

MEDIA BEST PRACTICES

Below please find resources to assist with outreach to news media around use of Medtronic’s SynchroMed™ III implantable drug delivery pump.

PATIENT / PHYSICIAN TESTIMONIALS

Identifying a patient who is willing to share their story can help personalize the story for viewers or readers, and a physician can provide expert commentary for others living with chronic pain, cancer pain or severe spasticity. High-quality patient/physician testimonials include:

* Written permission from the patient to share their story.
* A patient who is articulate and eager to help other people. They can describe their journey, past treatments, and how TDD has made a positive difference.
* Must be comfortable speaking with media and possibly being filmed.
* Highlights an interesting or unique personal story, such as an interesting job or volunteer activities, or a hobby they can showcase.
* Open to discussing the impact of their condition before and after treatment.
* Willing to speak to how effective their device has been for alleviating symptoms.

Listed below are suggested Q&As that can be used while evaluating patient candidates for incorporating into media opportunities, newsletters or other marketing testimonials.

* Please tell us about when you were first diagnosed with [INDICATION], and how that impacted your life initially.
* What treatments did you try? How effective were they?
* How was life before your treatment compared to how you feel now?
* How has the therapy utilizing the SynchroMed III device improved your life?
* What is the best thing about having pain/spasticity relief?
* What hobbies are you able to resume now that you are experiencing pain/spasticity relief?
* What advice do you have for other people living with chronic pain/cancer pain/severe spasticity?

PATIENT-FOCUSED MEDIA PITCH

Should you identify a potential patient story to share with local media, below please find a sample email to share with reporters – otherwise known as a “pitch”.

The strongest media pitches include patients that have a good story to share. Media pitch details will vary based on the patient’s story and their pain or spasticity management journey. For the patient’s story details, focus on how the device has helped the patient return to their day-to-day activities and hobbies. Avoid claims about the patient’s quality of success and care.

Media contact information may often be found online. If not, the media organization’s website should list a general news desk email or phone number. Use Google to research your local daily and weekly newspapers and television stations (i.e. ABC, CBS, NBC, FOX). In addition to daily morning, afternoon, and evening newscasts, many TV stations have morning shows and weekend shows that cover health stories.

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**SUBJECT:** [LOCATION] Resident First in [Geography] to Receive New [Pain/Spasticity] Pump Implant

Dear [REPORTER],

Recently, a local patient with [chronic pain/cancer pain/severe spasticity] became the first person in [STATE/AREA] to be implanted with a newly FDA-approved medical device called SynchroMed™ III, from Medtronic.

[Insert before and after details of patient’s condition, if possible.]

Opioid abuse and misuse remains a significant problem. SynchroMed III is an implantable drug delivery pump that alleviates symptoms by delivering medication directly to the fluid surrounding the spinal cord. TDD therapy is a safe, proven, and effective way to manage chronic pain, cancer pain or severe spasticity with greater efficacy, fewer side effects, and a high degree of clinician control as compared to systemic medication.[[1]](#endnote-1),[[2]](#endnote-2) ,[[3]](#endnote-3) ,[[4]](#endnote-4) ,[[5]](#endnote-5) ,[[6]](#endnote-6) ,[[7]](#endnote-7) The system delivers medication directly to the fluid surrounding the spinal cord via a catheter connected to a small, battery-powered programmable pump. Patients with the SynchroMed III system will continue to have access to diagnostic imaging through industry-leading 1.5T and 3T full-body MRI conditionality.[[8]](#endnote-8)

The implant procedure was performed by [physician], who is available to speak to you about the technology, how it works and the conditions it treats. [PATIENT] is also available to discuss their story.

Please don’t hesitate to reach out with any questions. Thank you for taking the time to review.

Best regards,

[SIGNATURE]

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1. Hamza M, Doleys D, Wells M, et al. Prospective study of 3-year follow-up of low dose intrathecal opioids in the management of chronic nonmalignant pain. Pain Med. 2012;13:1304-1313. [↑](#endnote-ref-1)
2. Smith TJ, Staats PS, Deer T, et al. Randomized clinical trial of an implantable drug delivery system compared with comprehensive medical management for refractory cancer pain: impact on pain, drugrelated toxicity, and survival. J Clin Oncol. 2002;20:4040-4049 [↑](#endnote-ref-2)
3. Pope JE, Deer TR, Amirdelfan K, McRoberts WP, Azeem N. The Pharmacology of Spinal Opioids and Ziconotide for the Treatment of Non-Cancer Pain. Curr Neuropharmacol. 2017;15(2):206-216. [↑](#endnote-ref-3)
4. Meythaler JM, Guin-Renfroe S, Brunner RC, Hadley MN. Intrathecal baclofen for spastic hypertonia from stroke. Stroke. 2001;32(9):2099-2109. [↑](#endnote-ref-4)
5. Gilmartin R, Bruce D, Storrs BB, et al. Intrathecal baclofen for management of spastic cerebral palsy: Multicenter trial. J Child Neurol. 2000;15:71–77. [↑](#endnote-ref-5)
6. Meythaler JM, DeVivo MJ, Hadley M. Prospective study on the use of bolus intrathecal baclofen for spastic hypertonia due to acquired brain injury. Arch Phys Med Rehabil. 1996;77(5):461-466. [↑](#endnote-ref-6)
7. Ivanhoe CB, Francisco GE, McGuire JR, Subramanian T, Grissom SP. Intrathecal baclofen management of poststroke spastic hypertonia: implications for function and quality of life. Arch Phys Med Rehabil. 2006;87(11):1509–1515. [↑](#endnote-ref-7)
8. Under specific conditions for 1.5 T and 3.0 T MRI scans. Refer to product labeling. [↑](#endnote-ref-8)