IV Fats Update

**FDA Approves Clinolipid**

In early October, the U.S. Food and Drug Administration (FDA) approved the IV fat emulsion Clinolipid for parenteral nutrition (PN) in adult patients. Clinolipid had been granted a priority review in an effort to help relieve lipid shortages.

“Approving submissions from manufacturers who can start new production or increase existing production of a product in short supply is one of the many effective mitigation tools that the FDA employs to address a shortage problem,” said Janet Woodcock, MD, director of the FDA's Center for Drug Evaluation and Research.

Clinolipid (marketed by Baxter Healthcare, Illinois) contains a mixture of refined olive oil and refined soybean oil. The ratio of omega-3 fatty acid to omega-6 fatty acid in Clinolipid has not been shown to improve clinical outcomes compared to other IV fat emulsion products. It has been approved for adults. It is not indicated for use in preterm infants, nor is it indicated for use in other pediatric patients. It is not known whether the amount of essential fatty acids found in Clinolipid is enough to meet the nutritional needs of children.

**Bowel Reconstruction, cont. pg. 4**

**Autologous Bowel Reconstruction for Short Bowel Syndrome in Children**

Antonino Morabito, MD, FRCS (Ed), FRCS (Eng.), FICS
Paediatric Autologous Bowel Reconstruction and Rehabilitation Unit, Manchester, UK

This article is based on a presentation given at the annual Oley Consumer/Clinician Conference held in June in Cape Cod. You can view the slides from the presentation at www.oley.org/Conference_Presentations.html, or watch a recording of the presentation on DVD; call Oley at (800) 776-6539 to borrow a DVD.

Short bowel syndrome (SBS) is a multisystem disorder caused by malabsorption of nutrients as a result of inadequate intestinal length. It may be the result of congenital and functional disorders that impair the absorptive capability of the small intestine, or the result of surgical resection. It may lead to diarrhea, fluid and electrolyte imbalance, and eventually, failure to thrive.

**Adaptation**

Following intestinal resection, the residual (or remaining) bowel adapts structurally and functionally in ways that partially make up for the loss of surface area, especially in children. The small intestine rapidly increases in length between gestation weeks 30 and 40, and in the first eighteen months of life. This makes adaptation following resection more likely when a child is very young.

Structural changes that have been documented include dilatation and elongation of the proximal bowel wall with mucosal hypertrophy; hyperplasia and increased crypt depth; and increased brush border enzyme activity. [Editor's note: Dilatation means the intestine expands in circumference, while elongation means it increases in length. “Mucosal hypertrophy” refers to an increase in the folds of the intestinal lining (or mucosa), and “hyperplasia” is an increase in the number of cells. “Increased crypt depth” represents increased mucosal cell production, and an increase in the number of surface-associated villi.]

**How I Learned to Cope**

Cheryl Cheney Fox

I have an intestinal disease that was diagnosed when I was a child. I won’t bore you with all that I have gone through, but I am on home parenteral nutrition (HPN), like maybe you are.

While we may not have the same disease, I doubt the differences between our illnesses matter relative to coping. I think coping is necessary for all who suffer life-changing illnesses. I will try to share with you how I learned to cope with being sick for most of my life.
Desperate in Dallas

In the mid-1990s my intestines were inflamed with Crohn’s—yet again. The flare was so bad, my intestines were almost completely blocked. At the time the doctors were telling me if I had another resection of my intestines, “my life span would be greatly reduced.” I had a small child, I was a single parent (by choice), and I was so ill I was unable to eat even small meals. As my daughter Hayley lay next to me asleep at night, I would cry and think, what have I done to this poor child? I begged God to let me live long enough to see her grow up.

I had friends who took it upon themselves to find something that might “cure” me or make me significantly better. They found a doctor in Oklahoma City (I lived in Dallas) who was considered the best Crohn's doctor in the United States. He was doing research and needed patients. Of course I spent my last dime—and I only had a few—and made the trip to Oklahoma City to see the doctor.

Real or Placebo?

