

Latest Treatments for an Enlarged Prostate

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Today's Agenda


Overview of Benign Prostatic Hyperplasia (BPH)

Diagnosing BPH


BPH Treatment Options

The UroLift™ System Procedure


Aquablation Procedure



*I'm tired of
always looking for
a bathroom*



*I'm tired of
frequently getting
up at night*



*I'm tired of
standing at a urinal for so
long*

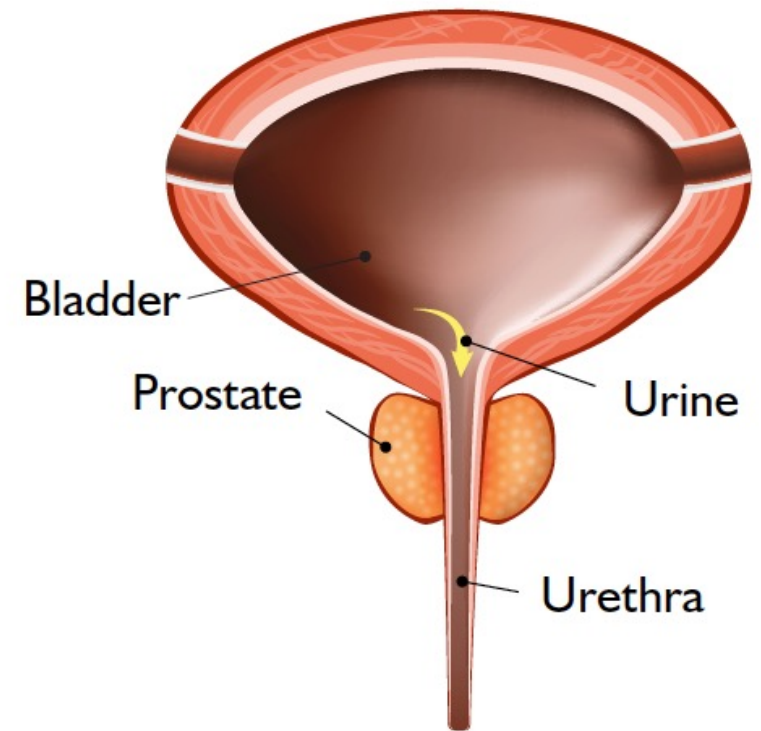
Understanding Benign Prostatic Hyperplasia



Overview of the Prostate

- Walnut-sized gland that is a part of the male reproductive system.
- Produces fluid that transports sperm during ejaculation.
- Wraps around the urethra near the bladder and can grow larger as men age.

