ENT SUMMIT 2018

22-24 MARCH 2018

HILTON SENTRAL
KUALA LUMPUR
MALAYSIA

Official Live Surgery Venue Provider

PUSAT PERUBATAN
PRINCE COURT®
MEDICAL CENTRE

ENT SUMMIT 2018

Datuk Dr. Kuljit Singh
Organising Chairman 2018

Dr. Peter Catalano
Organising Chairman 2018

Welcome to the ENT SUMMIT 2018

Entering the success of its 9th year, ENT SUMMIT 2018 is based on peer-to-peer learning, in an environment that fosters a close collaboration with industry. Our educational program features the latest innovations in otolaryngology, promoting high technology and the new modalities of treatment in medical devices and pharmaceuticals.

A unique meeting in South East Asia which involves expert panels, debates, open discussion forums, and "live" surgeries focusing on core practical points in Rhinology, allergy, sleep apnea, and related subspecialties. This is the second time that the summit is being expanded to three days instead of the usual two-days in order to provide a comprehensive and detailed programme for all delegates.

There are contemporary topics and controversial facts that can be debated with various opinions and the entire learning and updating is made interesting, such as on modern non-invasive techniques and other latest modalities of ENT treatment. In the previous years, this meeting has been proven to be a vital event where this important field in ENT is discussed in detail; in terms of forums, debate, dedicated lectures, free papers and posters.

There are no experts or key opinion leaders in ENT Summit as this meeting brings everyone to share their experiences and speak out their concerns.

ENT SUMMIT 2018

ORGANISING COMMITTEE

Dr. Peter Catalano
Consultant Ear, Nose and Throat Surgeon
USA

Datuk Dr. Kuljit Singh
Consultant Ear, Nose and Throat Surgeon
MALAYSIA

Dr. Dipak Sharma
Consultant Ear, Nose and Throat Surgeon
MALAYSIA

Dr. Jeevanan Jahendran
Consultant Ear, Nose and Throat Surgeon
MALAYSIA

Dr. Azida Zainal
Consultant Ear, Nose and Throat Surgeon
MALAYSIA

Dr. Yap Yoke Yeow
Consultant Ear, Nose and Throat Surgeon
MALAYSIA

FACULTY MEMBERS 2018

Dr. Srinivas Kishore	INDIA
Prof. Dr. Kimihiro Okubo	JAPAN
Dr. Amir Hamzah	MALAYSIA
Dr. Azida Zainal	MALAYSIA
Prof. Dr. Baharudin Abdullah	MALAYSIA
Dr. Chan Yee Fai	MALAYSIA
Dr. Dipak Sharma	MALAYSIA
Dr. Jeevanan Jahendran	MALAYSIA
Datuk Dr. Kuljit Singh	MALAYSIA
Dr. Melvin Kandasamy	MALAYSIA
Dr. Navin Durairatnam	MALAYSIA
Dr. Nur Hashima Abdul Rashid	MALAYSIA
Dr. Philip Rajan	MALAYSIA
Dr. Ramiza Ramza	MALAYSIA
Dr. Rosalind Simon	MALAYSIA
Dr. Teh Hui Mon	MALAYSIA
Dr. Yap Yoke Yeow	MALAYSIA
Dr. Zulkefli Hussein	MALAYSIA
Ms. Raja Eileen Soraya (Legal Representative)	MALAYSIA
Dr. Vicente Gill	PHILIPPINES
Dr. AB John	SINGAPORE
Dr. David Chin	SINGAPORE
Dr. Lye Kok Weng	SINGAPORE
Dr. Mark Thong	SINGAPORE
Prof. Dr. Siow Jin Keat	SINGAPORE
Dr. Prayuth Tunsuriyawong	THAILAND
Dr. Peter Andrews	UNITED KINGDOM
Dr. Peter Catalano	USA
Dr. David Goldenberg	USA
Dr. John Walker	USA

