



**UROLIFT<sup>®</sup>**

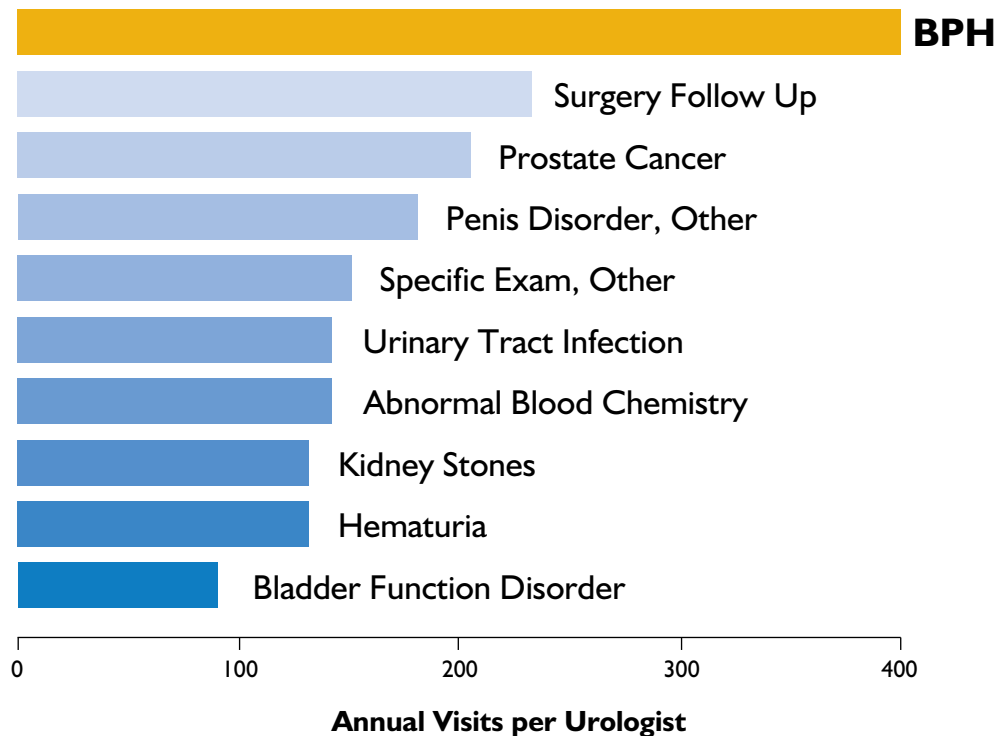
**BPH Relief. In Sight.<sup>™</sup>**

**OPEN UP TO A  
PROVEN APPROACH TO BPH<sup>™</sup>**

<sup>®</sup>

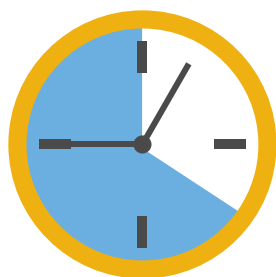
# BPH is the Number One Reason Men Visit Urologists

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**

**67.7%**



**Medical Therapy**

**30.2%**



**Surgery/Procedure**

**2.6%**

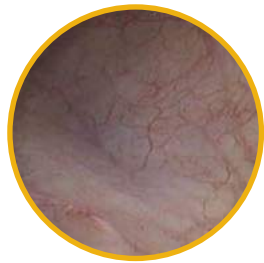
**Over 2.1 million men**  
are affected by BPH in Australia

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

Data on file at Teleflex.

®

# AUA BPH Guidelines Recognise the Need for Earlier Intervention



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>”

# Patient Adherence to BPH Drug Therapy



Patients exposed to at  
least 6 months of therapy  
had a **1 year overall**

**adherence of**

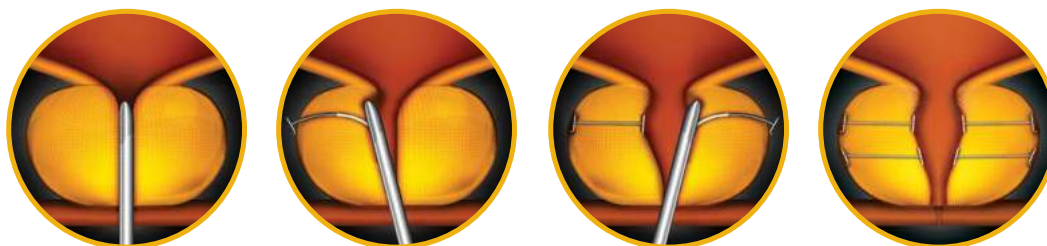
**29%<sup>1</sup>**



# 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

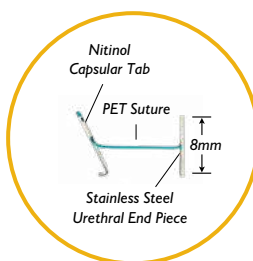
The UroLift® Delivery Device is inserted transurethraly through a rigid sheath under cystoscopic visualisation in order to reach the targeted area of obstruction.

