INDICATION
SINUVA Sinus Implant is a corticosteroid-eluting (mometasone furoate) implant indicated for the treatment of nasal polyps, in patients ≥ 18 years of age who have had ethmoid sinus surgery.

IMPORTANT SAFETY INFORMATION
CONTRAINDICATIONS
Patients with known hypersensitivity to mometasone furoate and any of the ingredients of the SINUVA Sinus Implant.

Please see accompanying Full Prescribing Information for SINUVA or at SINUVA.com/hcp.
A phase 3 clinical trial of mometasone furoate sinus implants for patients with nasal polyps

Objective
To evaluate the efficacy and safety of in-office bilateral placement of SINUVA, a bioabsorbable corticosteroid-eluting sinus implant containing mometasone furoate, vs mometasone furoate nasal spray alone in patients ≥ 18 years of age with nasal polyps and a history of ethmoid sinus surgery.

Endpoints
Co-primary efficacy:
• Change from baseline to Day 90 in bilateral polyp grade, as determined by an independent blinded panel on a scale of 0-8 with each side grading from 0 (no visible nasal polyps) to 4 (nasal polyps completely obstructing nasal cavity)
• Change from baseline to Day 30 in nasal obstruction/congestion score, as determined by eDiary, on a scale of 0 (no symptoms) to 3 (severe symptoms)

Secondary efficacy endpoints*:
• Proportion of patients still indicated for repeat endoscopic sinus surgery (ESS) at Day 90 based on clinical investigator assessment using study-specific criteria
• Change from baseline to Day 90 in nasal obstruction/congestion score, as determined by patients, on a scale of 0 (no symptoms) to 3 (severe symptoms)
• Change in percent ethmoid sinus obstruction at Day 90, as determined by the independent, blinded panel on a 100-mm visual analogue scale
• Decreased sense of smell score change from baseline to Day 90, as determined by patients on a six point Likert scale of 0 (absent) to 5 (very severe)
• Decreased facial pain/pressure score change from baseline to Day 90, as determined by patients on a 6-point Likert scale of 0 (absent) to 5 (very severe)

Methods
Study design:
• Randomized, controlled, double-blind, multicenter study with 300 patients followed for 90 days

Study population:
• ≥ 18 years of age
• Diagnosed with chronic sinusitis
• Had undergone prior bilateral total ethmoidectomy
• Indicated for revision ESS
• Presented with moderate to severe nasal obstruction/congestion symptoms and recurrent bilateral sinus obstruction due to sinonasal polyposis despite the use of intranasal corticosteroid sprays and recent high dose steroids

Treatment:
• 201 patients were randomized to the SINUVA treatment arm where they underwent bilateral placement of the SINUVA in the ethmoid sinuses
• 99 patients were randomized to the control arm where they received a sham procedure
• Patients in both study arms received once daily mometasone furoate nasal spray (200 µg) through Day 90

*P-values for secondary endpoints were prespecified and adjusted for multiplicity.
Results

In RESOLVE II (n=300), SINUVA patients experienced statistically significant reductions in bilateral polyp grade and nasal obstruction/congestion score.1,2

- 74% relative improvement in bilateral polyp grade from baseline to Day 90 compared to once daily mometasone furoate nasal spray alone.1,2

\[
\text{Mean change (SD) for SINUVA: }-0.56 (1.06) \text{ vs } -0.15 (0.91)\text{ with control (}P=0.0073\text{)}^{1-3}
\]

- 30% relative improvement in nasal obstruction/congestion score from baseline to Day 30 compared to once daily mometasone furoate nasal spray alone.1,2

\[
\text{Mean change (SD) for SINUVA: }-0.80 (0.73) \text{ vs } -0.56 (0.62)\text{ with control (}P=0.0074\text{)}^{1-3}
\]

Reduced eligibility for repeat surgery at Day 90

- SINUVA placement resulted in a 61% reduction in the proportion of patients still indicated for repeat ESS vs 37% in the mometasone furoate nasal–spray-only control arm at Day 90 (\(P=0.0004\)).1,2

Delivered up to 90 days of sustained symptom relief

- Patients treated with SINUVA experienced sustained symptomatic improvements in nasal obstruction/congestion at Day 90.1

\[
\text{Mean change (SD) for SINUVA: }-0.93 (0.80) \text{ vs } -0.69 (0.79)\text{ with control (}P=0.0248\text{)}^{1}
\]

Significantly reduced sinus obstruction

- Patients treated with SINUVA had a significantly greater decrease in percent ethmoid sinus obstruction at Day 90.1

\[
\text{Mean change (SD) for SINUVA: }-11.3 (18.1) \text{ vs } -1.9 (14.4)\text{ with control (}P=0.0007\text{)}^{1}
\]

Improved patients’ sense of smell

- Patients treated with SINUVA experienced a significant improvement in their self-reported sense of smell score at Day 90 on a six-point Likert scale.1

\[
\text{Mean change (SD) for SINUVA: }-1.20 (1.66) \text{ vs } -0.76 (1.60)\text{ with control (}P=0.0470\text{)}^{1}
\]

Patients treated with SINUVA did not experience a significant improvement in their self-reported facial pain/pressure score at Day 90. The mean change (SD) for SINUVA was –0.77 (1.21) vs –0.90 (1.27) with control (\(P=0.9130\)).

SD, standard deviation.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

Local Effects: Monitor nasal mucosa adjacent to the SINUVA Sinus Implant for any signs of bleeding (epistaxis), irritation, infection, or perforation. Avoid use in patients with nasal ulcers or trauma.

Please see accompanying Full Prescribing Information for SINUVA or at SINUVA.com/hcp.
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Ocular Effects: Monitor patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts closely.

Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.

Immunosuppression: Persons who are using drugs that suppress the immune system are more susceptible to infections than healthy individuals. Corticosteroids should be used with caution, if at all, in patients with active or quiescent tuberculosis infection of the respiratory tract; untreated systemic fungal, bacterial, viral, or parasitic infections; or ocular herpes simplex.

Hypercorticism and Adrenal Suppression: If corticosteroid effects such as hypercorticism and adrenal suppression appear in patients, consider sinus implant removal.

ADVERSE REACTIONS

The most common adverse reactions observed (> 1% of subjects and that occurred more frequently in the treatment group compared to control) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

POSTMARKETING EXPERIENCE

The following adverse reactions have been identified during post-approval use of the SINUVA sinus implant. These events include implant migration, lack of efficacy, nasal pain, headache, epistaxis.

Rx only. Please see accompanying Full Prescribing Information for SINUVA or at SINUVA.com/hcp


For more information, visit SINUVA.com/hcp

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