ENT SUMMIT 2018

DAY 1

11:30am Registration

12:00pm Welcome Address

Datuk Dr. Kuljit Singh

12:15pm Clinical Vignettes: FESS Revision

Dr. Mark Thong, Dr. Prayuth Tunsuriyawong & Dr. Peter Andrews

Moderator: Datuk Dr. Kuljit Singh

1:00pm *Lunch Symposium* [MENARINI]

Novel Findings in the Management of Allergic Rhinitis: Data on Asia Patients

Prof. Dr. Kimihiro Okubo

2:00pm Revision Septoplasty

Prof. Dr. Baharuddin Abdullah & Dr. Lye Kok Weng

Moderator: Prof. Dr. Siow Jin Keat

2:40pm **COFFEE BREAK**

Concurrent Networking	**Session A:** Dr. Peter Catalano
	Session B: Dr. Srinivas Kishore

3:00pm *Symposium Slot* [ASTRA ZENECA]

Allergic Rhinitis: Symptoms Control VS Quality of Life.

Paradigm Shift in Treatment Goal

Dr. Jeevanan Jahendran & Dr. Yap Yoke Yeow

Panelists: Dr. Ramiza Ramza, Dr. Nurhashima Abdul Rashid & Dr. Avatar Singh

4:00pm Review of Current Balloon Dilation Technologies:

The Good, The Bad and The Dangerous

Datuk Dr. Kuljit Singh, Dr. Mark Thong, Dr. Prayuth Tunsuriyawong & Dr. Peter Andrews

Moderator: Dr. Peter Catalano

4:40pm Balloon Dilation: Barriers to Adoption

Dr. AB John, Dr. Zulkefli Hussein, Dr. Jeevanan Jahendran,

Prof. Dr. Baharuddin Abdullah & Dr. David Chin Moderator: Dr. Peter Catalano

ENT SUMMIT 2018

DAY 2

8:00am	Registration
8:30am	Drug-Induced Sleep Endoscopy: Is It Necessary?
	Dr. Rosalind Simon & Dr. Srinivas Kishore Moderator: Dr. Yap Yoke Yeow
9:00am	Clinical Vignettes: FESS Revision
	Dr. Nurhashima Abdul Rashid & Dr. Ramiza Ramza Moderator: Dr. Peter Catalano
9:40am	The Role of Palatal Expanders in the Management of SDB
	Dr. John Walker & Dr. Lye Kok Weng
10:25am	**Coffee Break**
	Registration opens for Networking Session Day 2 (10 participants only)
10:45am	The Role of "Nasal Surgery" in the Management of SDB in Children
	Dr. Srinivas Kishore, Dr. Rosalind Simon, Dr. Ramiza Ramza & Dr. Vicente Gil
	Moderator: Dr. Peter Catalano
11:25am	The Role of the Oral Appliance in the Management of SDB
	Dr. John Walker & Dr. Lye Kok Weng
12:10pm	When is Uvulectomy the Right Choice?
	Dr. Yap Yoke Yeow & Dr. Ramiza Ramza Moderator: Dr. Rosalind Simon
12:40pm	Lunch Symposium [GSK]
	AI and ORL Perspectives of Allergic Rhinitis and Rhinosinusitis
	Dr. Amir Hamzah Dato' Abdul Latiff & Prof. Dr Baharudin Abdullah
1:40pm	**BREAK**
2:00pm	Symposium [BAYER] Updates in ABS Management
	Dr. Yap Yoke Yeow
3:00pm	Bruxism and TMJ Syndrome: A Result of Nasal Obstruction?
	Dr. John Walker & Dr. Lye Kok Weng
3:20pm	**COFFEE BREAK** - Networking Session: Dr. John Walker
3:40pm	Anaesthesia for ESS: a) ET Tube VS LMA b) TIVA VS Inhalational Gas
	Prof. Dr. Siow Jin Keat & Dr. Peter Andrews
	Anaesthesists: Dr. Melvin Kandasamy & Dr. Navin Durairatnam
	Moderator: Dr. Peter Catalano
4:55pm	"Live" Demonstration: Postural Changes Related to Nasal Obstruction
	Dr. John Walker

