



UROLIFT®

BPH Relief. In Sight.™

OPEN UP TO A
PROVEN APPROACH TO BPH™

UROLIFT®

Care Pathway: Enlarged Prostate



Initial Visit / New Patient

Alpha Blocker Trial
2-4 Weeks

Watchful Waiting

Follow-up Visit / Established Patient

1

Evaluate Symptom Relief
and Side Effect Tolerance

2

Describe
Options

3

Schedule Cystoscopy
if Indicated



Continued Alpha Blockers

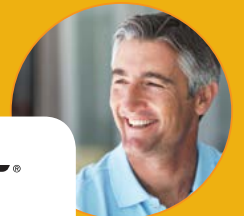
5ARI

Modest Relief After 180 Pills*
More Side Effects

Surgery

Drop Out

UROLIFT®



*Merck & Co. Inc. (October 2010), Proscar Product Insert

UROLIFT®

Redefining BPH Treatment

12 Million Men in the U.S. are Treated
for BPH/LUTS



Watchful Waiting

37%

4.5 Million
Patients

Medical Therapy

60%

7.3 Million
Patients



UROLIFT®
is a proven option
for patients seeking
an alternative
to a daily pill

Surgery/Procedure

3%

Elect Surgery
310,000 Patients



Each Year,
**~23% or
1.6 Million**
discontinue drugs
(inadequate relief, side effects, etc.)

NeoTract US Market Model estimates for 2017
based on IMS Health Drug and Procedure data

UROLIFT®

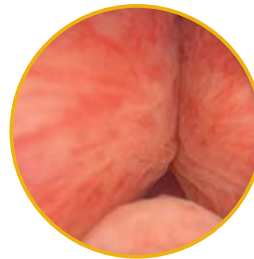
Earlier Treatment Alternative for More BPH Patients

The UroLift® System Treatment

A minimally invasive approach to treating BPH that lifts or holds the enlarged prostate tissue out of the way so it no longer blocks the urethra. There is no cutting, heating or removal of prostate tissue.

- **Rapid** relief and recovery in days, not months^{1,4}
- **Lowest** catheter rate of the leading BPH procedures¹
- The **only** BPH treatment with no new, sustained erectile or ejaculatory dysfunction^{4,5}
- The **only** BPH procedure that does not destroy tissue
- **Proven** durability through 5 years⁶
- Over 20 Peer-reviewed publications, 2 randomized studies

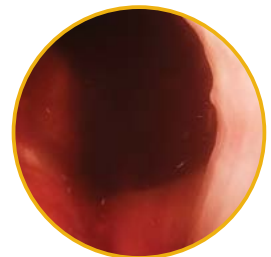
Pre-Treatment



Post-Treatment



(Images courtesy of Dr. Peter Chin, Wollongong, NSW, Australia)



(Images courtesy of Dr. Justin Chee, Melbourne, VIC, Australia)

1. Shore, *Can J Urol* 2014 2. Sonksen, *Eur Urol* 2015 3. AUA BPH Guidelines 2003 4. Roehrborn, *J Urology* 2013 5. McVary, *J Sex Med* 2014 6. CG Roehrborn, *Can J Urol* 2017

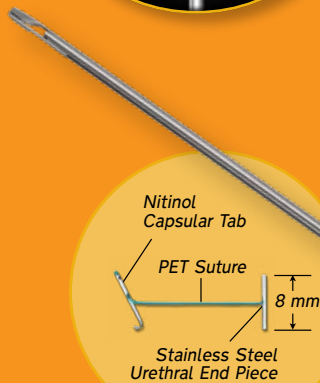
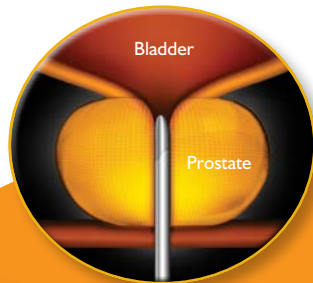
UROLIFT®

Straightforward Approach

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, 4 UroLift Implants are placed into the prostate.



UroLift®
Permanent Implant



UroLift®
Delivery Device

UROLIFT®

Significant Improvement Without Significant Downsides

L.I.F.T. Randomized Study Results Compared to AUA Guidelines at 1 Year

UROLIFT®



Mild to Moderate AEs¹

0.7%

Stricture



10.8

AUASI Improvement

2.4

QOL

Decreased urine flow at 6 months led to cystoscopy (n=1). A stricture was found in the distal urethra and dilated. Urine flow rate was improved at 12 months.