The doctor enrolled me in a double-blind study. For the next two months, I dutifully woke early in the morning, gave myself an injection, and went about my day. I carefully maintained a journal of how I felt, how much I went (my output), pain, food intake, etc. I had noticed previous to the study that there were days when I felt great, though my Crohn's was still bad. I had every other symptom—profuse diarrhea, pain, and so on—and I never understood why I would feel so well some days. Anyway, during the study I was convinced it's because of my attitude.

I was getting better. I mean, I felt great, though my other symptoms had not diminished at all. At the end of the study I made the three-and-a-half–hour trip to Oklahoma City to complete my participation in the study and to find out whether I had been taking the placebo or the study medication.

When I got there I was convinced I was giving myself the actual medication. I was quite surprised when the doctor told me I was on a placebo. Initially I was upset because I wanted “the drug,” you know? Never mind feeling like I had been duped and being just a tad embarrassed at realizing how I felt must have been all in my head! Do you know what I mean?

Then it HIT ME. To some degree, how I feel or how I am doing at any given time has to do with my perception. In other words, half my battle with my illness is in my head. What a GREAT revelation! I can control how well I feel physically though I cannot stop the disease. Does this mean I don’t have bad days? Of course not! I allow myself to be angry, lick my wounds, cry or whatever, on occasion. I have to because I am human.

Flash Forward

My daughter is grown now and she recently had my first grandchild. I never thought I would get to see her grow up, much less see her get married and have a baby. But, and by the grace of God, I did, and I am convinced it’s because of my attitude. What a glorious ending to what was such a difficult and heart-wrenching few years.

I hope this helps you cope, even a little. Always remember, you aren’t alone, no matter how it may seem.

Editor’s note: Cheryl was invited to write this up for the Oley newsletter after we saw a post she had shared on the Oley-Inspire forum. When you are feeling alone, the forum can be a good place to go for support and friendship. Visit www.oley.org, and choose “Forum.”
Bright Idea

Line and Tube Wraps

CareAline™ makes sleeves for PICC lines and wraps for central lines and feeding tubes. CareAline’s Mike Fitzgerald writes, “These garments simplify access to lines, reduce use of medical tape and tape irritations, and protect lines from accidental catching and dislodgement.” They were designed by a mother whose infant daughter had a PICC line and central line placed for chemotherapy treatments. She developed the sleeve and the wrap as ways to protect her daughter’s lines.

These products cover the central line, PICC, or feeding tube insertion area and dressing, protecting them from clothing and rubbing; and keep the lines in place and off the skin. (CareAline notes that neither the sleeve nor the central line wrap are meant to replace the sterile bandage used to secure the insertion site.) Made of a cotton/Spandex blend that stays snug, they are secured with Velcro; there are no snaps or metal, so they can be worn during scans and x-rays. All of the products provide easy access to the lines, so they do not need to be removed for treatment.

They are available in adult and child sizes. For more information, visit www.carealine.com or call (617) 548-7419.

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Feeding Tube Awareness Week, February 9–15, 2014

Why?

• Help others understand what life with feeding tubes and enteral nutrition is all about.
• Increase tolerance and knowledge.
• Create bridges to people who are feeling isolated by or struggling with tube feeding.

How?

• Send photos and/or videos of yourself to Lisa at Oley (address on page 2), along with a brief statement about what tube feeding means to you, for our Feeding Tube Awareness video. We’ll launch the video on YouTube February 9!
• Share your story in a press release or in your blog. How is tube feeding helping you or your child be active or grow? What do you do if/when you or your child can’t eat? How do you cope with the challenges of tube feeding?
• Join us on Facebook or the Oley forum for daily discussions.
• Talk to your friends and family, or school or church groups. Have a frank conversation about something you find challenging, or take the opportunity for “show and tell.”

We are here to help and support you! Contact Lisa at metzgel@mail.amc.edu or (800) 776-OLEY.