Last Update : 16 March 2018

ENT SUMMIT 2018

DAY 3

7:45am Registration

8:15am Trans-Oral Robotic Cadaver Dissection
Dr. David Goldenberg Moderator: Dr. Yeo Sek Wee

9:15am Live Case History Presentation
Moderator: Dr. Dipak Sharma

9:20am Live Surgery Case [Trasmitted Live from Prince Court] Dr. Peter Catalano

10:20 **Coffee Break**
Registration opens for Networking Session Day 3 (10 participants only)

10:40am BSP Cadaveric Dissection
Dr. Peter Andrews

11:30am Legal Implications of Social Media in Medicine
Raja Eileen Soraya

12:30pm Lunch Symposium [DCH AURIGA]

12:30pm-2:50pm - "Doctor, I am still dizzy." – Management Options for Chronic Dizziness
Dr. Philip Rajan Devesahayam

12:50pm-1:05pm - The Link Between Hearing Loss and Dementia: A Geriatric Psychiatry Perspective
Dr. Chan Yee Fai

1:05pm-1:30pm - Panel Discussion and Q&A

1:30pm The Advantages of Early Intervention in Sinusitis Dr. Peter Andrews

2:30pm Breaking Research: A Comparison of Two Drug Eluting Sinus Implants Dr. Peter Catalano

2:45pm Symposium [MUNDIPHARMA] - "Exploring Topical Therapeutic Options in Tackling URTI"
Dr. Yap Yoke Yeow Moderator: Dr. Mazita Ami

3:45pm **COFFEE BREAK** - Networking Session: Dr. David Goldenberg

4:05pm The Malaysian Trans-oral Robotic Experience
Dr. Yeo Sek Wee

4:35pm TORS – The Flexible Robotic Breakthrough
Dr. David Goldenberg

5:15pm Expert Forum: "Management of Recurrent Nasal Polyps
Dr. Vicente Gil, Dr. Jeevanan Jahendran, Dr. Prayuth Tunsuriyawong, Prof. Dr. Siow Jin Keat, Dr. Peter Andrews & Dr. Ramiza Ramza
Moderator: Dr. Peter Catalano

Last Update : 16 March 2018

Platinum Sponsors

Diamond Sponsors

Emerald Sponsors

Sapphire Sponsors

Gold Sponsors

Afrin®

OXYMETAZOLINE HCl 0.05%

Recommend Afrin® for Fast & Effective Congestion Relief[1]

Afrin® technology targets nasal congestion right at the source, and helps prevent the drip down the throat or out the nose

- ✔ Works Within Minutes
- ✔ Provides 12 hour Relief
- ✔ Use for Relief from Nasal Congestion due to Colds or Allergies

BRAND NAME OF PRODUCT AFRIN APPROVED NAME OF THE ACTIVE INGREDIENT Each ml of AFRIN Nasal Solution contains 0.5mg (0.05%) oxymetazoline hydrochloride. **INDICATIONS** Indicated for the symptomatic relief of nasal and nasopharyngeal congestion due to the common cold, sinusitis, hay fever or other upper respiratory allergies. It is also recommended for office use on a nasal tampon to facilitate intranasal examination or before nasal surgery. **DOSAGE AND METHOD OF ADMINISTRATION** For adults and children six years of age and older: 2 or 3 sprays into each nostril twice daily, morning and evening. **CONTRAINDICATIONS** Hypersensitivity to any of the ingredients in this product. **SPECIAL WARNINGS AND SPECIAL PRECAUTIONS FOR USE** Do not exceed the recommended dosage. This product may cause rebound congestion if used for longer than 3 days. This product should not be used by patients who have heart disease, high blood pressure, thyroid disease, diabetes, or difficulty in urination due to enlargement of the prostate gland without careful clinical consideration. Use of the product by more than one person may spread infection. This product is not recommended for use in children under 6 years of age. This product is not to be use in children under 6 years of age. This product is not to be used during pregnancy unless the potential benefits outweigh the risk. **UNDESIRABLE EFFECTS** Side effects are usually mild and transient and include burning, stinging, sneezing or increased nasal discharge. **DATE OF TEXT REVISION** 26.06.2015.