Alpha Blockers

4-15%

Asthenia

5-15%

Dizziness

5-12%

Headache

6-11%

Nasal Congestion

3-8%

ED

1-10%

EJD

1-6%

Libido

6.0 - 7.0

AUASI

1.4-1.5

QOL

Other side effects include syncope, hypotension, eye surgery complications⁵

5ARI

3%

Asthenia

5%

Dizziness

3%

Headache

9%

Nasal Congestion

8%

ED⁶

4%

EJD⁶

6%

Reduced Libido⁶

4.0

AUASI

0.8

QOL

Other side effects include syncope, hypotension. Sexual side effects can linger after medication is stopped⁶

Laser/TURP²

2%/3%

SUI^{3,4}

2%/8%

Transfusion

2%/7%

Stricture

7%/10%

ED

42%/65%

EJD

14/14.9

AUASI Improvement

1.7/3.3

QOL

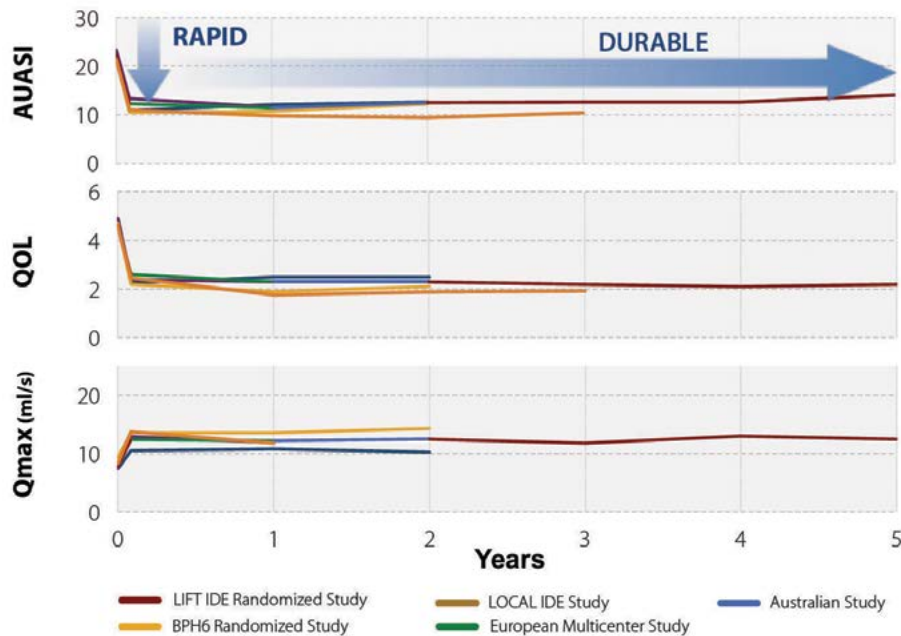
SUI – Stress Urinary Incontinence ED – Erectile Dysfunction EJD – Ejaculatory Dysfunction

0% Ejaculatory or Erectile Dysfunction
No instances of de novo, sustained erectile or ejaculatory dysfunction observed.¹

Most common adverse events reported include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence. Most symptoms were mild to moderate in severity and resolved within two to four weeks after the procedure.¹

1. L.I.F.T. IDE Study. Roehrborn. J Urology 2013 2. AUA BPH Guidelines 2003, 2010 3. Naspro, Eur Urol 2009 4. Montorsi, J Urol 2008 5. Bell et. Al. 6. Irwig & Kolukila JSM, 2001 <http://www.ncbi.nlm.nih.gov/pubmed/21418145>

Reproducible Results Across PUL Studies



Roehrborn et al. *Can J Urol* 2017; Gratzke *BJUI* 2017; Gange *AUA* 2017; McNicholas *Eur Urol* 2013; Chin *Urology* 2012

- Endoscopic results can be immediately confirmed
- Patients experienced rapid symptomatic improvement
- Maintained IPSS (36%) and QOL (50%) improvements at 5 years, $p < 0.001^{1,6}$
- Qmax improves over 44% by 3 months and sustained to 5 years, $p < 0.001^{1,6}$
- No observed risk to sexual function
- Low retreatment rate of 5% at 1 year and 13.6% at 5 years^{1,2}
- The UroLift® System treatment does not preclude future UroLift, TURP or laser procedures

1. Roehrborn et al. *Can J Urol* 2017, 2. Roehrborn et al. *J Urol* 2013

UROLIFT®

"There will still be guys who want medications, but you bring a lot more people to the table who see that there is an effective way to treat their symptoms."

– Dr. Ronald Anglade

"I did a procedure and the next day the patient was out playing golf. He called a week later to say 'this is just fantastic!'"

– Dr. Lance Walsh

"I noticed results the same day. It was a very pleasant experience."

– Larry White (patient)

"It is our responsibility to educate the patient about all the options. Many of my patients prefer the UroLift® System treatment 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


"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)

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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

NeoTract, Inc.
Pleasanton, CA 94588
Tel: (925) 401-0700 • (877) 408-9628

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