Dedicated Volunteers

The Oley Foundation would like to acknowledge the fantastic job that Tammi and Rob Stillion did managing Oley’s Equipment-Supply Exchange program. Tammi and Rob spent hours each day answering telephone calls and e-mails and keeping an extensive database current in an effort to connect families who had formula/equipment to donate with those in need of the products. Their generosity and compassion, and their dedication to this program, were appreciated more than we can possibly express.

We wish Tammi and Rob much luck and happiness as they enter the next phase of life—retirement. On behalf of the Oley Foundation and all of those who benefited, thanks a million and happy trails!
Bowel Reconstruction, from pg. 1

in “brush border enzyme activity” means increased digestive capacity.] Taken together, these changes help increase the absorptive capability of the remaining small intestine and contribute to a patient’s ability to tolerate and maintain their nutritional status with oral and/or enteral (or tube) feeding.

In addition to age, several factors predict the likelihood of whether a patient will be able to sustain him- or herself with enteral and/or oral feeding. These include whether the patient has an ileocecal valve (ICV) and colon; the length and condition of the remaining bowel; the type of anastomosis; and whether there is bacterial overgrowth present.

The presence of the ICV seems to affect how much residual intestine is required before the symptoms of SBS emerge. In one study of neonates, a residual small bowel length of at least 40 cm was required to be compatible with life when there was no ICV. When there was an ICV, however, a residual length of as little as 10 cm has been suggested as a lower limit. These factors are important but not essential for identifying which patients are at risk of lifelong parenteral nutrition (PN) dependence and who may benefit most from surgical intervention.

Parenteral Nutrition

The starting point for all patients after an extensive small bowel resection is parenteral nutrition. Once the plan to begin PN is discussed and agreed upon with the parents and/or the caregivers, a minimal surgical intervention is required to insert a central venous catheter for the administration of PN.

Due to the potential severity of complications associated with PN, it should be viewed as a temporary therapy plan, and oral feeding or enteral nutrition (EN, or tube feeding) should be introduced as early as possible in order to stimulate the swallowing mechanism, bowel adaptation, and entero-hepatic circulation [the circulation of substances such as bile salts from the liver to the small intestine, into the bloodstream, and back to the liver].

Our intestinal rehabilitation program also emphasizes, among other things, vein preservation and liver-sparing PN. To preserve veins, we use the smallest catheter possible, and use urokinase and/or 70% alcohol lock to avoid catheter blockages and infection. We treat central-line infections promptly; if an infection cannot be resolved, the catheter is removed.

Briefly, the liver-sparing PN regimen involves minimizing the amount of IV fat given to the patient, taking into account how much they receive via enteral feeds. [For more details, see “Intestinal Rehabilitation and Bowel Reconstructive Surgery: Improved Outcomes in Children with Short Bowel Syndrome,” Khalil et al, JPGN 2012;54:505-509.]

The “Manchester Model”

This is one example of how a bowel may be reconstructed using a combination of techniques.
AGIR

Advanced surgical techniques have allowed the development of the concept of autologous gastro-intestinal reconstruction (AGIR). [In autologous reconstruction, only the patient's own intestine is used.] It is a relatively new concept with well recognized indications, i.e. severe SBS, intestinal dilatation, failure to progress to enteral or oral autonomy, or bacterial overgrowth when 100 percent PN dependent. The aim of AGIR is to encourage the natural processes of adaptation and dilatation in order to use the increased circumferential tissue to enhance the residual bowel. AGIR is a combination of procedures.

My own approach to the patient with intestinal failure is to look at the etiology [or cause] of SBS, residual bowel length, motility, and enteral tolerance, and then create an individualized program. I do not commit to one type of surgery prior to operation as I frequently combine techniques, trying to tailor the operation to the patient’s needs. Innovative surgery plays an important role in my approach.

Assessments

In assessing the patient for AGIR, I perform an upper GI series or an entero CT to study the bowel anatomy and physiology. An assessment for bacterial overgrowth is also essential. Stable liver function is important. It is also important to note that autologous bowel reconstruction improves liver function. Liver cirrhosis is a contraindication to AGIR.

