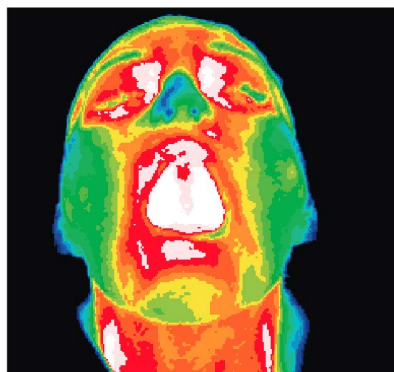
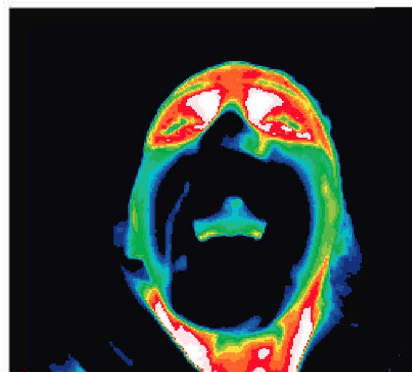


ORAL CAVITY TEMPERATURE DISTRIBUTION



BEFORE



AFTER

As demonstrated in the images above, Chemo Mouthpiece cools down the entire oral cavity. While traditional oral cryotherapy has been proven to help prevent oral mucositis, it doesn't cool the whole mouth which is better for prevention because cooling the entire oral cavity is vital.

OTHER CHEMO MOUTHPIECE BENEFITS:

- ▲ Stays ice cold for over 30 minutes
- ▲ Offers patients a drug free solution
- ▲ Can be used by those with sensitive teeth
- ▲ Made with FDA medical grade silicone, water, and salt
- ▲ Easy to travel with and easy to clean
- ▲ Single patient, multi-use
- ▲ Relieves inflammation and reduces pain



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CMP data on file 2019, resources located on our website, www.chemomouthpiece.com.

CHEMO
MOUTHPIECE™

INVENTED FOR CANCER PATIENTS
BY A CANCER SURVIVOR

A PROACTIVE APPROACH FOR
ORAL MUCOSITIS

GIVING CANCER PATIENTS ONE LESS
THING TO WORRY ABOUT...

The Problem - ORAL MUCOSITIS

Oral mucositis is a severe side effect of cancer treatment and can cause many issues for cancer patients. It has a profound economic, social and physiological impact on patient care. OM can have a serious impact on a patient's quality of life, could potentially affect treatment outcome, and could also be a large economic burden to them and the healthcare system.

▲ PATIENT QUALITY OF LIFE

Pain associated with OM severely impedes a patient's ability to eat, drink, sleep, swallow, talk and maintain proper nutrition.

▲ CLINICAL OUTCOMES

OM often causes treatment delays, dose reductions and at times, discontinuation of cancer therapy which greatly decreases clinical response rates and potentially overall survival.

▲ ECONOMIC BURDEN

Costs associated with OM are staggering. Hospitalization, placement of feeding tubes, IV Fluids, opioid intervention as well as antibiotics for OM related infections have been shown to cost the system and patient between **\$1700 - \$25,000+ USD** in additional costs.

ORAL CRYOTHERAPY

LARGE BODY OF CLINICAL DATA

Oral cryotherapy has been studied and its efficacy has been well documented over the past two decades.

WELL STUDIED AS PREVENTATIVE INTERVENTION

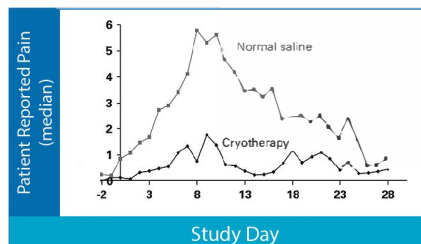
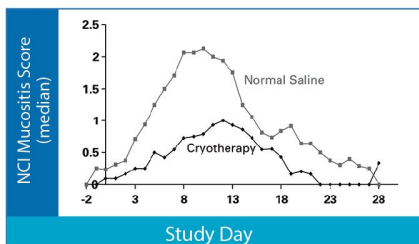
Studies using oral cryotherapy in certain cancer treatments have demonstrated up to a 50% reduction in the rate of OM while also documenting a delay in the on-set, reduction in severity and a reduction in opioid use.

ACCEPTED AND ENDORSED

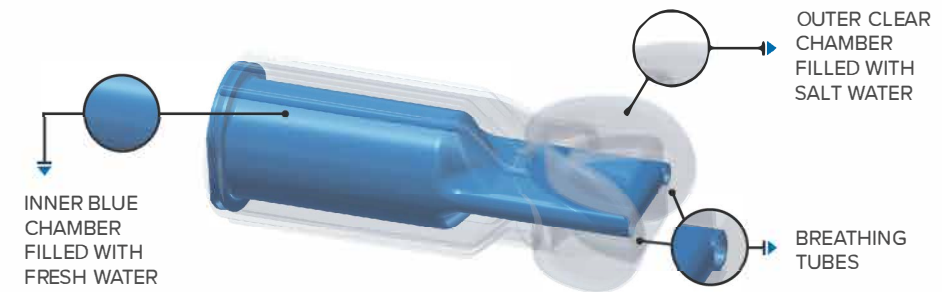
The expert and large governing bodies on oral mucositis such as NCCN, MASCC and ONS have all recommended using oral cryotherapy as a PREVENTATIVE intervention in the fight against oral mucositis.

A STUDY REVIEW EXAMPLE:

Bone Marrow Transplantation - A prospective, randomized study of cryotherapy during administration of high-dose melphalan to decrease the severity and duration of oral mucositis in patients with multiple myeloma undergoing autologous peripheral blood stem cell transplantation.



The Solution - CHEMO MOUTHPIECE



When placed in a freezer, the inner chamber freezes solid while the outer chamber stays ice cold liquid! Patients freeze the device for a minimum of 6 hours prior to chemotherapy infusion treatment. Patients should keep the mouthpiece in their mouth during infusion and can use it multiple times throughout the day for reduction of pain and inflammation. It stays ice cold for 30+ minutes!



National Comprehensive Cancer Network (NCCN) Guidelines

- ▲ The panel recommends that patients receiving bolus 5-FU chemotherapy undergo 30 minutes of oral cryotherapy to prevent OM.
- ▲ The panel suggests the use of 20–30 minutes of oral cryotherapy to decrease mucositis in patients treated with bolus doses of edatrexate.
- ▲ The panel suggests the use of cryotherapy to prevent OM in patients receiving high-dose melphalan.

Multinational Association of Supportive Care in Cancer (MASCC) Guidelines

- ▲ The panel recommends that 30 min of oral cryotherapy be used to prevent oral mucositis in patients receiving bolus 5-fluorouracil chemotherapy (II).
- ▲ A suggestion for the use of cryotherapy in patients receiving high-dose melphalan as conditioning for HSCT was revised to clarify that this applies regardless of the use of concomitant total body irradiation.

Oncology Nursing Society (ONS) Guidelines

- ▲ Thirty minutes of oral cryotherapy is suggested for patients receiving bolus fluorouracil 5. Cryotherapy also has been used in patients receiving high-dose melphalan.