

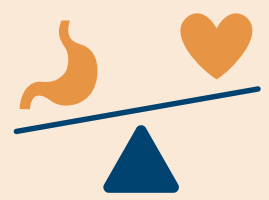
Breaking down gastroesophageal reflux disease (GERD)

GERD is one of the most prevalent gastrointestinal (GI) diseases, triggered by the recurrent reflux of stomach acid into the esophagus, the tube linking the mouth and stomach. This acid reflux has the potential to cause symptoms such as heartburn and can also lead to damage in the esophageal lining.^{1,2}



It is estimated that **65 million Americans** are living with GERD³

GERD can cause **heartburn, regurgitation, difficulty eating and drinking, damage to the lining of the esophagus,** and limitations in social and physical activities^{4,5}



Did you know that there are multiple forms of GERD?

Non-Erosive and Erosive GERD are the two main types of GERD²

Non-Erosive GERD is the largest category of GERD with symptoms that include heartburn²

Non-Erosive GERD is when someone has reflux-related symptoms, such as heartburn and regurgitation, but there is no acid-related damage to the lining of their esophagus⁶



It is estimated that **~45 million** U.S. adults live with **Non Erosive GERD²**

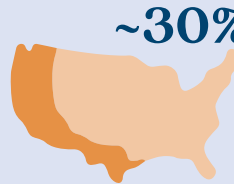
and **~15 million*** are treated with a **prescription medicine** annually^{7,8,9}



*Estimated based on published epidemiological data and market research

Erosive GERD is a condition where the stomach acid damages the lining of the esophagus⁴

Erosive GERD is more common than you might think



~30% of those with GERD have **Erosive GERD**—that's about **20 million Americans²**

and **~7 million*** adults are diagnosed and treated with a prescription medication annually^{7,8,9}



Patients with Erosive GERD continue to have unmet needs

Both Non-Erosive and Erosive GERD can be treated with proton pump inhibitors (PPIs); however, **54% of patients report persistent symptoms despite daily PPI use¹⁰**

Traditional treatment options might not work for a variety of reasons

Suboptimal adherence¹¹

Inadequate acid suppression¹²

Severity of disease¹³

Many patients with GERD experience challenges managing the disease despite treatment



up to 41% of patients with Erosive GERD **relapse within 6 months** on a maintenance treatment¹⁴



~8/10 Erosive GERD patients **experience recurrence within 6 months** of discontinuing treatment¹⁵



up to 40% of patients with **Non-Erosive GERD** remain symptomatic while on standard PPI therapy¹⁶

Acid suppression is a key element for esophageal healing and heartburn relief



Reduction of GERD symptoms and mucosal healing correlates with the level of **gastric acid suppression over a 24 hour period¹⁷**



Most PPIs take **~3 days to start fully blocking acid production** in your stomach¹⁸

And without effective management, uncontrolled reflux can lead to serious complications and burdensome symptoms

For Erosive GERD¹⁹

- Strictures (narrowing of the esophagus)
- Risk of esophageal cancer
- Ulcerations/bleeding
- Respiratory problems



For Non-Erosive GERD²⁰

- Episodic heartburn
- Regurgitation
- Problems swallowing
- Chest pain

Patients and healthcare providers (HCPs) report a desire for treatment alternatives



57% of HCPs would **welcome alternatives** to the current standard of care⁴



59% of patients would **welcome alternatives** to the current standard of care⁴

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