



*...adding tomorrows every day.*

**Cystic Fibrosis Foundation**  
**Patient Registry**  
**Annual Data Report**  
**2005**

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**Cystic Fibrosis Foundation**

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The Cystic Fibrosis Foundation's mission is to develop the means to cure and control cystic fibrosis (CF) and to improve the quality of life for those with the disease. The *CF Foundation Patient Registry Annual Data Report* (Patient Registry) shows that CF care is improving, and we believe that with your help we can make it even better.

The CF Foundation recognizes that people with CF and their families are full members of the care team. A strong partnership between patients and healthcare providers working as a team is critical to achieve the best possible health outcomes. Our intention in reporting these data and the health outcomes data from each CF Foundation-accredited care center available on our Web site ([www.cff.org](http://www.cff.org)) is to educate and foster strong partnerships between people with CF, their families and care center staff through open communication.

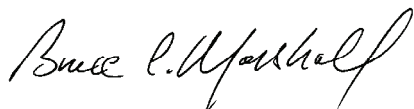
We encourage people with CF and their families to get involved with their care center. We encourage you to use this report and the health outcomes data on the CF Foundation's Web site to start a conversation with your care center staff. Across the country, CF care centers are focusing on quality improvement to improve care, but they need your help. They need your input, your opinions and your involvement. After all, you are the expert in receiving care from a CF center and living with the day-to-day challenges of CF.

The CF Foundation, in collaboration with the Institute for Family Centered Care, is supporting activities at CF care centers to promote patient- and family-centered care. Locally, CF care centers have invited people with CF and their families to serve as members of quality improvement teams, act as center advisors, form peer-support groups and share information via newsletters.

We also continue to support and expand educational forums on patient- and family-centered care, including presentations at national meetings and Web cast programs on quality improvement and public reporting. A toolkit of template letters and success stories to promote patient and family involvement in quality improvement has also been developed.

We hope you will learn more about what you can do to improve CF care for you or your child and join us in our quest to *add tomorrows every day* to the lives of those with CF.

Sincerely,



Bruce C. Marshall, M.D.  
Vice President of Clinical Affairs  
Cystic Fibrosis Foundation



Leslie Hazle, M.S., R.N.  
Director of Patient Resources  
Cystic Fibrosis Foundation

## What Is the Cystic Fibrosis Foundation Patient Registry?

About 40 years ago, the Cystic Fibrosis Foundation started a Patient Registry to track the health of people with CF across the United States. Today, information about more than 23,000 people who receive care at CF Foundation-accredited care centers is collected and added to the Patient Registry every year. The type of information collected includes state of residence, height, weight, gender, genotype, pulmonary function test (PFT) results, pancreatic enzyme use, length of hospitalizations, home IV use and complications related to CF.

Information in the Patient Registry helps caregivers and researchers see new trends, design clinical trials to test new therapies and improve the delivery of care for people with CF. To get the best information, it is important for people with CF to participate in the Patient Registry. The following pages contain information from the Patient Registry relating to the CF Foundation's seven worthy goals to improve CF care. These goals are:

- 1) To make people with CF and their families full members of the care team;
- 2) To help people with CF achieve normal growth and nutrition;
- 3) To receive respiratory therapies that keep lung function steady and to diagnose infections early;
- 4) To decrease the spread of germs between people with CF;
- 5) To prevent complications and/or to diagnose and treat them early;
- 6) To provide care regardless of race, age, education or insurance coverage; and
- 7) To support all transplantation and end-of-life care decisions.

## If You Are New to Cystic Fibrosis

### What Is Cystic Fibrosis?

CF is a genetic disease caused by an altered gene. It results in the faulty transport of salt in organs such as the lungs and the pancreas. This leads to thick, sticky mucus that blocks the ducts in these organs, disrupting their normal functions. Many people with CF have a cycle of lung infection or exacerbation and inflammation (swelling). This cycle slowly damages the lungs and their ability to provide oxygen to the body. When the pancreas is affected, it causes problems with digestion and makes it difficult to grow normally and keep a healthy body weight.

Approximately one in 3,500 children in the United States each year is born with CF. It is found in all racial and ethnic groups; however, it is more common among Caucasians. An estimated 30,000 people in the United States have the disease.

### What Is the Cystic Fibrosis Foundation?

The CF Foundation was created in 1955 by a dedicated group of parents who had children with CF. They had a clear mission — to develop the means to cure and control CF and to improve the quality of life for those with the disease.

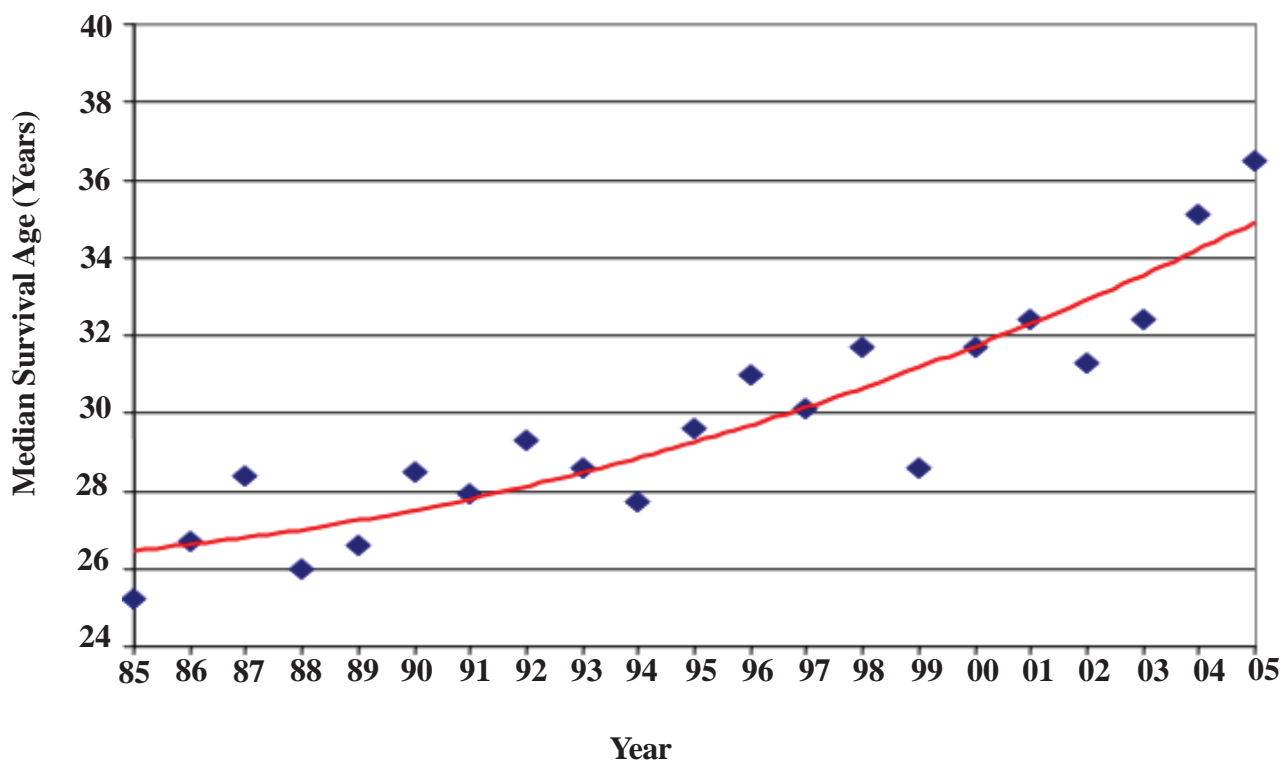
To continue this mission, the CF Foundation has a network of more than 115 accredited care centers across the United States for people with CF. The CF Foundation provides grants, training in quality improvement, and the latest CF care guidelines based on the medical literature to support the care centers as they care for people with CF. The CF Foundation also provides grants to researchers working to discover and develop new drugs and new therapies to improve the length and quality of life for those with the disease. To learn more about CF and the CF Foundation, visit [www.cff.org](http://www.cff.org).