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®  
Delivery Device



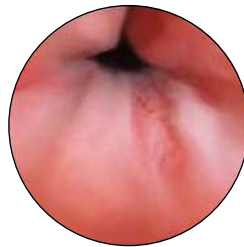
UroLift® Permanent Implant

1. Roehrborn, J Urology 2013

# Broad Spectrum of BPH Anatomies Treated



No Visible Median Lobe



Obstructive or Protruding Median Lobe

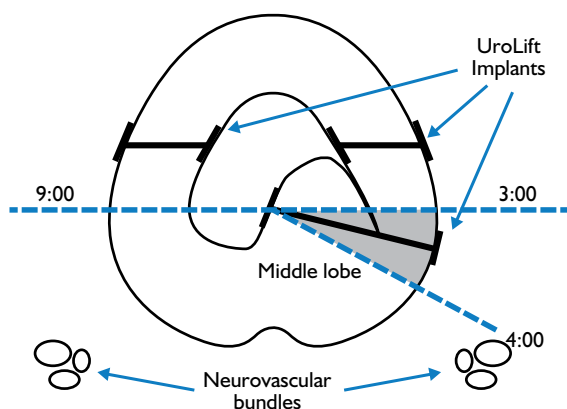
- ✓ Rapid symptom relief and recovery<sup>1,2</sup>
- ✓ AUASI improvement of 47% at 1 year<sup>1</sup> and sustained at 36% at 5 years<sup>3</sup>
- ✓ Sustained QOL improvements from 1 year (51%)<sup>1</sup> to 5 years (50%)<sup>3</sup>
- ✓ Qmax improvement of 59% at 1 year<sup>1</sup> and sustained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

\*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study

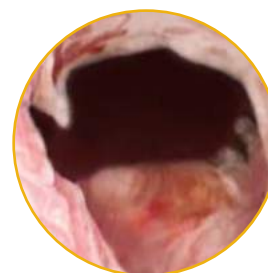
1. Roehrborn, J Urology 2013; 2. Shore, Can J Urol 2014;  
3. Roehrborn et al. Can J Urol 2017



# Treat Median Lobes with the UroLift® System



Pre-procedure



Post-procedure

Individual results may vary













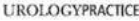


At 12 months, mean IPSS improved from baseline at least

## 13.5 points<sup>1</sup>

*Prostates, including those with middle lobe obstruction, can be treated with the PUL procedure safely and effectively.<sup>1</sup>*

# Peer Reviewed Results<sup>1</sup>

Only BPH procedure shown to not cause sexual dysfunction\*<sup>1, 2-5</sup>

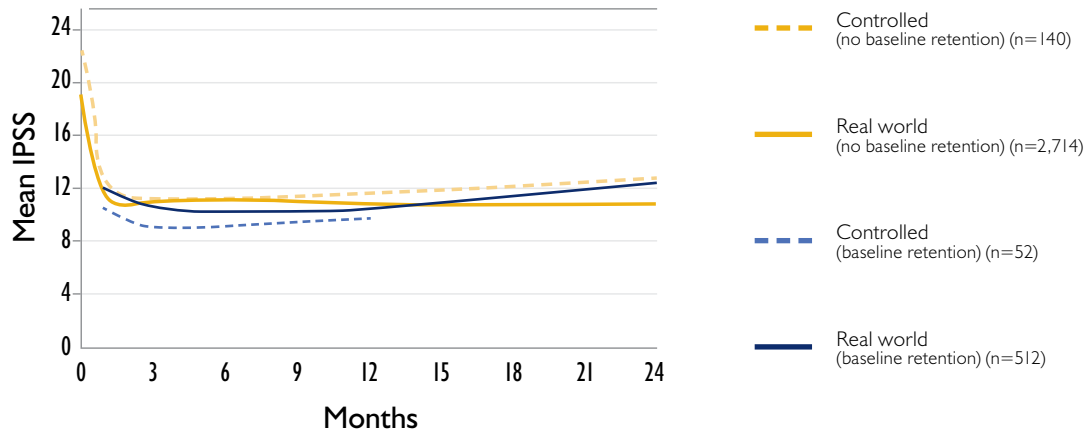
 Safety & Feasibility	 European Association of Urology 'Real-World' European Registry	 LIFT Randomized Controlled Trial	 Prospective Crossover Study   Sexual Function	 European Association of Urology BPH6: Randomized to TURP	 2 Year Crossover	 5 Year LIFT	 MedLift	 Real World Retrospective
2011	2012	2013	2014	2015	2016	2017	2018	2019
 Preservation of Sexual Function	 2 Year Durability		 2 Year LIFT			 2 Year LIFT	 German 'Real-World' Study	

\*No instances of new, sustained erectile or ejaculatory dysfunction

1. Roehrborn, J Urology 2013; 2. AUA BPH Guidelines 2003, 2010, 2018;
3. Naspro, Eur Urol 2009; 4. Montorsi, J Urol 2008;
5. McVary, J Sex Med 2016

# Real World Results Consistent with Clinical Trials<sup>1</sup>

3,226 Real world cases across 22 sites in the US, UK and Australia



(1 month,  $p=0.4$ ; 3 months,  $p=0.3$ ; 6 months,  $p=0.2$ ; 12 months,  $p=0.5$ )

Includes patient populations not previously studied in PUL clinical trials:

- ✓ Patients with prostates <30 cc
- ✓ Patients with prostates >80 cc
- ✓ Retention patients
- ✓ Patients with prostate cancer
- ✓ Patients with diabetes

# 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 Teleflex Interventional Urology.

Indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 50 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.

Warning: This device contains nitinol, an alloy of nickel and titanium. Persons with allergic reactions to these metals may suffer an allergic reaction to this implant. Prior to implantation, patients should be counseled on the materials contained in the device, as well as potential for allergy/hypersensitivity to these materials.

1. Roehrborn, J Urology 2013

## FOR MORE INFORMATION

[www.teleflex.com.au](http://www.teleflex.com.au)

**Customer Service: 1300 360 226 (toll-free)**

Teleflex, 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.

**Teleflex®**

INTERVENTIONAL UROLOGY

Teleflex Medical Australia  
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Australia

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