



UROLIFT®

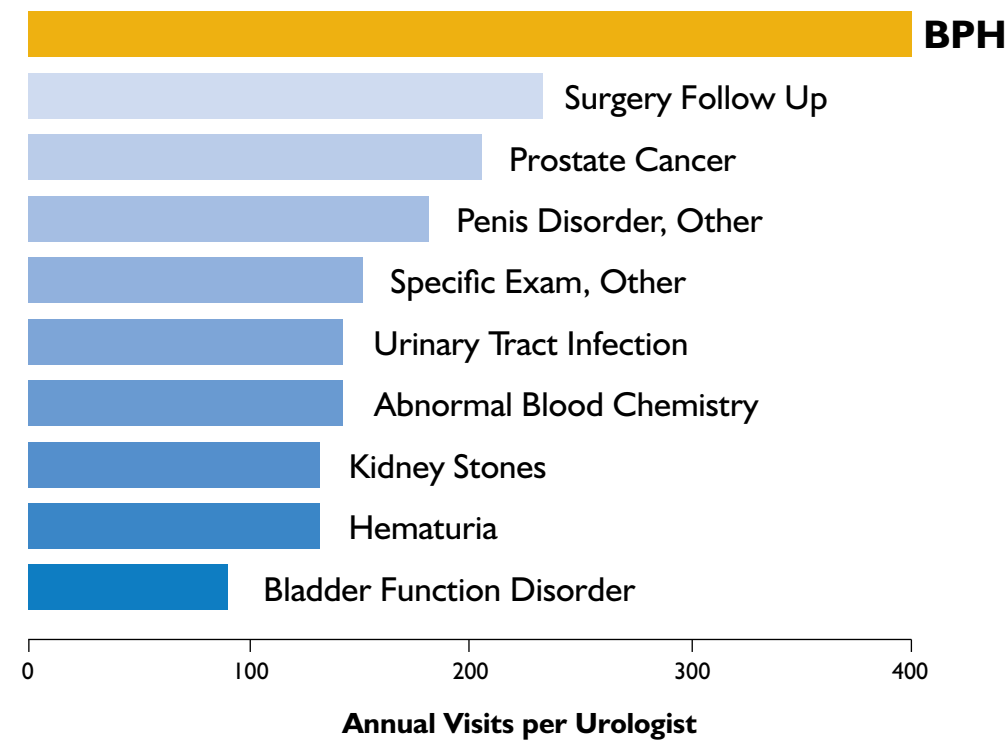
BPH Relief. In Sight.™

OPEN UP TO A  
PROVEN APPROACH TO BPH™

®

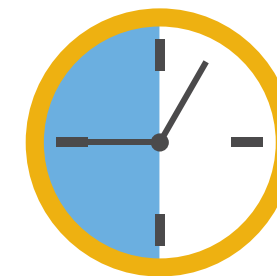
# BPH is the Number One Reason Men Visit Urologists