Reference:
1. Afrin Product Insert, November 2014.

For full prescribing information, please contact:

Bayer

Consumer Health Division
Bayer Co. (Malaysia) Sdn Bhd (Co. No. 7563 M)
B-19-1 & B-19-2, The Ascent Paradigm, No.1, Jalan SS7/26A, Kelana Jaya, 47301 Petaling Jaya, Selangor, Malaysia.
Tel: +60 3 7801 3088 Fax: +60 3 7886 3338 Website: www.bayer.com

For healthcare professionals only.

L.MY.MKT.CC.08.2016.0155

Avamys
Fluticasone furoate
Stays where it sprays

may improve patient's allergic rhinitis treatment adherence and outcomes as it provides better sensory attributes[1]

Less drip down the nose or throat[1]

Less induction of nasal irritation or rhinorrhea[1]

Less after-taste and smell[1,2]

- Gentle fine mist spray[3]
- Short nozzle is comfortable to use[3,4]
- Easy-to-use with side actuation[3-5]
- Consistent dose[3,4]
- Easy to see how much is left

ABBREVIATED PRESCRIBING INFORMATION FOR Avamys Nasal Spray. Product Name and Active Ingredient: Avamys Nasal Spray. *AVAMYS* Nasal Spray is a white, uniform suspension contained in an amber glass bottle, fitted with a metering (50 microlitres) atomising spray pump. Each spray of the suspension delivers approximately 27.5 micrograms of micronised fluticasone furoate as an ex-device dose. **Indications: Adults and Adolescents (12 years and older):** Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) and ocular symptoms (itching/burning, tearing/watering, and redness of the eye) of seasonal allergic rhinitis. Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of perennial allergic rhinitis. **Children (2 to 11 years):** Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of seasonal and perennial allergic rhinitis. **Dosage and Administration:** *AVAMYS* Nasal Spray is for administration by the intranasal route only. For full therapeutic benefit regular scheduled usage is recommended. Onset of action has been observed as early as 8 hours after initial administration. It may take several days of treatment to achieve maximum benefit. An absence of an immediate effect should be explained to the patient (*see Clinical Studies*). **Populations:** For the treatment of seasonal allergic rhinitis and perennial allergic rhinitis: **Adults and Adolescents (12 years and older):** The recommended starting dosage is 2 sprays (27.5 micrograms per spray) in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to 1 spray in each nostril once daily (total daily dose, 55 micrograms) may be effective for maintenance. **Children (2 to 11 years):**The recommended starting dosage is 1 spray (27.5 micrograms per spray) in each nostril once daily (total daily dose, 55 micrograms). Patients not adequately responding to one spray in each nostril once daily (total daily dose, 55 micrograms) may use 2 sprays in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to 1 spray in each nostril once daily (total daily dose, 55 micrograms) is recommended. **Children (under 2 years of age):** There are no data to recommend use of *AVAMYS* Nasal Spray for the treatment of seasonal or perennial allergic rhinitis in children under 2 years of age. **Elderly:** No dosage adjustment required. **Renal impairment:** No dosage adjustment required. **Hepatic impairment:** No dosage adjustment is required in patients with hepatic impairment. **Pregnancy:** Following intranasal administration of *AVAMYS* Nasal Spray at the maximum recommended human dose (110 micrograms/day), plasma fluticasone furoate concentrations were typically non-quantifiable and therefore potential for reproductive toxicity is expected to be very low. **Lactation:** The excretion of fluticasone furoate into human breast milk has not been investigated. **Contraindications:** *AVAMYS* Nasal Spray is contra-indicated in patients with hypersensitivity to any of the ingredients. **Warnings and Precautions:** Based on data with another glucocorticoid metabolised by CYP3A4, co-administration with ritonavir is not recommended because of the potential risk of increased systemic exposure to fluticasone furoate (*see Interactions and Pharmacokinetics*). Systemic effects with nasal corticosteroids have been reported, particularly at high doses prescribed for prolonged periods. These effects are much less likely to occur than with oral corticosteroids and may vary in individual patients and between different corticosteroid preparations. A reduction in growth velocity has been observed in children treated with fluticasone furoate 110 micrograms daily for one year (see Adverse Reactions and Clinical Studies). Therefore, children should be maintained on the lowest dose which delivers adequate symptom control (see Dosage and Administration). As with other intranasal corticosteroids, physicians should be alert to potential systemic steroid effects including ocular changes (see Clinical Studies). **Adverse Reactions:** Data from large clinical trials were used to determine the frequency of adverse reactions. The following convention has been used for the classification of frequency: Very common (≥1/10); common (≥1/100 to <1/10); uncommon (≥1/1,000 to <1/100); rare (≥1/10,000 to <1/1,000); very rare (<1/10,000).