For AGIR, the formation of two stomas (tube proximal and distal) is necessary if the child's bowel is not already dilated. These stomas will allow controlled bowel expansion, which in turn will allow a surgeon to perform AGIR. Controlled tissue expansion is achieved by feeding the patient and clamping the proximal tube stoma for a progressively longer time period each day (increased by five-minute increments). The effluent is then re-fed into the distal tube stoma. Some patients dilate their bowel naturally over a period of time (sometimes years). The controlled tissue expansion speeds this process, so it takes only twenty to twenty-four weeks to maximize bowel diameter.

Surgical Options

My choice of the surgical technique(s) to be used in AGIR is based on the length of remaining bowel and the likelihood for the patient to achieve oral or enteral autonomy with one or more operations. In the presence of severe short bowel (5 to 20 cm), one operation might not be enough to give patients enteral autonomy. In our experience, the longitudinal intestinal lengthening and tapering procedure (LILT) works very well in this situation. The LILT procedure doubles (100 percent) the length of the remaining bowel and allows the possibility of more surgery to further slow the transit time if the patient fails to achieve enteral autonomy.

Single or multiple antiperistaltic (reversed) segments of intestine can be added to further delay transit, increase mucosal contact time, and enhance bowel adaptation and absorption. Additional bowel length (68 percent) can be

AGIR Experience at Royal Manchester Children’s Hospital

This pie chart compares how often each lengthening procedure was used in the eighty-two autologous gastrointestinal reconstructive surgeries (AGIR) performed at the Royal Manchester Children's Hospital from 1982 through June 2013.
Bowel Reconstruction, from pg. 5

achieved through a STEP procedure (serial transverse enteroplasty). [The STEP procedure involves creating a series of longitudinal staple lines in a dilated loop of bowel; the result is a series of “baffle valves” that may slow transit and increase the bowel’s absorptive capacity. (from Kishore Iyer, LifelineLetter, May/June 2007.)] Still further improvements in transit time can be obtained by longitudinal colonic lengthening with or without a sigmoid J-pouch and colonic interposition.

In patients with more than 30 cm of residual bowel, the choice of which procedure to perform should be based on the surgeons’ experience. In these circumstances and in the context of a structured plan to intestinal rehabilitation, one operation should be sufficient to achieve enteral autonomy. The real problem in these patients is related to dysfunctional and dilated bowel and the STEP procedure works well for these patients. Once these issues have been resolved, the patient should successfully progress to enteral autonomy. We think that surgeons should be able to offer all the available techniques and choose from them to their patients’ benefit.

Results

Of the twenty-seven children with SBS treated at our intestinal failure center between 2000 and 2009, twenty-five have survived (92%). Excluding the two patients who died and two for whom we have no PN data, 21 (91%) are now off of PN. Nineteen of these children required bowel lengthening procedures, and eight had simple bowel reconstruction.

Today, a normal life of good quality, of a normal time span, has become a real and achievable expectation for patients with short bowel.

References are available at www.oley.org or by calling (800) 776-6539. For information on bowel reconstruction in adults, please see “Restoring GI Autonomy to Intestinal Failure Patients,” Kishore Iyer, MBBS, FRCS, FACS, LifelineLetter, May/June 2007.

Oley Conference

Mark your calendar for the end of June

The 29th Annual Oley Consumer/Clinician Conference is tentatively planned for June 22–26, 2014, in Florida. The meeting provides an excellent opportunity to learn more about improving your health and quality of life on home IV and tube feeding from expert clinicians and experienced consumers/caregivers.

Lindsay Knops, whose daughter Ava is on tube feeding, describes the experience glowingly: “It was such a pleasure to be able to attend the conference for the first time. I really had no idea that we’d been missing out on so much! Watching Ava get to be with kids who understand and who deal with the same things she does was amazing for me and it lifted her spirits immensely. We’re both looking forward to next year and I hope that other new families who will be able to attend will be impacted as strongly as we were.”

Watch www.oley.org and Facebook for updates!

