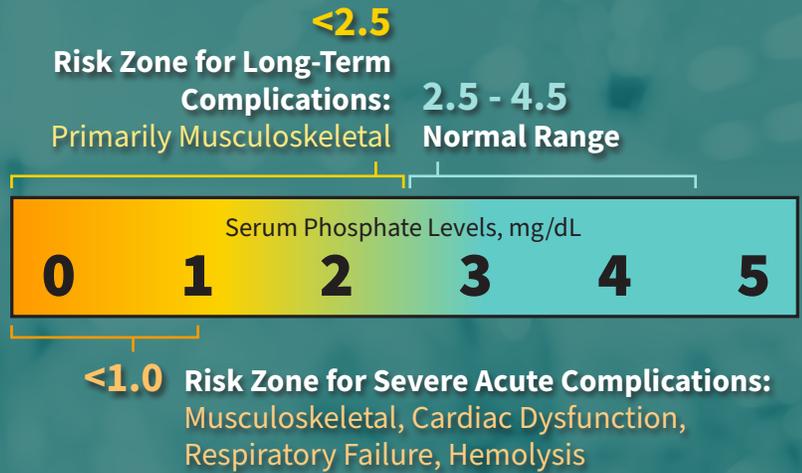




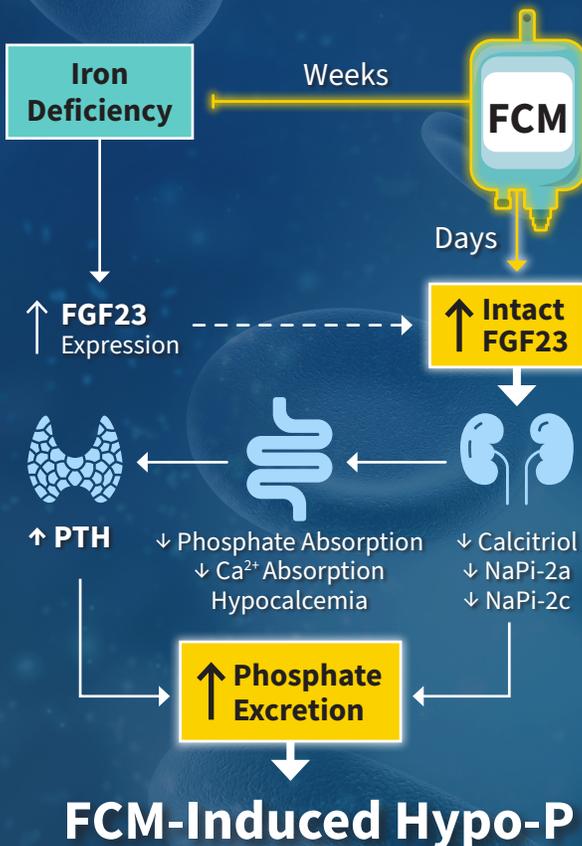
Understanding Hypo-P

Hypophosphatemia (hypo-P) occurs when serum phosphate levels fall below 2.5 mg/dL (0.8 mmol/L). Levels under 2.0 mg/dL (0.6 mmol/L) risk long-term musculoskeletal issues, while levels under 1.0 mg/dL (0.3 mmol/L) can cause severe acute complications such as cardiac dysfunction, respiratory failure, and hemolysis.

