ESSTVU STUDY WITH TVU/HSG CONFIRMATION TESTING ALGORITHM

INDICATION

Essure® is indicated for women who desire permanent birth control (female sterilization) by bilateral occlusion of the fallopian tubes.

IMPORTANT SAFETY INFORMATION

WARNING: Some patients implanted with the Essure System for Permanent Birth Control have experienced and/or reported adverse events, including perforation of the uterus and/or fallopian tubes, identification of inserts in the abdominal or pelvic cavity, persistent pain, and suspected allergic or hypersensitivity reactions. If the device needs to be removed to address such an adverse event, a surgical procedure will be required. This information should be shared with patients considering sterilization with the Essure System for Permanent Birth Control during discussion of the benefits and risks of the device.

IMPORTANT

- **Caution:** Federal law restricts this device to sale by or on the order of a physician. Device to be used only by physicians who are knowledgeable hysteroscopists; have read and understood the Instructions for Use and Physician Training Manual; and have successfully completed the Essure training program, including preceptoring in placement until competency is established, typically 5 cases.
- The sale and distribution of this device are restricted to users and/or user facilities that provide information to patients about the risks and benefits of this device in the form and manner specified in the approved labeling provided by Bayer.

Contraindications

Essure is contraindicated in patients who are uncertain about ending fertility, can have only one insert placed (including contralateral proximal tubal occlusion or suspected unicornuate uterus), have a known abnormal uterine cavity that makes visualization of the tubal ostia impossible, and/or abnormal tubal anatomy or previous tubal ligation (including failed ligation), are pregnant or suspect pregnancy, delivered or terminated a pregnancy less than 6 weeks prior to the Essure procedure, have an active upper or lower genital tract infection, have unexplained vaginal bleeding, have a gynecological malignancy, or have a known allergy to contrast media.

IMPORTANT: Bayer is providing this information to you for informational and educational purposes only. This document is not intended to be used as part of training or certification requirements for Essure, or to establish a standard of care. You are solely responsible for ensuring that you and your staff have been properly trained in all aspects of performing the Essure procedure to your patients in the office setting. For complete instructions, please refer to the Instructions for Use and the Clinical Resource/Physician Training Manual.

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PLEASE SEE ADDITIONAL IMPORTANT SAFETY INFORMATION ABOUT ESSURE ON NEXT PAGE.

IMPORTANT SAFETY INFORMATION (CONT'D)

General Warnings

- The Essure procedure should be considered irreversible.
- Pain (acute or persistent) of varying intensity and length of time may occur following Essure placement. This is also more likely to occur in individuals with a history of pain. If device removal is indicated, this will require surgery.
- Patients with known hypersensitivity to nickel, titanium, platinum, stainless steel, and PET (polyethylene terephthalate) fiber or any of the components of the Essure system may experience an allergic reaction to the insert. In addition, some patients may develop an allergy to nickel or other components of the insert following placement. Symptoms reported for this device that may be associated with an allergic reaction include hives, urticaria, rash, angioedema, facial edema and pruritis. Patients should be counseled on the materials contained in the insert prior to the Essure procedure. Currently there is no test that reliably predicts who may develop a hypersensitivity reaction to the materials contained in the insert.
- Patients on immunosuppressive therapy may experience delay or failure of the necessary tissue in-growth for tubal occlusion. For these patients, physicians must use the modified HSG as the Essure Confirmation Test. Transvaginal ultrasound (TVU) should not be used as the Essure Confirmation Test, as TVU cannot confirm tubal occlusion.

Pregnancy Risk

- Pregnancies, including ectopic pregnancies, have been reported among women who have undergone the Essure procedure.
- The patient must use alternative contraception until a satisfactory Essure Confirmation Test is documented. If the Essure inserts are not properly placed or are not in a satisfactory location, then the patient should be advised to not rely on Essure and to use alternative contraception.
- Counsel the patient on the need for the Essure Confirmation Test, the options for the confirmation test including their risks and benefits, and the possibility that the Essure Confirmation Test may be unsatisfactory.
- Effectiveness rates for the Essure procedure are based on patients who had bilateral placement and a satisfactory Essure Confirmation Test.

