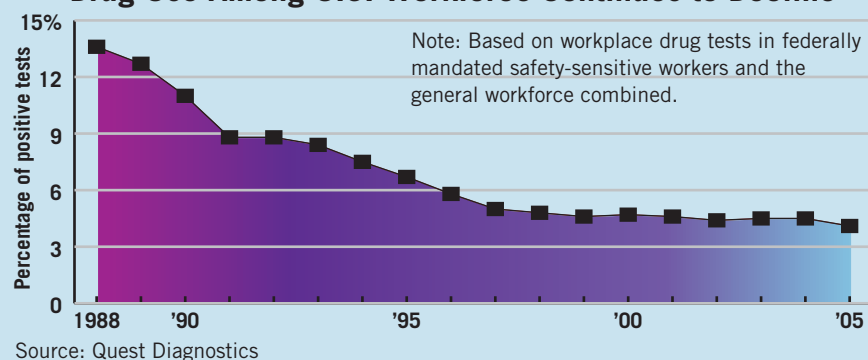


DATA WATCH

Drug Use Among U.S. Workforce Continues to Decline



**Brief Summary of Safety Information
for the VNS Therapy™ System
(Depression Indication)
July 2005**

**1. INTENDED USE / INDICATIONS:
DEPRESSION (USA)**

The VNS Therapy System is indicated for the adjunctive long-term treatment of chronic or recurrent depression for patients 18 years of age or older who are experiencing a major depressive episode and have not had an adequate response to four or more adequate antidepressant treatments.

2. CONTRAINDICATIONS

The VNS Therapy System cannot be used in patients after a bilateral or left cervical vagotomy. Do not use short-wave diathermy, microwave diathermy, or therapeutic ultrasound diathermy on patients implanted with a VNS Therapy System. Diagnostic ultrasound is not included in this contraindication.

3. WARNINGS

Physicians should inform patients about all potential risks and adverse events discussed in the *Physician's Manual (Depression)*. This document is not intended to serve as a substitute for the complete *Physician's Manual (Depression)*.

This device is a permanent implant. It is only to be used in patients with severe depression who are unresponsive to standard psychiatric management. It should only be prescribed and monitored by physicians who have specific training and expertise in the management of treatment-resistant depression and the use of this device. It should only be implanted by physicians who are trained in surgery of the carotid sheath and have received specific training in the implantation of this device.

Physicians should warn patients that VNS Therapy has not been determined to be a cure for depression.

The safety and efficacy of the VNS Therapy System have not been established for uses not covered in the "Intended Use/Indications" section of the *Physician's Manuals (Depression and Epilepsy)*.

Patients being treated with adjunctive VNS Therapy should be observed closely for clinical worsening and suicidality, especially at the time of VNS Therapy stimulation parameter changes or drug or drug dose changes.

The safety and effectiveness of the VNS Therapy System in patients with predisposed dysfunction of cardiac conduction systems (re-entry pathway) have not been established. Postoperative bradycardia can occur among patients with certain underlying cardiac arrhythmias. Post-implant electrocardiograms and Holter monitoring are recommended if clinically indicated.

It is important to follow recommended implantation procedures and intraoperative product testing described in the *Physician's Manual (Depression)*. During the intraoperative System Diagnostics (Lead Test), infrequent incidents of bradycardia and/or asystole have occurred. If asystole, severe bradycardia (heart rate <40 bpm), or a clinically significant change in heart rate is encountered during a System Diagnostics or during initiation of stimulation, physicians should be prepared to follow guidelines consistent with Advanced Cardiac Life Support (ACLS).

Difficulty swallowing (dysphagia) may occur with active stimulation, and aspiration may result from the increased swallowing difficulties. Patients with pre-existing swallowing difficulties are at greater risk for aspiration.

Shortness of breath (dyspnea) may occur with active VNS Therapy. Any patient with underlying pulmonary disease or insufficiency such as chronic obstructive pulmonary disease or asthma may be at increased risk for dyspnea.

Patients with obstructive sleep apnea (OSA) may have an increase in apneic events during stimulation. Lowering stimulus frequency or prolonging "OFF" time may prevent exacerbation of OSA. Vagus nerve stimulation may also cause new onset sleep apnea in patients who have not previously been diagnosed with this disorder.

Device malfunction could cause painful stimulation or direct current stimulation. Either event could cause nerve damage. Patients should be instructed to use the Magnet to stop stimulation if they suspect a malfunction, and then to contact their physician immediately for further evaluation.

Patients with the VNS Therapy System or any part of the VNS Therapy System implanted should not have full body MRI.

Use of the Magnet to activate stimulation is not recommended for patients with depression.

Excessive stimulation at an excess duty cycle has resulted in degenerative nerve damage in laboratory animals.

Patients who manipulate the Pulse Generator and Lead through the skin may damage or disconnect the Lead from the Pulse Generator and/or possibly cause damage to the vagus nerve.

4. PRECAUTIONS

Physicians should inform patients about all potential risks and adverse events discussed in the *Physician's Manual (Depression)*.

Prescribing physicians should be experienced in the diagnosis and treatment of depression and should be familiar with the programming and use of the VNS Therapy System.

Physicians who implant the VNS Therapy System should be experienced performing surgery in the carotid sheath; physicians should be familiar with vagus nerve anatomy, particularly the cardiac branches; and they should be trained in the surgical technique relating to the implantation of the VNS Therapy System.



