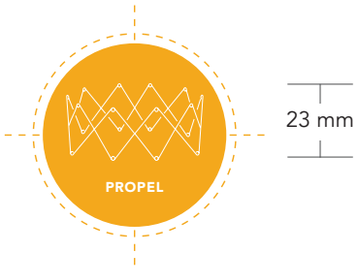
ARMED WITH PROPEL

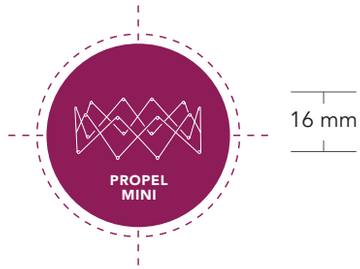
PROPEL®
MOMETASONE FUROATE SINUS IMPLANTS

YOUR ACTION PLAN FOR
ETHMOID SINUS

Factors to consider when selecting your PROPEL tool of choice[1,2]



- Cylindrical-shaped implant
- Indicated for the ethmoid sinuses



- Cylindrical-shaped implant
- Indicated for ethmoid sinus and the frontal sinus ostia

Patients appropriate for PROPEL and PROPEL Mini

- ≥18 years of age[1,2]
- With and without polyps[3]
- Undergoing primary or revision ethmoid sinus surgery[3]

PROPEL and PROPEL Mini are available with a Straight Delivery System for ease of placement in the ethmoid cavity

PROVEN SUCCESS: PROPEL is the only sinus surgery implant clinically proven and supported by Level 1-A evidence to significantly improve outcomes of ethmoid sinus surgery[3]

EFFICACY ENDPOINTS

Delivers significant reduction in the need for postoperative interventions[3]

35% RELATIVE REDUCTION (N=143)

PROPEL reduced the **need for postoperative interventions** vs a non-drug implant, at 30 days following ethmoid sinus surgery (32.8% vs 50.8%; *P*=0.0008)*†

36% RELATIVE REDUCTION (n=91)

With Polyps: (32.5% vs 50.6%; *P*=0.0071)

35% RELATIVE REDUCTION (n=52)

Without Polyps: (33.3% vs 51.1%; *P*=0.0455)

In a **subgroup analysis**, proven efficacious regardless of polyp status

CRS, chronic rhinosinusitis.
*Postoperative intervention was a 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.[3]
†Judged by independent panel.

Study Design: Data presented here represent a meta-analysis of two prospective, randomized, double-blinded multicenter studies (Pilot and ADVANCE II) that enrolled a total of 143 patients. The studies evaluated outcomes of ethmoid sinus surgery with PROPEL compared to a non-drug implant, both with standard postoperative care. The studies used an intra-patient control design to evaluate clinical outcomes.[3]

For more information, visit PROPELOpens.com

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PROPEL® mini MOMETASONE FUROATE IMPLANT

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PROPEL delivers added benefits to patients undergoing ethmoid sinus surgery

ADDITIONAL EFFICACY ENDPOINTS

Relative reductions at Day 30 for PROPEL vs non-drug implant[3]*

- **40% REDUCTION** — **NEED FOR ORAL STEROIDS**† (22.1% vs 37.2%; *P*=0.0023; n=113)
- **46% REDUCTION** — **FRANK POLYPOSIS**† (19.8% vs 36.9%; *P*<0.0001; n=111)
- **70% REDUCTION** — **SIGNIFICANT ADHESIONS**‡ (4.2% vs 14.1%; *P*=0.0013; n=142)
- **75% REDUCTION** — **MIDDLE TURBINATE LATERALIZATION**‡ (2.1% vs 8.4%; *P*=0.0225; n=143)

PROPEL positively impacts patients' symptoms[1]

6 mos

Surgery + PROPEL significantly reduced patient-reported disease symptoms through **6 months** following sinus surgery, as reported by SNOT-22 and RSDI[1§]

For significant improvements to patient outcomes following sinus surgery, add PROPEL to your battle for the ethmoid sinus

Optimal treatment following ethmoid sinus surgery with a full arsenal of options, including PROPEL and PROPEL Mini, can help improve patient outcomes.

RSDI, Rhinosinusitis Disability Index; SNOT-22, Sino-Nasal Outcome Test-22.
**P*-values for secondary endpoints were not adjusted for multiplicity. N-values reflect evaluable patients. †Judged by independent panel. ‡Judged by on-site clinical investigators. §SNOT-22 evaluates rhinologic, extra-nasal rhinologic, ear/facial, psychological dysfunction and sleep dysfunction symptoms.[4] RSDI evaluates physical, functional, and emotional symptoms.[5] ‖Representative outcomes in contralateral sinuses of a single patient from a PROPEL clinical study. Individual results may vary.

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 [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2013. **2.** PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. **3.** Han JK, Marple BF, Smith TL, et al. Effect of steroid-releasing sinus implants on postoperative medical and surgical interventions: an efficacy meta-analysis. *Int Forum Allergy Rhinol*. 2012;2(4):271-279. **4.** Deconde AS, Bodner TE, Mace JC, Smith TL. Response shift in quality of life after endoscopic sinus surgery for chronic rhinosinusitis. *JAMA Otolaryngol Head Neck Surg*. 2014;140(8):712-719. **5.** Benninger MS, Senior BA. The development of the Rhinosinusitis Disability Index. *Arch Otolaryngol Head Neck Surg*. 1997;123(11):1175-1179.

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PROPEL® mini MOMETASONE FUROATE IMPLANT

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