Clinical Trial Data:

Respiratory, thoracic and mediastinal disorders

Very common:	Epistaxis
In adults and adolescents, the incidence of epistaxis was higher in longer-term use (more than 6 weeks) than in short-term use (up to 6 weeks). In paediatric clinical studies of up to 12 weeks duration the incidence of epistaxis was similar between *AVAMYS* Nasal Spray and placebo.	
Common:	Nasal ulceration

Children: Musculoskeletal and connective tissue disorders

Not known:	Growth retardation
In a one-year clinical study assessing growth in pre-pubescent children receiving 110 micrograms of fluticasone furoate once daily, an average treatment difference of -0.27 cm per year in growth velocity was observed compared to placebo (see Clinical Studies).	

Post Marketing Data: Immune system disorders

Rare:	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria

Nervous system disorders

Common:	Headache.

Respiratory, thoracic and mediastinal disorders

Uncommon:	Rhinalgia, nasal discomfort (including nasal burning, nasal irritation and nasal soreness), nasal dryness.
Very rare:	Nasal septum perforation

Please read the full prescribing information prior to administration, available from: **GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U), Level 6, Quill 9, 112 Jalan Semangat, 46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.** Abbreviated Prescribing Information Version 02 based on GDS10/IPI09. Date of revision: 24th January 2018

References: **1.** Yonezaki M, *et al.* Preference evaluation and perceived sensory comparison of fluticasone furoate and mometasone furoate intranasal sprays in allergic rhinitis. *Auris Nasus Larynx.* 2016;(43);292-297. **2.** Yanez A, *et al. Allergy Rhinol.* 2006; 7:1-6. **3.** Berger WE, Godfrey JW, Slater AL, *Expert Opin Drug Deliv.* 2007;4(6):689-701. **4.** Berger WE, Godfrey JW, Grant AC, *et al. J Allergy Clin Immunol.* 2007;119(1):S231. **5.** Godfrey JW, Grant AC, Slater AL, *J Allergy Clin Immunol.* 2007;119(1 Suppl): S230.

GlaxoSmithKline Pharmaceutical Sdn Bhd (Co. No.3277-U)
Level 6, Quill 9, 112, Jalan Semangat,
46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: (603) 7495 2600 www.my.gsk.com

For Medical/Healthcare Professionals Only

Adverse events should be reported to drugsafetyinfo.my@gsk.com

Before prescribing, please refer to the full prescribing information, which is available upon request.