Normal Prostate

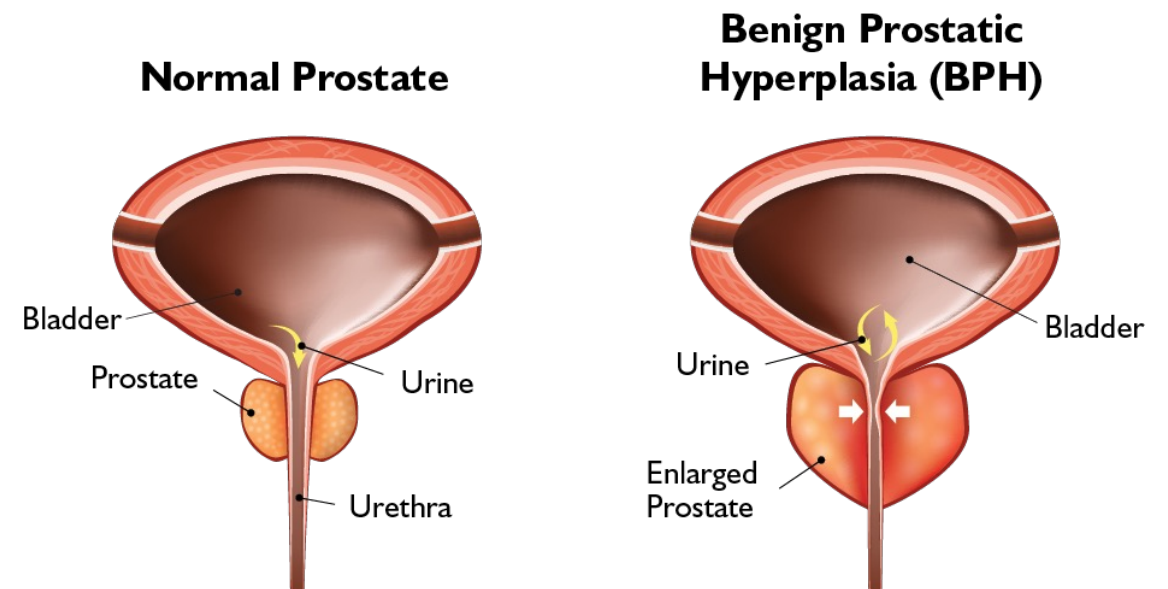


Benign Prostatic Hyperplasia

Benign prostatic hyperplasia (BPH), also known as an enlarged prostate, is a progressive condition in which the prostate gets bigger as men get older.

While BPH is *not* prostate cancer, it can greatly affect a man's quality of life.

Over 40% of men in their 50s and over 70% of men in their 60s have BPH.



DEFINING THE SYMPTOMS OF BPH

TWO CATEGORIES OF LOWER URINARY TRACT SYMPTOMS (LUTS)

1

ABILITY TO HOLD URINE

Urgency: the need to urinate immediately or urgently

Frequency: the need to urinate more often than normal

Nocturia: the need to urinate frequently while sleeping

Incontinence: complete loss of the ability to hold urine

2

EMPTYING THE BLADDER

Straining: the need to push to start or complete urinating

Dysuria: pain or stinging while urinating

Hesitancy: difficulty starting to urinate

Weak Stream: gentle instead of a strong stream of urine

Intermittency: a urine stream that starts and stops

Retention: complete loss of the ability to empty the bladder

RESULTING IMPACT ON **QUALITY OF LIFE**

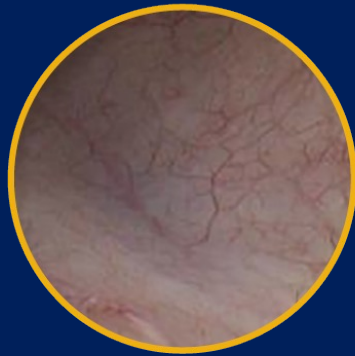
Disrupted Sleep: related consequences to interrupted sleep

Limited Activities: restricted by proximity to a bathroom

Sexual Dysfunction: impact on erectile or ejaculatory function

Protecting Bladder Health Through Earlier Intervention

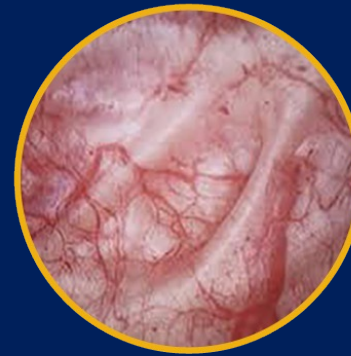
If left untreated, BPH can get worse and over time may lead to permanent bladder damage due to the obstruction¹



Healthy Bladder



Bladder worsens²



Permanently Damaged¹

Intervening earlier with treatments that address the blockage may preserve bladder health.²

Diagnosing BPH



How Can BPH Be Diagnosed?

Physicians may use a variety of tests and examinations to diagnose BPH



Diagnosis of BPH

Medical history

Physical exam which may include a digital rectal exam (DRE)

Blood work/PSA

Urinalysis is a test of your urine

Frequency volume chart is a record of your fluid intake and your urine output

Uroflowmetry measures how fast urine flows

Additional imaging that can include ultrasound, MRI and/or CT

Cystoscopy is an exam used to look at the urethra or bladder with a scope

Post void residual (PVR) measures urine left in the bladder after passing urine

Urodynamic pressure flow study tests pressure in the bladder during urination

International Prostate Symptom Score (IPSS)

Help determine severity of your urinary symptoms

- Urgency
- Frequency
- Incomplete emptying
- Intermittency
- Weak stream
- Straining
- Frequent nighttime urination

Assess quality of life

How is the IPSS scored?