## Survival Is Improving

Because of the hard work and strong partnership between people with CF and their families and CF Foundation-accredited care centers, the predicted survival for people with CF has steadily improved. When the CF Foundation was created in 1955, few children with CF lived to go to school. Today, the predicted survival extends into the mid to late 30s. The graph below shows how much the median predicted survival has improved since 1985.

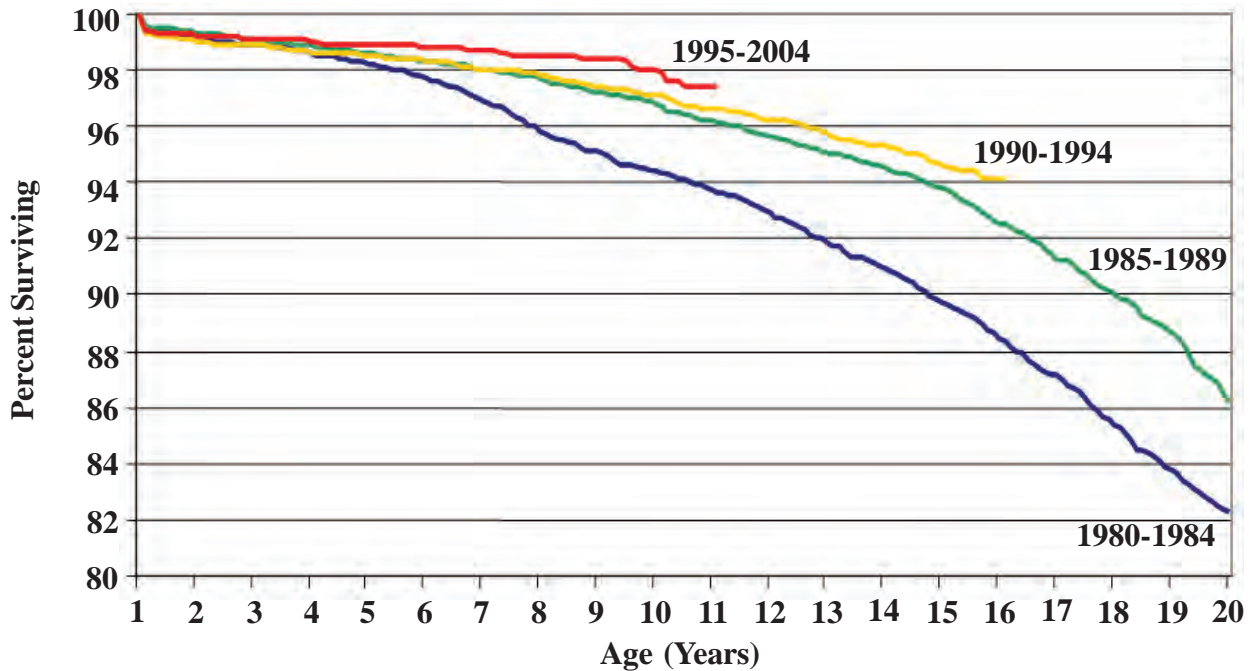
Median age of survival represents the age to which half of the current people with CF in the Patient Registry would be expected to survive. This number is calculated every year and is based on the deaths that occurred in that year. In 2005, the predicted survival reached 36.5 years. This continued improvement in survival depends, in part, on gathering and using data from people with CF across the United States through the Patient Registry. The CF Foundation-accredited care centers and the CF Foundation continue to partner with people with CF and their families to keep the line moving up.

**Median Predicted Survival Age, 1985-2005**



The graph at the top of the next page shows that survival continues to improve from 1 year of age and grouped by year of birth. Of people with CF born between 1980 and 1984 (dark blue line), 93 percent were alive at age 12. For children born between 1990 and 1994 (yellow line), 96.5 percent were alive at age 12. Children born between 1995 and 2004 (red line) are doing even better.

### Survival from Age One by Birth Cohort



**Goal 1: People with CF and their families are full members of the care team. Communication will be open so everyone can be involved in decisions about care. Care will be respectful of patients’ needs, preferences and values.**

Through the Patient Registry, care centers have reports about their patients. These reports help care centers communicate with their patients and families about some of the important aspects of the disease. They are available from your CF Foundation-accredited care center. The next page is an example of a “Patient Summary Report.” It shows trends in lung function, nutrition and other important information about the patient. Ask your CF care center for a copy of your or your child’s “Patient Summary Report” at your next CF clinic visit.

In December 2006, the CF Foundation made key health data for each of the accredited CF care centers available on its Web site ([www.cff.org](http://www.cff.org)). The data are part of the effort to open communications and encourage people with CF and their families to get involved and improve CF care. We encourage you to start a conversation with your care center about your center’s data. The following questions are good to ask. What does it mean? How can I help improve my or my child’s health? What can I do to help my center improve? Partner with your care center and become a full and active member of your CF care team.

To learn more about this data and how to work with your care center, watch the archived Web casts “One Team’s Story: Raising the Bar for CF Care” and “Quality CF Care Is More Than the Numbers” on the CF Foundation’s Web site. You can also read the success stories of how others work with their care centers to improve care in the Quality Improvement section of the CF Foundation’s Web site.

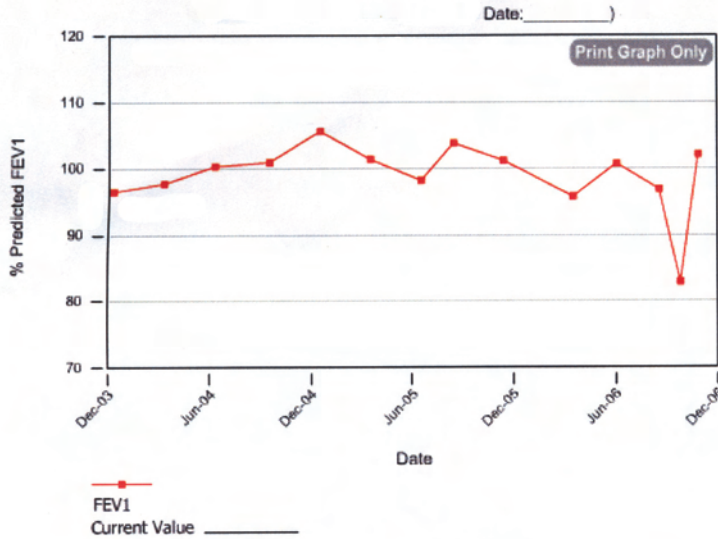
Cystic Fibrosis Foundation Patient Registry: Annual Data Report 2005

Patient Report Example:

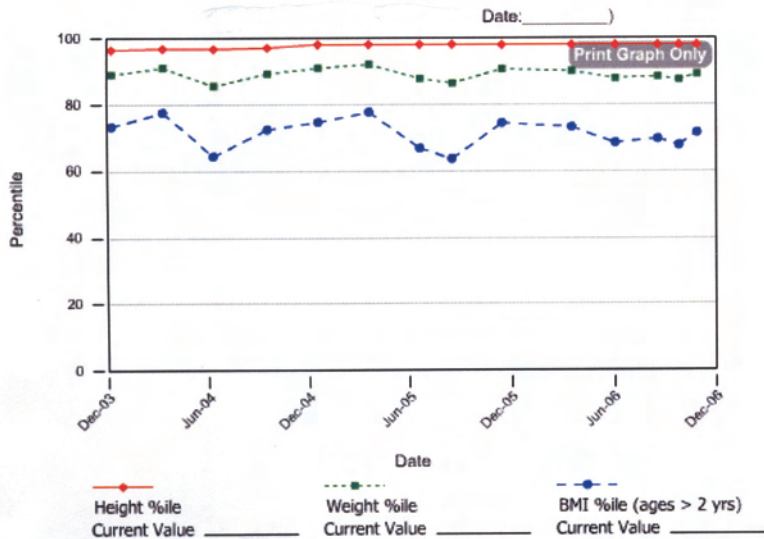
VISIT DATE: \_\_\_\_\_ Name: \_\_\_\_\_  
 Last Hospitalization: None Date of Birth: 12/26/  
 Last HomeIV Therapy: None Genotype: ^F508 / ^F508  
 Last Clinical Visit: /2006

**Culture Results**  
 Last Culture: Pseudomonas aeruginosa, : 11/7/2006  
 Last Positive: B. cepacia None MRSA None PA 11/7/2006 MDR-PA+ 10/14/2003

PFT Trend



Nutritional Trend



**Complications**

- ACTIVE @ LAST VISIT
- CFRD
  - Depression
  - Dist Int Obst Synd (DIOS)
  - Sinus Disease (symptomatic)

COMPLICATIONS PREVIOUSLY NOTED

- CFRD
- Depression

**Routine Evaluations**

Last PFT: 11/7  
 Last CXR: 2006  
 Last SW Visit: 8/29

Last Dietary Visit: 8/29  
 Last LFT: 12/28  
 Glucose Screening: 12/28  
 Creatinine: 12/28

## Guidelines for CF Care

Since the early 1990s, the CF Foundation has gathered experts to review the medical literature on CF care to develop guidelines for the care of all people with CF. Below are the percentages of patients in the Patient Registry who met some of these recommendations in 2005.