The safety and effectiveness of the VNS Therapy System have not been established for use during pregnancy. VNS Therapy should be used during pregnancy only if clearly needed.

The VNS Therapy System is indicated for use only in stimulating the left vagus nerve in the neck area inside the carotid sheath.

The VNS Therapy System is indicated for use only in stimulating the left vagus nerve below where the superior and inferior cervical cardiac branches separate from the vagus nerve.

It is important to follow infection control procedures. Infections related to any implanted device are difficult to treat and may require that the device be explanted. The patient should be given antibiotics preoperatively. The surgeon should ensure that all instruments are sterile prior to the procedure.

The VNS Therapy System may affect the operation of other implanted devices, such as cardiac pacemakers and implanted defibrillators. Possible effects include sensing problems and inappropriate device responses. If the patient requires concurrent implantable pacemaker, defibrillatory therapy or other types of stimulators, careful programming of each system may be necessary to optimize the patient's benefit from each device.

Reversal of Lead polarity has been associated with an increased chance of bradycardia in animal studies. It is important that the electrodes are attached to the left vagus nerve in the correct orientation. It is also important to make sure that Leads with dual connector pins are correctly inserted (white marker band/serial number to + connection) into the Lead receptacles.

The patient can use a neck brace for the first week to help ensure proper Lead stabilization.

Do not program the VNS Therapy System to an "ON" or periodic stimulation treatment for at least 14 days after the initial or replacement implantation.

Do not use frequencies of 5 Hz or below for long-term stimulation.

ELSEVIER GLOBAL MEDICAL NEWS

Smoking Quit Lines Appear To Ease Doctors' Workloads

BY HEIDI SPLETE
Senior Writer

WASHINGTON — The opportunity to refer patients to a telephone quit line encourages physicians to talk to their patients about quitting smoking, Dr. Stephen Rothemich said at a conference on tobacco control sponsored by the American Cancer Society.

Dr. Rothemich found a statistically significant 14% increase in intensive counseling for patients in practices where their referrals were immediately faxed to smoking quit lines, compared with practices that were not partnered with quit lines, based on preliminary data from more than 1,500 smokers over 7 months' follow-up.

Dr. Rothemich, of Virginia Commonwealth University in Richmond, randomized eight medical practices to immediately refer patients who expressed interest in quitting smoking in the next 30 days to a quit line for follow-up support and guidance. Another eight practices that did not immediately refer patients to quit lines were controls.

The study participants were adults who had just visited a primary care medical practice. When the patients were surveyed after their office visits, significantly more smokers in the intervention practices, compared with the control practices, reported that they had been asked about plans to quit smoking (36% vs. 29%) and were referred to a quit line (22% vs. 9%). Of the 16 practices, 11 focused on family medicine, 2 on internal medicine, and 3 on combined family medicine and internal medicine practice.

The practice size ranged from two to seven providers. These small practices are representative of primary care in much of America, Dr. Rothemich noted. "Our intervention goal was to talk to the practices and figure out how to customize their use of quit lines," he said. After a basic training session, the practices decided which staff members would work with patients and fax the referral forms to the quit lines.

A lack of office support is one of the most common barriers to intensive counseling for smokers in primary care settings, but quit lines can supply the intensive follow-up counseling that many doctors do not have time for. "It's a win-win situation with great potential to improve public health," Dr. Rothemich said.

Although the referral rates at the practices using quit lines dropped dramatically—from 235 referrals during the first 3 months to 66 referrals during the second 3 months—the data collection is ongoing and the rates may stabilize, Dr. Rothemich said.

More important than the numbers, though, was the doctors' enthusiasm for the program. "They were disappointed when they were randomized to the control group," he said.

Telephone quit lines are state based, and residents of all 50 states and the District of Columbia can gain access to them, according to the North American Quitline Consortium, a nonprofit organization that promotes quit lines. When a quit line office receives a faxed referral from a health care provider, the patient receives counseling phone calls, support materials by mail, information about interactive online assistance programs, and referrals to community-based cessation programs.

For more information on telephone quit lines, visit the Centers for Disease Control and Prevention's Web site at www.cdc.gov/tobacco/quitlines.htm.

USA Depression Summary 26-0006-11002
© 2005 Cyberonics, Inc. All rights reserved.
Cyberonics® is a registered trademark of Cyberonics, Inc.

Cyberonics

References: 1. Rush AJ, Sackeim HA, Marangell LB, et al. Effects of 12 months of vagus nerve stimulation in treatment-resistant depression: a naturalistic study. *Biol Psychiatry*. 2005;58:355-363. 2. George MS, Nahas Z, Bohning DE, et al. Vagus nerve stimulation: a new form of therapeutic brain stimulation. *CNS Spectr*. 2000;5(11):43-52. 3. *Depression Physician's Manual. VNS Therapy™ Pulse Model 102 Generator and VNS Therapy™ Pulse Duo Model 102R Generator*. Houston, Tex: Cyberonics, Inc.; December 2005. 4. George MS, Rush AJ, Marangell LB, et al. A one-year comparison of vagus nerve stimulation with treatment as usual for treatment-resistant depression. *Biol Psychiatry*. 2005;58:364-373.