. They provide patients and caregivers with the guidance needed to make healthy food and fluid choices every day. They explain basic nutrition and help make patients aware of the nutrients and minerals they need to stay on top of. They tell patients how much of specific nutrients, protein, carbohydrates, fat, vitamins and minerals to consume. If a patient has too much of certain minerals in their body, like phosphorus or potassium, the dietitian may recommend different foods that do not contain as much of those minerals, or work with the patient's doctor to suggest medicines, like binders, to help control levels.

If you are on dialysis, your dietitian will likely recommend how much fluid you should consume each day to control fluid buildup in your blood between treatments. If you also have diabetes or high blood pressure, your dietitian should help you tailor your diet, so you are eating the right way for all of your conditions.

If you are post-transplant, it is still important to follow your dietitian's guidelines because they will help you keep your new kidney healthy. You may have a different eating plan that is high in protein directly after surgery to help you recover. You may also need to adjust the nutrients you consume based on how your body tolerates anti-rejection medicines. Your dietitian can help you adjust to any changes you need to make for the life of your transplant.

If you are unsure if something is healthy for you, you can always check with your dietitian at your next appointment.

Monitoring your health

Renal dietitians conduct regular nutrition assessments for patients and monitor patients' lab work, medicines and weight, so they can make recommendations for patients during each visit. They also monitor patients' blood pressure and adjust eating plans as needed to control it. They know that what you consume not only affects your kidneys, but your overall health.

If you are on dialysis, your dietitian likely monitors your dry weight and weight between appointments to determine how well the treatments are working for you. If you need to lose weight before transplant surgery, your dietitian can also help you with that.

If you are post-transplant, your dietitian likely recommends that you to stick to a low-sodium meal plan to help control your blood pressure. They should make sure you are consuming well-balanced foods and drinks that help you keep a healthy weight, are good for your overall health and work well with your immunosuppressive medicines. They can also teach patients and caregivers about food safety to help avoid infections and minimize any bacteria that can get into patients' bodies from food.

Following your dietitian's advice and recommendations can be hard, but it is one of the best things you can do for your overall health.

Getting to know your food

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we eat and drink more calories than we use, we gain weight. When we use more calories than we eat and drink, we lose weight. Finding a good balance of calories you consume versus calories you use can be difficult, especially if you are on dialysis.

Protein

Protein is essential for building muscles and supporting our general health. Once you start dialysis, you need to eat more protein to make up for the amount of protein you lose during your treatments. Foods that are high in protein without unwanted fat are called "lean proteins." Examples of lean proteins include skinless chicken and turkey, eggs and egg whites, low-fat dairy, quinoa, tempeh and tofu.

FUN FACT: *Luxemburg, one of the smallest countries in the world, eats more meat per person than any other country—about 300 pounds per person per year! The United States comes in second at about 276 pounds per person. India, one of the largest countries in the world, eats the least amount of meat—only about seven pounds per person.*

Carbohydrates

Carbohydrates, or carbs for short, are your main energy source and can be easily changed from food to energy in your body. If you have ever felt a "sugar rush," or a burst of energy after eating or drinking something sweet, it is because your body is turning those carbs into energy.

When you consume too many carbs, they are quickly stored as fat in your body for long-term energy. Portion control is important when consuming carbs. Foods that are high in carbs, like desserts, and products made from white flour, like pasta and breads, are considered less nutritious. Food made from whole grains and certain fruits and vegetables are examples of healthier carbs.

FUN FACT: *Your brain is only 2% of your body weight, but it uses 20% of your total energy, more than any other organ. Your brain likes carbs!*

Fat

We hear a lot about fat—saturated fat, heart-healthy fats, Omega 3s, low-fat diets and more. But, do we need fat? The short answer is yes!

The most common forms of fat found in food are unsaturated fat and saturated fat. Unsaturated fats are liquid at room temperature, like olive oil, and have

heart-healthy properties. Saturated fats are solid at room temperature, like butter, and should be eaten in small amounts because they cause your LDL cholesterol (the bad kind) to increase.

FUN FACT: *The word 'chandelier' comes from the word 'chandler,' a name for candlemakers during the middle ages. Chandlers would travel from home to home making candles out of animal fat (a saturated fat) saved just for that purpose.*

Vitamins and minerals

Vitamins and minerals are found in the foods you eat and drink. They are important for keeping your body healthy and working well by:

- Boosting your immune system
- Keeping your bones and teeth healthy
- Helping heal cuts, scrapes and bruises
- Helping your organs function properly
- Protecting your eyesight, and more!

Your kidneys remove extra amounts of vitamins and minerals your body does not need. When your kidneys are not working as well as they should, they cannot filter your blood properly, allowing some vitamins and minerals to build up in your blood. Too much of certain minerals, such as phosphorus and potassium, can cause health problems.

For more information on nutrients, vitamins, minerals, food and fluids, visit **Kitchen.KidneyFund.org.**

WATCH AND LEARN:

AKF webinars available on demand

AKF hosts monthly webinars on many important topics relating to kidney disease. These webinars are all free and can be watched at your convenience at **KidneyFund.org/webinars.**

You can learn more about eating healthy with kidney disease by viewing these webinars (and more!). Just look for these titles in our list of webinars to watch on-demand.

Eating healthy with diabetes and kidney disease

What you'll learn: How your lab work results should affect your food choices, monitoring your body weight with kidney disease and how kidney disease affects your blood sugar and what this means for treatment.

Phosphorus in the kidney disease diet

What you'll learn: The relationship between phosphorus and kidney disease, ways to manage phosphorus through foods and medicine and the consequences of not managing phosphorus well.