Guidelines for CF Care	Children Who Meet Guidelines (%)	Adults Who Meet Guidelines (%)
Clinic Visits — 4 or More Per Year	66.0	52.0
Pulmonary Function Tests — (PFT) 2 or More Per Year	91.4	83.3
Respiratory Cultures — At Least 1 Per Year	96.4	89.5
Creatinine Level — Every Year	77.7	72.6
Glucose — Every Year if $\geq 14$ Years	75.7	65.7
Liver Enzymes — Every Year	77.7	70.4

## Maintaining Normal Nutrition

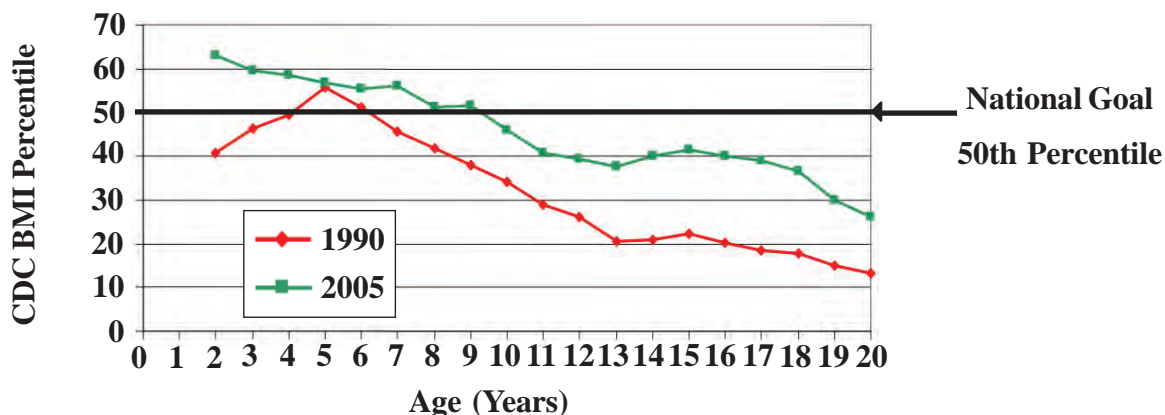
**Goal 2: Children and teens will have normal growth and good nutrition. Adults' nutrition will be maintained as near to "normal" as possible.**

Steady progress toward this goal has been made, but more work remains. In 2005, the CF Foundation worked closely with experts in CF and nutrition to review the medical literature and data from the Patient Registry to set national goals for children and adults with CF as measured by body mass index (BMI). BMI is based on a person's weight and height. It is used to screen for people who may have health problems if that number is too high or too low. For children and teens, BMI is stated as a percentile compared to healthy children of the same age and gender.

BMI is calculated by dividing body weight in kilograms by the person's height in meters squared (weight kg/height  $m^2$ =BMI). You can calculate your BMI or your child's BMI percentile on the Centers for Disease Control and Prevention's Web site ([www.cdc.gov/nccdphp/dnpa/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm)).

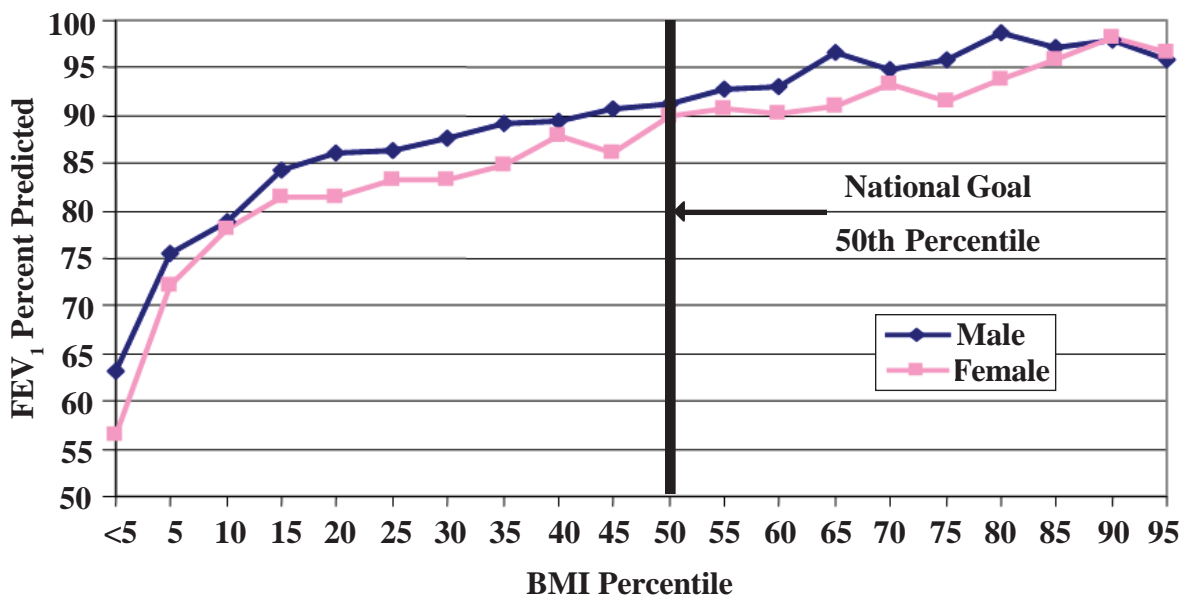
The goal is for children to be at or above the 50th BMI percentile for their age. This graph shows how much the BMI percentile of children with CF has improved since 1990. Children with CF who have good nutrition will most likely grow to a height close to their parents.

### Median CDC BMI Percentiles vs. Age, 1990 and 2005\*



The Patient Registry shows a strong association between a higher BMI percentile and better lung function in children. Lung function is measured by FEV<sub>1</sub>, or Forced Expiratory Volume over one second, which is shown as percent predicted based on healthy, non-smoking people of the same gender and age. The graph below shows that good nutrition and lung health seems to go hand in hand. The highlighted bar is the goal for children with CF. The 50th percentile is the average BMI for children in the United States who do not have CF. We want children with CF to grow and develop like children without CF.

