

UROLIFT First Line Treatment

The **UroLift®** System Treatment

A minimally invasive approach to treating BPH that lifts or holds the enlarged prostate tissue out of the way so it no longer blocks the urethra. There is no cutting, heating or removal of prostate tissue.

Pre-Treatment

Immediate, visible result

- Rapid symptom relief
- No tissue removal or ablation
- Minimal downtime
- Preservation of sexual function



Post-Treatment

Redefining BPH Treatment

11.9 Million Men in the U.S. are Treated for BPH/LUTS

Watchful Waiting 48%

5.7 Million

UR()LIFT

is a new option for patients looking for an alternative to drugs or major surgery **Drugs**

51%

6.1 MillionPatients

Surgery/Procedure

Yet Only **1%**Elect Surgery

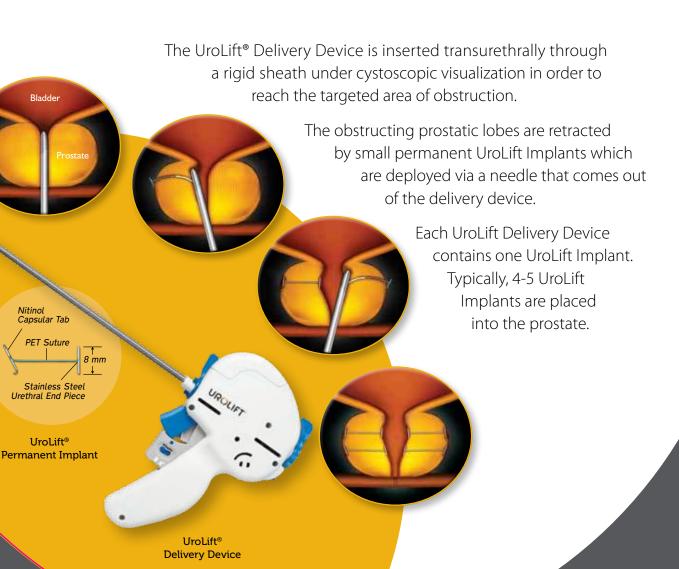
142,000 Patients

Each Year, ~20% or 1.2 Million

discontinue drugs (inadequate relief, side effects, etc.)

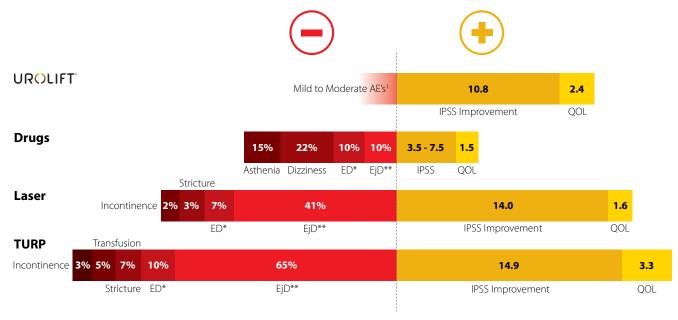
NeoTract US Market Model estimates for 2013 based on IMS Health Drug and Procedure data

UROLIFT® Straightforward Approach



UR()LIFT

Significant Improvement Without Significant Downsides



*ED – Erectile Dysfunction **EjD – Ejaculatory Dysfunction

Roehrborn, J Urology 2013; McNicholas, Eur Urology 2013; Chin, Urology 2012; EAU Guidelines 2011; AUA Guidelines 2010 and 2003

Most common adverse events reported include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence.
 Most symptoms were mild to moderate in severity and resolved within two to four weeks after the procedure.

0% Ejaculatory Dysfunction0% Erectile Dysfunction

No instances of de novo, sustained erectile or ejaculatory dysfunction.

UROLIFT Strong Clinical Results

 Endoscopic results can be immediately confirmed post-procedure.

• Patients may experience symptom relief as early as 2 weeks post-procedure.

• UroLift® System treatment does not preclude future UroLift, TURP or laser procedures.



Canadian J. of Urology, Multi-Center Study (n=51) 2014

British J. Urology, Crossover Study (n=53) 2013

J. of Urology, L.I.F.T. Study (n=206, 1 yr) 2013

J. of Sexual Medicine, USA Sexual Function (n=140, 1 yr) 2013

EU J. of Urology, EU Registration (n=102, 1 yr) 2013

Archivos Españoles Urología, Spanish Study (n=20) 2013

Urology, 2 Year Multi-Center Study (n=64, 2 yr) 2012

J. Sexual Medicine, Preserves Sexual Function (n=64, 1 yr) 2012

Progrès en Urologie, Single Center French Study (n=4) 2012

Canadian J. of Urology, Technique (n=50) 2012

British J. Urology, First in Man (n=19, 1 yr) 2011

UR()LIFT

L.I.F.T. Study Results Corroborate Prior Studies

206-patient L.I.F.T. IDE Study, a multi-center, randomized, blinded study. All primary and secondary endpoints were met. Patients experienced rapid symptomatic improvement, increased urinary flow rates, preserved sexual function and a significant improvement in Quality of Life.



Chin et al.: Urology 2012; McNicholas et al.: European Urology 2013; Roehrborn et al.: Journal of Urology 2013

3 Month Change from baseline			12 Month
UroLift	Control	Difference	UroLift
11.1	5.9	0.003	10.8
4.28	1.98	p =0.005	4.02
2.2	1.0	p < 0.001	2.4
3.9	2.1	p <0.001	4.0
	UroLift 11.1 4.28 2.2	UroLift Control 11.1 5.9 4.28 1.98 2.2 1.0	UroLift Control Difference 11.1 5.9 0.003 4.28 1.98 p =0.005 2.2 1.0 p <0.001

No instances of de novo, sustained erectile or ejaculatory dysfunction



For additional information and surgical videos visit UroLift.com

Customer Service • 877.408.9628
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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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