Top 10 reasons for visits to urologists<sup>1</sup>



1. IMS Health NDTI Urology Specialty Profile, July 2012 - June 2013

# Redefining Minimally Invasive BPH Treatment



Watchful Waiting

**34%**

4.3 Million Patients



Medical Therapy

**64%**

7.9 Million Patients



Surgery/Procedure

**2%**

248,000 Patients

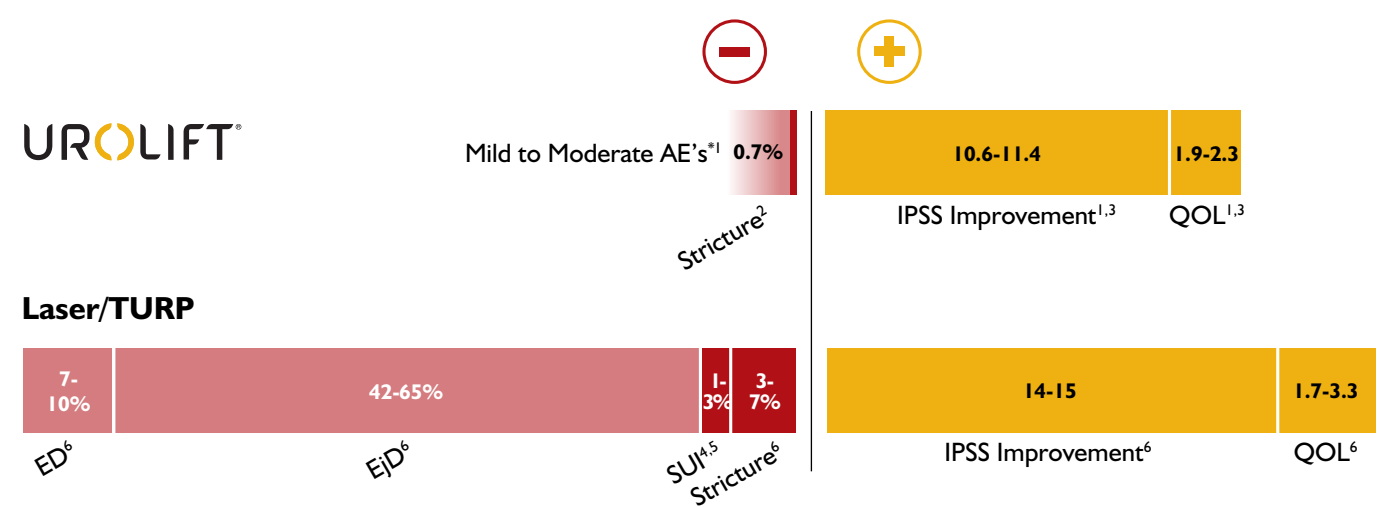
Each year, **16.3% or 2 Million** discontinue drugs  
(inadequate relief, side effects, etc.)

**The UroLift® System**  
is a proven option for patients  
seeking an alternative to BPH medications

NeoTract US Market Model estimates for 2020 based on IQVIA Health Drug and Procedure data

# Safe and Effective

Significant improvement without the significant permanent downsides of laser/TURP