### FEV<sub>1</sub> Percent Predicted vs. BMI Percentile in Children 2-20 Years\*

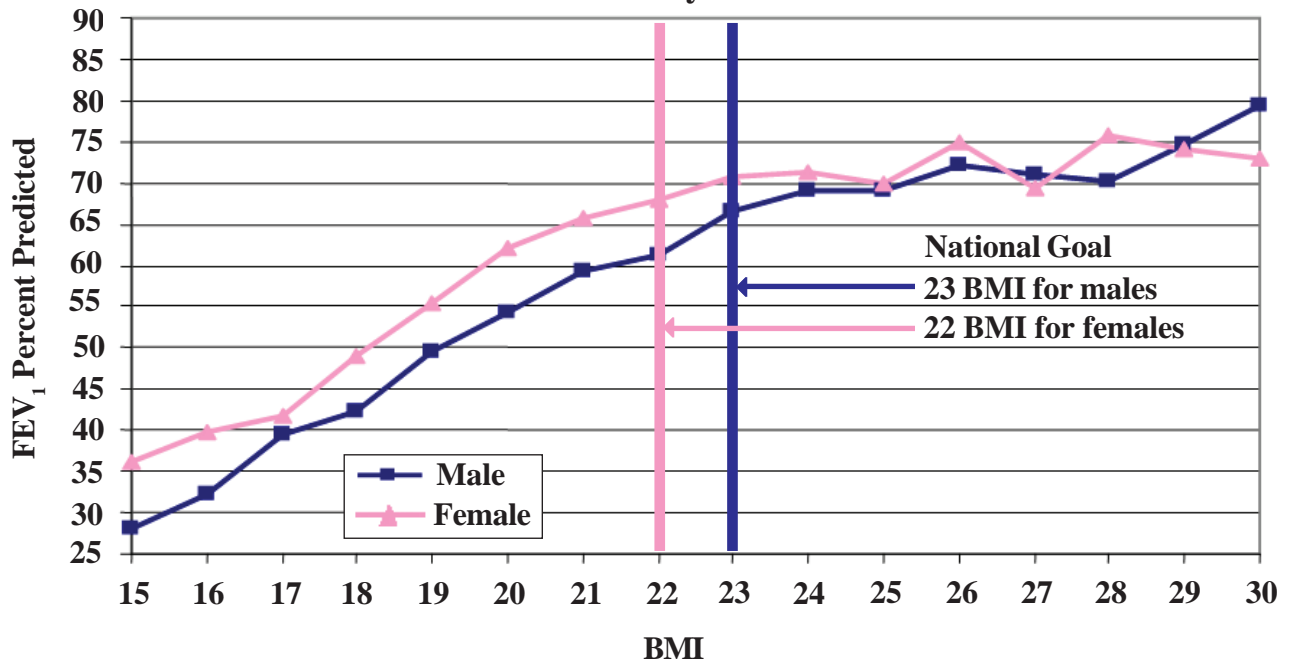


Working closely with your CF care center can improve your or your child's nutrition and help keep lungs healthy. To learn more about CF and nutrition, ask your CF care center or visit the CF Foundation's Web site ([www.cff.org](http://www.cff.org)) to watch the archived Web cast about nutrition.

The association between a higher BMI and better lung function is also seen in adults with CF. Highlighted on the graph at the top of the next page are the national BMI goals for men and women with CF. Men should partner with their care center and work to maintain or reach for a BMI of 23. Women should also work with their care center to maintain or reach for a BMI of 22.

\* Centers for Disease Control and Prevention — [www.cdc.gov/nccdphp/dnpha/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpha/bmi/index.htm)

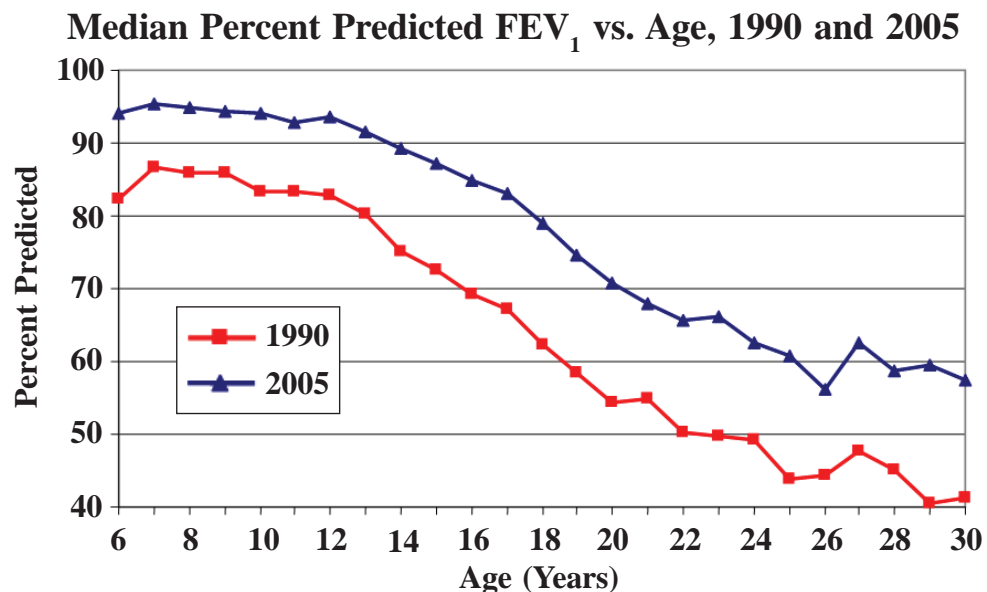
### FEV<sub>1</sub> Percent Predicted vs. BMI in CF Patients 20 to 40 Years by Gender\*



### Lung Function

**Goal 3: Everyone with CF will receive the right therapies to keep lung function steady and to decrease the number of pulmonary exacerbations or respiratory infections. Exacerbations will be diagnosed early and treated appropriately.**

The graph below shows that since 1990 there have been major improvements in the lung health of people with CF. FEV<sub>1</sub> (lung function) is usually near normal or just under 100 percent predicted when first measured around 6 years of age.

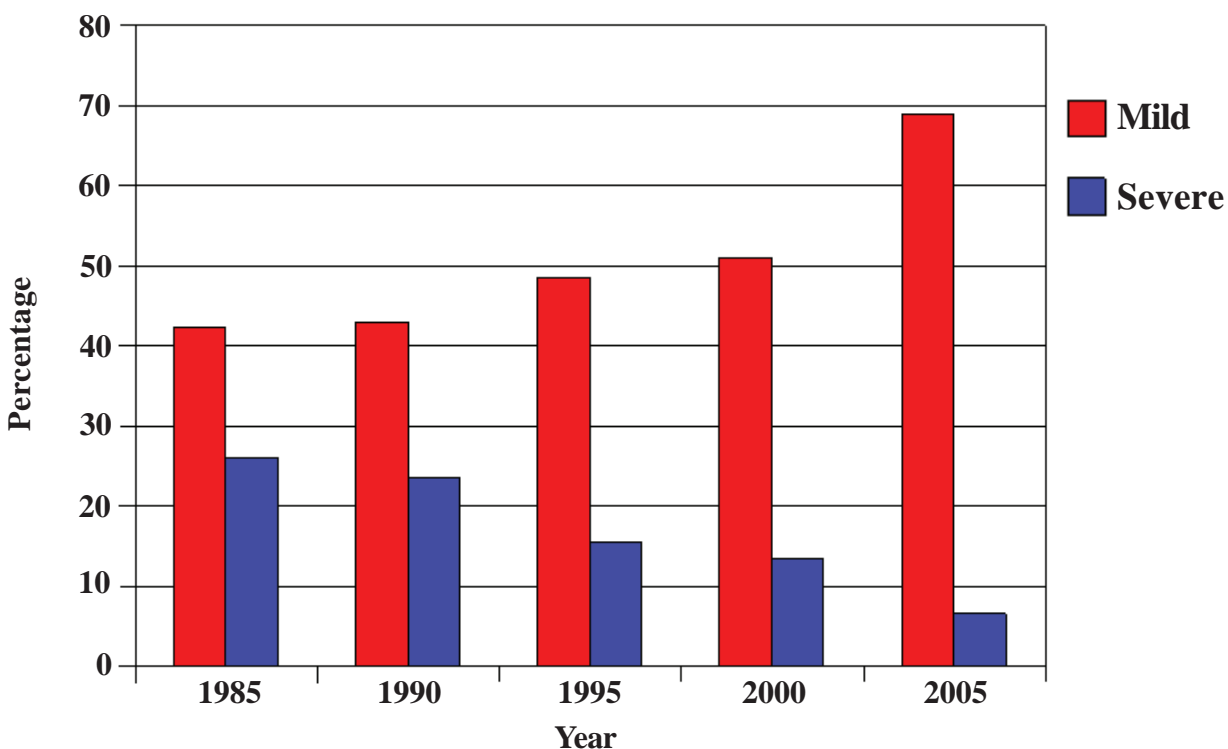


\* Centers for Disease Control and Prevention — [www.cdc.gov/nccdphp/dnpa/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm)

## Cystic Fibrosis Foundation Patient Registry: Annual Data Report 2005

The graph below shows how the percentage of 18-year-olds with CF in the Patient Registry with mild or severe lung disease has changed since 1985. Mild lung disease is defined as having a lung function or FEV<sub>1</sub> percent predicted greater than 70 percent. Severe disease is having an FEV<sub>1</sub> percent predicted less than 40 percent. The rising number of people with mild disease and the dropping number with severe disease show that the lungs of people with CF are healthier now than 20 years ago.

