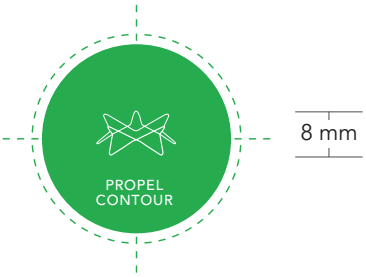
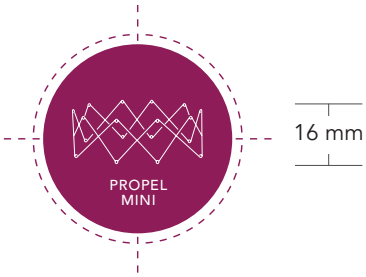
YOUR ACTION PLAN FOR FRONTAL SINUS

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



- Hourglass-shaped implant
- Indicated for the frontal and/or maxillary sinus ostia
- Optimal for an hourglass-shaped frontal sinus opening



- Cylindrical-shaped implant
- Indicated for ethmoid sinus and the frontal sinus recess
- Optimal for cylindrical-shaped frontal sinus openings

Patients appropriate for PROPEL Contour or PROPEL Mini

- ≥18 years of age[1,2]
- With and without polyps[3,4]
- Undergoing primary or revision surgery[3,4]
- Frontal sinus surgery by traditional instrumentation, balloon dilation, or a hybrid of both[3,4]

PROPEL Contour (top) and PROPEL Mini (bottom) delivery systems

PROVEN SUCCESS: PROPEL Contour and PROPEL Mini are clinically proven to improve outcomes of frontal sinus surgery[3,4]

PRIMARY ENDPOINT

PROPEL Contour and PROPEL Mini deliver significant reduction in the **need for postoperative interventions** at 30 days following frontal sinus surgery, vs surgery alone[1,2]

PROPEL CONTOUR: 65% RELATIVE REDUCTION (11.5% vs 32.8%; *P*=0.0023; N=80)*†

PROPEL MINI: 38% RELATIVE REDUCTION (38.8% vs 62.7%; *P*=0.0070; N=80)*†

DAY 90

The relative reduction in occlusion/restonosis was maintained through Day 90, as per clinical investigators, for PROPEL Contour[4]

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 frontal sinus inflammation, edema, and/or polyp recurrence.
†Judged by independent reviewer.

Study Design: The PROGRESS study was a 160-patient prospective, randomized, controlled, blinded clinical trial with two consecutive cohorts. The study evaluated outcomes of frontal sinus surgery (using balloons and/or traditional instruments) with PROPEL Mini (N=80) and PROPEL Contour (N=80) compared to surgery alone, both with standard postoperative care. The study used an intra-patient control design to evaluate clinical outcomes. Implants were removed at Day 21 to facilitate blinded independent assessment at Day 30.[3,4]

For more information, visit PROPELOpens.com

PROPEL® contour
MOMETASONE FUROATE IMPLANT

PROPEL® mini
MOMETASONE FUROATE IMPLANT

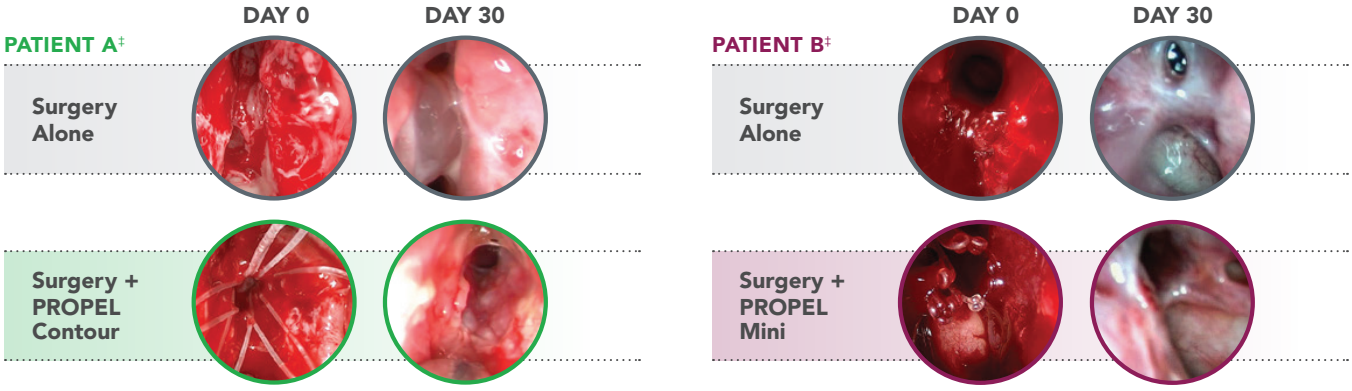
PROPEL Contour and PROPEL Mini deliver added benefits to patients undergoing frontal sinus surgery[3,4]

SECONDARY ENDPOINTS

Relative improvements at Day 30 for PROPEL Contour or PROPEL Mini vs surgery alone[1,3,4*]

	+PROPEL Contour[4]	+PROPEL Mini[1,3]
Need for surgical interventions	**73%** reduction	**75%** reduction
Need for oral steroids[†]	**35%** reduction	**56%** reduction
Mean inflammation	**35%** reduction	**40%** reduction
Occlusion/restenosis	**63%** reduction	**54%** reduction
Mean FSO diameter	**43%** increase	**32%** increase

For significant improvements to patient outcomes following sinus surgery, add PROPEL Contour and PROPEL Mini to your battle for the frontal sinus



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

FSO, frontal sinus ostia.
*Judged by on-site clinical investigators.
†PROGRESS Contour secondary endpoints were prespecified. All secondary endpoints for PROPEL Mini and PROPEL Contour reached statistical significance, except for the need for oral steroids in the PROPEL Contour cohort.
‡Representative outcomes in contralateral sinuses of two patients from the PROPEL clinical studies. 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 Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. **2.** PROPEL Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2016. **3.** Smith TL, Singh A, Luong A, et al. Randomized controlled trial of a bioabsorbable steroid-releasing implant in the frontal sinus opening. *Laryngoscope*. 2016;126(12):2659-2664. **4.** Data on file, Intersect ENT, Inc. PROGRESS CSR R-28020 Rev 4.0 December 28, 2016.

PROPEL® contour MOMETASONE FUROATE IMPLANT

PROPEL® mini MOMETASONE FUROATE IMPLANT