How to be a heart-healthy kidney patient: The key role of sodium and fluid

What you'll learn: How heart disease affects patients with kidney disease, the role of sodium and fluid in contributing to heart disease and effective approaches for improving fluid and sodium management.

Protein: Who needs it anyway? You do!

What you'll learn: What protein is and why it is important, how fluid affects your protein levels and tips for boosting your protein levels.

Real participant reviews of some of AKF's recent webinars:

"The webinar I just watched was very informative and serves as a vehicle to empower patients."

"I felt the presenter was very knowledgeable on the subject matter and answered questions diligently and professionally."

"Outstanding webinar... please keep up the great work KidneyFund.org!"

"The doctor explained a very complex condition in easy-to-understand language."

American Kidney Fund®

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KidneyFund.org

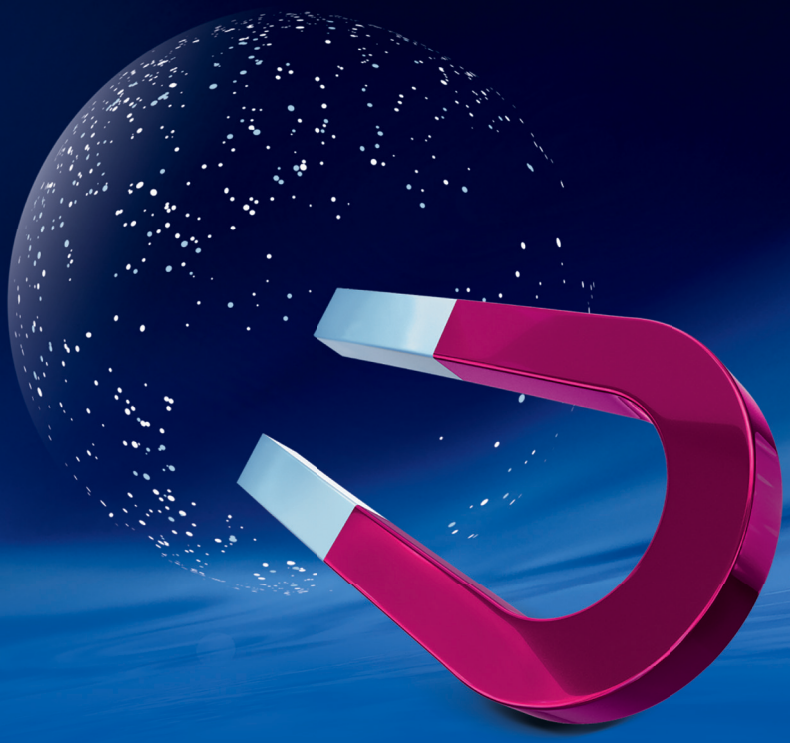
Raise a glass and fork to AKF's new **Kidney Kitchen** at **Kitchen.KidneyFund.org!**

WHAT'S INSIDE:

- Introducing Kidney Kitchen
- Getting to know your food
- Kidney-friendly recipes
- Meet the treatment team: Renal dietitian

When patients' phosphate binder therapy was not successful...

SWITCHING TO VELPHORO MADE A WORLD OF DIFFERENCE



Double the percentage of patients achieved phosphorus goal with half the pill burden*[1]

Visit RealWorldVelphoro.com
TO SEE THE DIFFERENCE A SWITCH CAN MAKE

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 oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin. Take doxycycline at least 1 hour before Velphoro. Velphoro should not be prescribed with oral levothyroxine.

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

*A retrospective analysis of pharmacy data assessed the real-world effectiveness of Velphoro in 1,029 adult in-center hemodialysis patients who were switched to Velphoro during routine care. The study compared the proportion of patients with phosphorus levels ≤5.5 mg/dL and the mean prescribed phosphate binder pills/day at baseline (3 months prior to Velphoro; binders included sevelamer carbonate, calcium acetate, and lanthanum carbonate) and during Velphoro follow-up (6 months after switch to Velphoro, n=424). This was a noninterventional analysis and did not impact prescriptions or prescribing patterns.[1]

Reference: 1. Coyne DW, Ficociello LH, Parameswaran V, et al. Real-world effectiveness of sucroferric oxyhydroxide in patients on chronic hemodialysis: A retrospective analysis of pharmacy data. *Clin Nephrol*. 2017;88(2):59-67.

FRESENIUS MEDICAL CARE
RENAL PHARMACEUTICALS

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

 PN 103436-01 Rev. A 12/2017

VELPHORO®
(sucroferric oxyhydroxide)
chewable tablets

POTENCY MAKES IT POSSIBLE

Brief Summary:
Please see Full Prescribing Information for additional information

VELPHORO®
(sucroferric oxyhydroxide)
chewable tablets

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 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%).

The following adverse reactions were identified during post approval use of Velphoro, and were reported voluntarily from a population of uncertain size.

Gastrointestinal Disorders: tooth discoloration

Skin and Subcutaneous Tissue Disorder: rash

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 oral calcitriol, ciprofloxacin, digoxin, enalapril, furosemide, HMG-CoA reductase inhibitors, hydrochlorothiazide, losartan, metoprolol, nifedipine, omeprazole, quinidine and warfarin.

Take doxycycline at least 1 hour before Velphoro.

Velphoro should not be prescribed with oral levothyroxine.

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. Animal reproduction studies are not always predictive of human response.

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 low. 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

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.

Instruct patients on concomitant medications that should be dosed apart from Velphoro *[see Drug Interactions]*.

Inform patients that Velphoro can cause discolored (black) stool.

Inform patients that Velphoro can stain teeth.

Inform patients to report any rash to their healthcare professional.

Distributed by:

Fresenius Medical Care North America
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MEDICAL CARE