Join the fun—help create the conference logo

We need your help to create the logo for the 2014 Oley Consumer/Clinician Conference. It’s simple and fun for all ages! Just tell us, briefly, what you think of the Oley Foundation. What does Oley mean to you? How would you describe the foundation? What impact do you think Oley has?

Your ideas will become part of the 2014 Oley conference logo, used on our conference materials. It will be like the illustration above, but in color and with your words and phrases that describe Oley. We are excited to see what we can create together! Send your adjectives, phrases, or brief thoughts to Joan Bishop at bishopj@mail.amc.edu or call us at (800) 776-6539.

Disney’s New Disability Program

As you may have heard, the Disney Guest Assistance Card program (designed to make Disney park attractions accessible to people with disabilities) was modified in October. It is now called the Disability Access Service (DAS) Card program. If you’re planning a trip to Disney, you might want to contact your travel agent and/or Disney Parks for details on the new program.

You can contact Disney about this program at disability.services@disneyparks.com, (407) 560-2547, or PO Box 10040, Lake Buena Vista Dr., Lake Buena Vista, FL 32830.
Dr. Kelly Represents Oley Consumers at FDA Meeting

A week after Clinolipid was approved, the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) and the FDA co-sponsored a seminar on clinical trial design for IV fat emulsion products. Joan Bishop, Oley Executive Director, and Dr. Darlene Kelly, Oley Science and Medicine Advisor, were there to represent you, the home parenteral nutrition consumer. Also attending were approximately one hundred people from industry, research labs, and parenteral nutrition practices, and hundreds more joined via Webcast.

Historical background, the metabolism of various components of the emulsions, and clinical trials from Europe and other locations around the world that are using several different IV fat emulsion products were presented. A.S.P.E.N. notes, “During this forum, lively discussions on clinical endpoints and trial design were held.” Attendees discussed the challenges related to selecting populations for trials, and the problems associated with assessment methodologies.

There was limited opportunity for public discussion, but Dr. Kelly was able to make a short presentation. “I represent the 13,000+ members of the non-profit Oley Foundation for home parenteral and enteral nutrition,” she explained. “I recently retired as medical director of the Home Parenteral Nutrition Program at the Mayo Clinic, Rochester, after twenty-two years of managing over 1,200 patients on this therapy. Since home parenteral nutrition was introduced in 1967, the only lipids [IV fats] ever approved by FDA were soybean-safflower products, with approval granted twenty-two years ago. National shortage of Intralipid forced urgent release of a single newer product last week [Clinolipid], but until then only Intralipid was available. The inability to use newer alternate lipid emulsions has long frustrated clinicians who realize that a subset of patients appears to be sensitive to the lipid and these often develop liver complications.”

Dr. Kelly and several members of the audience encouraged the FDA to consider approving new lipid emulsions on a basis of non-inferiority compared to Intralipid as opposed to superiority to Intralipid. Furthermore, it was recommended that nutritional criteria rather than other therapeutic criteria be considered. This was regarded as the quickest and most efficient route to getting FDA approval for alternate lipids.

New Name for Advocacy Group

To commemorate its founder, Advocacy for Patients with Chronic Illness has changed its name to the Jennifer Jaff Center. “It is just a little over a year since the passing of our founder and dear friend, Jennifer Jaff,” writes Carol Fain Walters, the center’s president. “We have had to overcome many bumps in the road...but the one thing that has never changed is our goal to preserve Jennifer’s legacy by serving those with chronic illness individually and through educational and public policy.”

Annually, the Jennifer Jaff Center provides free assistance to over 1,500 health care consumers. They help consumers file health insurance appeals; negotiate for accommodations at work and school; assert their rights under the Family and Medical Leave Act; and find information on insurance and prescription assistance programs. The center is also involved in public policy and outreach efforts regarding chronic illness. Visit www.thejenniferjaffcenter.org to learn more.
From the Desk of Joan Bishop, Executive Director

’Tis the season to give thanks for all that 2013 has brought our way. It has been a wonderful year, with many goals fulfilled.