### 18-Year-Olds with Mild or Severe Lung Disease

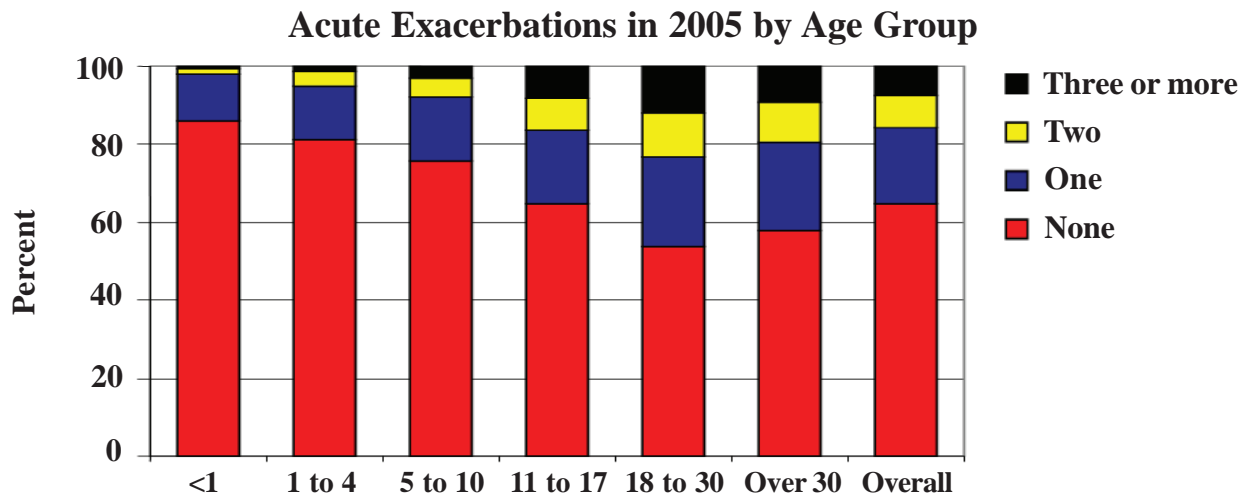


In 2006, the CF Foundation and experts in CF lung disease and care outlined medications to take regularly to maintain lung health in people with CF. These therapies are given to patients who meet certain criteria (e.g., age, severity of disease). The table below shows the percentage of patients who meet the criteria and have had the medication prescribed.

Medication	Percentage (%) of people who fit the criteria and are on the medication	Criteria for medication
tobramycin (TOBI®)	57.9	<ul style="list-style-type: none"> <li>• ≥ 6 years of age</li> <li>• Positive for <i>P. aeruginosa</i></li> <li>• Moderate to severe lung disease</li> </ul>
rhDNase (Pulmozyme®)	69.8	<ul style="list-style-type: none"> <li>• ≥ 6 years of age</li> <li>• Mild to severe lung disease</li> </ul>
azithromycin (Zithromax®)	53.6	<ul style="list-style-type: none"> <li>• ≥ 6 years of age</li> <li>• Positive for <i>P. aeruginosa</i></li> <li>• Moderate to severe lung disease</li> <li>• Weight ≥ 55 pounds (25kg)</li> </ul>
ibuprofen	5.1	<ul style="list-style-type: none"> <li>• 6-12 years of age</li> </ul>

Last year, CF Foundation-supported research on hypertonic saline showed that the therapy improved lung health and decreased the number of pulmonary exacerbations or respiratory infections in people with CF. Data about the use of hypertonic saline is now being collected in the Patient Registry. This information will help to identify effective therapies and treatments for people with CF in the future. Talk to your CF doctor to find out if you or your child might do well on one of these medications.

Along with these therapies and better nutrition, airway clearance and exercise helps keep lungs healthy. All of these work to improve FEV<sub>1</sub> and lung health in people with CF. To learn more about what you or your child can do to keep the lungs healthy, watch the Web cast on CF lung care on the CF Foundation's Web site ([www.cff.org](http://www.cff.org)).



Each time a person has a respiratory infection or exacerbation, there may be lung damage. However, there are things you can do to decrease the chance of lung damage, such as:

- 1) Getting a flu shot every fall for you/your child and everyone living in the house;
- 2) Regular exercise to strengthen your muscles;
- 3) Doing airway clearance to keep the lungs as clear as possible of mucus;
- 4) Taking the medicines as prescribed by your CF care center;
- 5) Telling your CF care center early when you or your child do not feel well; and
- 6) Avoiding germs by using good hand hygiene and properly cleaning and disinfecting equipment.

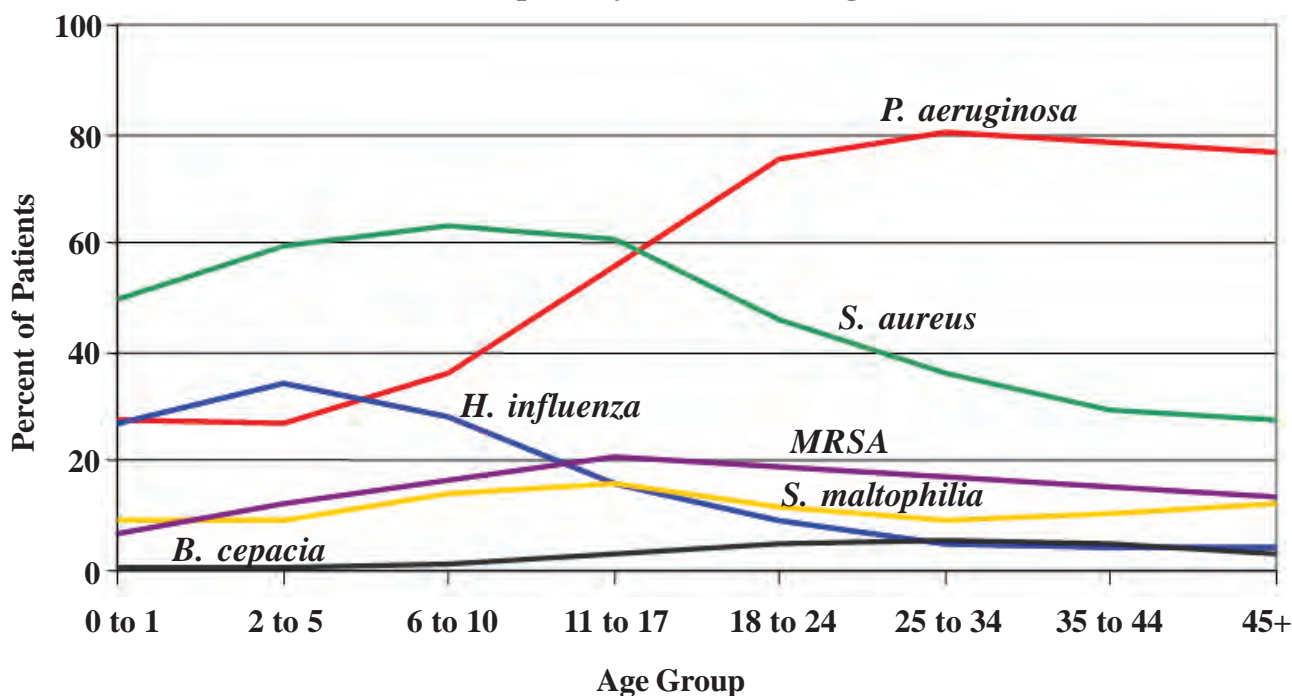
Diagnosing and treating pulmonary exacerbations or respiratory infections quickly is important. The graph above shows the percentage of people with CF who had exacerbations that were treated in the hospital or at home with intravenous (IV) antibiotics in 2005. The good news is that overall 64.9 percent of people with CF were not treated for an infection. In general, more exacerbations occur in adolescents and adults because they typically have more lung damage.

