



UROLIFT

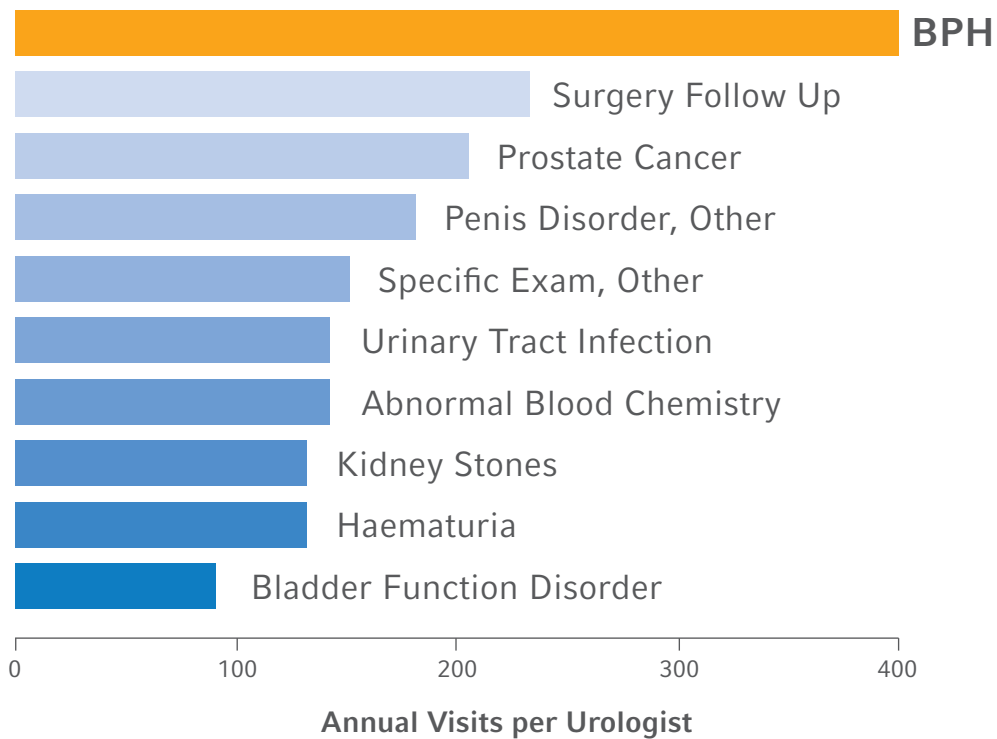
BPH Relief. In Sight.

Open Up to a
Proven Approach to BPH

Teleflex

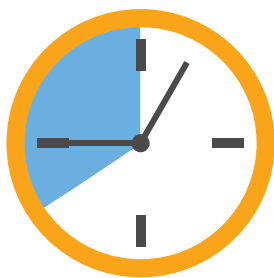
BPH is the Number One Reason Men Visit Urologists

Top 10 reasons for visits to urologists¹



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

Redefining Minimally Invasive BPH Treatment¹



Watchful Waiting

34%

4.3 Million
Patients



Medical Therapy

64%

7.9 Million
Patients



Surgery/Procedure

2%

248,000
Patients

In the USA each year, **26% 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.

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

Please see the Instruction for Use for a complete listing of the indications, contraindications, warnings and precautions.

Significant improvement without the significant permanent downsides of laser/TURP

