

DID YOU KNOW?

3.9 MILLION /YEAR NEW CASES OF CANCER IN EUROPE (ESTIMATES FOR 40 COUNTRIES IN 2018)¹

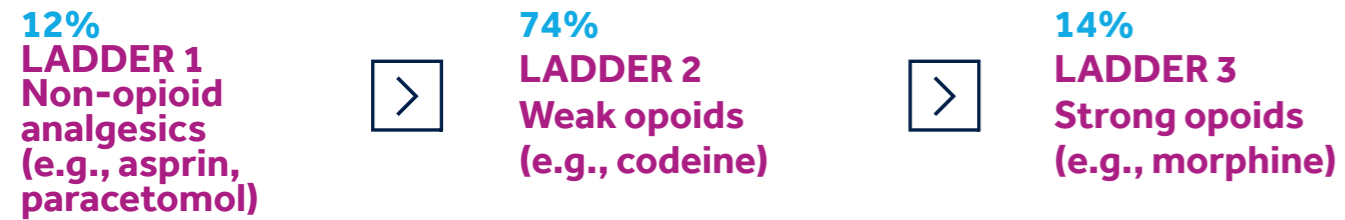
PAIN TREATMENTS CURRENTLY RECEIVED BY CANCER PAIN PATIENTS

>99% Oral medication only²

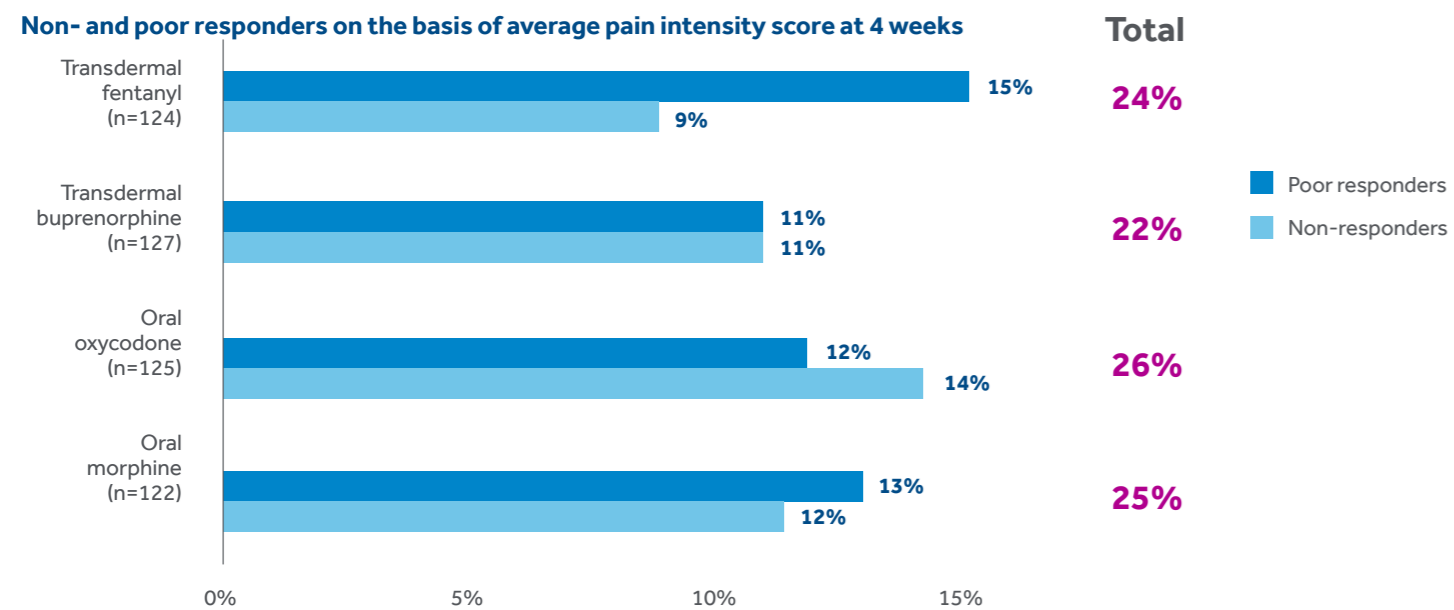
<1% Interventional pain management²

56% of cancer patients reported suffering moderate-to-severe pain at least monthly¹¹

