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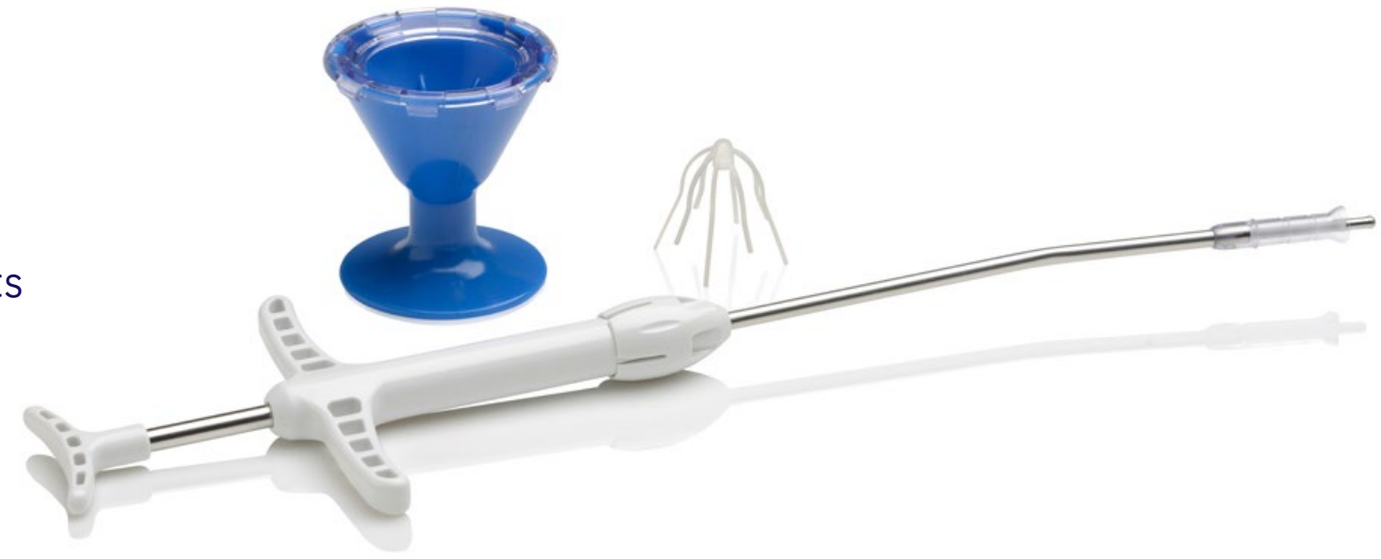
Engineering the extraordinary

SINUVA™ (mometasone furoate) sinus implant

RESOLVE II phase 3 clinical trial

Mometasone furoate sinus implants for patients with chronic rhinosinusitis with nasal polyps



INDICATION

SINUVA™ sinus implant is a corticosteroid-eluting implant indicated for the treatment of chronic rhinosinusitis with nasal polyps in adult 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 additional important safety information on the following page.

A phase 3 clinical trial of mometasone furoate sinus implants for patients with CRSwNP

Objective

To evaluate the efficacy and safety of in-office bilateral placement of SINUVA™ (mometasone furoate) sinus implant, 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[1]

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)[1]
- 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)[1]

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[1]
- 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)[1]
- Change in percent ethmoid sinus obstruction at Day 90, as determined by the independent, blinded panel on a 100-mm visual analogue scale[1]
- 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)[1]
- 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)[1]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS

Local Nasal Adverse Reactions: 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 additional important safety information on the following page.

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™ (mometasone furoate) sinus implant, 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[1]

Methods

Study design:

Randomized, controlled, double-blind, multicenter study with 300 patients followed for 90 days[1]

Study population:

- ≥ 18 years of age
- Diagnosed with CRS
- 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 cortico-steroid 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

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Glaucoma and Cataracts: Nasal steroids may result in development of glaucoma and/or cataracts. Glaucoma, cataracts, and clinically significant elevation of intraocular pressure were not observed in patients from the treatment group of one randomized controlled clinical study (N = 53) who underwent bilateral placement of SINUVA™ sinus implants. Close monitoring is warranted in patients with a change in vision or with a history of increased intraocular pressure, glaucoma, and/or cataracts.