Outreach

HPN and Feeding Tube Awareness Weeks were hugely successful. If you haven’t seen the videos demonstrating “living” on homePEN, please view them at www.youtube.com/TheOleyFoundation. We are already preparing for next year and hope that you’ll participate!

The Oley Ambassador program has expanded and the “face of Oley” appears in many new areas of the U.S., Canada, and overseas.

We enjoyed exhibit opportunities at many professional conferences (and coordinated educational sessions at some). We distributed Oley materials to thousands in an effort to showcase the benefit of connecting folks to Oley programs.

Education

In June, we enjoyed a successful annual conference with a record attendance of 529. It was wonderful to see such a turnout!

We have begun an overhaul of www.oley.org. The reorganized Web site will allow people to join Oley electronically, update their own Oley profile, join groups and include a photo, and navigate (and search!) the Web site more efficiently. It will allow Oley staff to better tailor alerts, recruit members for local events and projects (i.e., market research), and communicate with different member types. We’ll be positioned to serve members better! As always, your information will be protected and secure, in compliance with Oley’s privacy policy. We’ve recruited Andrea Guidi, RD, a tech-savy dietitian, to help us with this important project. Join us in welcoming her on board! And if you can spare an hour or two to share your thoughts regarding Web site content, placement of articles, and so on, please e-mail Andrea about joining a discussion group at andreaguidi.oley@gmail.com, or send her your comments/thoughts/suggestions soon.

Oley staff occupies positions on the National Board of Nutrition Support Certification (NBNSC) and on the Education Committee for the Association for Vascular Access Education Committee (AVA) on your behalf.

Advocacy

We remain actively involved in efforts to improve the lives of Oley members, representing your voice at meetings with agencies such as the Government Accountability Office (GAO), Food and Drug Administration (FDA) and Transportation Security Administration (TSA), and in joint efforts with organizations such as American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) and the Digestive Disease National Coalition (DDNC). Efforts include improving travelling/navigating security; understanding and coping with enteral competitive bidding issues and the HPN drug shortages situation;

Sending warm wishes for a happy and healthy new year!

Joan Bishop

Oley News
and keeping you abreast of an international effort to redesign enteral tubing connectors to prevent misconnections (watch for more on this in 2014).

Financial Support
Support from individuals and corporate partners has been extremely encouraging and keeps Oley healthy and stable. Thank you all for keeping us on your list of organizations worthy of support. We have much to be grateful for and your confidence in our efforts keeps us moving forward. Life is good!

Goals for 2014 include (along with the www.oley.org and database upgrade) expanding the list of Centers of Experience, compiling an HPEN glossary, revising the HPN complication chart, coordinating five regional conferences (locations TBA), and the annual meeting.

I would be seriously remiss if I didn’t mention the dedicated Oley staff and Trustees that work tirelessly on your behalf throughout the year. I would also like, once again, to acknowledge the enormous contributions of Rob and Tammi Stillion, who for years kept folks in need connected to supplies via the Equipment/Supply Exchange program. It was a huge undertaking and we achieved great things under their leadership.

On behalf of everyone at Oley headquarters, I send warm wishes for a happy and healthy new year. See the best in 2014!

Milestone for Dietitians in Nutrition Support
Our hats off to Dietitians in Nutrition Support (DNS), which is celebrating its thirty-fifth anniversary this year. A practice group of the Academy of Nutrition and Dietetics, the group was originally named Dietitians in Critical Care. The name change in 1986 reflected the expanding use of nutrition support, as clinicians started to send patients home on parenteral and enteral nutrition. Today, the group has about 3,250 members. Its vision is “To serve members so they will possess knowledge, skills, and attitudes required to provide safe and efficacious nutrition support therapy.”

DNS offers clinicians nutrition support–related skills workshops, educational sessions, and opportunities for networking and mentoring. The group works closely with the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), and many DNS members are also Oley members. DNS is also involved with public policy as it relates to nutrition support.

