Inspire Leadership Forum:
“ENT Best Practices for Optimal Patient Outcomes”
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“ENT Best Practices for Optimal Patient Outcomes”

Maurits Boon, MD
Program Chair
Thomas Jefferson University Hospital
Disclosures

Consulting relationship with Inspire.

Research support from Inspire.
Learning Objectives

• Share best practices on state-of-the-art surgical techniques
• Discuss post-implant patient management strategies
• Review key considerations for incorporating Inspire therapy into an ENT Practice
• Understand and review ADHERE Registry outcomes data
Inspire Therapy Milestones

Jan 2014  STAR Trial - New England Journal of Medicine

Apr 2014  FDA approval

Oct 2014  VA/Military hospital access

Nov 2016  AMA coding guidance

May 2017  FDA approval – Model 3028, MRI Conditional Labeling

Mar 2018  STAR Trial – 5 year data published

July 2018  Aetna Positive Coverage Policy Decision
Cumulative Patients Treated w/ Inspire Therapy
United States and Europe

FDA Approval April ‘14

> 3,400

Implants

Feasibility... STAR... Early... 2014 2015 2016 2017 1H 2018
Growth in Implanting Centers (US Only)

- 2014: 18
- 2015: 50
- 2016: 92
- 2017: 139
- 1H 2018: 168

US Implanting Centers
Patient Interest and Engagement

inspiresleep.com

<table>
<thead>
<tr>
<th>Year</th>
<th>Engaged visits to website</th>
<th>Dr Searches on website</th>
<th>Calls/Emails to centers</th>
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<tr>
<td>2014</td>
<td>100,000</td>
<td>25,000</td>
<td>4,500</td>
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<tr>
<td>2015</td>
<td>680,000</td>
<td>110,000</td>
<td>12,500</td>
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<tr>
<td>2016</td>
<td>930,000</td>
<td>250,000</td>
<td>21,200</td>
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<tr>
<td>2017</td>
<td>1,100,000</td>
<td>382,000</td>
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Submissions for Commercial Insurance Approval

United States

Past Quarter Submissions

<table>
<thead>
<tr>
<th></th>
<th>Quarterly Total Submissions</th>
<th>Quarterly Weekly Average Submissions</th>
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<tbody>
<tr>
<td>Q1 '18</td>
<td>16</td>
<td>21</td>
</tr>
<tr>
<td>Q2 '18</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Q3 '18</td>
<td>25</td>
<td>22</td>
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<td>Q4 '18</td>
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<td>30</td>
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<td>Q4 '17</td>
<td>43</td>
<td>48</td>
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<tr>
<td>Q1 '18</td>
<td>48</td>
<td>55</td>
</tr>
<tr>
<td>Q2 '18</td>
<td>619</td>
<td>60</td>
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</table>

Submissions for Q1 '16 through Q2 '18

Prior Authorization Approval Track Record following a complete appeal review cycle

Percentage of Patient Approvals

- 70% Approved
- 20% Denied at EMR
- 10% Dismissed

Approval typically takes approximately 2-3 months

Overall Approval Rates are ~50% as many patients do not receive a full review (drop out or blocked)
Leadership Forum Agenda

• State-of-the-Art Implant Technique Review
  – PD Dr. med. Clemens Heiser; Technische Universität München

• Post-Implant Patient Management Best Practices
  – Ryan J. Soose, MD; University of Pittsburgh Medical Center

• Key Considerations for ENT Practice Integration
  – Ronald D. Hanson, MD; St. Cloud Ear, Nose and Throat
  – Christopher G. Larsen, MD; University of Kansas Health System

• ADHERE Registry Update
  – Maurits S. Boon, MD; Thomas Jefferson University Hospital

• Q&A with Group & Adjourn
Inspire Leadership Forum:
“ENT Best Practices for Optimal Patient Outcomes”
State-of-the-Art Implant Technique Review

Clemens Heiser, M.D.
Associate Professor
Department of Otorhinolaryngology, Head and Neck Surgery
Head of ENT sleep department
Klinikum rechts der Isar, Technical University
Ismaninger Str. 22, 81675 Munich, Germany
Tel.: 0049 (0)89 / 4140 – 2692; Email: hno@heiser-online.com
Disclosures