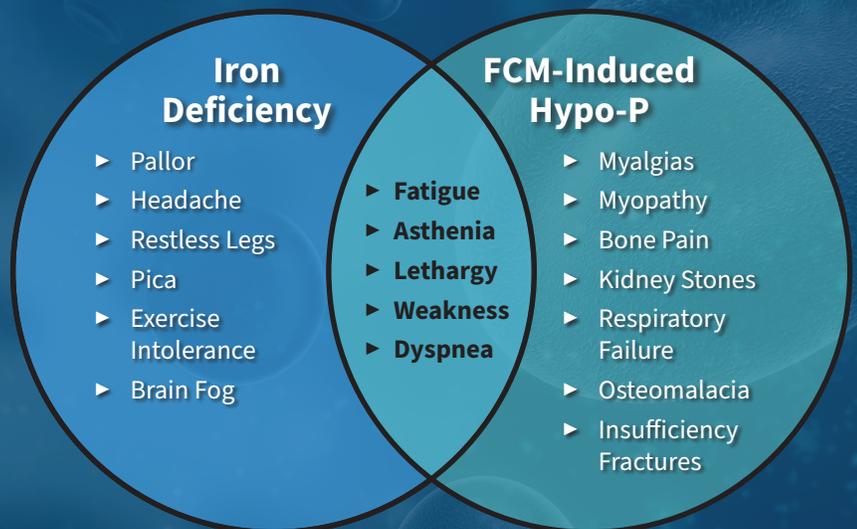
Ferric carboxymaltose (FCM), an intravenous iron therapy used to treat iron deficiency anemia (IDA), can induce hypo-P. Hereditary Hemorrhagic Telangiectasia (HHT) is now recognized as a risk factor for FCM-induced hypo-P, which can worsen symptoms in patients with HHT by impairing cellular energy production and oxygen delivery. This can exacerbate bleeding tendencies, anemia, and poor healing, all of which are already concerns in HHT due to fragile blood vessels and frequent blood loss.



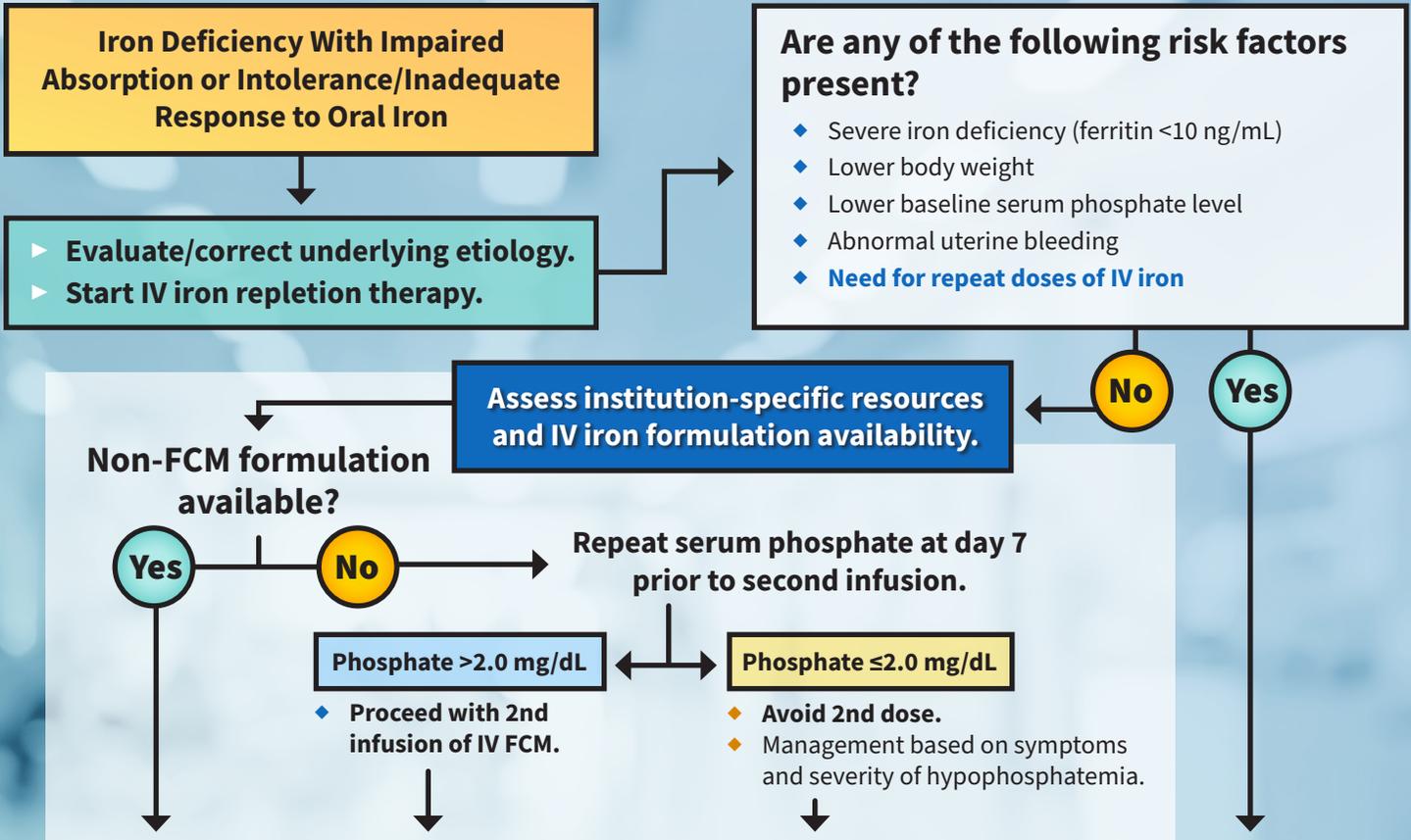
FCM-Induced Hypo-P in Patients With HHT How It Happens & Why It Matters