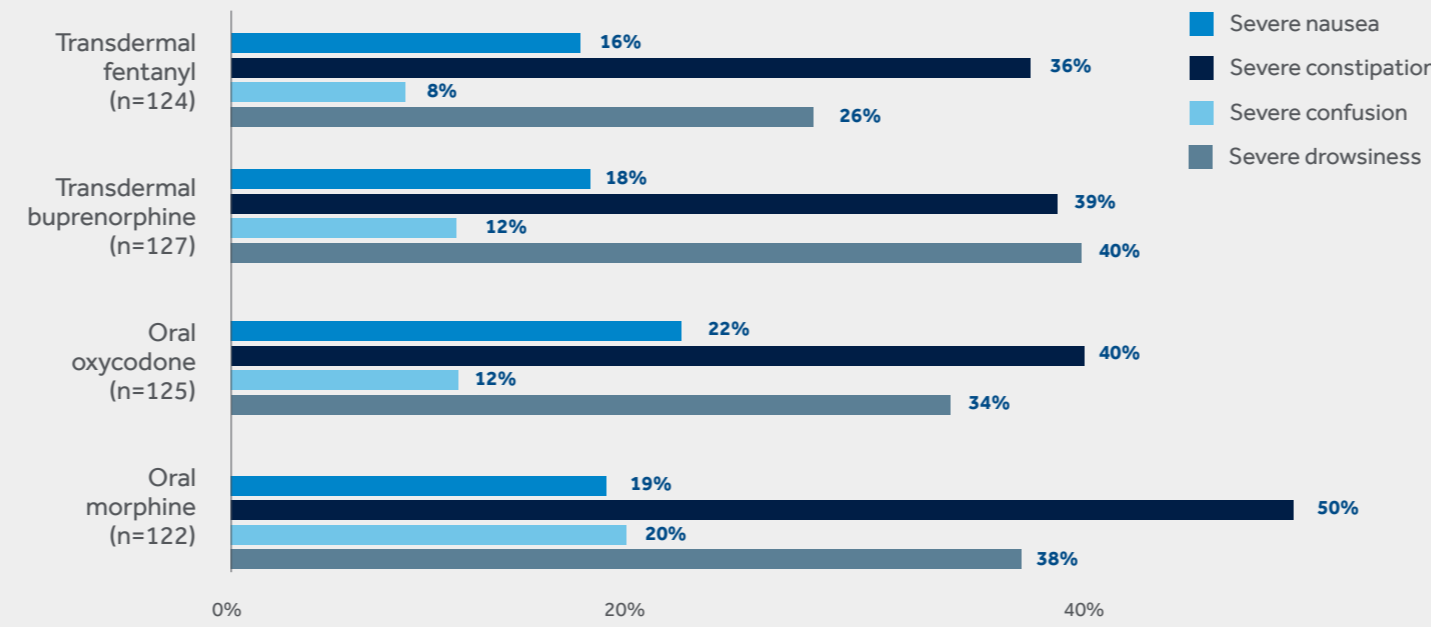
Clinical success rates following application of the WHO 3-step analgesic ladder in real-life practice (Modified from Orhan et al, 2008)¹⁰



Adverse events related to transdermal and oral opioids - patients with moderate to severe pain management according to stage 3 of the WHO analgesic ladder (Modified from Corli et al, 2016)⁹



Pain response to transdermal and oral opioids - patients with moderate to severe pain management according to stage 3 of the WHO analgesic ladder (Modified from Corli et al, 2016)⁹



TARGETED DRUG DELIVERY (TDD) ALLOWS YOUR CANCER PATIENTS TO TAKE CONTROL OF THEIR PAIN BY GIVING THEM THE ABILITY TO MANAGE BREAKTHROUGH PAIN 3 TIMES FASTER COMPARED TO CONVENTIONAL MEDICATION AND RECEIVE PAIN RELIEF WITH LESS SYSTEMIC OPIOID SIDE EFFECTS.^{3,4,5}



Delivers a liquid form of medicine directly to fluid around spinal cord.