- Inspire Medical Systems (consultant)
- Heinen & Löwenstein (research grant)
- Neuwirth Medical Products (research grant)
- Sutter Medizintechnik (consultant)
Important Steps in Inspire Cuff Placement

1. Anterior Direct Approach to XII

2. Anatomy of the Distal Hypoglossal Nerve
   - Neuromonitoring / Advanced
   - Intraoperative Tongue Motions
1. Anterior Surgical Approach

2. Anatomy of the Hypoglossal Nerve

Retractors
SG = styloglossus muscle
HG = hyoglossus muscle

Protrusors
GG = genioglossus muscles
  GGo = oblique
  GGh = horizontal
GH = geniohyoid muscle
C1 = first cervical nerve

Intrinsic Muscles
T/V = transverse & vertical muscles
SL = superior longitudinal
IL = inferior longitudinal

2. Anatomy of the Hypoglossal Nerve

Magnification is needed during implantation:

Highly recommended to use a microscope!
2. Anatomy of the Hypoglossal Nerve

<table>
<thead>
<tr>
<th>T/V Classification</th>
<th>C1 Classification</th>
<th>final HG branch</th>
</tr>
</thead>
<tbody>
<tr>
<td>type I: 19%</td>
<td>type a: 59%</td>
<td>type 1: 33%</td>
</tr>
<tr>
<td></td>
<td>Hyoglossus M.</td>
<td>Hyoglossus M.</td>
</tr>
<tr>
<td></td>
<td>T/V</td>
<td>T/V</td>
</tr>
<tr>
<td></td>
<td>GGo</td>
<td>GGo</td>
</tr>
<tr>
<td></td>
<td>HG (late)</td>
<td>HG (late)</td>
</tr>
<tr>
<td>type II: 44%</td>
<td>type b: 7%</td>
<td>type 2: 67%</td>
</tr>
<tr>
<td></td>
<td>Hyoglossus M.</td>
<td>Hyoglossus M.</td>
</tr>
<tr>
<td></td>
<td>T/V</td>
<td>T/V</td>
</tr>
<tr>
<td></td>
<td>GGo</td>
<td>GGo</td>
</tr>
<tr>
<td></td>
<td>HG (late)</td>
<td>HG (late)</td>
</tr>
<tr>
<td>type III: 37%</td>
<td>type c: 33%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hyoglossus M.</td>
<td>Hyoglossus M.</td>
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<tr>
<td></td>
<td>T/V</td>
<td>T/V</td>
</tr>
<tr>
<td></td>
<td>GGo</td>
<td>GGo</td>
</tr>
<tr>
<td></td>
<td>HG (late)</td>
<td>HG (late)</td>
</tr>
</tbody>
</table>

T/V = transverse / vertical muscles  
C1 = first cranial nerve  
HG = hyoglossus nerve  
SG = styloglossus muscle  
M. = muscle  
CN-XII = hypoglossal nerve

Implantation – Nerve Anatomy

Case 1
Separating nerve fibers
4. Intraoperative Tongue Motions
Thanks for your attention!
Post-Implant Troubleshooting and Therapy Optimization

Ryan J. Soose, MD
Associate Professor
Department of Otolaryngology
University of Pittsburgh
Conflict of Interest (COI) Disclosures

Advisory Board / Consulting:

• Inspire Medical Systems (consulting only)
• Galvani Bioelectronics
• Invicta Medical
• Cryosa
Introduction

• Majority of UAS patients achieve:
  • Good adherence (>40h/week)
  • Symptomatic response
  • Favorable objective improvement (AHI)
• Patient education and timely follow-up are critical to early success
• Some patients have:
  • Inadequate comfort and adherence
  • Inadequate clinical response
• Office-based troubleshooting, therapy adjustments, and patient education can further strengthen outcomes
Comparison with CPAP Troubleshooting

• Patient education and timely follow-up are critical
• Device data download and targeted therapy adjustments