Noting the anniversary, Marsha Stieber, MSA, RD, CNSC, writes, “The need for and use of enteral and parenteral nutrition support interventions for all age groups, in a variety of settings, for innumerable reasons, and often accompanied by a plethora of challenges requires knowledgeable, skilled, and competent credentialed dietetics practitioners in partnership and collaboration with many other health care providers” (Support Line, October 2013).

Thanks for all you do, DNS, and happy anniversary!
Contributor News

Maximize Health!

"ThriveRx has taken me from the possibility of being on TPN for the rest of my life to the possibility of getting off TPN completely. Their knowledge of short bowel, attention to my plan of care and caring attitude, made my experience with ThriveRx a truly positive one." – Norma

ThriveRx’s Maximize Health! program provides a step-wise approach towards Parenteral Nutrition Independence. This program embraces diet, medication and the evaluation of Specialty Pharmaceuticals to safely reduce intravenous therapies.

Insuring Oley’s Future

by Darlene Kelly, MD, PhD

Several years ago Oley co-founder Dr. Lyn Howard told me of a unique way to give to Oley, by making the foundation a beneficiary of a life insurance policy. I subsequently looked into the legalities. Indeed this is not only a good way to help ensure the long-term health of Oley, but also a way of protecting your assets. It is as simple as naming Oley the beneficiary of the policy, and will eventually provide a gift that is two to three times the amount I paid for the policy. I would encourage others to consider this as a way to benefit our valuable organization that is so meaningful to those on parenteral and enteral nutrition.

Note: There are different ways to set up a life insurance policy that will benefit the Oley Foundation. To learn how another member set up her insurance gift, or to set up your own, visit www.oley.org or call (800) 776-OLEY.

Corporate Partner Spotlight

Please join the Oley Foundation in thanking our most recent corporate contributors who help keep Oley programs free of charge to home parenteral and enteral consumers. To read about other Oley Foundation Corporate Partners, visit www.oley.org/donorinfo.html.

Walgreens

Walgreens Infusion Services supports the needs of home enteral and parenteral nutrition patients of all ages and conditions. Multidisciplinary teams provide individualized care and comprehensive services designed to achieve optimal health outcomes. Care coordination facilitates a smooth transition from hospital to home. All Walgreens infusion locations are ACHC accredited.

Like Oley? Write a Review.

If you love our work then tell the world! You have an opportunity to help us make even more of a difference. Help us raise visibility for Oley’s work (and nutrition support in general) by posting a review of your experience with us on one of the non-profit review sites listed below. It’s easy and takes only 3 minutes.

Great Non-Profits
http://greatnonprofits.org/reviews/the-oley-foundation-inc

GuideStar
http://api.greatnonprofits.org/whitelabel/write/the-oley-foundation-inc

Thanks for helping out!
Contributor News

Oley Corporate Partners

The following companies provide over one-half of the funds needed to support Oley programs. Corporate relationships also strengthen our educational and outreach efforts. We are grateful for their continued interest and strong commitment.

PLATINUM LEVEL PARTNERS ($70,000+)
BioScrip, Inc.

GOLD MEDALLION PARTNERS ($50,000–$69,999)
Coram Specialty Infusion Services
Nutrishare, Inc.
ThriveRx

SILVER CIRCLE PARTNERS ($30,000–$49,999)
Fresenius Kabi USA
NPS Pharmaceuticals

BRONZE STAR PARTNERS ($20,000–$29,999)
Baxter Healthcare
Moog Medical Devices Group

BENEFACTOR LEVEL PARTNERS ($10,000–$19,999)
Abbott Nutrition
Home Solutions, Inc.
Kimberly-Clark
Nestlé Health Science
Walgreens Infusion Services

PATRON LEVEL PARTNERS ($5,000–$9,999)
Applied Medical Technology, Inc.
Critical Care Systems, Inc.

Thank You!

