

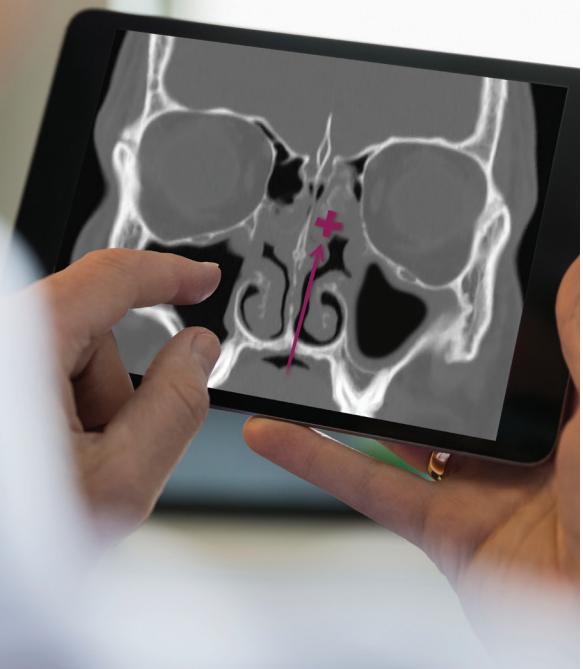
ARMED WITH PROPEL



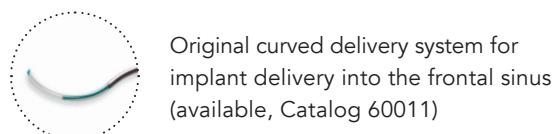
Advancing your sinus surgery arsenal

PROPEL MINI: NOW AVAILABLE WITH THE STRAIGHT DELIVERY SYSTEM

DESIGNED WITH YOUR FEEDBACK IN MIND
to help you select the right PROPEL product at the right time, for the right patient. Specifically engineered for precise, consistent, and easy delivery of the PROPEL Mini implant into the ethmoid sinus.



PROPEL Mini Straight Delivery System for the Ethmoid Sinus



Benefits

- + Optimized delivery of PROPEL Mini to the ethmoid sinus
- + Precise PROPEL Mini placement for maximum tissue apposition
- + Designed with overall procedure time and ease of use in mind

Attributes

- + PROPEL Mini and Straight Delivery System all in one box
- + Ergonomically designed for use by any trained ENT



PROPEL Mini Straight Delivery System

Catalog # 60044

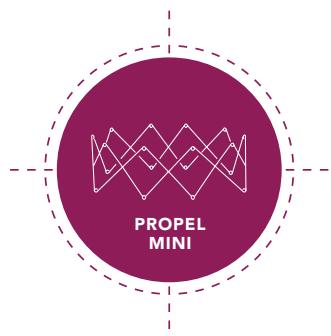
Customer Service

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Intersect ENT's PROPEL products offer physicians the ability to customize the treatment of patients' disease and anatomy to improve the outcomes of sinus surgery.

Please see the back page for indication and selected safety information.





PROPEL Mini features an innovative 2-in-1 mechanism that opens the sinuses while delivering mometasone furoate directly where it is needed, improving outcomes of both frontal and ethmoid sinus surgeries.¹

Add PROPEL to Ethmoid Sinus Surgery for Improved Outcomes: SUPPORTED BY LEVEL 1-A EVIDENCE²

PROPEL Mini is a smaller version, 16 mm in length, of the original 23-mm PROPEL sinus implant. The efficacy and safety profile of PROPEL as an enhancement to ethmoid sinus surgery was established in 143 patients across two randomized, double-blind, intra-patient controlled clinical trials relative to a non-drug implant on the contralateral sinus. The trials for PROPEL included patients with chronic rhinosinusitis undergoing primary or revision endoscopic sinus surgery for the treatment of ethmoid sinus disease refractory to medical management.^{1,2}

Significant reduction in efficacy endpoints, as compared to a non-drug implant, at 30 days following ethmoid sinus surgery^{2*}

35%

(32.8% vs 50.8%; P=0.0008)
Reduction in the need for postoperative interventions^{††}

51% reduction in the need for surgical intervention
(14.2% vs 29.1%; P=0.0016)^{‡§}

46% reduction in frank polyposis
(19.8% vs 36.9%; P<0.0001)^{‡§}

75% reduction in middle turbinate lateralization
(2.1% vs 8.4%; P=0.0225)^{§||}

Patients with and without polyps experienced significant reductions in the need for postoperative interventions vs a non-drug implant.*†

36% Polyps

(n=91)
(32.5% vs 50.6%; P=0.0071)

35% No Polyps

(n=52)
(33.3% vs 51.1%; P=0.0455)

*Percentages represent relative change, calculated as the percentage difference between PROPEL and non-drug implant groups divided by the percentage of the non-drug implant group.

†Composite endpoint that included surgical intervention required to separate an adhesion and/or oral steroid intervention to resolve recurrent ethmoid sinus inflammation, edema, and/or polyp recurrence.

‡Judged by independent panel.

§P-values were not adjusted for multiplicity.

||Judged by onsite clinical investigators.

††In a subgroup analysis of the need for postoperative intervention endpoint.

The PROPEL sinus implants are indicated to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age after sinus surgery: PROPEL for the ethmoid sinus, PROPEL Mini for the ethmoid sinus/frontal sinus opening, and PROPEL Contour for the frontal/maxillary sinus ostia. Contraindications include patients with intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers. Safety and effectiveness of the implant in pregnant or nursing females have not been studied. Risks may include, but are not limited to, pain/pressure, displacement of the implant, possible side effects of intranasal MF, sinusitis, epistaxis, and infection. For full prescribing information see IFU at www.IntersectENT.com/technologies/. Rx only.

References: 1. PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. 2. Han JK, Marple BF, Smith TL, et al. *Int Forum Allergy Rhinol.* 2012;2(4):271-279.