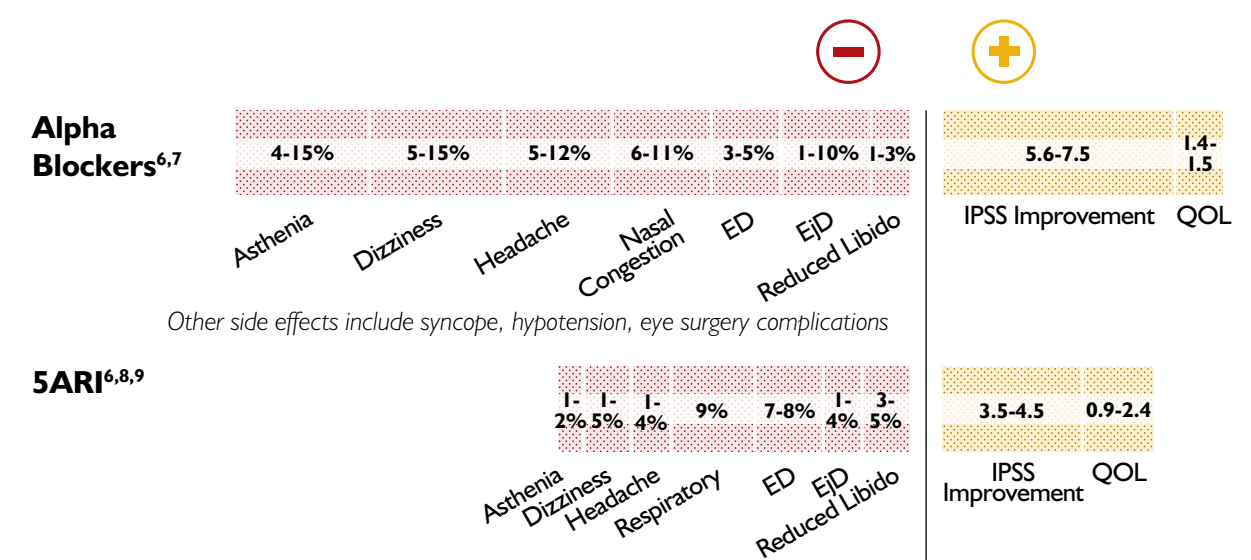


SUI – Stress Urinary Incontinence  
EjD – Ejaculatory Dysfunction  
ED – Erectile Dysfunction  
QOL – Quality of Life

Indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 45 years or older. As with any medical procedure, individual results may vary. Most common side effects are temporary and include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence.<sup>1</sup> Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention. Consult the Instructions for Use (IFU) for more information.  
\*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study  
1. Roehrborn, J Urol 2013; 2. Roehrborn, Urol Practice 2015;  
3. Sonksen, Eur Urol 2015; 4. Cindolo et al. Int Urol Nephrol 2017;  
5. Noordhoff et al. Neurourol Urodyn 2019;  
6. AUA BPH Guidelines 2003, 2010

# Safe and Effective

Benefits and side effects of BPH medications:  
comparison of outcomes at 1-2 years



Other side effects include syncope, hypotension, eye surgery complications

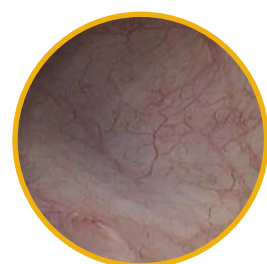
Other side effects include syncope and hypotension.  
Sexual side effects can linger after medication is stopped.

ED – Erectile Dysfunction    EjD – Ejaculatory Dysfunction    QOL – Quality of Life

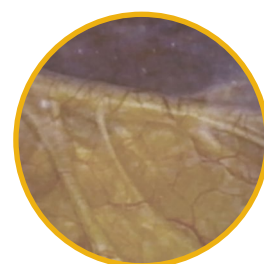
6. AUA BPH Guidelines 2003, 2010; 7. Jan Teper, Cent Eur J Urol 2011;  
8. Traish, J Sex Med 2015; 9. Marhart et al. Rev Urol 2005

# AUA BPH Guidelines Recognize the Need for Earlier Intervention

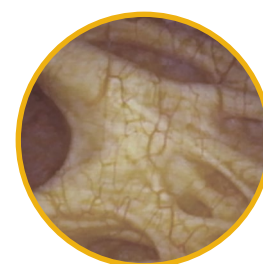
From healthy bladder to permanent damage



Healthy Bladder



Bladder Worsens



Permanently Damaged

**“Since many men discontinue medical therapy, yet proportionately few seek surgery, there is a large clinical need for an effective treatment that is less invasive than surgery.** With this treatment class, perhaps a significant portion of men with BOO who have stopped medical therapy can be treated prior to impending bladder dysfunction.<sup>1</sup>”

1. AUA BPH Guidelines Published 2018, Amended 2019

# The UroLift® System Procedure: Now Part of the Standard of Care

AUA BPH Guideline highlights

- ✓ Urologists should consider **Prostatic Urethral Lift (PUL)**, (using the **UroLift® System**) for the treatment of men with BPH.
- ✓ Patients “should be made aware that surgical treatment can cause ejaculatory dysfunction (EjD) and may worsen ED.”
- ✓ “In men so concerned about new onset of ED and/or EjD, PUL likely does not pose additional risk.”



