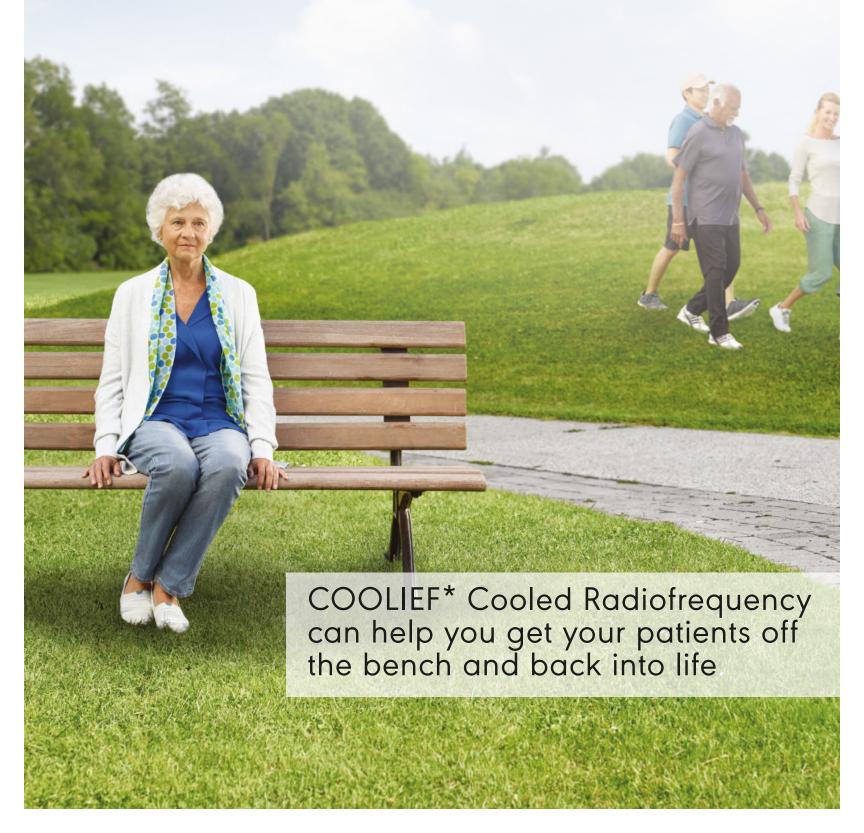




DISCOVER A NEW PAIN MANAGEMENT SOLUTION FOR OSTEOARTHRITIS KNEE PAIN



OSTEOARTHRITIS KNEE PAIN POSES A TREATMENT CHALLENGE

Total knee replacement isn't always an option for up to 60% of patients with osteoarthritis (OA) knee pain due to BMI, age, comorbidities, invasiveness, lack of support systems, or other factors that can delay or even prevent surgery.

Managing OA knee pain can be a challenge with today's limited treatment algorithm, as injections and medications only provide short-term relief.



Intra-articular steroid injections have been shown to decrease in effectiveness after 3-4 weeks, and after multiple injections.

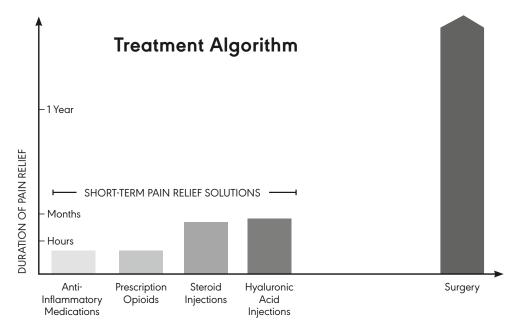


AAOS Treatment of Osteoarthritis of the Knee Guidelines, 2nd Edition, 2013: Unable to recommend for or against the use of intraarticular (IA) corticosteroids for patients with symptomatic osteoarthritis of the knee.



AAOS Treatment of Osteoarthritis of the Knee Guidelines, 2nd Edition, 2013: Cannot recommend using hyaluronic acid for patients with symptomatic osteoarthritis of the knee.

A gap in treatment options currently exists between short-term pain relief solutions and surgery



- Opioids come with serious risks, including abuse and misuse
- Steroid injections can provide relief for months at a time, but may have to be repeated

Orthopedic surgeons need a long-lasting solution to fill the gap in the treatment algorithm.