MY/FF/0017/18 02/18

Experience that counts

AUGMENTIN
co-amoxiclav

Zinnat
cefuroxime axetil

Zinacef
cefuroxime sodium

Before prescribing, please refer to the full prescribing information, which is available upon request.

Adverse events should be reported to drugsafetyinfo.my@gsk.com

GlaxoSmithKline Pharmaceutical Sdn Bhd (Co. No.3277-U)
Level 6, Quill 9, 112, Jalan Semangat,
46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: (603) 7495 2600 www.my.gsk.com

MY/AIN/0011/17 06/17

For Medical/Healthcare Professionals Only

FAST 'N EFFECTIVE RELIEF[1-3]
FROM BOTHERSOME NASAL SYMPTOMS
GENTLE ON THE NOSE[4]

1 hour onset of action[1] | **1 day** symptom relief[2] | **1 year** sustained efficacy[3]

omnaris™
(ciclesonide) Nasal Spray, 50 mcg

ABBREVIATED PRESCRIBING INFORMATION: INDICATIONS: Seasonal Allergic Rhinitis and Perennial Allergic Rhinitis OMNARIS™ Nasal Spray is indicated for the treatment of nasal symptoms associated with seasonal allergic rhinitis in adults and adolescents 12 years of age and older. **DOSAGE AND ADMINISTRATION:** The recommended dose of OMNARIS™ Nasal Spray is 200 mcg per day administered as 2 sprays (50 mcg/spray) in each nostril once daily. The maximum total daily dosage should not exceed 2 sprays in each nostril (200 mcg/day). **CONTRAINDICATIONS:** OMNARIS™ Nasal Spray is contraindicated in patients with a hypersensitivity to any of its ingredients. **SPECIAL PRECAUTIONS:** Inhibitory effect of corticosteroids on wound healing; patients who have experienced recent nasal septal ulcers, nasal surgery, or nasal trauma should not use a nasal corticosteroid until healing has occurred. Use with caution, in patients with active or quiescent tuberculosis infections of the respiratory tract; or with untreated local or systemic fungal or bacterial infections; systemic viral or parasitic infections; or ocular herpes simplex. OMNARIS™ Nasal Spray, should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. Hypoadrenalism may occur in infants born of mothers receiving corticosteroids during pregnancy. Such infants should be carefully monitored. Caution should be implied on nursing mothers. It is not known if ciclesonide is excreted in human milk. However, other corticosteroids are excreted in human milk. **ADVERSE REACTIONS:** epistaxis, nasal discomfort, and headache. No patient experienced a nasal septal perforation or nasal ulcer. **DRUG INTERACTION:** In interaction study, co-administration of orally inhaled ciclesonide and oral ketoconazole, a potent inhibitor of CYP450 3A4, increased the exposure (AUC) of desciclesonide by approximately 3.6-fold at steady state, while levels of ciclesonide remained unchanged. Therefore, ketoconazole should be administered with caution with intranasal ciclesonide.

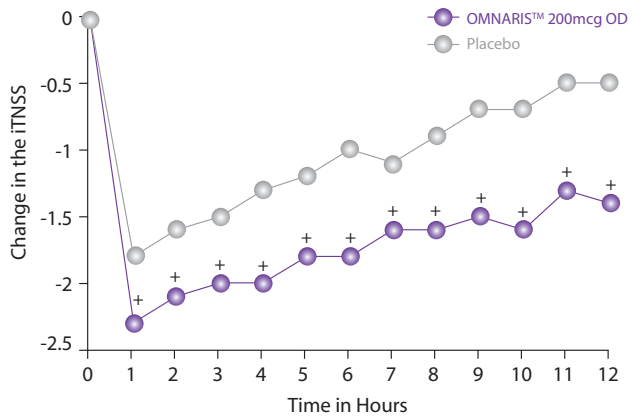
Full information available on request. Please consult full prescribing information before prescribing.