**To review the guidelines, visit [auanet.org](http://auanet.org)**  
Click on **Education > Guidelines and Policies > Benign Prostatic Hyperplasia (BPH)**

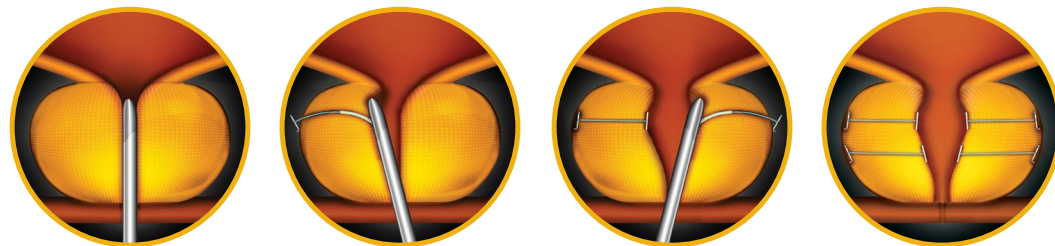
AUA BPH Guidelines Published 2018, Amended 2019



# The UroLift® System Procedure

Patients have been shown to have a better recovery experience than TURP, with durable results and no new and lasting sexual dysfunction\*<sup>1-7</sup>

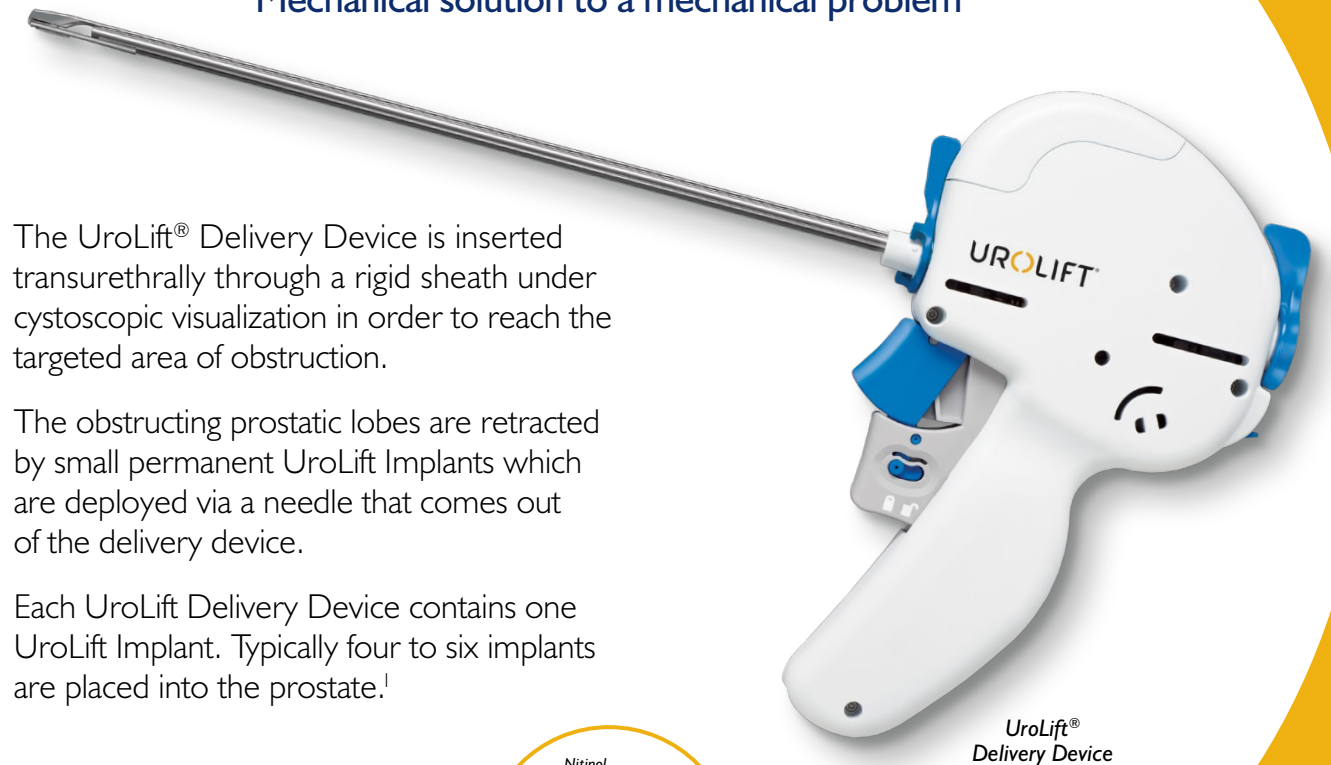
- ✓ **Rapid** relief and recovery in days, not months<sup>1,8</sup>
- ✓ **Lowest** catheter rate of the leading BPH procedures<sup>8</sup>
- ✓ The **only** leading BPH procedure that does not destroy tissue
- ✓ Proven **durability** through five years<sup>9</sup>
- ✓ **Real world** outcomes largely consistent with randomized controlled data<sup>10</sup>