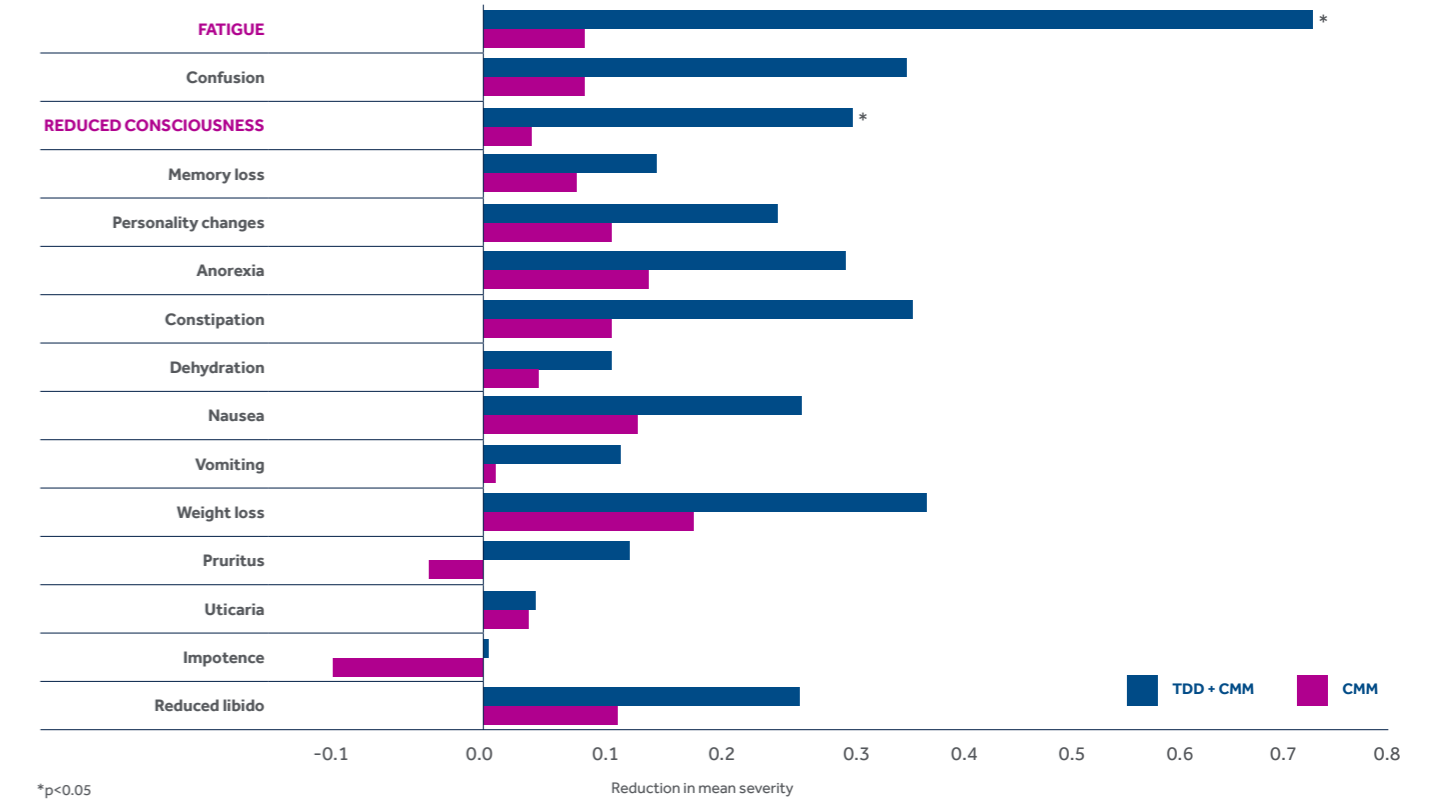
Allows delivery of smaller doses (up to 300 x) than oral drug administration.⁷



Expected to produce fewer or more tolerable side effects when compared to oral medications.⁴

