



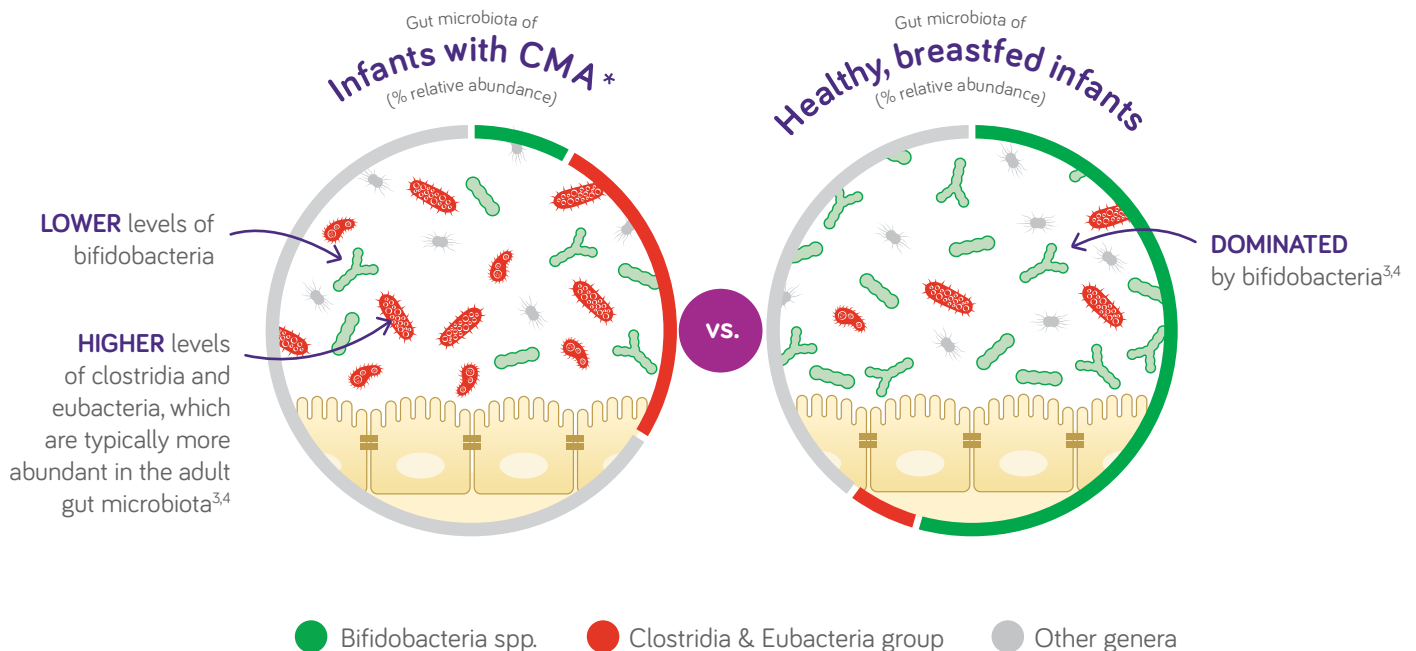
Neocate® Syneo® Infant: designed to help support the developing immune system

Hypoallergenic amino-acid based formula for the dietary management of food allergies.

- Supports normal growth¹⁻⁴
- Well-tolerated¹⁻⁴
- Resolves food allergy symptoms in infants with food allergies²

About **70%** of immune cells are located in the gut,^{5,6}

and the gut microbiota in early life plays a key role in the development of the immune system.⁶⁻⁸ But the gastrointestinal ecosystem in infants with food allergies, such as a cow milk allergy (CMA), has been shown to be very different from healthy, breastfed infants.^{3,9,10}



Gut dysbiosis[†] is a concerning imbalance in the gut microbiota that has been linked to immune-related diseases¹¹⁻¹⁴ and health problems later in life.¹⁵⁻²⁰

Neocate Syneo Infant is the first and only amino acid-based formula designed to help address that imbalance.^{3,4,9}

Neocate Syneo Infant goes beyond symptom control—to immune support

Neocate Syneo Infant utilizes a unique blend of pre- and probiotics that's been clinically shown to help balance the gut microbiota of infants with food allergies, bringing it closer to that of healthy, breastfed infants.^{3,9†}



Hailey,
16 months

Prebiotics

Prebiotic oligosaccharides can help support normal development of the infant immune system^{21,22} and help promote infant digestive health^{23,24}



scFOS/lcFOS prebiotic blend[§]

Probiotics

Live microorganisms that, when administered in adequate amounts, confer a health benefit on the host²⁵



Bifidobacterium breve M-16V



Neocate Syneo Infant:

- ✓ Supports normal growth and development¹⁻⁴
- ✓ Effectively resolves food allergy symptoms²
- ✓ Studied in three clinical trials^{1-4,9}
- ✓ Helps balance the gut microbiota^{3,4,9} to support immune development

Give your patients with food allergies the immune support they need to flourish with Neocate Syneo Infant.