0-7 | Mild

8-19 | Moderate

20-35 | Severe

How is Quality of Life scored?

0-6

Regardless of the score, if your symptoms are bothersome, you should notify your doctor

International Prostate Symptom Score (IPSS)

Patient Name: _____ Today's Date: _____
 Daytime Phone Number: _____ Date of Birth: _____

Determine Your BPH Symptoms Circle your answers and add up your scores at the bottom.

Over the past month	Not at all	Less than one in five	Less than half the time	About half the time	More than half the time	Almost always
Incomplete emptying – How often have you had the sensation of not emptying your bladder completely after you finished urinating?	0	1	2	3	4	5
Frequency – How often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5
Intermittency – How often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5
Urgency – How often have you found it difficult to postpone urination?	0	1	2	3	4	5
Weak stream – How often have you had a weak urinary stream?	0	1	2	3	4	5
Straining – How often have you had to push or strain to begin urination?	0	1	2	3	4	5
Sleeping – How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?	None	One Time	Two Times	Three Times	Four Times	Five or More Times
Add Symptom Scores:	+	+	+	+	+	+

Total International Prostate Symptom Score =
 1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

Quality of Life (QoL) Regardless of the score, if your symptoms are bothersome you should notify your doctor.

	Delighted	Pleased	Mostly Satisfied	Mixed	Mostly Dissatisfied	Unhappy	Terrible
If you were to spend the rest of your life with your urinary condition just the way it is now, how would you feel about that?	0	1	2	3	4	5	6

Have you tried medications to help your symptoms? Yes No

Did these medications help your symptoms? (circle)

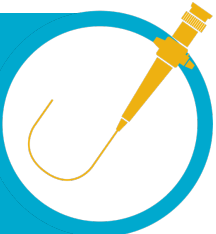
1	2	3	4	5	6	7	8	9	10
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No Relief Complete Relief

Would you be interested in learning about a minimally invasive option that could allow you to avoid or discontinue enlarged prostate medications? Yes No

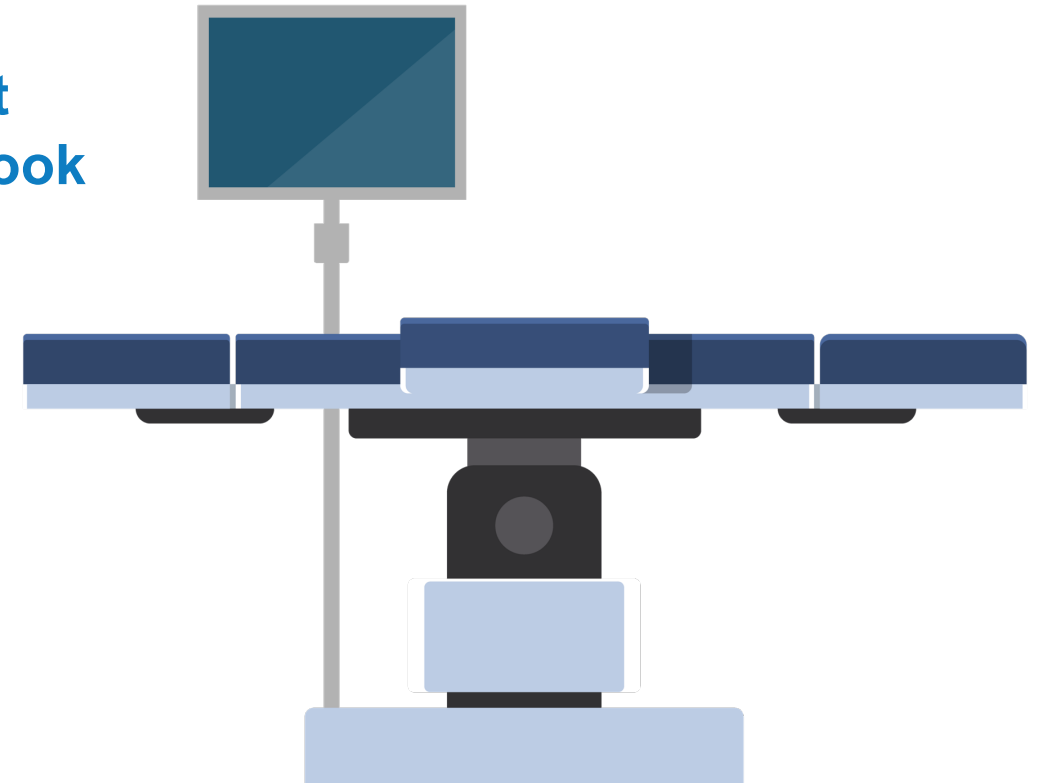
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Cystoscopy – A Valuable Diagnostic Tool



