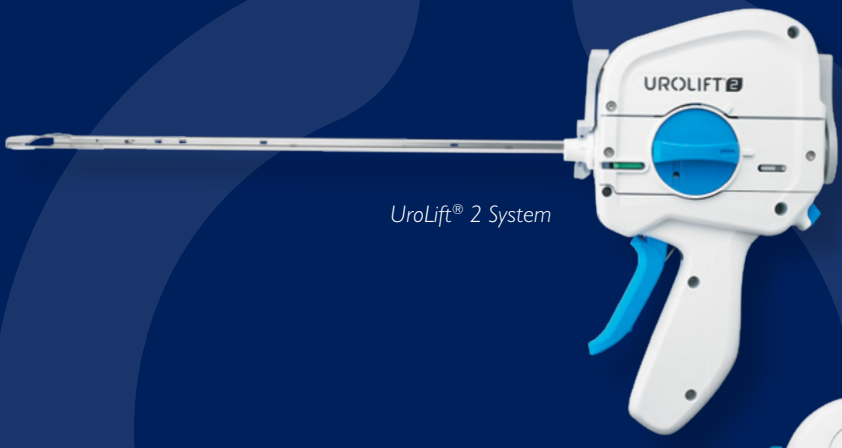
UROLIFT®



UroLift® 2 System

UroLift ATC® Advanced Tissue Control

THE UROLIFT® SYSTEM

Help your patients take care of number one with the **#1 chosen minimally invasive BPH procedure** performed in the U.S.[1]

Teleflex®
INTERVENTIONAL UROLOGY

HELP YOUR PATIENTS STOP MAKING TOO MANY PIT STOPS[1]

More than 14 million men are treated for BPH (benign prostatic hyperplasia)/LUTS (lower urinary tract symptoms) in the U.S.[1]

Watchful Waiting[1]

48% 6.8 Million Patients

Medical Therapy[1]

50% 7 Million Patients

Minimally Invasive Procedure/ Surgery[1]

2% 310,000 Patients

Each year, **over one third of patients on BPH drugs discontinue medication** due to inadequate relief, side effects[2]

The UroLift® System is a proven option for patients seeking an alternative to BPH medications[3]

2021 AUA BPH Guidelines highlight risks of medical management[4]

"There also exist clinical scenarios in which conservative management… or pharmacological management are either inadequate or inappropriate. ***More recently, long-term use of medication for LUTS/BPH has been implicated in cognitive issues and depression.*** *These situations merit consideration of one of the many invasive procedures available for the treatment of LUTS/BPH."*

2021 AUA BPH Guidelines recognize the need for earlier intervention[4]

"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."*

From healthy bladder to permanent damage

WHAT WOULD AN IDEAL BPH SOLUTION LOOK LIKE FROM THE UROLOGIST'S POINT OF VIEW?

WHAT UROLOGISTS WANT[5]	WHAT THE UROLIFT® SYSTEM OFFERS
Rapid relief with minimal side effects	• Effective alternative to drug therapy without heating, cutting or removing prostate tissue[4,6] • Most side effects resolve within 2–4 weeks[6] • Leading BPH procedure **shown to not cause new and lasting sexual dysfunction**[*7,8] • Preserves[*3] and possibly improves[†9] sexual function • **Lowest catheterization rate** of leading BPH procedures[3,10-14]
Performed in-office and outpatient setting	• **Routinely** • Can be performed in-office/outpatient with **local anesthesia** and **rapid recovery**[10]
Straightforward procedure	• Reliable, **reproducible** in any site of care
Durable	• Proven durable results to 5 years as shown by L.I.F.T. Study[3] and Healthcare Claims and Utilization Analysis[15] • 2–3% procedural retreatment per year[3] vs 1–2% TURP[16-18]
Broad reimbursement coverage	• Covered by **Medicare, national and commercial plans** when medical criteria are met, with a 0-day global period

A BPH solution you can be confident in

UROLIFT®

* No instances of new, sustained erectile or ejaculatory dysfunction in the L.I.F.T. pivotal study
† Based on analysis of erectile and ejaculatory function for 331 PUL patients treated in a controlled setting;

HELP MORE MEN STOP RACING TO THE BATHROOM

Now, it's **easier to treat a broad spectrum of BPH patients**, including men 45 years of age or older with prostates up to 100 cc, and those with lateral and median lobe hyperplasia, **with the expanded UroLift® System portfolio: the UroLift® 2 System and UroLift ATC® Advanced Tissue Control System.**