Notable Gifts from Individuals
Among the many contributions from individuals received at any given time, there are always several dedicated to those who have inspired the donor. We will share this list of honorees in each issue of the newsletter. In addition, we will include a complete list of the contributions received in 2013 in the March/April 2014 issue. From August 23, through November 1, 2013, gifts were received:

In Honor Of
Marie DeBarbieri; Dr. Darlene Kelly; and Barbara and Tim Squadere’s fortieth wedding anniversary

In Memory Of
Ann DeBarbieri; Louise Downing; Bob Hoffman; and Eleanor Orkis

Matching Gift
The GE Foundation
We appreciate all gifts and the kind comments we receive throughout the year. Your support overwhelms us and continues to be a source of inspiration.
Thank you!

Join the Oley Horizon Society
Many thanks to those who have arranged a planned gift to ensure continuing support for HPEN consumers and their families. Learn how you can make a difference at (800) 776-OLEY.

Feline Austin
Jane Balint, MD
John Balint, MD
Joan Bishop
Ginger Boilinger
Pat Brown, RN, CNSN
Faye Clements, RN, BS
Katherine Cotter
Jim Cowan
Rick Davis
Ann & Paul DeBarbieri
David & Sheila DeKold
Dale & Martha Delano
Tom Diamantidis, PharmD
Gail Egan, MS, ANP
Selma Ehrenpreis
Herb & Joy Einich
Jerry Fickle
Don Freeman
Linda Gold
Linda Gravenstein
Deborah Groeber

The Groeber Family
Valerie Gyurko, RN
Alfred Haas
Shirley Heller
Alicia Hoelde
Jeff & Rose Hoelde
Lyn Howard, MD
William Hoyt
Portia & Wallace Hutton
Kishore Iyer, MD
Doris R. Johnson
Darlene Kelly, MD, PhD, FACP
Family of Shirley Klein
Jim Lacy, RN, BSN, CRNI
Robin Lang
Hubert Maiden
Laurn Matame, PhD, RD, LDN,
CNSC, FADA, EASPE
Kathleen McInnes
Michael Medwar
Meredeth Nelson
Nancy Nicholson
Rodney Okamoto, RPh,
& Paula Okamoto
Kay Oldenburg
Harold & Rose Orland
Judy Peterson, MS, RN
Clement Pietzner
Beverly Promisel
Abraham Rich
Ruslyn & Eric Scheib Dahl
Susan & Jeffrey Scharol
Doug Seidner, MD, FACC, CNSP
Judi Smith
Steve Swensen
Cheryl Thompson, PhD, RD, CNSC,
& Gregory A. Thompson, MD, MS
Cathy Tokars
Eleanor & Walter Wilson

★NEW!★
Marion & Larry Winkler
James Wittmann
Patty & Darrell Woods
Rodline Ann & William Wu

Thank You!
Shopping Online?

There are lots of sites that give a portion of your sales to Oley without costing you a cent! AmazonSmiles, iGive, GoodShop, etc. Details are at www.oley.org or call (800) 776-OLEY.

Help at Oley Exhibit

Join Oley staff in the exhibit hall at Clinical Nutrition Week (CNW), the annual meeting of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), January 19–20, in Savannah, GA. While distributing Oley materials at our booth, you’ll meet health care professionals from around the world. You’ll also learn about the newest products and services available in the field of clinical nutrition as you visit other exhibitors.

Additional information is posted on www.nutritioncare.org, including the list of many exhibitors who will also be showcasing their products and services. An impressive list of faculty who will be presenting is also posted and worth reviewing. For more information and to volunteer, contact Joan Bishop at (800) 776-6539 or bishopj@mail.amc.edu.

Donations Support Research

The American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Rhoads Research Foundation supports promising investigators in the fields of metabolism and clinical nutrition by providing research grants. Outcomes of this research contribute to the body of knowledge used by medical professionals to help insure that every parenteral and enteral nutrition consumer receives safe and efficient treatment.

Oley encourages you to support researchers by donating a fun item to the Rhoads Research Foundation’s Annual Silent Auction to be held this January as part of CNW. For auction facts and donation suggestions, visit www.nutritioncare.org (scroll down to Silent Auction) or email paulab@aspen.nutr.org. Donations are tax deductible.