Please see additional important safety information on the following page.

Discover the path to improvement

Co-primary efficacy outcomes[†,‡,§,1,3]

In RESOLVE II (n=300), SINUVA™ (mometasone furoate) sinus implant patients experienced statistically significant reductions in bilateral polyp grade and nasal obstruction/congestion score

2.3x improvement[§] in bilateral polyp grade

from baseline to day 90 compared to once-daily mometasone furoate nasal spray alone

Mean change (SD) for SINUVA™ implant –0.56 (1.06) vs. –0.15 (0.91) with control, mean group difference (95% CI) - 0.35 (-0.60, -0.09); (*P*=0.0073)[1,3]

Significant improvement[§] in nasal obstruction/congestion score

from baseline to day 30 compared to once-daily mometasone furoate nasal spray alone

Mean change (SD) for SINUVA™ implant –0.80 (0.73) vs. –0.56 (0.62) with control, mean group difference (95% CI) -0.23 (-0.39, -0.06); (*P*=0.0074)[1,3]

SD, standard deviation.
† Patients in the SINUVA™ group also received once daily mometasone furoate nasal spray daily.
‡ Co-primary endpoints: Change from baseline to day 90 in bilateral polyp grade, as determined by an independent panel on a scale of 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 patients on a scale of 0 (no symptoms) to 3 (severe symptoms).
§ Improvement calculated in post-hoc analysis as [(T-C)/C] *100 using values reported in the SINUVA™ prescribing information and Kern (2018).

Study design: The RESOLVE II study was a randomized, controlled, double-blind, multicenter study with 300 patients.
Patients were ≥18 years of age with chronic sinusitis who had prior bilateral total ethmoidectomy, but were indicated for revision endoscopic surgery because they 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. 201 patients were randomized to the SINUVA™ implant treatment arm where they underwent bilateral placement of SINUVA™ implant 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.

IMPORTANT SAFETY INFORMATION (continued)
WARNINGS AND PRECAUTIONS (continued)
Hypersensitivity Reactions: Hypersensitivity reactions, including rash, pruritus, and angioedema have been reported with the use of corticosteroids.
Please see additional important safety information on the following page.

Discover the path to improvement

Secondary efficacy endpoints (baseline to day 90)†,1,2

Reduced eligibility for repeat surgery

Delivered up to 90 days of sustained symptom relief

Significantly reduced sinus obstruction

Improved patients' sense of smell

SINUVA™ (mometasone furoate) sinus implant 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. Odds ratio (95% CI) 2.69 (1.63, 4.44); (P=0.0004)

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

SD, standard deviation.

† Secondary endpoints: Proportion of patients still indicated for repeat ESS at day 90 despite ongoing intranasal steroid use based on clinical investigator assessment using study-specific criteria. Change from baseline to day 90 in instantaneous nasal obstruction/congestion score (daily diary), 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 (VAS). Decreased sense of smell and facial pain/pressure score change from baseline to day 90, as determined by patients on a six point Likert scale of 0 (absent) to 5 (very severe). P-values for secondary endpoints were prespecified and adjusted for multiplicity.[12]

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

Immunosuppression and Risk of Infections: Persons who are using drugs that suppress the immune system, such as corticosteroids, including SINUVA™ sinus implants are more susceptible to infections than healthy individuals. The safety and effectiveness of SINUVA™ sinus implant have not been established in pediatric patients less than 18 years of age and SINUVA™ is not indicated for use in this population. 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.

Please see additional important safety information on the following page.

Discover the path to improvement

Secondary efficacy endpoints (baseline to day 90)†,1,2

Reduced eligibility for repeat surgery

Delivered up to 90 days of sustained symptom relief

Significantly reduced sinus obstruction

Improved patients' sense of smell

- Patients treated with SINUVA™ (mometasone furoate) sinus implant experienced sustained symptomatic **improvements in nasal obstruction/congestion** at day 90
- Mean change (SD) for SINUVA™ implant was –0.93 (0.80) vs. –0.69 (0.79) with control, mean group difference (95% CI) -0.27 (-0.48, -0.07); (P=0.0248)

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

SD, standard deviation.