<table>
<thead>
<tr>
<th>Side effects</th>
<th>Management strategies</th>
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</thead>
<tbody>
<tr>
<td><strong>Pressure or airflow related</strong></td>
<td></td>
</tr>
<tr>
<td>Difficulty exhaling</td>
<td>Pressure ramp</td>
</tr>
<tr>
<td>Difficulty initiating/maintaining</td>
<td>Mask refit</td>
</tr>
<tr>
<td>asleep</td>
<td>Reduce expiratory pressure with bilevel therapy</td>
</tr>
<tr>
<td>Aerophagia</td>
<td>Reduce required pressure with adjunctive techniques (oral appliance, surgery, weight</td>
</tr>
<tr>
<td>Sinus or ear discomfort</td>
<td>loss, positional therapy)</td>
</tr>
<tr>
<td>Chest wall discomfort</td>
<td></td>
</tr>
<tr>
<td><strong>Device or interface related</strong></td>
<td></td>
</tr>
<tr>
<td>Nasal congestion</td>
<td>Mask refit</td>
</tr>
<tr>
<td>Rhinorrhea</td>
<td>Heated humidification</td>
</tr>
<tr>
<td>Dryness of the upper airway</td>
<td>Topical nasal treatments for chronic rhinitis</td>
</tr>
<tr>
<td>Epistaxis</td>
<td>Surgical nasal procedures to lower nasal resistance</td>
</tr>
<tr>
<td>Skin abrasion or rash of the nose/</td>
<td>Protective skin covering</td>
</tr>
<tr>
<td>face</td>
<td>Longer tubing to move further from bedside</td>
</tr>
<tr>
<td>Conjunctivitis from air leak</td>
<td></td>
</tr>
<tr>
<td>Machine noise</td>
<td></td>
</tr>
<tr>
<td><strong>Psychological reasons</strong></td>
<td></td>
</tr>
<tr>
<td>Claustrophobia</td>
<td>Desensitization techniques</td>
</tr>
<tr>
<td>Cumbersonessness</td>
<td>Education for both patient and spouse</td>
</tr>
<tr>
<td>Travel inconvenience</td>
<td>Patient support group</td>
</tr>
<tr>
<td>Spousal intolerance</td>
<td></td>
</tr>
</tbody>
</table>

For UAS Patients with Suboptimal Response

- **Comfort & Adherence**
- **Residual OSA**
  - Symptoms
  - AHI

Therapy adjustments in the office can improve adherence and effectiveness.
Inadequate Comfort and Adherence

1. **Device Check**
   - Assess amplitude level to rule out “over-titration”
   - Confirm Proper System Function

2. **Comfort Settings**
   - Assess and select most comfortable Pulse Width / Rate combination
   - If needed, assess and select most comfortable electrode configuration

3. **New Settings & Follow-Up**
   - Upload and Save New Settings
   - Call Patient 1 week post visit to assess comfort and adherence
Comfort Settings Adjustments (Office-based)

1. Pulse Width (PW) and Rate Adjustments

<table>
<thead>
<tr>
<th>PW / Rate Combinations</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1. 90 µS / 33 Hz (Default) | - If stimulation is uncomfortable at default settings:  
|                         |   • Try new PW and Rate combinations (left)  
|                         |   • Record functional threshold with new combinations  
|                         |   • Assess if the patient feels it’s more comfortable.  |
| 2. 120 µS / 33 Hz      | - Try combinations in the order shown here.  |
| 3. 120 µS / 40 Hz      | - Use the first combination that improves comfort  |
| 4. 150 µS / 33 Hz      |             |
| 5. 150 µS / 40 Hz      |             |
## 2. Electrode Configuration Adjustments (if needed)

### Electrode Configurations

1. [+ - +] bipolar (Default)
2. [o – o] unipolar
3. [- - -] unipolar
4. [- o -] unipolar

- If the pulse width and rate combinations don’t improve comfort, adjust electrode configuration.
  - Try new electrode configurations (left)
    - Record functional thresholds with each new electrode configuration
    - Reassess patient comfort
  - Select first configuration that optimizes comfort and tongue motion
For UAS Patients with Suboptimal Response

Comfort & Adherence

Residual OSA
- Symptoms
- AHI

Therapy adjustments in the office can improve adherence and effectiveness
Residual OSA (Symptoms and/or AHI Elevation)

1. **Device Check**
   - Assess amplitude level to rule out “over-titrations”
   - Confirm Proper System Function