In patients with HHT, FCM causes hypo-P by raising levels of fibroblast growth factor 23 (FGF23), which increases phosphate excretion by the kidneys. This can worsen symptoms like fatigue and poor healing—burdens already challenging for HHT patients—and create new problems such as muscle weakness, fracture risk, and impaired cardiac and respiratory function, further contributing to morbidity and mortality. The almost universal need for repeated IV iron infusions in HHT further predisposes these patients to FCM-induced hypo-P.

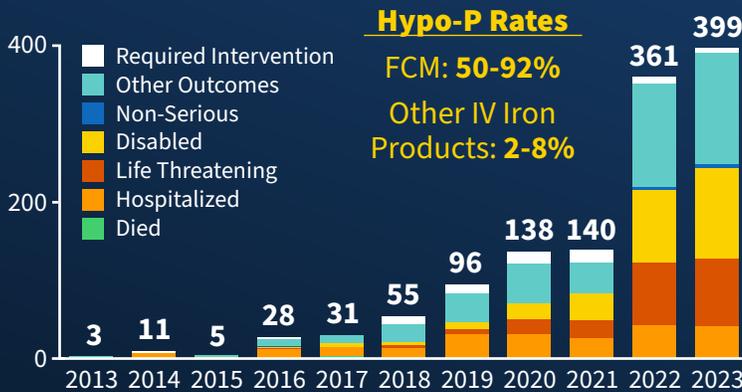


Effective Management of Hypo-P in HHT



Avoid IV FCM if Alternate Formulations Available!

FCM-Induced Hypo-P Case Reports, 2013-2023



Total Dose Infusion (TDI) On The Label?

Considerations in Patients With HHT

FCM	Yes	Hypo-P risk: AVOID Use in HHT
FDI	Yes	None beyond mild, transient side effects listed on label
FMX	No	Adherence challenges; notable MRI interference
Iron Dextran	No	Adherence challenges

TDI Always Preferred in Patients With HHT!

January 2025: HHT formally added to FCM product label as a "possible risk factor" for FCM-induced hypo-P.

Sources: Faughnan M, et al. Ann Intern Med. 2020; Felsenfeld AJ, Levine BS. Am J Kidney Dis. 2012; Kalantar-Zadeh K, et al. Am J Hematol. 2021; Glaspy J, et al. Adv Ther. 2021; Schaefer B, et al. Bone. 2022; Wolf M, et al. JBMR. 2013; Auerbach M, et al. Am J Hematol. 2021; Martens KL, Wolf M. Am Soc Hematol. 2023; Magagnoli J, et al. Am J Hematol. 2025; Auerbach M, Wolf M. Am J Hematol. 2025; Strubbe M, et al. Rev Endocr Metab Disord. 2025.