UROLIFT

Mild to Moderate AEs*¹

0.7%



Stricture²

10.6-11.4

IPSS Improvement^{1,3}

1.9-2.3

QOL^{1,3}

Laser/TURP

7-10%

ED⁶

42-65%

EjD⁶

1-3%

SUI^{4,5}

Stricture⁶

3-7%

14-15

IPSS Improvement⁶

1.7-3.3

QOL⁶

SUI – Stress Urinary Incontinence

EjD – Ejaculatory Dysfunction

ED – Erectile Dysfunction

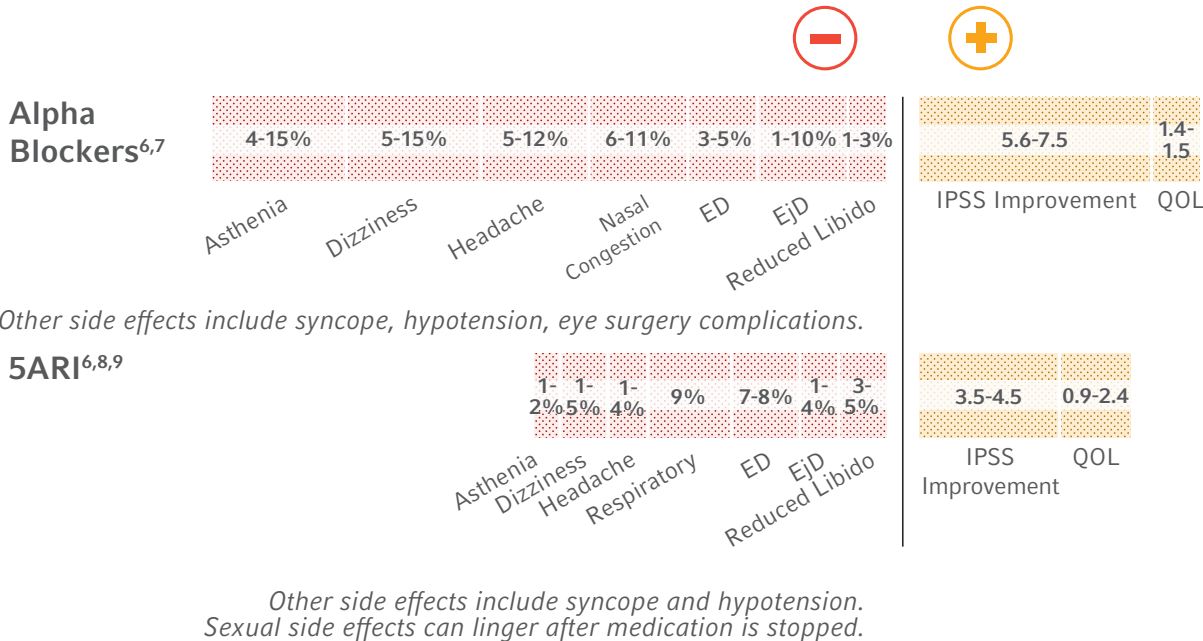
QOL – Quality of Life

No instances of new, sustained erectile or ejaculatory dysfunction in the LIFT pivotal study Indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 50 years or older.

The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to benign prostatic hyperplasia (BPH) in men 50 years of age or older. Most common side effects are temporary and include hematuria, dysuria, micturition urgency, pelvic pain, and urinary incontinence (Roehrborn 2013). Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention. Consult the Instruction for Use for more information.

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.

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



ED – Erectile Dysfunction

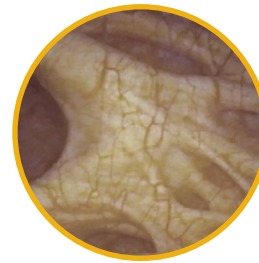
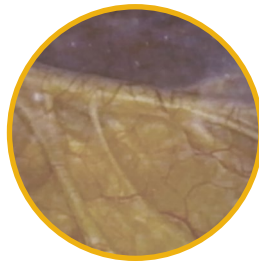
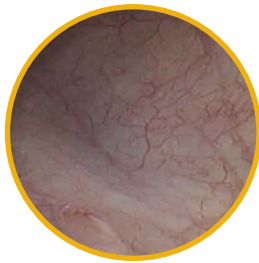
EjD – Ejaculatory Dysfunction

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. Marihart al. Rev Urol 2005.

AUA BPH Guidelines Recognise the Need for Earlier Intervention¹

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.²”

1. HE. Foster., AUA Guidelines 2019.

2. 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”



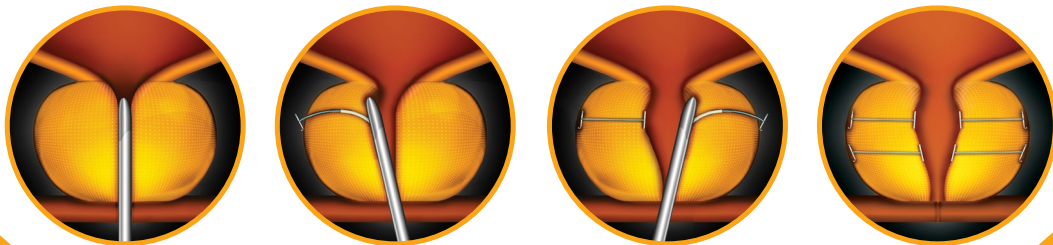
To review the guidelines, visit auanet.org