2. **Awake Endoscopy**
   - *Find settings that optimize airway opening at both tongue base and soft palate*
   - **Electrode Configuration**
     - **Amplitude**

3. **Other Considerations**
   - Positional therapy
   - Weight loss
   - Nasal airway
   - Jaw position
   - Comorbid sleep Dx
Awake Endoscopy

• Usually takes < 10 minutes

• Which stimulation settings promote the best airway opening?
  • Tongue base
  • Soft palate coupling
  • Lateral wall stability
  • Epiglottis coupling

• Can also assess effect of jaw and neck position
Case Example: Awake Endoscopy to Improve Response

• Baseline pre-implant: **AHI-57**
• Inadequate response at 2mo PSG: **AHI-40**
• Awake endoscopy used to guide optimal settings
• Follow-up PSG: **AHI <5**
Combination therapy increasingly common

<table>
<thead>
<tr>
<th>Adjunctive Medical Tx</th>
<th>Adjunctive Surgical Tx</th>
<th>Comorbid Sleep Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Positional therapy</td>
<td>- Lowering nasal resistance</td>
<td>- Insomnia</td>
</tr>
<tr>
<td>- Neck</td>
<td>- Lymphoid hyperplasia</td>
<td>- RLS</td>
</tr>
<tr>
<td>- Body</td>
<td>- Palatal surgery</td>
<td>- Sleep hygiene</td>
</tr>
<tr>
<td>- Weight loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Oral appliance therapy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Combination therapy increasingly common
Case example: Neck position

- 74yo non-obese, severe OSA, AM headaches, EDS
- Dx: AHI-39.5, O2 nadir-75%, 30% T90
- UAS: AHI-17.3, O2 nadir-86%, 16% T90
- UAS+CP: AHI-3.2, O2 nadir-89%, 0.2% T90
Summary for patients with suboptimal response

• Systematic approach to therapy troubleshooting can:
  • Improve comfort / adherence
  • Improve symptoms / outcomes

• Development of a best practice approach:
  1. Device check
  2. Modify comfort settings
  3. Adjust electrode configuration
  4. Assess with awake endoscopy
  5. Explore adjunctive treatment strategies
Key Considerations for Integrating Inspire into an ENT Practice

- Private Practice Setting -

Ronald D. Hanson, MD
Senior Partner
St. Cloud Ear, Nose & Throat
Disclosures

None to Report
Setting the Tone
Creating Alignment in the Practice

Inspire is a life-changing therapy that we’re offering OSA patients who can’t use CPAP

• It’s a **proven therapy** that is good for patients

• We’re creating a **leadership position** in the community and throughout Minnesota

• It is important at our practice to be efficient in **establishing and managing strong patient flow**

• **Develop then maintain a program** to provide Inspire therapy
Partnership with Primary Sleep Group

**This is Essential**

- Communication between ENT and Sleep has to be open and direct
  - Collaboration NOT competition
- We triage patients who don’t meet candidacy for Inspire over to sleep
- They’re better equipped to talk to patients about
  - High BMI, CPAP issues
- Post Implant:
  - Trust Dr. Payne to follow up
Administrative Support / Economics

- CEO of Surgery Center Supports Inspire
  - Predictable results
  - Low morbidity
  - 1-2 hour procedure times
  - Reimbursement is not onerous and is generous

- Great exposure for surgery center in community and Minnesota
Strong and Efficient Patient Flow

- Patient flow was spotty early
- Community Awareness Campaigns increased patient flow:
  - Community events
  - Radio, Print, News Media
  - Referring MD network
  - Social media
  - Link Inspire to Clinic website
- Great support from Inspire team
Scheduling Efficiency

• We have a couple of people per day ask about Inspire

• Efficient Patient Scheduling
  • Consults: Get patients into clinic in a timely manner
    • We have access within 1-2 weeks
  • DISE scheduling
    • Short procedure that is easy to schedule soon after consult
  • Implants
    • When approved by insurance, I see them within 1-2 weeks
Final Notes

• CPAP intolerant patients are looking for a solution
• This therapy is well-tolerated and highly effective
  • The word is getting around my community
Integrating Inspire Therapy Into Your University Practice

Christopher Larsen, MD, FACS
Associate Professor
Division Director General Otolaryngology
The University of Kansas Health System
DISCLOSURES