This brief procedure typically takes about 5 minutes. It uses a thin, lighted tube to look inside your bladder and urethra to:

- Assess bladder health
- Diagnose an enlarged prostate (BPH)
- Assess which BPH procedure may be most appropriate for you
- Rule out other bladder conditions



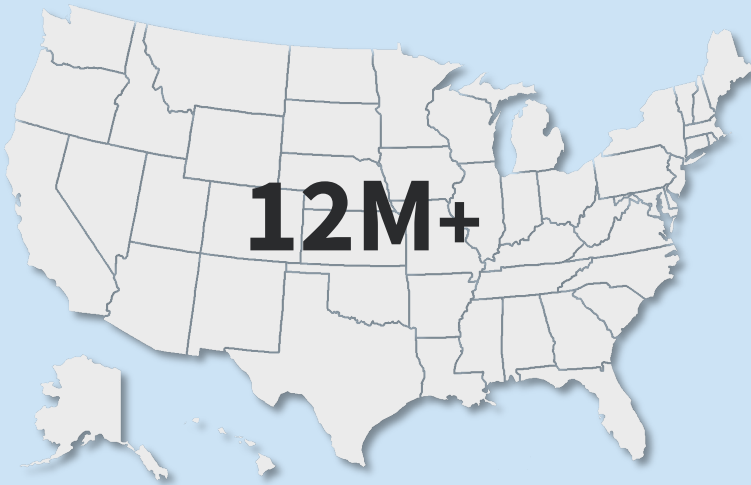
Treatment Options



BPH SURGICAL MARKET IS UNDERSERVED & EXPECTED TO GROW

US EXAMPLE

U.S. men actively
MANAGED for BPH
each year



4.3M

WATCHFUL WAITERS

- ▶ Choose to do nothing and suffer BPH symptoms

6.7M

PHARMACEUTICALS

- ▶ Suffer dosing adjustments and side effects

1.1M

PHARMACEUTICAL FALLOUT

- ▶ Delay surgery despite medication failure

400K

SURGERIES PER YEAR

- ▶ Compromise between safety and efficacy outcomes

Vuichoud, C, Loughlin, K. Benign prostatic hyperplasia: epidemiology, economics and evaluation. Can J Urol. 2015 Oct;22 Suppl 1:1-6.

Emberton, M, et al. Understanding patient and physician perceptions of benign prostatic hyperplasia in Europe; the Prostate Research on Behaviour and Education (PROBE) Survey. Int J Clin Pract, January 2008, 62, 1, 18-26

Kaplan, SA. Factors in Predicting Failure with Medical Therapy for BPH. Rev Urol. 2005;7 Suppl 7:S34-9.

Treatment Options



Watchful waiting

Monitor your condition before considering other treatments



Medications

Your doctor may prescribe one or more medications, such as an alpha blocker and/or a 5-alpha reductase inhibitor, to manage your symptoms



UroLift™ System

Uses small implants to lift and hold the enlarged prostate tissue out of the way



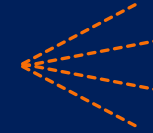
Thermotherapies

Uses heat energy such as microwave, radiofrequency, or steam/water vapor to destroy obstructing prostate tissue



Laser

Concentrated light is used to generate precise, intense heat to destroy excess prostate tissue



Waterjet ablation

A high-velocity waterjet is used to destroy excess prostate tissue, using an image-guided robotic arm



Surgery

Surgical procedure that involves cutting away a section of the prostate

Least invasive

Most invasive

The UroLift™ System



How the UroLift™ System Works



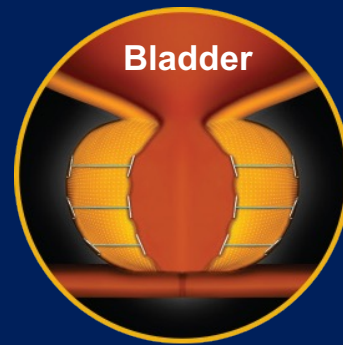
Step 1

The UroLift™ Delivery Device is placed through the obstructed urethra to access the enlarged prostate.