To learn more about lung care and therapies for people with CF, visit the CF Foundation's Web site ([www.cff.org](http://www.cff.org)). You can watch an archived Web cast and read about ways to stay healthy. It is important that you and your CF care center partner and have a plan to maintain your or your child's health.

**Goal 4: People with CF and their care centers will work together to eliminate the chances of patients getting respiratory pathogens or germs, particularly *Pseudomonas aeruginosa* (*P. aeruginosa*) and *Burkholderia cepacia* (*B. cepacia*) complex, in the hospital, clinic and home.**

Repeated respiratory infections or exacerbations are a concern for people with CF. It is the cycle of infection and inflammation (swelling) that may damage the lungs. This damage causes lung function (FEV<sub>1</sub>) to decline. When the lungs are damaged, exacerbations happen more often. The next graph shows the germs that are found in the lungs of people with CF. Talk to your CF care center to learn more about preventing respiratory infections. Information about what CF germs are, how they are spread and how to avoid germs is available on the CF Foundation’s Web site ([www.cff.org](http://www.cff.org)).

**Respiratory Infections vs. Age**



**Overall Percentage in 2005:**

<span style="color: red;">—</span> <i>P. aeruginosa</i> 56.4%	<span style="color: blue;">—</span> <i>H. influenza</i> 17.0%	<span style="color: black;">—</span> <i>B. cepacia</i> complex 3.1%
<span style="color: green;">—</span> <i>S. aureus</i> 51.8%	<span style="color: yellow;">—</span> <i>S. maltophilia</i> 12.3%	<span style="color: purple;">—</span> MRSA 17.2%

### Complications of CF

**Goal 5: People with CF will be closely monitored for complications of CF, especially CF-related diabetes (CFRD). For any complication, prevention and early treatment when possible should be the approach.**

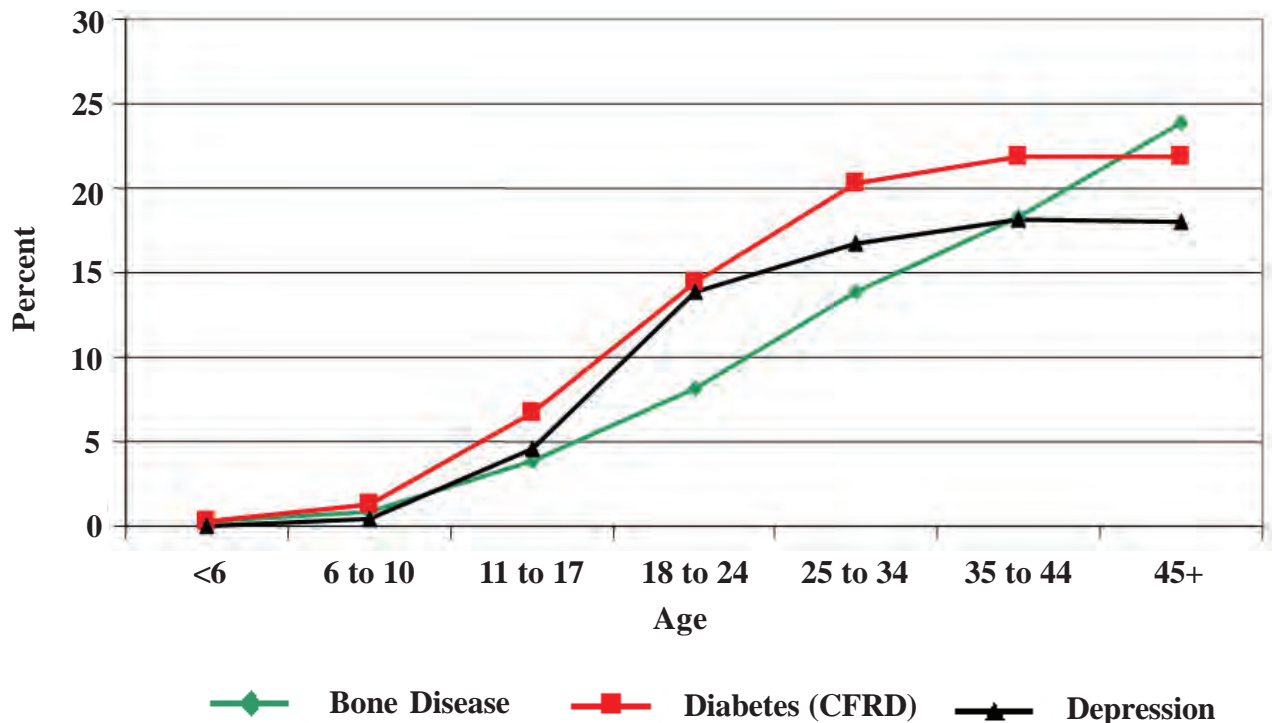
In the early 1990s, data in the Patient Registry showed an increase in the number of teens and adults with diabetes. CFRD was found to be different from diabetes in people without CF because of how cystic fibrosis damages the pancreas. The CF Foundation brought together experts in CF and diabetes and developed guidelines for the care of CFRD. Anyone with CF, 14 years of age or older, should be tested every year for CFRD. Data suggest that diagnosing and treating CFRD earlier results in better outcomes. The CF Foundation continues to fund CFRD research. To learn about CF Foundation-supported research, visit [www.cff.org](http://www.cff.org).

## Cystic Fibrosis Foundation Patient Registry: Annual Data Report 2005

The Patient Registry shows trends in other complications of CF as well. The importance of good nutrition and healthy bones is often in the news. Data from the Patient Registry show that about 13.7 percent of people with CF had bone disease in 2005. Preventing or lessening bone disease begins in childhood when bones are growing. Ask your CF dietitian what can be done to keep your or your child's bones healthy.

Another finding from the Patient Registry is that almost 16 percent of adults with CF have symptoms of depression. This is a common complication of many chronic diseases. People with CF, their families and caregivers need to be aware of this complication, so that diagnosis and treatment can be started early. People often respond well to treatment for depression. The CF Foundation continues to promote prevention, early diagnosis and treatment of complications that people with CF may experience.

**Common Complications vs. Age**



### Access to Care

**Goal 6: Everyone with CF will be able to receive appropriate therapies, treatments and support regardless of race, age, education or insurance coverage.**

Research data suggest that people with CF who live in households with lower incomes are more likely to have poorer lung function and worse BMI or BMI percentile. This pattern of poor health in lower-income households is common with other chronic diseases. The CF Foundation is working to find out why this happens in CF and how to change it. The CF Services Pharmacy ([www.cfservicespharmacy.com](http://www.cfservicespharmacy.com)), a mail-order pharmacy and wholly owned subsidiary of the CF Foundation, works hard to keep proven CF therapies available to everyone. For example, data from the Patient Registry show that people with CF, no matter their income, have therapies like Pulmozyme® and TOBI® available to them. You can learn more about your legal rights and hear how others manage CF by watching the archived Web casts “Patient Advocacy: Issues and Answers” and “Building Life Skills to Manage CF,” available on the CF Foundation’s Web site ([www.cff.org](http://www.cff.org)).

Learn more about race and age of the people in the Patient Registry by turning to page 15, “A Summary of the 2005 Data.”