Inspire Consultant and Research Support
The University of Kansas Health System supported Inspire early

- Know OSA is a highly prevalent disease
- There are many untreated and vulnerable OSA patients who can’t use CPAP and need help
- Inspire therapy is an innovative technology that is worth supporting
MANAGING PATIENT VOLUME

Work Closely with Nurse Scheduler

• Consults
  • Scheduler flags visits as “Inspire Consults”

• DISE
  • For my days at Surgery Center
  • Scheduler funnels 4-6 DISE cases

• Implants
  • 6 Inspire implants/month
    • Stack 2-3 implants per Implant Day

• Work through reimbursement challenges
COLLABORATION WITH SLEEP MD

• Helps manage volume, pre- and post-implant care and patients who don’t qualify

Suzanne M. Stevens, MD
COMMUNITY AWARENESS

• KUHS Marketing Department is completely on board

• Tireless in creating hospital awareness campaigns in community

• KUHS provides “Innovative and patient-centric healthcare”
Team approach after first PSG (AHI = 17.1)
1. Conducted an HST
   • Showed minimal improvement despite patient-reported outcomes
2. Awake endoscopy w/ advanced programming
   • Electrode configuration was changed to (- 0 -) based on soft palate response
3. Coordinated Care with Sleep Physician
   • Patient-controlled parameters were increased using sleep remote
   • Additional HST showed continued moderate OSA
4. Second PSG performed where changes to the timing of the device were made (AHI = 3.2)
Adhere Registry: Interim Update

Maurits Boon, MD
Over 60 Peer-Reviewed Publications

- STAR Clinical Trial
- Post Approval Study
- Independent Center Studies
- ADHERE Registry
Registry Objectives

- Collect real-world clinical evidence of upper airway stimulation for OSA treatment in routine clinical setting
- Characterize safety, effectiveness, and adherence of therapy use
ADHERE UAS Registry Overview

- Registry Design
  - International multi-center prospective registry
  
- Patient Selection
  - Consecutive patients at all enrolling centers;
  - Retrospectively collect available data from implanted patients
  
- Follow up
  - Post-titration and 12 months after receiving implant
  
- Sample Size
  - To enroll 2,500 patients
Registry Schedule

- Baseline
  - Medical history
  - OSA treatments
  - PRO
  - Newly incident comorbidity (past 12 months)

- Implant
  - Implant info
  - Safety: procedure related

- Post-Titration
  - Safety: therapy related
  - Treatment AHI
  - PRO
  - CGI
  - Adherence

- Final Visit
  - Safety: therapy related
  - Treatment AHI (if available)
  - PRO
  - CGI
  - Adherence
  - New incident comorbidity

PRO: patient-reported outcome (Epworth sleepiness scale; Therapy use experience)
CGI: clinical global impression by physician
## Baseline Characteristics

<table>
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<tr>
<th>Demographics</th>
<th>(N = 674)</th>
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<tbody>
<tr>
<td>Age</td>
<td>60.0 ± 11.2</td>
</tr>
<tr>
<td>Sex</td>
<td>Male: 518 (77%); Female: 155 (23%)</td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>• Caucasian</td>
<td>N=653 (97.3%)</td>
</tr>
<tr>
<td>• Other</td>
<td>N=10 (1.5%)</td>
</tr>
<tr>
<td>• Black</td>
<td>N=6 (1%)</td>
</tr>
<tr>
<td>• Asian</td>
<td>N=2 (&lt;1%)</td>
</tr>
<tr>
<td>• American Indian or Alaska Native</td>
<td>N=2 (&lt;1%)</td>
</tr>
<tr>
<td>BMI, kg/m²</td>
<td>29.3 ± 3.8</td>
</tr>
<tr>
<td>Systolic BP, mmHg</td>
<td>130.2 ± 13.1</td>
</tr>
<tr>
<td>Diastolic BP, mmHg</td>
<td>78.4 ± 9.5</td>
</tr>
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# OSA History