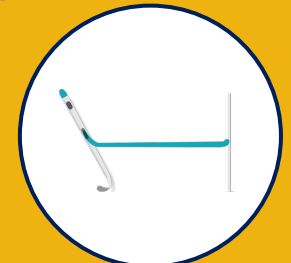
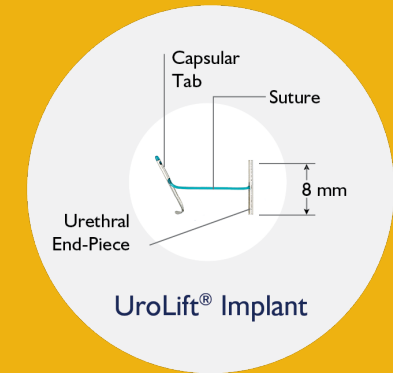
Step 2

Small implants are permanently placed to lift and hold the enlarged prostate tissue out of the way and increase the opening of the urethra.



Step 3

The UroLift System procedure provides symptom relief by opening the obstructed urethra.

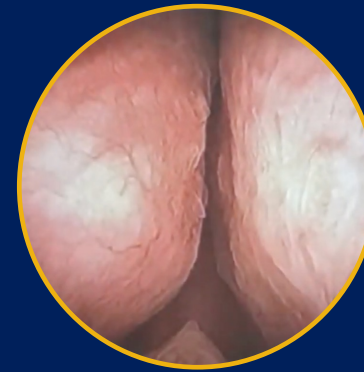


Size Comparison

Typically, 4-6 implants are used per patient

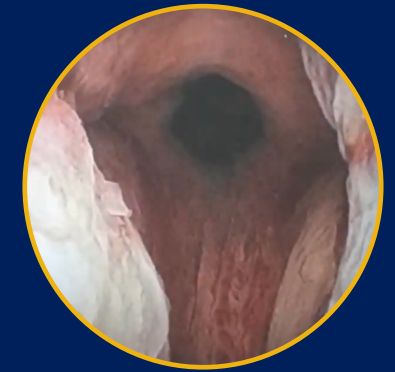
What to Expect During the Procedure

- May be performed in a doctor's office, an ambulatory surgical center, or hospital
- Local anesthesia, moderate sedation (twilight sleep) or general anesthesia may be used
- Length of the procedure varies based on the patient's anatomy and number of prostatic implants required
- The doctor introduces a thin tube through the urethra and places implants into the prostate until a sufficient opening is achieved



Before treatment

Urologist's view of obstructed channel



After treatment

Unblocked urethra after UroLift™ System procedure

Results may vary

What to Expect After the Procedure

- Patients typically go home the same day without a catheter^{1,2}
- Minimal downtime post procedure, and many patients experience symptom relief in as early as 2 weeks^{1,2}
- Most common side effects are temporary and can include discomfort when urinating, urgency, an inability to control the urge, pelvic pain, and some blood in the urine.*¹ Rare side effects, including bleeding and infection, may lead to a serious outcome and may require intervention.

Medications

Your urologist will discuss the use of any medications, which may include antibiotics, to take after the procedure.

Complications

Once at home, if you need immediate attention, go to the hospital emergency room for care.

* Most symptoms typically resolve within two to four weeks after the procedure.

