

KEY TAKEAWAYS

The largest U.S. Medicare and commercial claims analysis of four BPH procedures reveals:

1 year post treatment

- Overall return procedure rates are lowest after UroLift® System PUL: 17% for the UroLift System PUL; 21% for TURP; 22% for GreenLight™ PVP; and 23% for Rezūm™ WVT
- Surgical retreatment rates are comparable among UroLift System PUL (5.4%), TURP (5.3%) and GreenLight PVP (5.2%)

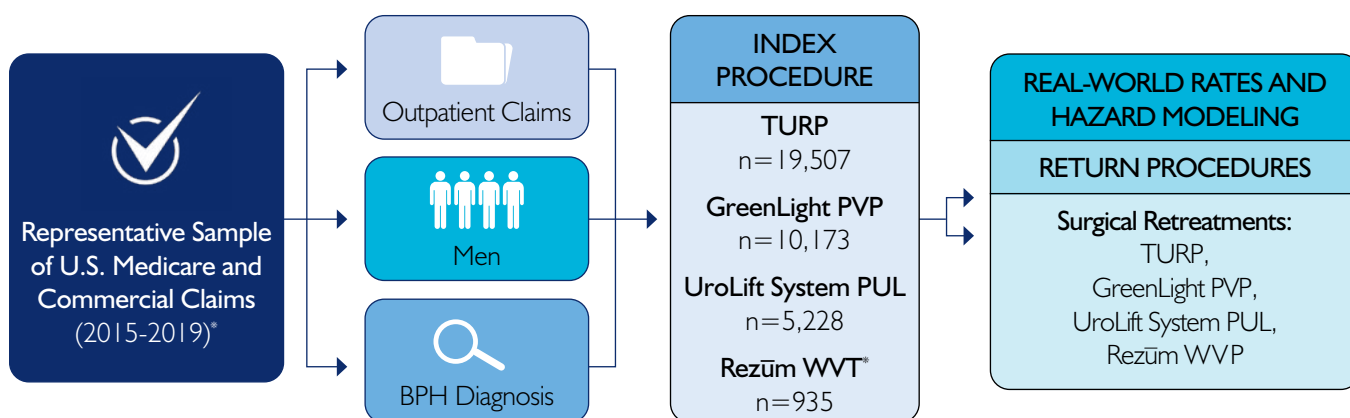


REASON FOR THE STUDY

- Real-world data can provide additional perspective in the debate about how new BPH therapies compare to each other and traditional surgeries
- Retreatment and return procedure rates are at the center of the debate, but it is difficult to compare controlled trials with significant differences in concept and execution
- A large-scale analysis of healthcare claims can provide a foundation to compare event rates and calculated hazard ratios following treatment

AIM OF THE STUDY

To evaluate rates of surgical retreatment and post-operative return procedures endured by patients who underwent TURP, GreenLight Photoselective Vaporization (PVP), UroLift System Prostatic Urethral Lift (PUL), or Rezūm Water Vapor Therapy (WVT).



*CPT/HCPCS codes: 53899 (2015-2018), 53854/C9748 (2019)

METHOD

- Real-world rates: Patient-level longitudinal, observational analysis of a representative sample of U.S. Medicare and commercial outpatient claims obtained from IBM Watson from 2015 to 2019
- Hazard model analysis: Multivariate Cox proportional hazard models were used to calculate hazard ratios for encountering a surgical retreatment or post-operative return procedure while accounting for potential differences in treatment populations
- Included in the database were men with BPH diagnoses who underwent TURP, GreenLight PVP, UroLift System PUL, or Rezūm WVT*
- Analysis of event rates includes:

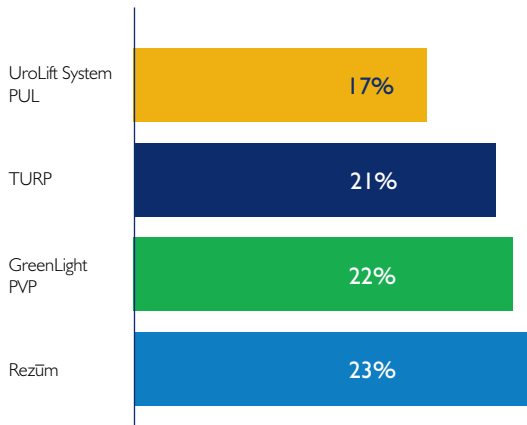
Surgical retreatment: A second BPH procedure (Rezūm WVT, GreenLight PVP, TURP, UroLift System PUL or HoLEP) occurring after the initial index procedure

Return Procedure: A post-operative procedure performed during a return visit to an outpatient setting identified by a CPT or ICD 9/10 code

OVERALL RATE OF RETURN PROCEDURES IS LOWEST AFTER UROLIFT® SYSTEM PUL

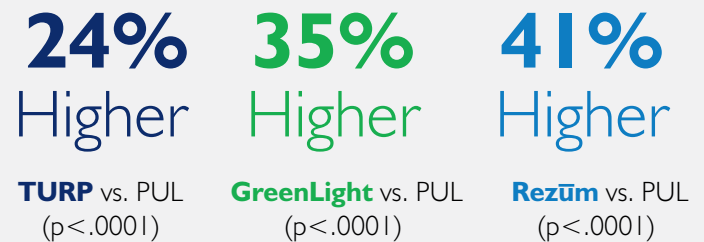
Real-world return procedure rate at 1 year:

- The rate of return procedures is lowest for the UroLift® System PUL (**17%**)
- The rate of return procedures is higher after Rezūm (**23%**) vs. the UroLift System PUL ($p < 0.0001$)



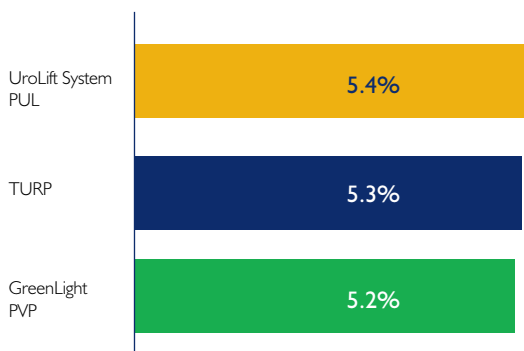
Return procedures at 1 year based on hazard model:

Adjusting for available population variables, the UroLift System PUL is associated with a lower risk of undergoing a return procedure compared to GreenLight, Rezūm, and TURP



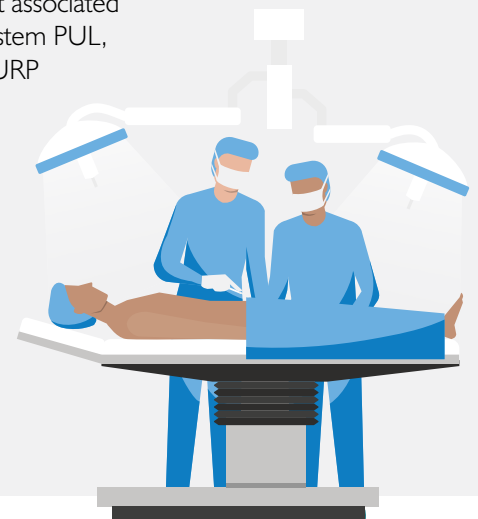
RATE OF SURGICAL RETREATMENT IS SIMILAR BETWEEN GREENLIGHT, TURP, AND UROLIFT SYSTEM PUL

Rate of surgical retreatment at 1 year is similar between the UroLift System PUL and more invasive surgical therapies



Based on hazard model,

there is a **similar risk** of surgical retreatment associated with the UroLift System PUL, GreenLight, and TURP at 1 year



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.¹ 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.

1. Roehrborn, J Urology 2013

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

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INTERVENTIONAL UROLOGY