## Cystic Fibrosis Foundation Patient Registry: Annual Data Report 2005

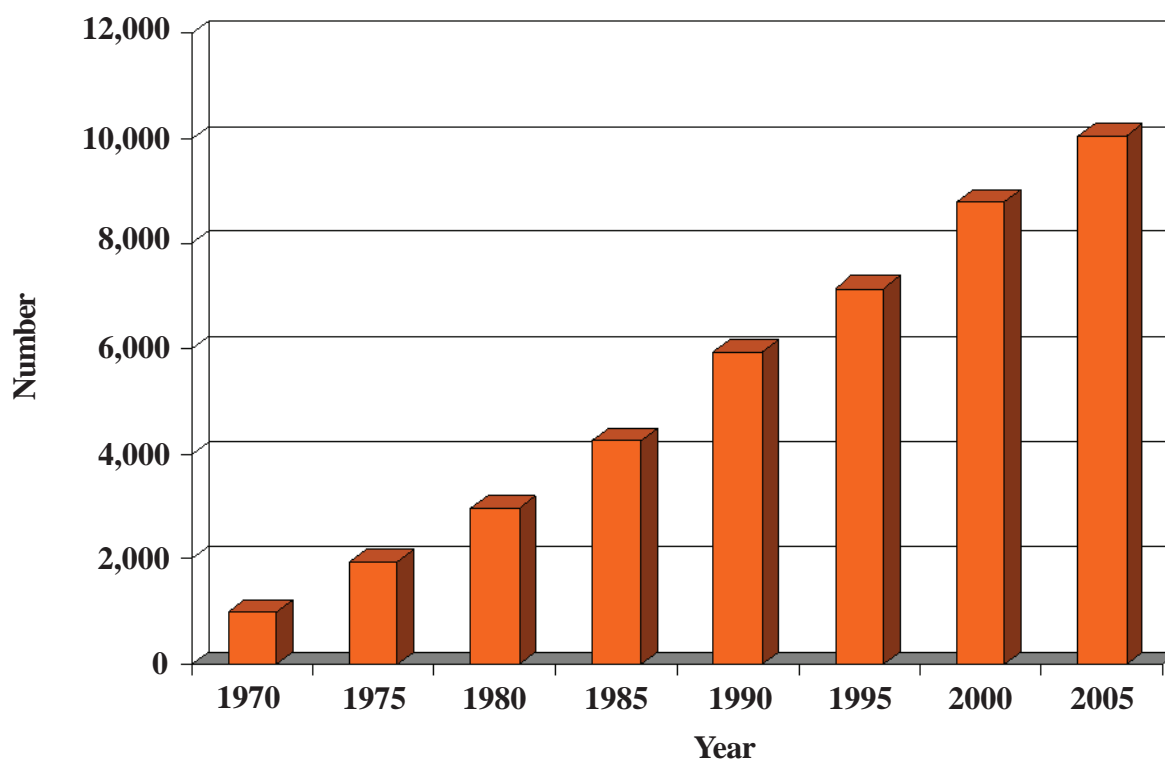
Insurance*	Children (%)	Adults (%)
No Insurance	2.1	5.9
Private/HMO	61.9	64.7
Medicaid/State	45.8	32.1
Federal/CHAMPUS	3.1	11.3

\*Data are not mutually exclusive, as people with CF may have more than one type of insurance.

### Adults With CF

In 1990, about 30 percent of people in the Patient Registry were age 18 or older. In 2005, 43 percent of people with CF in the Patient Registry were adults, and that number continues to grow.

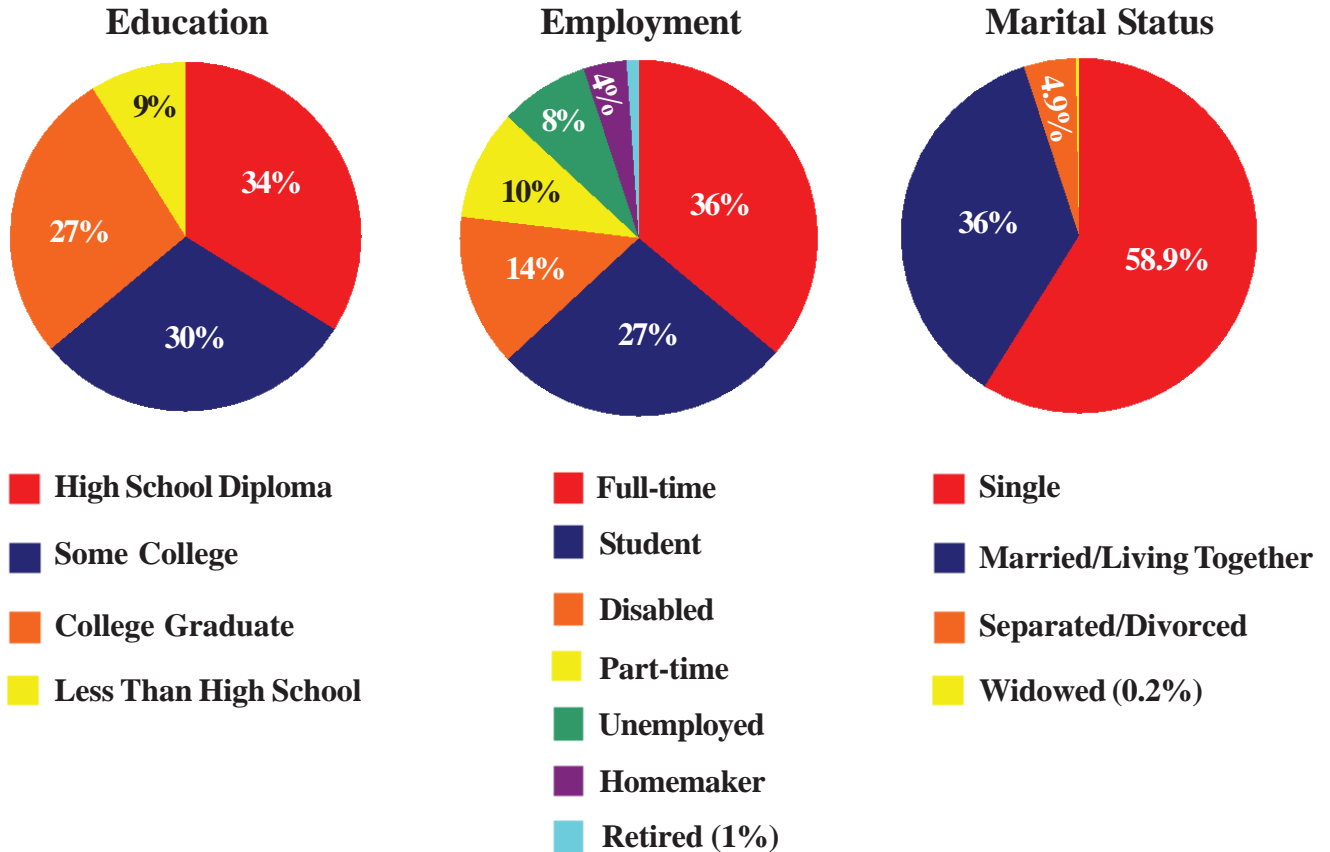
**Number of Adults With CF**



Because of the growing number of adults with CF, the CF Foundation brought together experts in CF and adult medicine and developed guidelines for the care of adults with CF. The CF Foundation also mandated the development of adult care programs. It is important to help teens transition from dependence on their parents or another adult to independence and the ability to take charge or manage their own health.

## Cystic Fibrosis Foundation Patient Registry: Annual Data Report 2005

Data from the Patient Registry show some facts about adults with CF. As you can see, they lead busy and productive lives while dealing with CF. It is important for adults with CF to partner with their care centers and find the best way to deal with the healthcare demands of the disease, while pursuing their life goals.



### CF and Pregnancy

Many adults with CF wish to have children. In the 1980s, it was thought to be too risky for a woman with CF to get pregnant. Now, thanks to improvements in survival and research done with Patient Registry data, CF care centers can give better advice about the risks of pregnancy. In 2005, the Patient Registry reported that 196 women with CF were pregnant. Ask your care center and visit the CF Foundation's Web site ([www.cff.org](http://www.cff.org)) to learn what to consider before getting pregnant.

