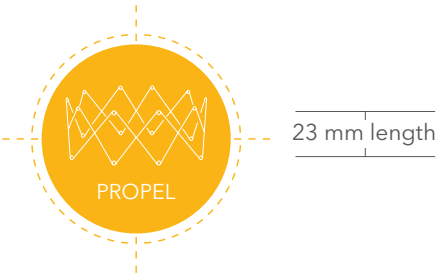
Medtronic

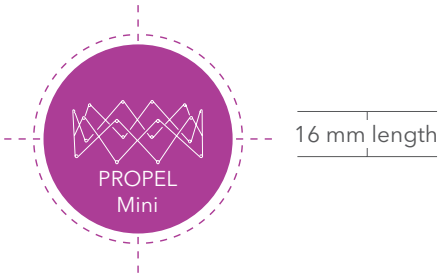
PROPEL™ mometasone furoate sinus implants

Your action plan for ethmoid sinus

Factors to consider when selecting your PROPEL™ product of choice



- Cylindrical-shaped implant
- Indicated for the ethmoid sinuses



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

PROPEL and PROPEL Mini sinus implants are available with a straight delivery system for ease of placement in the ethmoid cavity

Patients appropriate for PROPEL and PROPEL Mini sinus implants

- ≥18 years of age[1,2]
- With and without polyps[3]
- Undergoing primary or revision ethmoid sinus surgery[3]
- Contraindications include patients with confirmed hypersensitivity or intolerance to mometasone furoate (MF) or hypersensitivity to bioabsorbable polymers.

Proven success

PROPEL™ sinus implant is the first 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=128)

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

36%
relative reduction‡ (n=91)

With polyps: (32.5% vs 50.6%)

35%
relative reduction‡ (n=52)

Without polyps: (33.3% vs 51.1%)

PROPEL sinus implant delivered significant reductions, regardless of nasal polyps, compared to a non-drug implant

* Post-operative interventions is a composite endpoint of need for surgical interventions to separate adhesions and/or need to prescribe oral steroids for inflammation.[3]
† Judged by independent panel.
‡ Calculated as (T-C)/C as part of adhoc analysis.

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]

PROPEL sinus implant delivers added benefits to patients undergoing ethmoid sinus surgery

Additional efficacy endpoints

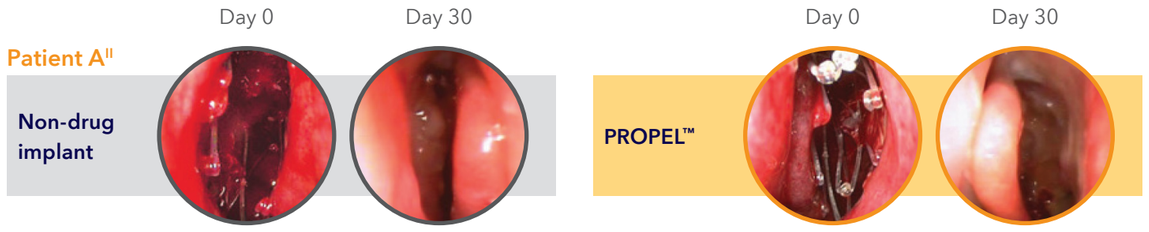
Relative reductions¶ at Day 30 for PROPEL implant vs non-drug implant[3*]

+PROPEL™	
40% reduction	**Need for oral steroids‡** (22.1% Vs 37.2%; N=113)
46% reduction	**Frank polyposis†** (19.8% Vs 36.9%; N=111)
70% reduction	**Significant adhesions‡** (4.2% Vs 14.1%; N=142)
75% reduction	**Middle turbinate lateralization‡** (2.1% Vs 8.4%; N=143)

PROPEL sinus implant positively impacts patients' symptoms[1]

Surgery + PROPEL implant 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 sinus implant to your battle for the ethmoid sinus



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

II Representative outcomes in contralateral sinuses of a single patient from a PROPEL clinical study. Individual results may vary.

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]
¶ Calculated as (T-C)/C as part of adhoc analysis.

Indications, contraindications, and precautions

The PROPEL™ sinus implants are intended to maintain patency and locally deliver steroid to the sinus mucosa in patients ≥18 years of age following sinus surgery: PROPEL implant for the ethmoid sinus, PROPEL Mini implant for the ethmoid sinus/frontal sinus opening, and PROPEL Contour implant for the frontal/maxillary sinus ostia. Contraindications include patients with confirmed hypersensitivity or 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; 2020.
2. PROPEL Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT; 2020.
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.

For more information, visit **PROPELOpens.com**.

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MPM-11529 Rev 3.0