1. Roehrborn, J Urology 2013;
2. Shore, Can J Urol 2014

AQUABLATION®

Therapy by PROCEPT BioRobotics

THE BPH TREATMENT OF
CHOICE FOR ALL PROSTATES



PATIENTS ARE COMPROMISING OUTCOMES DUE TO TECHNOLOGY CONSTRAINTS

PROSTATES COME IN ALL SIZES & SHAPES



BPH size ranges: AUA Guidelines: Surgical Management of BPH/Lower Urinary Tract Symptoms Published 2018, Amended 2019, 2020.
76% and 83% Statistics: Data on file at PROCEPT BioRobotics
Aquablation therapy offers long-term symptom relief with low rates of irreversible complications

AQUABLATION THERAPY

ONLY IMAGE-GUIDED, HEAT-FREE, AUTOMATED ROBOTIC THERAPY FOR BPH



REAL-TIME IMAGE GUIDANCE

Intraoperative ultrasound imaging combined with cystoscopic visualization provide a multidimensional view of the treatment area



PERSONALIZED TREATMENT PLANNING

Advanced planning software allows the surgeon to map the treatment contour by identifying tissue to preserve and resect



AUTOMATED ROBOTIC EXECUTION

Robotic execution of the waterjet along the treatment plan results in standardized outcomes and operative experience



HEAT-FREE WATERJET RESECTION

Heat-free waterjet precisely removes prostate tissue and minimizes thermal damage to surrounding tissue



AQUABEAM[®]
— ROBOTIC SYSTEM —



IDENTIFY CRITICAL ANATOMY

1 MEDIAN LOBE | RESECT

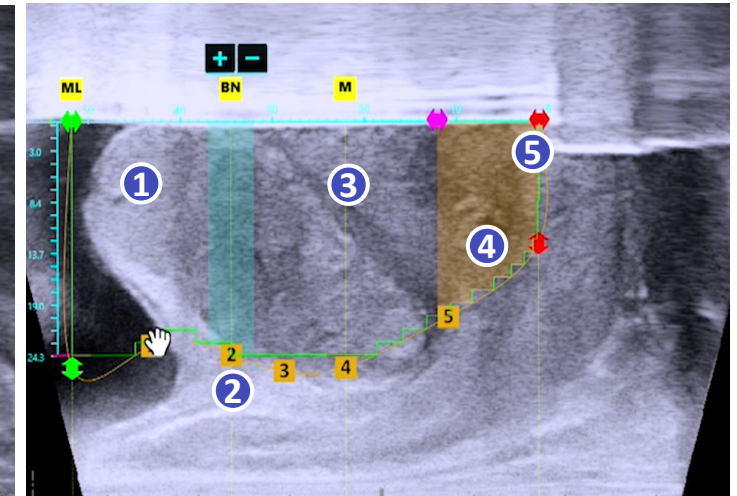
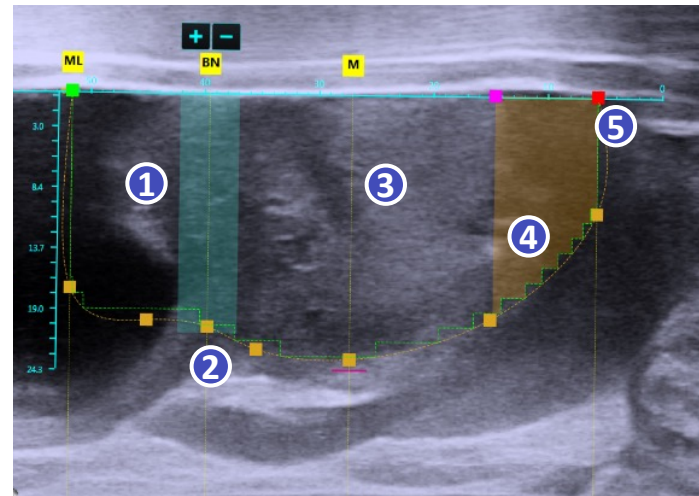
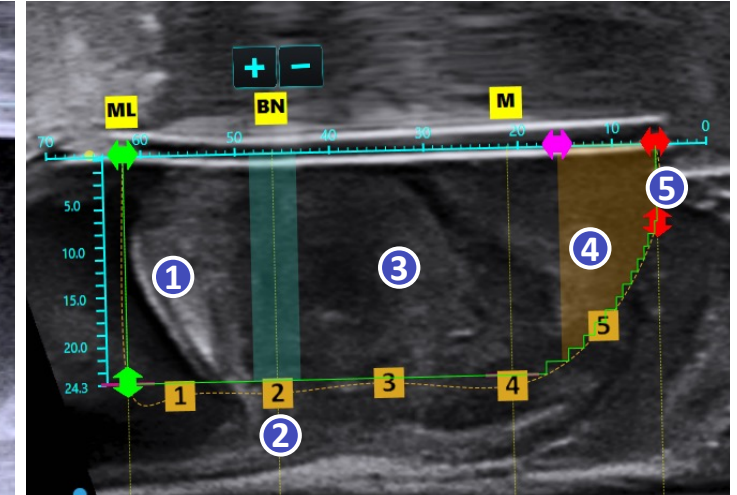
2 BLADDER NECK | PRESERVE