Procedure Warnings

- Never attempt to advance Essure insert(s) against excessive resistance. If a perforation occurs or is suspected, discontinue procedure and monitor the patient for signs and symptoms of possible complications related to perforation which may include unusual post-operative pain.
- To reduce the risk of hypervolemia, terminate procedure if distension fluid deficit exceeds 1500cc or total hysteroscopic procedure time exceeds 20 minutes. Excess fluid deficit may signal uterine or tubal perforation. If noted, discontinue procedure and evaluate patient for possible perforation.
- Do not attempt hysteroscopic Essure insert removal during the placement procedure unless 18 or more trailing coils are seen inside the uterine cavity due to risk of a fractured insert, fallopian tube perforation, or other injury.
- DO NOT perform the Essure procedure concomitantly with endometrial ablation.

MRI Information

The Essure insert was determined to be MR-conditional according to the terminology specified in the American Society for Testing and Materials (ASTM) International, Designation: F2503-05.

Adverse Events

The most common (≥10%) adverse events resulting from the placement procedure were cramping, pain, and nausea/vomiting. The most common adverse events (≥3%) in the first year of reliance were back pain, abdominal pain, and dyspareunia.

This product does not protect against HIV infection or other sexually transmitted diseases.

Prescription Only

PLEASE SEE THE IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING, ON PAGES 1 AND 2.

Trial Design and Objective

Prospective, nonrandomized, single-arm, multicenter international study to evaluate the effectiveness of the Essure procedure when the TVU/HSG Confirmation Test Algorithm is used for confirmation testing

Patient Population

Placement procedure was initiated in 597 women and the insert placement was attempted in 594/597 (99%) of women

- Age: 21-44 years old
- Were seeking permanent contraception prior to enrollment
- Included 20 sites (12 sites in the US)

Procedure

Essure Confirmation Test Algorithm utilized TVU, modified HSG, or both

- Performed 3 months following Essure placement procedure
- For TVU confirmation test, endovaginal ultrasound probes with center frequencies (5.8 to 6.5 MHz) were utilized

Primary Endpoints

- Occurrence of confirmed pregnancy at 1 year among subjects relying on Essure® inserts for birth control on the basis of the Essure (TVU/HSG) Confirmation Test Algorithm
- Intent-to-treat reliance rate 3 months following Essure (TVU/HSG) Confirmation Test Algorithm

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One-year pregnancy rate: 0.67%, 95% CI [0.16, 1.53]

— Effectiveness results at the 1-year follow-up among women told to rely

547 trial participants were instructed to rely on Essure® for birth control

503 trial participants attended follow-up at 1 year

— Three pregnancies reported

Three pregnancies were reported in the 1-year follow-up in the ESSTVU trial based on 518 woman-years of follow-up

- In all 3 pregnancies, TVU was used as the confirmation test and the insert locations were deemed "optimal" in the initial assessment
  - In 2 of the 3 pregnancies, perforation not detected by initial TVU assessment was determined to be the cause
  - In the third pregnancy, insert placement was unsatisfactory, and not detected by initial TVU

One additional pregnancy was reported 16 months after the subject was told to rely

- As it occurred after the 1-year follow-up, this pregnancy was not included in the 1-year effectiveness rate calculation

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Successful bilateral placement, assessed at the time of placement after first or second attempt: **582/597 (97%)**

- Excludes 15/597 subjects

  3/597 (0.5%) with no insert placement attempt

  12/597 (2.0%) nonbilateral placement after 1 or 2 procedures

- Procedure initiated: **597 (100%)**

  Intent-to-treat (ITT) population in the ESSTVU trial includes all participants who had the Essure procedure initiated (ie, all study subjects who entered the procedure room/operating room with the intent to undergo the procedure)

- Insert placement attempted: **594/597 (99%)**

  Includes all subjects where the Essure® system was passed through the working channel of the hysteroscope

Reliance in women who had the procedure initiated: **547/597 (92%)**

- Excludes **50/597** subjects who were unable to rely for the following reasons:

  No insert placement attempt: **3/597 (0.5%)**

  Nonbilateral placement after 1 or 2 procedures: **12/597 (2.0%)**

  Incomplete or no confirmation testing: **28/597 (4.7%)**

  Unsatisfactory device location/occlusion identified at confirmation testing (perforation, expulsion, distal placement, proximal placement): **7/597 (1.2%)**

- Reliance in women with successful bilateral placement after first or second attempt: **547/582 (94%)**

PLEASE SEE THE IMPORTANT SAFETY INFORMATION, INCLUDING BOXED WARNING, ON PAGES 1 AND 2. FOR MORE INFORMATION ON ESSURE, PLEASE SEE THE INSTRUCTIONS FOR USE AVAILABLE ON WWW.ESSUREMD.COM.