\*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study  
 1. Roehrborn, Can J Urol 2015; 2. Roehrborn, J Urology 2013;  
 3. AUA BPH Guidelines 2003, 2010, 2018 amended 2019; 4. Naspro, Eur Urol 2009;  
 5. Montorsi, J Urol 2008; 6. McVary, J Sex Med 2016; 7. Sonksen Eur Urol 2015;  
 8. Shore Can J Urol 2014; 9. Roehrborn et al. Can J Urol 2017;  
 10. Eure et al J Endourol 2019

# Straightforward Approach

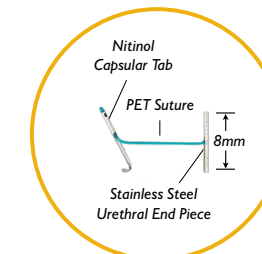
Mechanical solution to a mechanical problem



The UroLift® Delivery Device is inserted transurethraly through a rigid sheath under cystoscopic visualization in order to reach the targeted area of obstruction.

The obstructing prostatic lobes are retracted by small permanent UroLift Implants which are deployed via a needle that comes out of the delivery device.

Each UroLift Delivery Device contains one UroLift Implant. Typically four to six implants are placed into the prostate.<sup>1</sup>

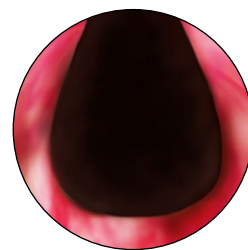


UroLift® Permanent Implant

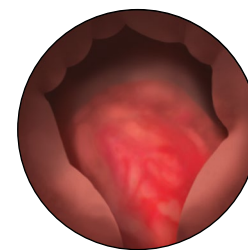
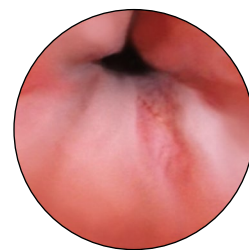
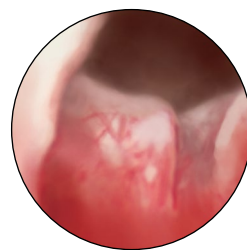
1. Roehrborn, J Urology 2013 LIFT Study

