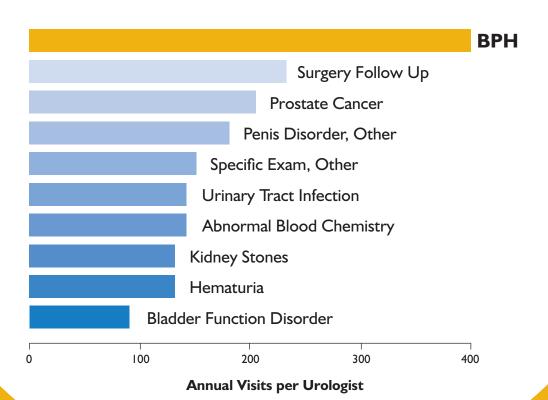


BPH is the Number One Reason Men Visit Urologists

Top 10 reasons for visits to urologists¹



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

Redefining Minimally Invasive BPH Treatment



Watchful Waiting

25%¹
1.2 Million

Patients



Medical Therapy

73%¹

3.5 Million

Patients



Surgery/TURP

2%¹

73.4 Thousand

Patients

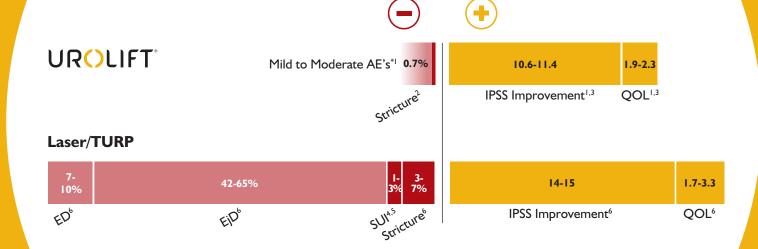
Over 30% of BPH drug patients are dissatisfied²

The UroLift® System is the option for patients

seeking an alternative to BPH medications

Safe and Effective¹⁻⁶

Significant improvement without the significant permanent downsides of laser/TURP



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

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. I 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;

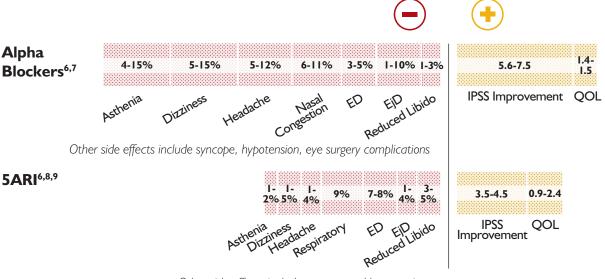
3. Sonksen, Eur Urol 2015; 4. Cindolo et al. Int Urol Nephrol 2017;

5. Noordhoff et al. Neurourol Urodyn 2019;

6. AUA BPH Guidelines 2003, 2010

Safe and Effective⁶⁻⁹

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



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

AUA BPH Guidelines¹ 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."

The UroLift® System Procedure: Part of the AUA Guidelines

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

Click on Education > Guidelines and Policies > Benign Prostatic Hyperplasia (BPH)

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*1-7

- **⊘** Rapid relief and recovery in days, not months^{1,8}
- **Low** catheter rate
- **⊘** The BPH procedure that does not destroy tissue 1,3,11,12,13,14
- ✓ Proven durability through five years⁹
- **⊘** Real world outcomes largely consistent with randomized controlled data 10









*No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study I. 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 11. Mirakhur, Can Assoc Rad J 2017; 12. McVary, J Urol 2016; 13. Gilling, Can J Urol 2020; 14. Kadner, World J Urol 2020

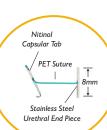
Straightforward² Approach

Mechanical solution to a mechanical problem

The UroLift® Delivery Device is inserted transurethrally 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.¹



UroLift® Permanent Implant

Warning: This device contains stainless steel and nitinol, an alloy of nickel and titanium. Persons with allergic reations 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/hypersenstitvity to these materials.

Roehrborn, J Urology 2013 LIFT Study
 2: McNicholas et al. 2013 Eur Urol



UROLIFT

UroLift® Delivery Device

Broad Spectrum of BPH Anatomies Treated

98% Of the BPH patient population are eligible 1-4



No Visible Median Lobe





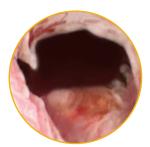




Obstructive or Protruding Median Lobe



Pre-procedure



Post-procedure

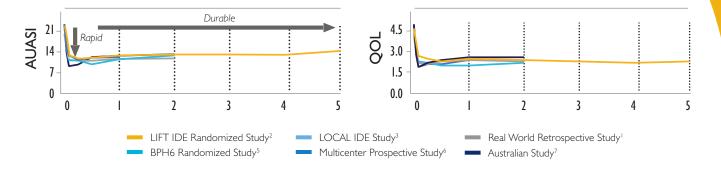
Individual results may vary

Indicated for men 50 years of age or older 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 world¹



- **⊘** Rapid symptom relief and recovery^{2,3}
- **⊘** AUASI improvement of 47% at 1 year² and sustained at 36% at 5 years⁴
- Sustained QOL improvements from 1 year (51%)² to 5 years (50%)⁴
- **⊘** Qmax improvement of 59% at 1 year² and sustained at 44% at 5 years⁴
- √ No (0%) incidence of de novo sustained ejaculatory or erectile dysfunction^{*2}
- ✓ Low surgical retreatment rate of 5% at 1 year² and 13.6% at 5 years⁴

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

5.Sonksen EU Urol 2015 BPH6 Study.

6.McNicholas et al. 2013 Eur Urol.

7.Chin et al. 2011 | Urol

UROLIFT*

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I. Roehrborn, J Urology 2013 LIFT Study

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Visit teleflex.link/Urolift.BR Customer Service: la.cs@teleflex.com

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.



INTERVENTIONAL UROLOGY

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