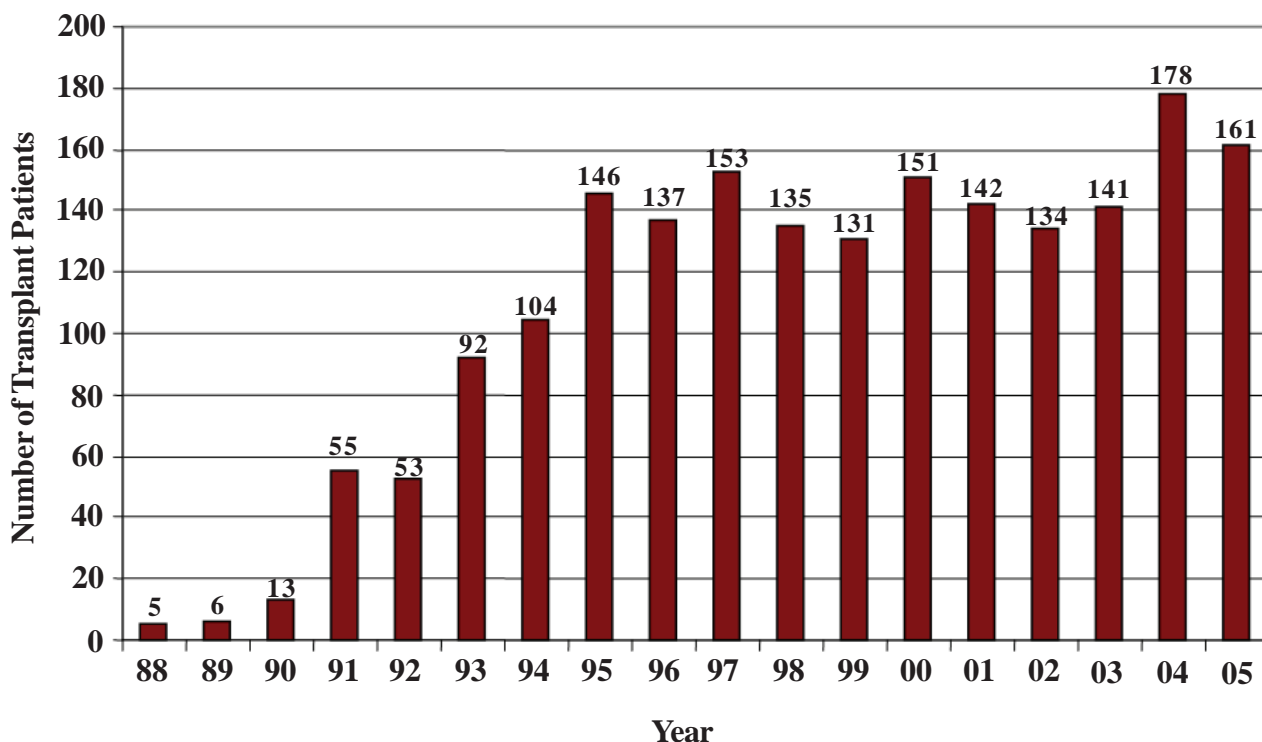
Also, with advances in fertility medicine, more men with CF are able to father children than ever before.

## Transplantation and End-of-Life Care

**Goal 7: Everyone with CF will be supported by their CF care center when making decisions about transplantation and end-of-life care.**

Having severe lung disease often leads people with CF to think about a lung transplant. Unfortunately, a lung transplant is very risky and the supply of good lungs for transplant is limited. It is important to understand who can benefit from this procedure and when is the best time to pursue it. The Patient Registry data have been used to help identify who is most likely to benefit from a transplant. The national formula used to decide who is listed first to get donor lungs changed in Spring 2005. The CF Foundation will be monitoring how these changes will affect people with CF. It is believed that this new formula will help people with CF who are waiting for transplantation get lungs as soon as they are needed. To learn more about lung transplants and organ donation, visit the CF Foundation's Web site at [www.cff.org](http://www.cff.org).

**Number of People With CF Who Received Lung Transplants, 1988 to 2005**



## Who Are the CF Patients in the Patient Registry — A Summary of the 2005 Data.

CF patients (number)	23,347	Median BMI percentile for patients 2-20 years* (%)	44.8
Newly diagnosed patients in 2005 (number)	799	Median BMI for patients $\geq$ 21 years* (%)	21.1
Age at diagnosis (median)	6 months	Respiratory cultures positive for (%)	
Age range	0 to 74 years	<i>P. aeruginosa</i>	56.4
Total number of deaths	360	<i>B. cepacia</i> complex	3.1
Predicted median survival	36.5 years	<i>S. aureus</i>	51.8
Patients 18 years and older (%)	43.0	<i>S. maltophilia</i>	12.3
Race/Ethnicity (%)		<i>MRSA</i>	17.2
Caucasian	94.7	Complications (%)	
Hispanic (black or white)	6.9	Diabetes (CFRD)/glucose intolerance	14.3
African American	4.0	Bone disease (patients $\geq$ 18 years)	13.7
Males (%)	52.0	Liver disease	9.4
Genotyped (%)	84.8	Nasal polyps requiring surgery	4.4
Home therapy (%)		Transplants (numbers)	
IV antibiotics	21.1	Lung:	
Oxygen	6.1	Bilateral	154
Supplemental feeding – tube	9.9	Lobar-cadaveric	7
oral only	36.5	Lobar-living related donor	1
Taking pancreatic enzyme supplements (%)	90.8	Liver:	11
Clinical trial participation (number)	1,694	Therapies**	
FEV <sub>1</sub> % predicted (mean)	75.7	TOBI® (tobramycin)	57.9
		Pulmozyme® (rhDNase)	69.8
		Ibuprofen	5.1
		Zithromax® (azithromycin)	53.6
		Total pregnancies among women aged 13 to 45 (number)	196
		Live births (per 100 women age 13 to 45)	1.9

\*The Centers for Disease Control and Prevention have calculators for Body Mass Index (BMI). The national goal for children with CF ages 2-20 years is 50th BMI percentile. For adults with CF the national goal for weight is a BMI of 23 for males and 22 for females. For more information see [www.cdc.gov/nccdphp/dnpa/bmi/index.htm](http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm).

\*\*This is the percentage of patients who are eligible for a therapy and had it prescribed at least once in 2005.

**Number of Patients by State in the CF Patient Registry**

<u>State</u>	<u>Number</u>	<u>Percent</u>	<u>State</u>	<u>Number</u>	<u>Percent</u>
Alabama	364	1.6	Nebraska	201	0.9
Alaska	54	0.2	Nevada	135	0.6
Arizona	330	1.4	New Hampshire	158	0.7
Arkansas	210	0.9	New Jersey	559	2.4
California	1,897	8.1	New Mexico	93	0.4
Colorado	449	1.9	New York	1,506	6.5
Connecticut	304	1.3	North Carolina	705	3.0
Delaware	43	0.2	North Dakota	55	0.2
District of Columbia	18	0.1	Ohio	1,275	5.5
Florida	1,109	4.8	Oklahoma	253	1.1
Georgia	691	3.0	Oregon	272	1.2
Hawaii	13	<0.1	Pennsylvania	1,258	5.4
Idaho	148	0.6	Puerto Rico	38	0.2
Illinois	915	3.9	Rhode Island	97	0.4
Indiana	549	2.4	South Carolina	323	1.4
Iowa	287	1.2	South Dakota	92	0.4
Kansas	259	1.1	Tennessee	467	2.0
Kentucky	431	1.8	Texas	1,362	5.8
Louisiana	260	1.1	Utah	276	1.2
Maine	190	0.8	Vermont	115	0.5
Maryland	445	1.9	Virgin Islands	1	0.0
Massachusetts	808	3.5	Virginia	675	2.9
Michigan	877	3.8	Washington	535	2.3
Minnesota	490	2.1	West Virginia	171	0.7
Mississippi	215	0.9	Wisconsin	591	2.5
Missouri	595	2.5	Wyoming	48	0.2
Montana	102	0.4	Foreign	33	0.1