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}
- ✓ **Lowest** catheter rate of the leading BPH procedures⁸
- ✓ The **only** leading BPH procedure that does not destroy tissue^{2,3,9-12}
- ✓ Proven **durability** through five years⁹
- ✓ **Real world** outcomes largely consistent with randomised controlled data¹⁰
- ✓ 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

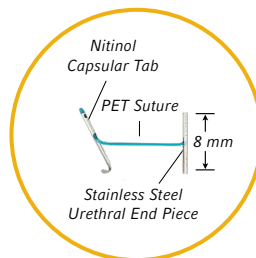
The UroLift Delivery Device is inserted transurethally through a rigid sheath under cystoscopic visualisation in order to reach the targeted area of obstruction.

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.¹



UroLift
Delivery Device



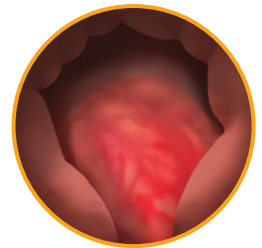
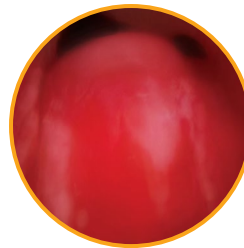
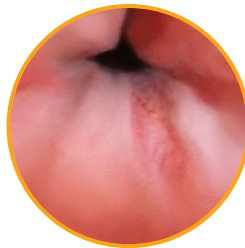
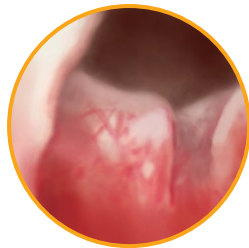
UroLift Permanent Implant

1. Roehrborn, J Urology 2013 LIFT Study.

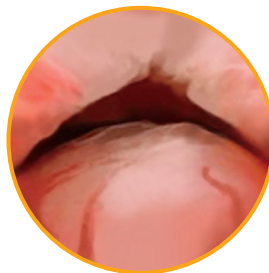
Broad Spectrum of BPH Anatomies Treated



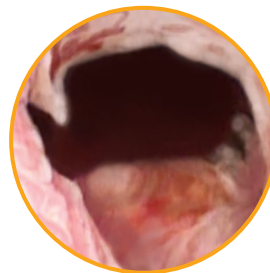
*No Visible
Median Lobe*



*Obstructive or Protruding
Median Lobe*



Pre-procedure



Post-procedure

Individual results may vary.

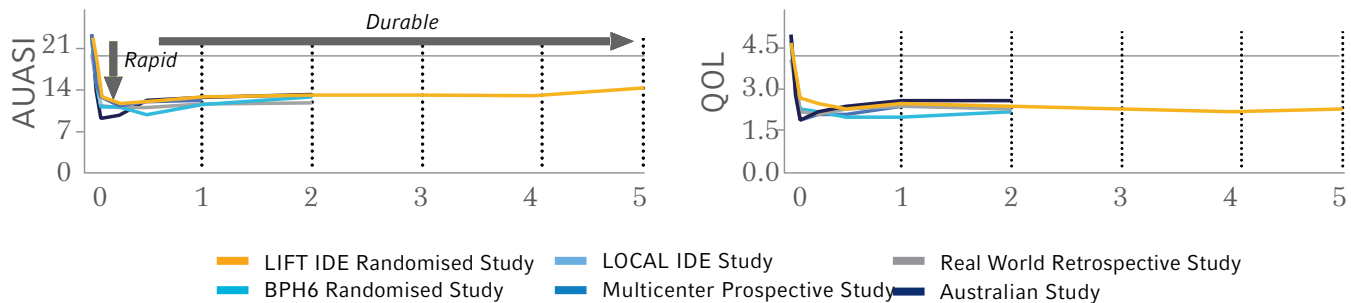
The UroLift System is indicated for the treatment of symptoms due to urinary outflow obstruction secondary to BPH in men 50 years of age or older and enlarged prostate up to 100cc.

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

Reproducible Results

Across multiple studies and in the real world¹

Durable results out to 5 years⁴



- ✓ 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.



For more information visit

HK.Urolift.com

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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.



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