



ABOUT TURNER SYNDROME

Information about your daughter's
condition and growth hormone treatment

 **Genotropin[®]**
(somatropin (rDNA origin) for injection)
Raising Expectations[™]

*Please see accompanying
full prescribing information in pocket.*

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Questions and Answers

What is Turner syndrome?

Turner syndrome (TS) is a complex disorder. It is caused by changes in or absence of one of the X chromosomes. It affects only girls. About one out of every 2500 girls born each year are affected by TS. There can be many features with TS. But not all girls with TS have all of these features. In fact, the number and seriousness of features of TS vary widely.

Almost all girls with TS have short stature and loss of ovarian function. Physical symptoms of TS that you can see may include:

- Puffy hands and feet at birth
- Low hairline on the back of the neck
- Webbed neck
- Low-set ears
- Soft nails that turn up at the ends
- Multiple small, brown moles
- Lazy eye

Other symptoms may include:

- Osteoporosis (thin or weak bones) later in life
- Kidney problems
- Diabetes
- Heart problems
- High blood pressure



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How are patients with TS treated?

TS cannot be cured. But there are ways to help with many of the symptoms.

Short stature can be treated with growth hormone. Other hormones can help with sexual development and to prevent bone weakness. Some girls with TS may have heart problems. They may need to have their heart checked each year. Some kidney problems in TS patients may need surgery. High blood pressure must be checked too. Many TS patients may have diabetes. Their doctors need to watch their blood sugar. And thyroid disorders may occur. These can be treated with drugs.

Why does my daughter need to take growth hormone?

A doctor has prescribed growth hormone for your daughter to help her grow.

What is GENOTROPIN® (somatropin [rDNA origin] for injection)?

GENOTROPIN is the name of the growth hormone your doctor has prescribed for your daughter. It is just like the natural growth hormone that our bodies make. The main difference is that GENOTROPIN is man-made.

GENOTROPIN is prescribed for growth failure associated with TS in patients who are still able to grow.

Other causes of short height in children should be ruled out.

What can GENOTROPIN do?

In girls with TS, GENOTROPIN can help improve growth.

How long will my daughter with TS need to take GENOTROPIN?

There is no exact age when GENOTROPIN treatment must stop. As long as your daughter is responding to treatment, the doctor will probably continue it. Talk to your doctor if you have questions about this.

Questions and Answers

Is GENOTROPIN safe?

GENOTROPIN is generally safe and well tolerated. GENOTROPIN has been used in about 62,000 children worldwide for various conditions. It has been studied for more than 19 years. However, if your child experiences anything unusual, let the doctor know right away.

Who should not use GENOTROPIN?

Growth hormone should not be used to increase height in children after the growth plates have closed.

Growth hormone should not be used in patients with diabetes who have certain types of eye problems called diabetic retinopathy.

Growth hormone should not be used in patients with cancer or who are being treated for cancer. Growth hormone deficiency can be caused by brain tumors. So, the presence of these tumors should be ruled out before treatment is started. Growth hormone should not be used if it is shown that a previous brain tumor has come back or is getting larger.

Growth hormone should not be used in patients who are critically ill because of surgery, trauma, or respiratory failure.

Growth hormone should not be used in children with Prader-Willi syndrome who are very overweight or have severe breathing problems.

What are the side effects of GENOTROPIN?

Along with its benefits, any medical treatment may cause unwanted side effects.

Turner syndrome patients taking growth hormone therapy may be more likely to get ear infections. This is also called otitis media.

In studies of GENOTROPIN in children with Turner syndrome, side effects included flu, throat, ear, or sinus infection, runny nose, joint pain, and urinary tract infection.

This does not mean that your child will have any of these reactions. It's just that they are possible, based on reactions some children have had.

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What other safety information should I know?

Treatment with growth hormone may increase the risk of a new tumor, particularly certain benign brain tumors, in childhood cancer survivors. This risk may be higher in patients who were treated with cranial radiation.

A small number of patients treated with growth hormone have had increased pressure in the brain. This can cause headaches and problems with vision. Treatment should be stopped and reassessed in these patients. Patients with Turner syndrome, Prader-Willi syndrome, and chronic renal insufficiency may be at higher risk of developing increased pressure in the brain.

Thyroid function should be checked regularly during growth hormone therapy. Thyroid hormone replacement therapy should be started or adjusted if needed.

Patients treated with growth hormone should be checked regularly if they are receiving standard hormone replacement therapy to treat a lack of more than one hormone.

In children experiencing rapid growth, limping, hip or knee pain may occur.

In children experiencing rapid growth, curvature of the spine may develop or worsen. This is called scoliosis.

GENOTROPIN should only be used during pregnancy if clearly needed. It should be used with caution in nursing mothers because it is not known whether growth hormone is present in human milk.

Can GENOTROPIN be taken with other medications?

Yes, but other medications can sometimes interfere with the effects of GENOTROPIN.

Dosage of diabetes medicines may need to be adjusted during growth hormone treatment. Patients should be watched carefully if growth hormone is given along with glucocorticoid therapy and/or other drugs that are processed by the body in the same way.

Be sure to tell your doctor about any medications currently being taken.

Questions and Answers

How is GENOTROPIN given?

GENOTROPIN is given by injection just below the skin, usually every day. It doesn't come in a pill because it can't do its work when taken by mouth. It can be given in the thigh, rear end, or stomach area.

A health care provider will help you with the first injection. He or she will also train you on how to inject GENOTROPIN.

There are several different kinds of devices for injecting GENOTROPIN. The doctor will discuss with you which one is best for your child.

A different site should be used each day for growth hormone injections. This can help to prevent skin problems such as lumpiness or soreness.



GENOTROPIN 5.8-mg and 13.8-mg cartridges contain m-Cresol. Therefore, these should not be used by patients allergic to it.

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Who can I contact if I have other questions?



The Pfizer Bridge Program can help with many of your questions. The Pfizer Bridge Program gives you your own Patient Care Consultant (PCC). Your PCC can help with insurance questions. Your PCC can set up training so you and your child can learn to give injections.* Do you have questions about your device? Your PCC can help you get answers from a health care provider 24 hours a day, 7 days a week. Just call our toll-free number **(1-800-645-1280)** or visit our Web site at **www.genotropin.com**.

Remember, your PCC is there to help you. You can call your PCC at any point while your child is being treated with GENOTROPIN.

Rx only

*A health care provider will help you with the first injection. He or she will also train you on how to inject GENOTROPIN.

Visit our Web site at

www.genotropin.com

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