UROLIFT® 2

UroLift 2 Delivery Handle

UroLift 2 Implant Cartridge

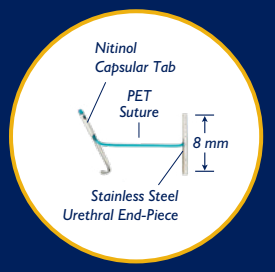
ENHANCED CONFIDENCE
Single ergonomic trigger; improved suture cutter; simplified troubleshooting tool; fewer cystoscopic lens exchanges[19]

ENABLES MORE CONSISTENT AND COMPRESSED IMPLANT DEPLOYMENT[20]

PROVEN UROLIFT® IMPLANT
No change to the UroLift implant components providing durable results[3] and consistent outcomes to a broad range of BPH patients[21]

INNOVATIVE DELIVERY SYSTEM
Typically, one delivery handle per procedure using an individual implant cartridge to deliver the UroLift System implant

REDUCED ECOLOGICAL IMPACT
60% less waste generated by one delivery handle per procedure using individual implant cartridges to deliver the UroLift implant[22]



Actual Size of UroLift Implant

EASIER TO TREAT A WIDE SPECTRUM OF ANATOMIES, INCLUDING OBSTRUCTIVE MEDIAN LOBES AND LATERAL LOBES, USING THE

UROLIFT ATC®
Advanced Tissue Control

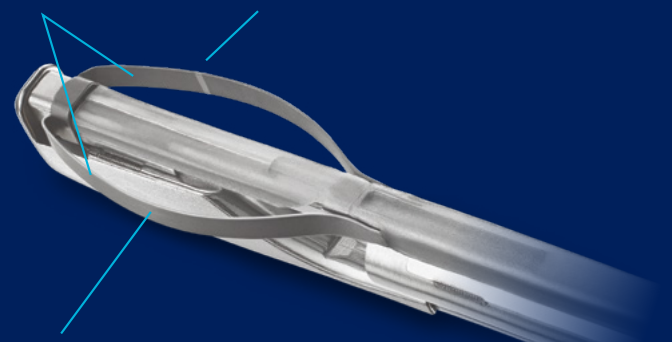
Delivers the same **proven implant through an enhanced delivery device tip.**

TISSUE CONTROL WINGS

- Hold tissue during manipulation and provide enhanced control
- Shaped to minimize view obstruction

NEEDLE LOCATION MARKER

- Laser etched markings can improve targeting accuracy for predictable implant placement
- Needle penetrates tissue in line with the markings

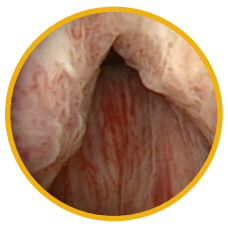


ATRAUMATIC DESIGN

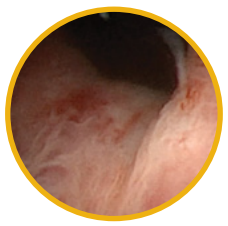
- Rounded edges
- Flexible stainless-steel material

CASE EXPERIENCE

UL2 CASE
High bladder neck 32 cc prostate, 4 implants

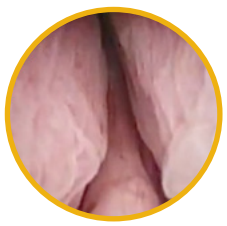


BEFORE

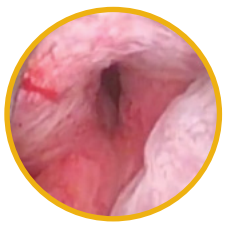


AFTER

UL2 CASE
95 cc prostate, intravesical extension, retention, 7 implants

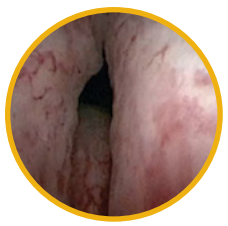


BEFORE
2 months: IPSS 20
1 month: In retention, QoL 5

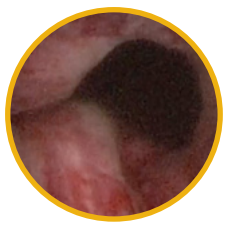


AFTER
18 months:
IPSS 3, QoL 1

ATC CASE
50 cc prostate, 7 implants

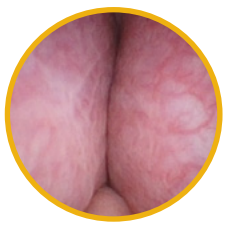


BEFORE
IPSS 26, QoL 6

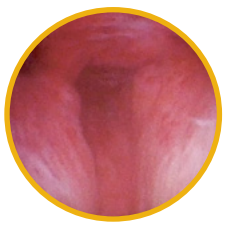


AFTER
IPSS 10, QoL 2

UL2/ATC CASE
24 cc prostate, 6 implants



BEFORE
IPSS 20



AFTER
6 weeks:
IPSS 7

Results may vary

Scan QR code to watch procedural animation

The UroLift® System achieves effective **results in patients with an obstructive median lobe**.[23,*]

13.5 IPSS IMPROVEMENT AT 1 YEAR

55% IMPROVEMENT IN MEDLIFT STUDY

Earlier treatment in the disease continuum
(i.e., better IPSS and quality of life (QoL) scores at baseline)
positively impacts quality of life outcomes.[24,25]

* The UroLift ATC Advanced Tissue Control System is indicated for the treatment of symptoms of an enlarged prostate up to 100cc in men 45 years or older.