† Secondary endpoints: Proportion of patients still indicated for repeat ESS at day 90 despite ongoing intranasal steroid use based on clinical investigator assessment using study-specific criteria. Change from baseline to day 90 in instantaneous nasal obstruction/congestion score (daily diary), 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 (VAS). Decreased sense of smell and facial pain/pressure score change from baseline to day 90, as determined by patients on a six point Likert scale of 0 (absent) to 5 (very severe). P-values for secondary endpoints were prespecified and adjusted for multiplicity.

IMPORTANT SAFETY INFORMATION (continued)

WARNINGS AND PRECAUTIONS (continued)

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

Please see additional important safety information on the following page.

Discover the path to improvement

Secondary efficacy endpoints (baseline to day 90)[†,1,2]

Reduced eligibility for repeat surgery

Delivered up to 90 days of sustained symptom relief

Significantly reduced sinus obstruction

Improved patients' sense of smell

- Patients treated with SINUVA™ (mometasone furoate) sinus implant had a significantly greater **decrease in percent ethmoid sinus obstruction** at day 90
- Mean change (SD) for SINUVA™ implant was –11.3 (18.1) vs. –1.9 (14.4) with control, mean group difference (95% CI) –7.96 (–12.10, –3.83); (P=0.0007)

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

SD, standard deviation.

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IMPORTANT SAFETY INFORMATION (continued)

ADVERSE REACTIONS

The most common adverse reactions observed (> 1% of subjects) in clinical studies were asthma, headache, epistaxis, presyncope, bronchitis, otitis media, and nasopharyngitis.

Please see additional important safety information on the following page.

Discover the path to improvement

Secondary efficacy endpoints (baseline to day 90)†,1,3

Reduced eligibility for repeat surgery

Delivered up to 90 days of sustained symptom relief

Significantly reduced sinus obstruction

Improved patients' sense of smell

- Patients treated with SINUVA™ (mometasone furoate) sinus implant experienced a **significant improvement in their self-reported decreased sense of smell score** at day 90 on a six-point Likert scale
- Mean change (SD) for SINUVA™ implant was –1.20 (1.66) vs. –0.76 (1.60) with control, mean group difference (95% CI) −0.46 (−0.85 −0.06); (P=0.0470)

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

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IMPORTANT SAFETY INFORMATION (continued)

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.

Please see additional important safety information on the following page.

SINUVA™ (mometasone furoate) sinus implant safety data

Adverse reactions with > 1% incidence rate and more common in treatment than the control group in combined data from RESOLVE I and RESOLVE II

Adverse reactions	Treatment (n=254) n (%)	Control (MF nasal spray) (n=146) n (%)
Asthma	**12 (4.7)**	6 (4.1)
Headache	**9 (3.5)**	5 (3.4)
Epistaxis	**6 (2.4)**	2 (1.4)
Presyncope	**6 (2.4)**	3 (2.1)
Bronchitis	**5 (2.0)**	2 (1.4)
Otitis media	**5 (2.0)**	2 (1.4)
Nasopharyngitis	**3 (1.2)**	1 (0.7)

SINUVA™ Indication & Important Safety Information

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Rx only. Please see Full Prescribing Information for SINUVA™ attached and at SINUVA.com/PI.

References
1. Kern RC, Stolovitzky JP, Silvers SL, et al. A phase 3 trial of mometasone furoate sinus implants for chronic sinusitis with recurrent nasal polyps. Int Forum Allergy Rhinol. 2018;8:471-481.
2. Data on file, Intersect ENT. RESOLVE II CSR R 28017 Rev. 3.0; February 18, 2017.
3. Data on file, Intersect ENT, Inc. CR-00014; Supplemental Statistical Analyses Rev 1.0; January 17, 2018.
4. SINUVA™ [Prescribing Information]. Menlo Park, CA: Intersect ENT; 2023.

For more information, visit **SINUVA.com/hcp.**

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