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Number</th>
<th>% of total</th>
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<tbody>
<tr>
<td>No Treatment</td>
<td>9</td>
<td>1%</td>
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<tr>
<td>CPAP</td>
<td>658</td>
<td>98%</td>
</tr>
<tr>
<td>Oral Appliance</td>
<td>119</td>
<td>18%</td>
</tr>
<tr>
<td>OSA Surgery</td>
<td></td>
<td></td>
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<tr>
<td>Nasal Procedure</td>
<td>165</td>
<td>25%</td>
</tr>
<tr>
<td>Palatal Procedure</td>
<td>213</td>
<td>32%</td>
</tr>
<tr>
<td>Tongue-base Procedure</td>
<td>34</td>
<td>5%</td>
</tr>
<tr>
<td>Laryngeal Procedure</td>
<td>21</td>
<td>3%</td>
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Patient may have multiple procedures
## Comorbidities

<table>
<thead>
<tr>
<th>Parameters</th>
<th>%</th>
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<tbody>
<tr>
<td>Hypertension, %</td>
<td>47%</td>
</tr>
<tr>
<td>Stroke, %</td>
<td>3%</td>
</tr>
<tr>
<td>Heart attack, %</td>
<td>4%</td>
</tr>
<tr>
<td>Atrial fibrillation, %</td>
<td>5%</td>
</tr>
<tr>
<td>Congestive heart failure, %</td>
<td>2%</td>
</tr>
<tr>
<td>Diabetes mellitus, %</td>
<td>11%</td>
</tr>
<tr>
<td>Depression, %</td>
<td>21%</td>
</tr>
<tr>
<td>Others, %</td>
<td>56%</td>
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</table>
AHI Reduced at Follow Up Visits

Reduced OSA Severity

<table>
<thead>
<tr>
<th>AHI response at 12 Months</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHI ≤ 5</td>
<td>38%</td>
</tr>
<tr>
<td>AHI ≤ 10</td>
<td>61%</td>
</tr>
<tr>
<td>AHI ≤ 15</td>
<td>75%</td>
</tr>
<tr>
<td>AHI ≤ 20 and 50% reduction</td>
<td>77%</td>
</tr>
</tbody>
</table>

Results in median; Mean AHI reduced from 36.5 at baseline to 10.5 at post-titration and 11.8 at 12 months.
Daytime Sleepiness Reduced

Results median; mean ESS reduced from 11.7 at baseline to 7.7 at post-titration and 6.9 at final visit.
Therapy use was High after 12 months

Results in median, mean nightly usage was 6.4 at post-titration and 5.6 at final visit.
Reference: SAVE Trial, CPAP Use per night, 3.3 hours/night at 12-Month
Physician Clinical Global Impression Improved after the Implantation

92% Reported Improvement

Post-Titration (n=414)
- 1 - Very much improved
- 2 - Much improved
- 3 - Minimally improved
- 4 - No change
- 5 - Minimally worse
- 6 - Much worse
- 7 - Very much worse

Final Visit (n=304)
Favorable Comparison with CPAP and Positive Patient Satisfaction

How does UAS compare to CPAP?

- 95% Positive Feedback
  - Post-Titration (n=310)
  - Final Visit (n=288)
  - Inspire is much better than CPAP
  - Inspire is a little better than CPAP
  - CPAP and Inspire are about the same
  - CPAP is a little better than Inspire
  - CPAP is much better than Inspire

Recommend UAS?

- 95% Positive Feedback
  - Post-Titration (n=325)
  - Final Visit (n=299)
  - Strongly agree
  - Agree
  - Neither agree or disagree
  - Disagree
  - Strongly disagree

Choose UAS again?

- 94% Positive Feedback
  - Post-Titration (n=326)
  - Final Visit (n=296)
  - Strongly agree
  - Agree
  - Neither agree or disagree
  - Disagree
  - Strongly disagree

Patient Satisfaction with UAS?

- 93% Positive Feedback
  - Post-Titration (n=325)
  - Final Visit (n=209)
  - Strongly satisfied
  - Satisfied
  - Neither dissatisfied or satisfied
  - Dissatisfied
  - Strongly dissatisfied
Adhere Registry Interim Update Summary

- Largest real world data collection of upper airway stimulation for treatment of OSA to date
- Reduced OSA severity
- Improved patient-reported outcome
- Maintained high therapy adherence after 12 months
Inspire Leadership Forum:
“ENT Best Practices for Optimal Patient Outcomes”