INTRODUCING LONGER-LASTING RELIEF OF OSTEOARTHRITIS KNEE PAIN

COOLIEF* COOLED RADIOFREQUENCY: The First And Only Radiofrequency (RF) Treatment FDA-cleared For The Relief Of Osteoarthritis Knee Pain

NRS PAIN SCORE¹



6 months post-procedure, patients reported ≥ 50% pain relief:

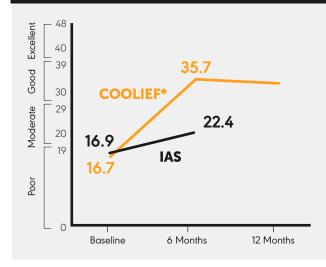
- 74% of COOLIEF* group
- 16% of IAS group

12 months post-procedure, 65% of COOLIEF* Cooled RF patients reported ≥ 50% pain relief.

• 85% of the IAS group switched to COOLIEF* Cooled RF at 6 months

The 11-point NRS consists of a scale from "0" to "10" points, with "0" indicating "no pain" and "10" being "worst pain imaginable". A treatment "responder" experienced a clinically-significant change in pain indicated by an NRS score decrease ≥ 50% relative to the respective baseline.

OXFORD KNEE SCORE¹



At baseline, patients reporting severe OA:

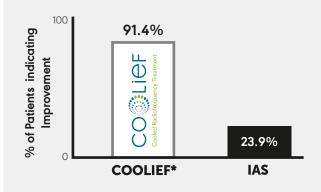
- 67% of the COOLIEF* Cooled RF group
- 63% of the IAS group

6 months post-procedure, patients reporting severe OA:

- 5% of the COOLIEF* Cooled RF group
- 37% of the IAS group

OKS measured study subjects' knee function based on a scale from 0 to 48 points, with knee arthritis becoming less severe as score values increase.

GLOBAL PERCEIVED EFFECT SCORE



6 months post-procedure, patients reporting outcome improvements:

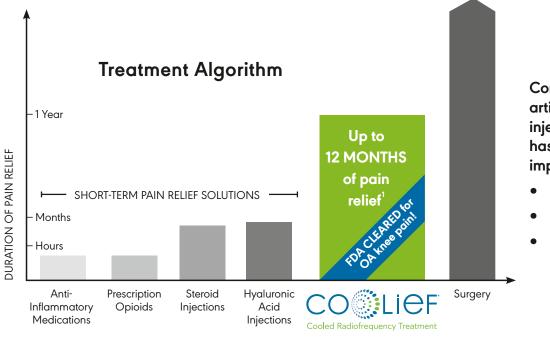
- 91% of the COOLIEF* Cooled RF group
- 23% of the IAS group

Global Perceived Effect (GPE) assessment tool involves subjects' perception of treatment on knee condition, and was used as an indirect measure of treatment influence on subjects' index knee outcome. Range is from 1 to 7 points: 1 = worst ever to 7 = best ever.

COOLIEF* was shown to be as safe as IAS. The number of adverse events (AE) in each group was similar (61 COOLIEF*/65 IAS); most AEs were non-serious, mild-moderate in severity, and not related to study treatments. Pain related to the procedure itself was the most common AE reported (10 COOLIEF*/3 IAS) and all falls reported were deemed unrelated to the procedures (2 COOLIEF*/4 IAS).

COOLIEF* PROVIDES PATIENTS LONGER LASTING AND MORE EFFECTIVE PAIN RELIEF THAN INTRA-ARTICULAR STEROID INJECTIONS

COOLIEF* Fills The Gap Between Short-Term Pain Relief And Surgery



Compared to intraarticular steroid injections, COOLIEF* has demonstrated improved:

- Pain Relief
- Functionality
- Patient Satisfaction

HOW COOLIEF* WORKS



A radiofrequency generator transmits a small current of RF energy through an insulated electrode placed within the knee's tissue



The electrode delivers watercooled energy through RF electrodes



This RF energy creates a targeted lesion that ablates and deactivates the sensory nerves responsible for sending pain signals to the brain, while leaving motor nerves intact to preserve function

References:

1. Avanos Medical Inc. sponsored study: A Prospective, Multi-Center, Randomized, Clinical Trial Evaluating the Safety and Effectiveness of Using COOLIEF™ Cooled Radiofrequency Probe to Create Lesions of the Genicular Nerves and Comparing Corticosteroid Injection in the Management of Knee Pain. Final results 03Apr2017. Study available upon request from Avanos.

For more information for clinicians and product code ordering information, please visit: avanospainmanagement.com
Call 1-844-4AVANOS (1-844-428-2667)in the United States and Canada.

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