Visit www.neocate.com/neocate-syneo-clinical-research/ to request a sample.

Nutricia North America supports the use of breast milk wherever possible. Neocate® is a family of hypoallergenic, amino acid-based medical foods for use under medical supervision. Neocate Syneo Infant is indicated for the dietary management of cow milk allergy, multiple food allergies and related gastrointestinal and allergic conditions, including food protein-induced enterocolitis syndrome, eosinophilic esophagitis and gastroesophageal reflux.

*Managed with an amino acid-based hypoallergenic formula.

†Gut dysbiosis is an imbalance in the typical gut microbiota composition compared to healthy individuals.²⁶

‡In one clinical trial infants were managed with standard amino acid-based formula (control) or amino acid-based formula with pre- and probiotics (test) compared to age-matched, healthy, breastfed infants. At 8 weeks, levels of both bifidobacteria and *Eubacterium rectale* + *Clostridium coccoides* group were measured as a percentage of total fecal bacteria. Test group median levels were different than control group ($p < 0.001$), and were closer to breastfed infant levels vs. control group. At 12 and 26 weeks test group mean levels continued to differ when compared to the control group (all $p < 0.001$), with most subjects still on assigned formula, in line with study design.

§scFOS = short-chain fructooligosaccharides, lcFOS = long-chain fructooligosaccharides

References: 1. Harvey, et al. *Pediatr Res.* 2014;75:343-51. 2. Burks, et al. *Pediatr Allergy Immunol.* 2015;26:316-22. 3. Candy, et al. *Pediatr Res.* 2018;83:677-86. 4. Fox, et al. *Clin Transl Allergy.* 2019;9:5. 5. Vighi, et al. *Clinical and Experimental Immunology.* 2008;153:3-6. 6. West, et al. *J Allergy Clin Immunol.* 2015;135:3-13. 7. Martin, et al. *Benef Microbes.* 2010;1:367-82. 8. Wopereis, et al. *Pediatr Allergy Immunol.* 2014;25:428-38. 9. Wopereis, et al. *Clin Transl Allergy.* 2019;9:27. 10. Ling, et al. *Appl Environ Microbiol.* 2014;80:2546-54. 11. Abrahamsson, et al. *J Allergy Clin Immunol.* 2012;129:434-40. 12. Fornø, et al. *Clin Mol Allergy.* 2008;6:11. 13. Fujimura, et al. *Nat Med.* 2016;22:1187-91. 14. Arrieta, et al. *Sci Transl Med.* 2015;7:307ra152. 15. Kalliomaki, et al. *Am J Clin Nutr.* 2008;87:534-8. 16. Savage, et al. *Allergy.* 2018;73:145-52. 17. Rodriguez, et al. *Microb Ecol Health Dis.* 2015;26:26050. 18. West, et al. *Clin Exp Allergy.* 2015;45:43-53. 19. Koleva, et al. *Nutrients.* 2015;7:2237-60. 20. Walker. *Pediatr Res.* 2017;82:387-95. 21. Bruzzese, et al. *Clin Nutr.* 2009;28:156-61. 22. Arslanoglu, et al. *J Nutr.* 2008;138:1091-5. 23. Veeraman-Wauters, et al. *J Pediatr Gastroenterol Nutr.* 2011;52:763-71. 24. Knol, et al. *J Pediatr Gastroenterol Nutr.* 2005;40:36-42. 25. FAO/WHO Joint Working Group. Guidelines for the evaluation of probiotics in food. London, Ontario, Canada. April 30 and May 1, 2002. Available at: https://www.who.int/foodsafety/fs_management/en/probiotic_guidelines.pdf. 26. Petersen, et al. *Cell Microbiol.* 2014;16:1024-33.

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