REAL DURABILITY, REAL DATA INTEGRITY, REAL PATIENT EXPERIENCE

DURABILITY AND PATIENT EXPERIENCE OUTCOMES ACROSS MAJOR BPH TREATMENTS

LET'S GET REAL

BPH Treatment	Durability	Patient Experience			
	Surgical Retreatment Rate	Catheterization	Grade 3+ or Serious Adverse Events	Sexual Function	Hospital Stay
UroLift® System	13.6% at 5 years[3] *Loss to Follow-up rate*: 12.9%*	Lowest catheter rate of leading BPH procedures (0.7 – 0.9 days mean duration[3])	0.7%[3]	0% EjD†,[3]	0 days[3]
Rezūm™	4.4% at 5 years[26] *Total Loss to Follow-up rate*: 22% (13.3% Loss to Follow-up; 8.9% decided not to participate in long-term follow-up)*	>75% catheterized; 3.4 days mean duration[26]	1.5%[26]	3.0 % EjD‡,[31]	0 days[26]
TURP	7.6% at 2 years[27]	100% catheter for 1-day median[28,30]	7.6%[28,30]	36% EjD†,[28,30]	1.4 days[28,30]
Aquablation®	5.2% at 5 years[28] *Total Loss to Follow-up rate*: 43.1% (8.6% Loss to Follow-up; 34.5% not enrolled in long-term follow-up)*	100% catheter for 1-day median[28,30]	6.9%[28,30]	10% EjD†,[28,30]	1.4 days[28,30]

* Per the FDA, Lost to Follow Up (LTF) is defined as the act of concluding participation, prior to completion of all protocol-required elements, in a trial by an enrolled subject. The Total LTF rate includes subjects disclosed as LTF as well as those not enrolled or who decided not to participate in long-term follow up. https://www.fda.gov/media/108378/
† De novo ED or EjD among sexually active men
‡ Baseline erectile and ejaculatory function was not assessed

FDA GUIDANCE ON CLINICAL INVESTIGATION OF DEVICES FOR BPH[29]

Loss to follow-up jeopardizes the conclusions that can be made about the long-term safety and effectiveness of a device; we recommend you **limit the overall rate of loss to follow-up to less than 20%** over the course of the study[3,§]

§ Rezūm and Aquablation are FDA-cleared devices

UROLIFT®

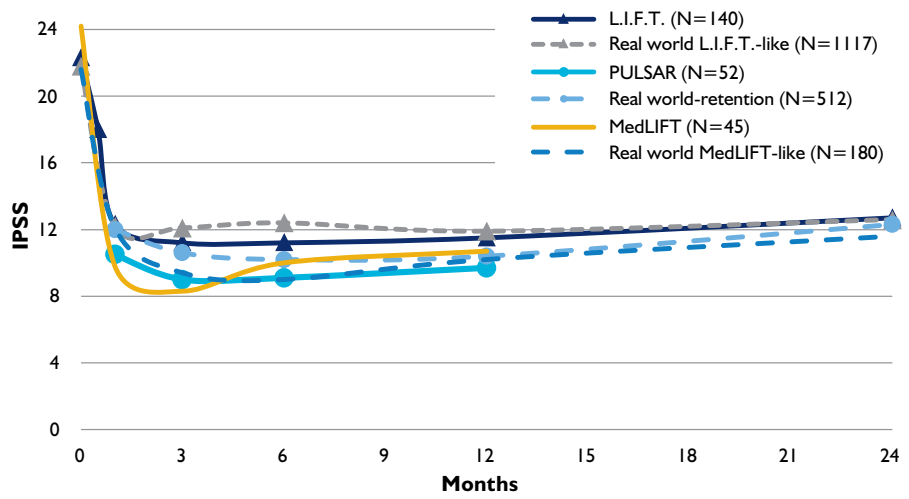
FOR **10+** YEARS, SUPPORTED BY OVER **145** PEER-REVIEWED AND **22** SPONSORED PUBLICATIONS