MORE PATIENTS with less fatigue and reduced consciousness.⁴

Reduction in individual toxicities from baseline to 4-week follow-up

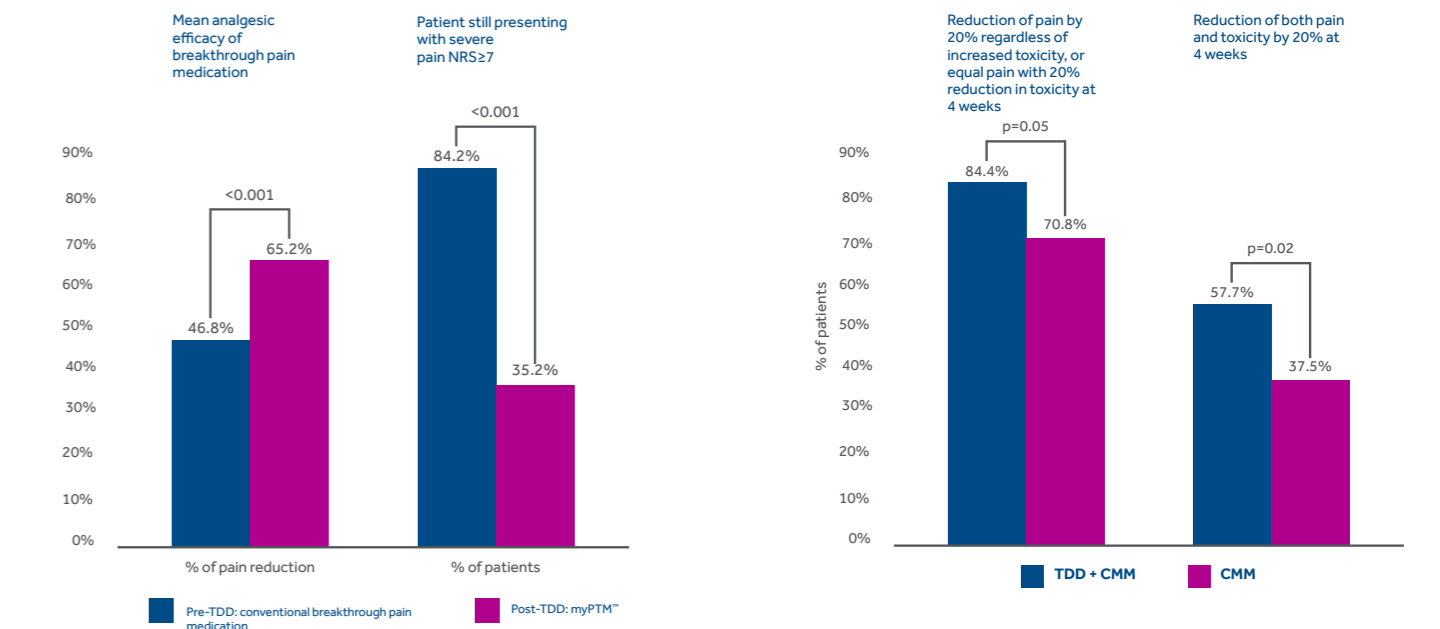


*p<0.05

INTERNATIONAL, MULTICENTRE RCT ASSESSING TDD + CONVENTIONAL MEDICAL MANAGEMENT (CMM) VS. CMM

MORE PATIENTS able to better control breakthrough pain and 3x faster with myPTM™ compared to conventional medication.³

MORE PATIENTS with increased pain control and reduced toxicity.⁴



INTERNATIONAL, MULTICENTRE RCT ASSESSING TDD + CONVENTIONAL MEDICAL MANAGEMENT (CMM) VS. CMM

**WOULD I
DO IT AGAIN?
YES, BUT I
WOULD DO
IT EARLIER!**

Sophie has benefited from TDD for refractory cancer pain for 2 years



PATIENT SELECTION RECOMMENDATIONS

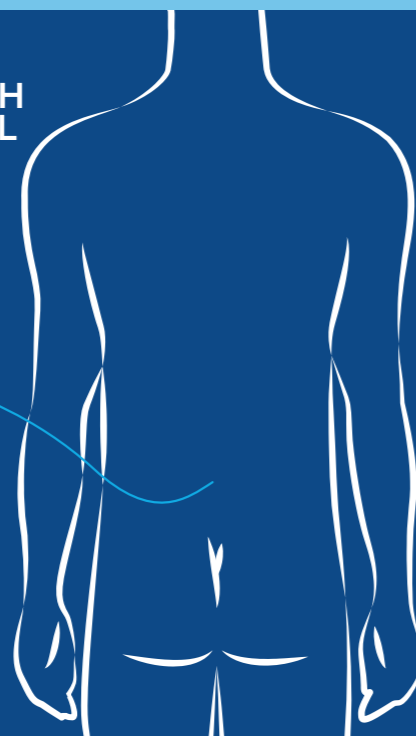
1. Medium to long-term life expectancy typically ≥ 3 months^{4,6}
2. Visual analogue score ≥ 5 despite 200 mg/day of oral morphine or analgesic equivalent^{4,5}
3. Consider those on lower dose analgesics if opioid side effects are not well tolerated^{4,5,8}
4. In your assessment, consider the patient perspective on mobility (i.e., preferred place of treatment - home or specialized care service)