# Broad Spectrum of BPH Anatomies Treated

98% Of the BPH patient population are eligible<sup>1-4</sup>



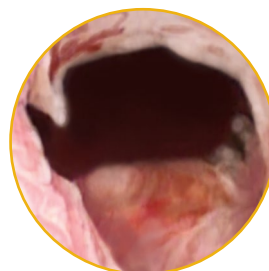
No Visible Median Lobe



Obstructive or Protruding Median Lobe



Pre-procedure



Post-procedure

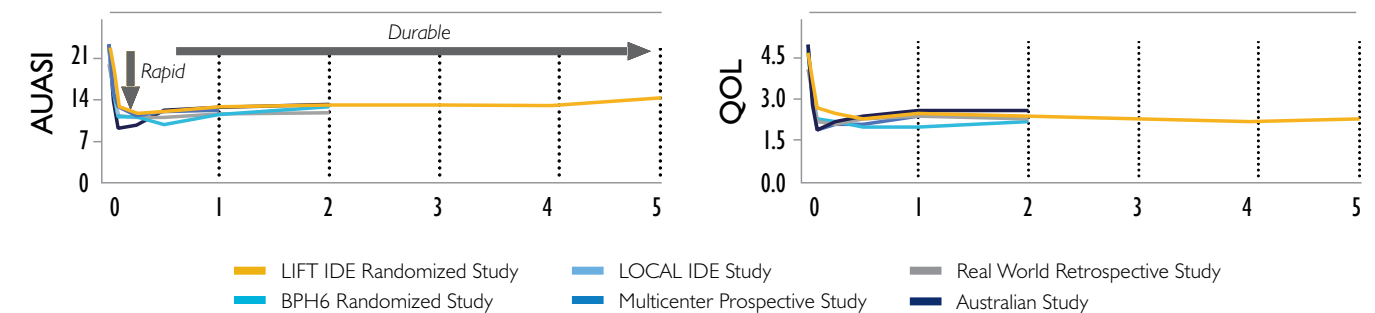
Individual results may vary

Indicated for men with prostate sizes up to 100cc, including lateral and median lobe hyperplasia

1. Eckhardt, NeuroUrol and Urodynamics 2001;  
2. Kaplan, J Urol 2011; 3. McVary, J Sex Med 2014;  
4. Roehrborn, J Urol 2013

# Reproducible Durable Results

Across multiple studies and in the real world<sup>1</sup>



- ✓ Rapid symptom relief and recovery<sup>2,3</sup>
- ✓ AUASI improvement of 47% at 1 year<sup>2</sup> and sustained at 36% at 5 years<sup>4</sup>
- ✓ Sustained QOL improvements from 1 year (51%)<sup>2</sup> to 5 years (50%)<sup>4</sup>
- ✓ Qmax improvement of 59% at 1 year<sup>2</sup> and sustained at 44% at 5 years<sup>4</sup>
- ✓ No (0%) incidence of de novo sustained ejaculatory or erectile dysfunction<sup>\*2</sup>
- ✓ Low surgical retreatment rate of 5% at 1 year<sup>2</sup> and 13.6% at 5 years<sup>4</sup>

\*No instances of new, sustained erectile or ejaculatory dysfunction in the LIFT pivotal study  
1. Eure et al J Endourol 2019; 2. Roehrborn, J Urology 2013;  
3. Shore, Can J Urol 2014; 4. Roehrborn et al. Can J Urol 2017

# UROLIFT®

*“The procedure has allowed me to regain my quality of life. I have no urgency, no frequency and I’m thoroughly satisfied with the results.”*

**STEPHEN RICHARDSON, MD (patient)**

*“It is our responsibility to educate the patient about all the options. Many of my patients prefer the UroLift® System procedure over a pill.”*

**DR. ROBERT COWLES†**

*“It’s just a friendlier option for the patient – they recover quickly and get on with their life.”*

**DR. STEVEN GANGE†**

*“I can genuinely say the benefits of the UroLift System are real and the procedure and recovery were easy to tolerate.”*

**DR. EDWARD COHEN†**

†Drs. Robert Cowles, Steven Gange, and Edward Cohen are paid consultants of NeoTract | Teleflex Interventional Urology.


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1. Roehrborn, J Urology 2013 LIFT Study

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**Customer Service: 877.408.9628 (toll-free)**


**Reimbursement Resource Center: 844.516.5966 (toll-free)**

NeoTract, Inc. is dedicated to developing innovative, minimally invasive and clinically effective devices that address unmet needs in the field of urology. Our initial focus is to improve the standard of care for patients with Benign Prostatic Hyperplasia (BPH), a broadly underserved market. Our first product is the UroLift® System, a minimally invasive device designed to treat lower urinary tract symptoms (LUTS) due to BPH.

**neotract® | Teleflex®**

INTERVENTIONAL UROLOGY

Pleasanton, CA 94588  
Tel: 925.401.0700 • 877.408.9628

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