CLINICAL RESULTS

SAFE, EFFECTIVE, DURABLE, REPRODUCIBLE RESULTS

LET'S GET REAL

Symptom Response Is Largely Consistent Among Controlled Subjects and RWR Cohorts[32]



Significant and sustained IPSS improvement[3]

- 10.6 pt. IPSS reduction at 1 year
- 36% IPSS improvement at 5 years

Sustained QoL improvement[3]

- 51% QoL improvement at 1 year
- 50% QoL improvement at 5 years

Low surgical retreatment rate[3]

- 5.0% at 1 year
- 13.6% at 5 year (2-3% per year)

Proven to provide generally consistent outcomes between randomized clinical trials and the real world, in a large variety of prostate types, including those with obstructive median lobe and glands up to 100cc[21,23,33]

JOIN THE GROWING NUMBER OF UROLOGISTS CHANGING THE STANDARD OF CARE

for men suffering from BPH by offering the UroLift® System, the #1 chosen minimally invasive BPH procedure in the U.S.![1]

Contact your local Urology Consultant for access to: **clinical and product education** including DocMatter, a clinician-controlled online community, to deepen your expertise and improve patient care

Patient education resources: including a national awareness campaign, patient education portal, on-demand resources and translations, to educate your patients

IPSS program: a critical tool in identifying and measuring quality results vs. benchmarks

Co-marketing programs: including the IPSS mailer program, Community Health Talks, Facebook and print media, to create local market education and awareness and motivate patients suffering from BPH symptoms to take action

Contact the Reimbursement Team for physician/ practice questions regarding reimbursements:

UroLiftReimbursement@teleflex.com

1.844.516.5966

Contact Customer Service for general questions:

UroLiftCustomer@teleflex.com

1.877.408.9628

UROLIFT®

HELP YOUR PATIENTS TAKE CARE OF NUMBER ONE WITH THE **#1 CHOSEN MINIMALLY INVASIVE** BPH PROCEDURE PERFORMED IN THE U.S.[1]

"I'm extremely satisfied and eternally grateful for the great outcome. It was absolutely worth it. I'd do it again in a heartbeat."

– Steve K., UroLift® System Patient

1. Based on data provided by Symphony Health PatientSource® 2018–21. This information is provided as is and Symphony Health makes no representations or warranties of any kind, including with respect to accuracy or completeness; 2. U.S. 2022 estimates based on US Market Model 2022-24 (5-17-22 FINAL), data on file; 3. Roehrborn, Can J Urol 2017; 4. AUA BPH Guidelines 2021; 5. Biodesign Case Study 2015, Stanford Biodesign Exec. Ed; 6. Roehrborn, J Urol 2013; 7. AUA BPH Guidelines 2003, 2020; 8. McVary, Urology 2019; 9. Roehrborn, Predictors of Durability, AUA 2021; 10. Shore, Can J Urol 2014; 11. Bachmann, Eur Urol 2013; 12. McVary, J Urol 2016; 13. Mollengarden, Prostate Cancer Prostatic Dis 2018; 14. Das, Can J Urol 2019; 15. Kaplan, Analysis of Real-World Healthcare Claims, EAU Conference Presentation, 2021; 16. Wasson, J Urol 2000; 17. Taylor, Can J Urol 2015; 18. Lukacs, Eur Urol, 2013; 19. Compared to prior-generation UroLift System; 20. Compared to prior-generation UroLift System. Based on UroLift 2 Market Acceptance Test data. Calculations on file; 21. Eure J Endouro 2019; 22. Compared to prior-generation UroLift System. Data on file; 23. Rukstalis et. al, Prostate Cancer and Prostatic Diseases 2018 MedLift Study; 24. Roehrborn, et al, EAU 2023. Durability following treatment with the Prostatic Urethral Lift (PUL): Predictors from over 330 controlled subjects across 5 distinct studies. [Conference Presentation] Study sponsored by Teleflex Incorporated or its affiliates; 25. Barber, et al, EAU 2023. Patient characteristics and dynamic variables predictive of meaningful quality of life and sexual function improvement after Prostatic Urethral Lift (PUL). [Conference Presentation] Study sponsored by Teleflex Incorporated or its affiliates; 26. McVary, J Urol 2021; 27. Bachmann, Eur Urol 2016; 28. Gilling, Can J Urol 2022; 29. FDA BPH Guidance https://www.fda.gov/media/79397/download; 30. Gilling, J Urol 2018; 31. McVary, J Urol 2015; 32. Data on file; 33. UroLift System Instructions for Use

Indicated for the treatment of symptoms of an enlarged prostate up to 100 cc 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.[6] 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 stainless steel and 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.

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

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INTERVENTIONAL UROLOGY