TRY THE THERAPY WITH YOUR PATIENTS



TEST WITH INJECTION OR

TEST WITH EXTERNAL PUMP



REFERENCES

1. Ferlay J, Colombet M, Soerjomataram I, et al. Cancer incidence and mortality patterns in Europe: estimates for 40 countries and 25 major cancers in 2018. *Eur J Cancer*. 2018 Nov;103:356-387.
2. Medtronic data on file. MarketScan Database. Accessed July 2015.
3. Brogan E, Winter NB, Okifuji A. Prospective Observational Study of Patient-Controlled Intrathecal Analgesia: Impact on Cancer-Associated Symptoms, Breakthrough Pain Control, and Patient Satisfaction. *Reg Anesth Pain Med*. 2015;40(4):369-75.
4. Smith TJ, Staats PS, Deer T, et al. Randomized clinical trial of an implantable drug delivery (IDDS) system compared with comprehensive medical management (CMM) for refractory cancer pain: impact on pain, drug-related toxicity, and survival. *J Clin Oncol*. 2002;20(19):4040-9.
5. Smith TJ, Coyne PJ. Implantable drug delivery systems (IDDS) after failure of comprehensive medical management (CMM) can palliate symptoms in the most refractory cancer pain patients. *J Palliat Med*. 2005;8(4):736-42.
6. Burton AW, Rajagopal A, Shah HN, et al. Epidural and intrathecal analgesia is effective in treating refractory cancer pain. *Pain Med*. 2004 Sep;5(3):239-47.
7. Bhatia G, Lau ME, Koury KM, Guler P. Intrathecal Drug Delivery (ITDD) systems for cancer pain. *F1000Research* 2014;2: 96-96.
8. Deer TR, Pope JE, Hayek SM, et al. The Polyanalgesic Consensus Conference (PACC): Recommendations on Intrathecal Drug Infusion Systems Best Practices and Guidelines. *Neuromodulation*. 2017;20(2):96-132
9. Corli O, Floriani I, Roberto A, et al. Are strong opioids equally effective and safe in the treatment of chronic cancer pain? A multicenter randomized phase IV 'real life' trial on the variability of response to opioids. *Ann Oncol*. 2016;27(6):1107-15.
10. Orhan ME, Bilgin F, Ergin A, et al. Pain treatment practice according to the WHO analgesic ladder in cancer patients: eight years experience of a single center. *Agri*. 2008;20(4):37-43.
11. Breivik H, Cherry N, Collett B, et al. Cancer-related pain: a pan-European survey of prevalence, treatment, and patient attitudes. *Annals of Oncology* 2009;20(8): 1420-33.

Brief Statement:

See the device manual for detailed information regarding the instructions for use, the implant procedure, indications, contraindications, warnings, precautions, and potential adverse events. If using an MRI SureScan® device, see the MRI SureScan® technical manual before performing an MRI. For further information, contact your local Medtronic representative and/or consult the Medtronic website at www.medtronic.eu.

For applicable products, consult instructions for use on www.medtronic.com/manuals. Manuals can be viewed using a current version of any major Internet browser. For best results, use Adobe Acrobat Reader® with the browser.

Medtronic

Europe
Medtronic International Trading Sarl
Route du Molliat 31
Case postale
1131 Tolochenaz
Switzerland
Tel: +41 (0) 21 802 70 00
Fax: +41 (0) 21 802 79 00

Medtronic Limited
Building 9
Croxley Park
Hatters Lane
Watford, Hertfordshire
WD18 8WW
Tel: +44 (0) 1923 212213
Fax: +44 (0) 1923 241004

UC202005991 EE © 2019 Medtronic.
All rights reserved.

medtronic.eu

medtronic.co.uk



Sophie, Targeted Drug Delivery (TDD) patient

REDUCE REFRACTORY CANCER PAIN

Medtronic
Further. Together