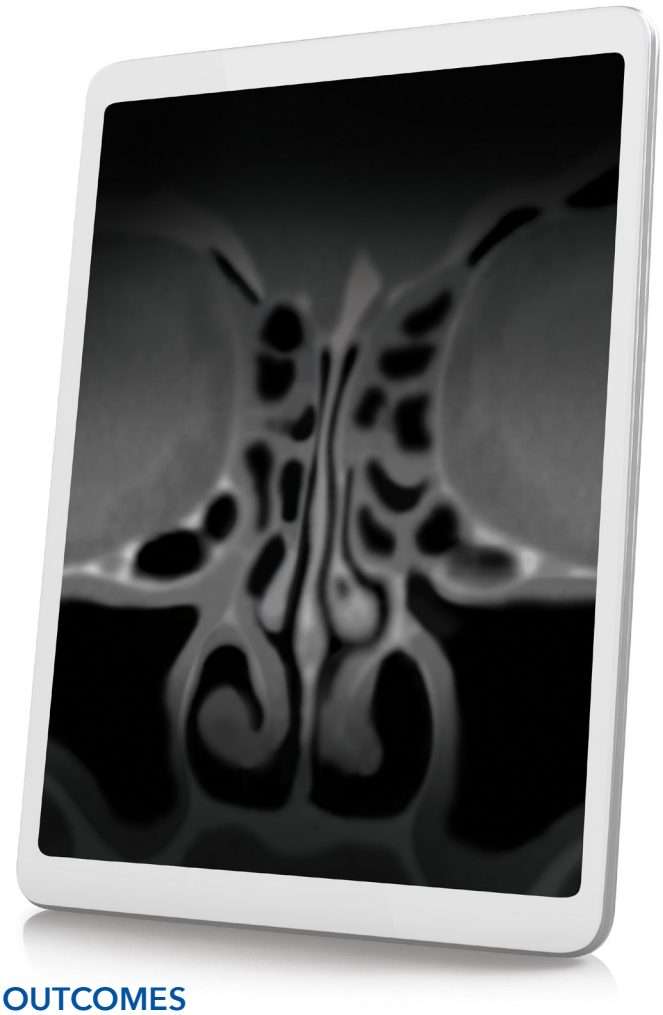
Medtronic

How do you help provide improved outcomes across multiple sinus patient types?

Add **PROPEL™** mometasone furoate sinus implants to your action plan

Inflammation related to chronic rhinosinusitis (CRS) is difficult to predict

Sinus surgery contributes to inflammation due to the body's natural response to injury



Inflammation due to the underlying CRS disease and sinus surgery may pose a number of challenges for your patients[1,2]:

- Scarring or stenosis of surgical site
- Recurrent inflammation and polyposis
- Inadequate delivery of topical therapy

These challenges may keep your patients from optimal sinus surgery outcomes and can lead to the need for postoperative intervention

YOUR PATIENT + PROPEL IMPLANT = IMPROVED OUTCOMES

Explore how the PROPEL family of implants can treat different sinus patient types at **PROPELOpens.com**

Take action across multiple sinus patient types

Patients with and without polyps

PROPEL™ mometasone furoate sinus implants significantly benefited patients with and without polyps[3*]

↓ 35%

relative reduction† in the need for postoperative intervention in patients **without polyps** (33.3% vs 51.1%; P=0.0455; n=52)

↓ 36%

relative reduction† in the need for postoperative intervention in patients **with polyps** (32.5% vs 50.6%; n=91)

Patients with balloon, traditional, or hybrid surgery

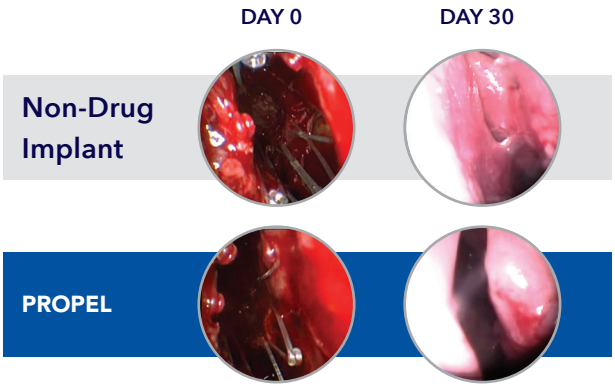
PROPEL Contour implant patient breakdown[4‡]:

In the PROGRESS study, PROPEL Contour implants demonstrated a 63% relative reduction in occlusion/restenosis

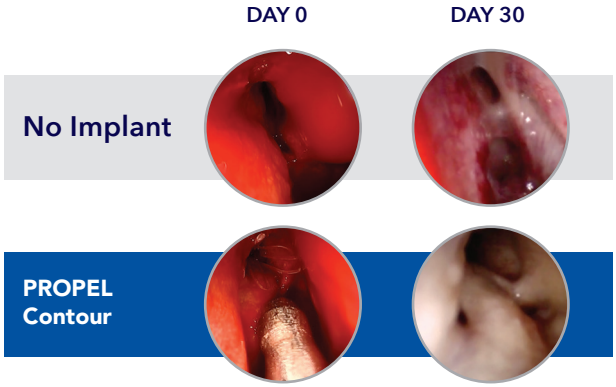
- 19% Balloon dilation only
- 53% Traditional surgery
- 29% Combination of the two

In the subset of patients that received balloon dilation alone, the **PROPEL Contour group had a 7.3 mm frontal sinus ostia vs 5.1 mm in the control group** without PROPEL Contour at Day 30

Example of a non-polyp patient§



Example of a BALLOON-ONLY patient§



*PROPEL study design: Meta-analysis of two prospective, randomized, double-blinded multicenter studies (Pilot and ADVANCE II) that enrolled 143 patients.

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

‡PROPEL Contour study design: Randomized, controlled, double-blinded clinical trial (PROGRESS study) that enrolled 80 patients.

§Representative examples of outcomes from bilateral sinuses in a single patient from clinical studies for PROPEL or PROPEL Contour. Individual results may vary.

Patients with primary or revision surgery

PROPEL, PROPEL Mini, and PROPEL Contour implants were studied in patients that underwent primary or revision surgery[3-5]

- Propel Contour: **49% of the patients** underwent **primary surgery** and the remainder underwent revision surgery[4]

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 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. Otto KJ, et al. *Am J Otolaryngol*. 2010;31(3):175-180.
2. Ramadan HH, et al. *Laryngoscope*. 1999;109(1):27-29.
3. Han JK, et al. *Int Forum Allergy Rhinol*. 2012;2(4):271-279.
4. Luong A, et al. *JAMA Otolaryngology-Head & Neck Surgery*. 2018;144(1):28-35.
5. Smith TL, et al. *Laryngoscope*. 2016;126:2659-2664.

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