For Healthcare Professionals Only

AstraZeneca

1 hour onset of action[1]

OMNARIS™ was shown to **significantly improve nasal symptoms** compared with placebo within 1 hour of use

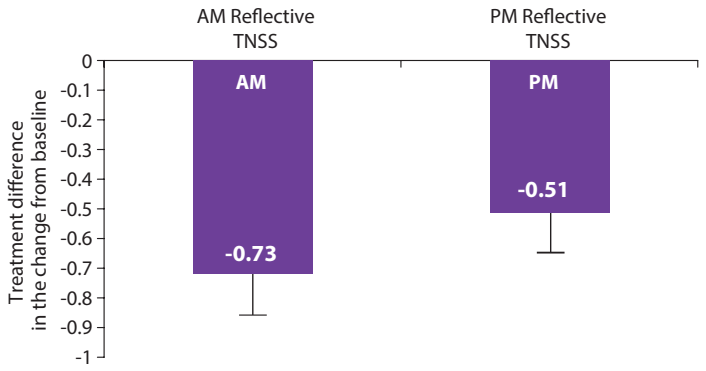


One-sided (p≤0.025) vs placebo after treatment in patients with seasonal allergic rhinitis

1 day symptom relief[2]

OMNARIS™ **improved both AM and PM Reflective TNSS** over Days 1-42

- No significant difference between AM and PM scores, demonstrating full 24-hour effect
- A significant decrease in TNSS compared with placebo over the entire trial duration (28 or 42 days)

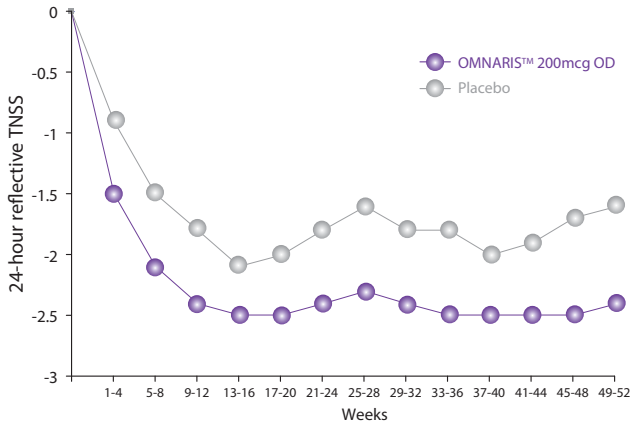


Morning (p<0.001) and evening (p=0.005) reflective TNSS over days 1 to 42 versus placebo in patients with perennial allergic rhinitis

1 year sustained efficacy[3]

Long-term efficacy with OMNARIS™ has been proven in patients with chronic allergic rhinitis symptoms over 52 weeks

- Similar safety profile vs. placebo
- No evidence of tachyphylaxis



p<0.001 vs. placebo for Day 1 to 365 in patients with perennial allergic rhinitis

OMNARIS™:

The ONLY INS in a unique hypotonic formulation[4] that *'sticks & stays'*

Indication: Treatment of nasal symptoms associated with seasonal and perennial allergic rhinitis in adults and adolescents 12 years of age and older

Dosage: 2 sprays (50 mcg/spray) in each nostril once daily

omnaris™
(ciclesonide) Nasal Spray, 50 mcg

TNSS: Total Nasal Symptom Score
INS: Intranasal Corticosteroid

References: **1.** Patel et al. Ear Nose Throat J 2008 ; 87:340-53. **2.** Meltzer E, et al. Ann Allergy Asthma Immunol 2007;98:175-181. **3.** Chervinsky P, et al. Ann Allergy Asthma Immunol 2007;99:69-76. **4.** WingertzahnMA et al. Allergy Asthma Proc 28:S18-S24 2007.

AstraZeneca
AstraZeneca Sdn Bhd (69730-X)
Level 12, Surian Tower, Jalan PJU 7/3, Mutiara Damansara, 47810 Petaling Jaya, Malaysia
Tel: 603-7723 8000 Fax: 603-7723 8001

MY_Omnaris_465290.022_07/07/2017

EASMED

FLEX®

Expanding the reach of surgery

Medrobotics®

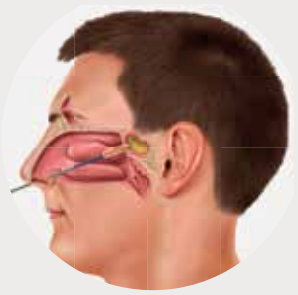
www.easmed.com | customer@easmed.com | (65) 6336 0806 | /EasmedAsia | /easmed

EASMED

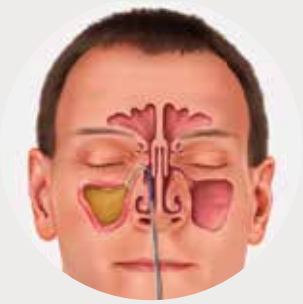
THE MOST VERSATILE BALLOON DEVICE ON THE MARKET

TREAT MULTIPLE SINUSES AND EUSTACHIAN TUBES WITH A SINGLE, MULTI-FUNCTIONAL DEVICE

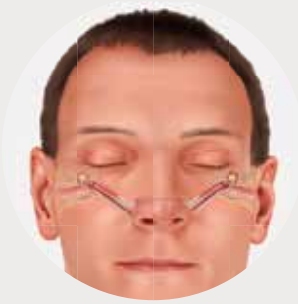
FRONTAL SINUS



SPHENOID SINUS



MAXILLARY SINUS



EUSTACHIAN TUBE

entellus MEDICAL™

www.easmed.com | customer@easmed.com | (65) 6336 0806 | /EasmedAsia | /easmed

RELEASE YOUR PATIENTS FROM A COLD

2 DAYS* EARLIER[1]

INTRODUCING NEW BETADINE® COLD DEFENCE NASAL SPRAY

A NEW ANTIVIRAL TREATMENT THAT TARGETS COMMON COLDS AT THE SOURCE[1,2]

It contains Carragelose™[2] – a natural ingredient derived from red seaweed that is clinically proven to:

- ✓ **Have broad spectrum antiviral effects[1,3-5]**
- ✓ **Eliminate 99% of common cold and flu viruses[1,6,7]**

When used at first signs of symptoms, it is clinically proven to:

- ✓ **Shorten the duration of illness by 2 days*[1]**
- ✓ **Reduce the severity of cold symptoms[3]**

DRUG-FREE

STEROID-FREE

NATURAL

BETADINE®
COLD DEFENCE

*In virus-positive patients.

Approved indications differ from country to country, please check with a local Mundipharma office on the approved prescribing information.

References: 1. Ludwig M, *et al.* Efficacy of a Carragelose nasal spray in patients with common cold: A randomized controlled trial. *Respiratory Research* 2013;14:124. 2. BETADINE® COLD DEFENCE Nasal Spray Leaflet. 3. Grassauer A, *et al.* Efficacy and safety of an antiviral Iota-Carragelose nasal spray. A randomized, double blind, placebo-controlled exploratory study in volunteers with early symptoms of the common cold. *Respiratory Research* 2010;11:104. 4. Leibbrandt A, *et al.* Iota-carrageenan is a potent inhibitor of influenza A virus infection. *PLoS One* 2010;5(12):e14320. 5. Grassauer A, *et al.* Iota-Carrageenan is a potent inhibitor of rhinovirus infection. *Virology Journal* 2008;5:107. 6. Kwekkeboom M, *et al.* Carragelose nasal spray in virus confirmed common cold: Individual patient data analysis of two randomized controlled trials. *Multidisciplinary Respiratory Medicine* 2014;9:57. 7. Wat D. The common cold: A review of the literature. *Eur J Int Med* 2004;15:79–88.

mundipharma

MP-RO-1705-F1-0817