3 LATERAL LOBE | RESECT

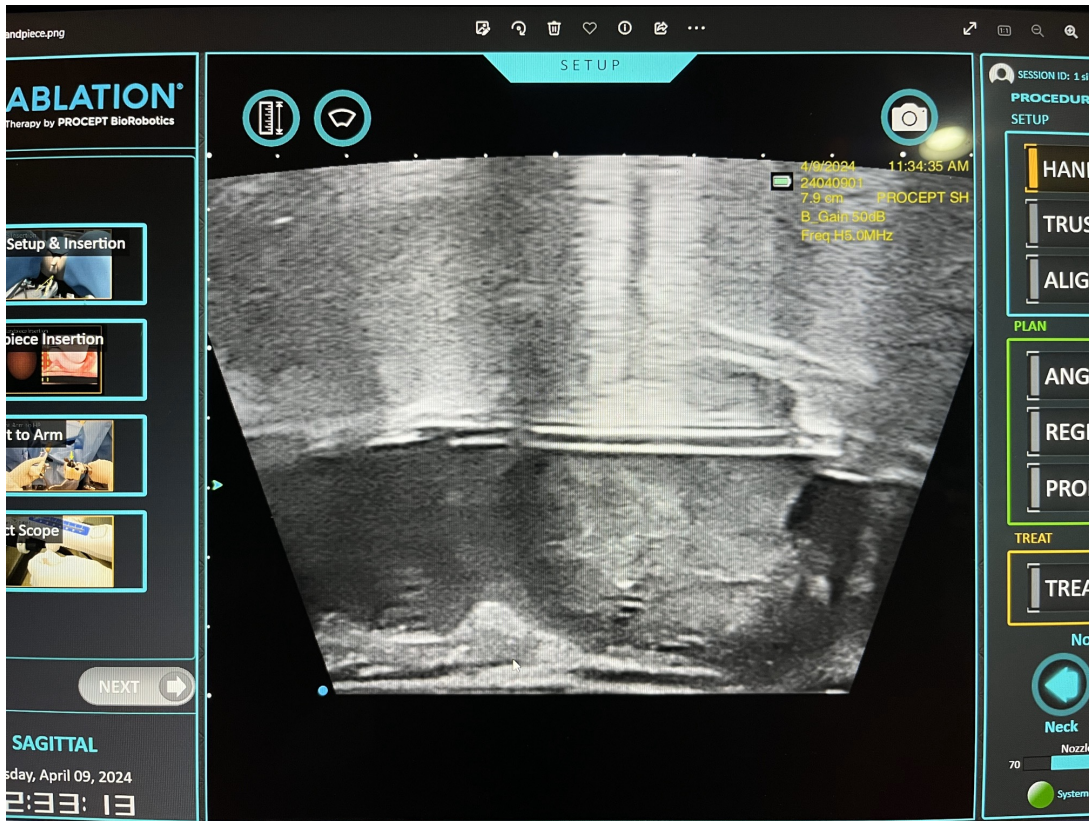
4 VERUMONTANUM | PRESERVE

5 EXTERNAL SPHINCTER | PRESERVE

CREATE TREATMENT CONTOUR



Aquablation Before and During



AQUABLATION THERAPY PROCEDURE | ANIMATION

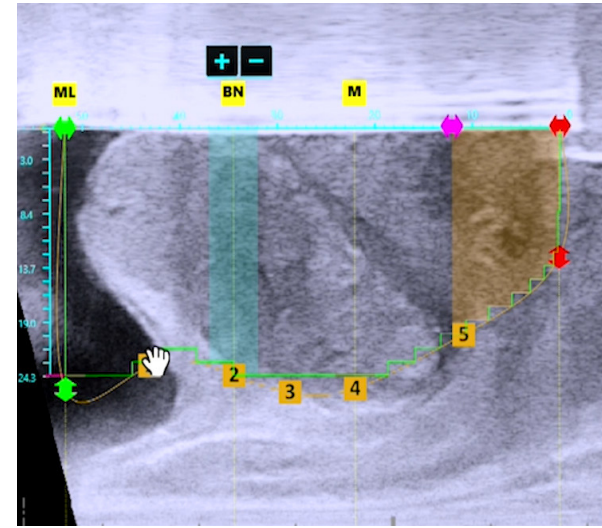
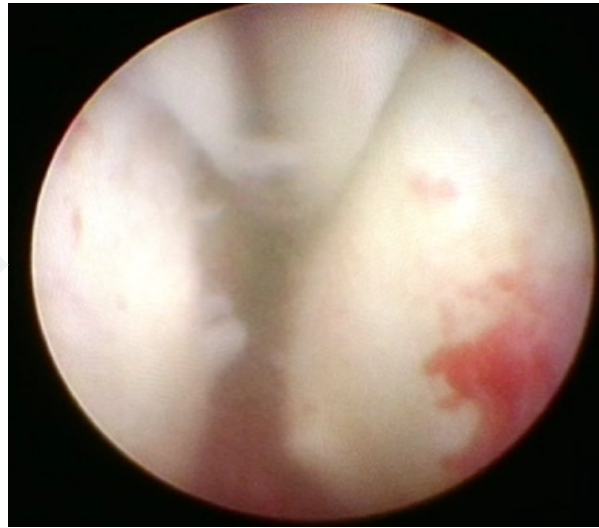


Note: Animation does not represent full draping required during Aquablation therapy.

AQUABLATION THERAPY RESULTS

BEFORE

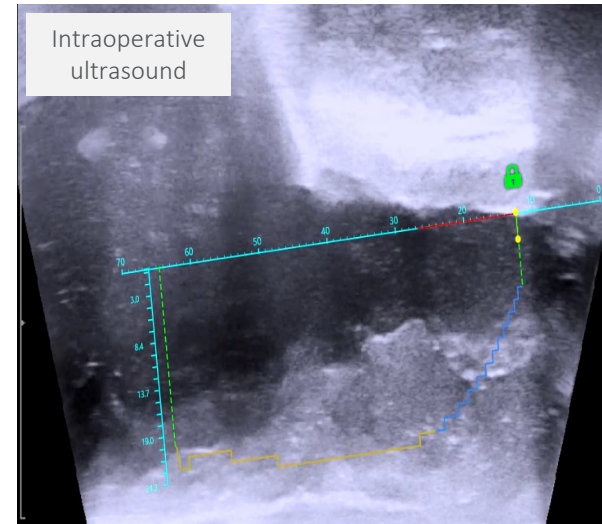
Obstructed Prostatic Urethra



3 months
post-op



Intraoperative
ultrasound



AFTER

Open Prostatic Urethra

- Patient will wake up with a catheter.
- Patients typically stay overnight in the hospital.
- Most Aquablation therapy patients end up leaving the hospital without a catheter.^{1,2,3}
- Some patients may experience mild burning during urination for the first few weeks.
- Patients may resume normal activities once approved by their doctor.

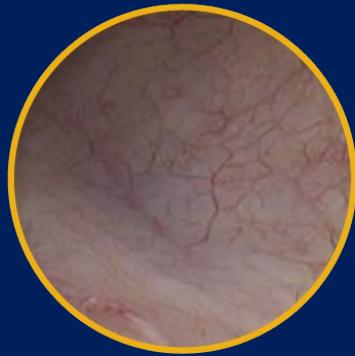
1. Gillig et al. Five-year outcomes for Aquablation therapy compared to TURP: a randomized controlled trial in men with LUTS due to BPH Can J Urol 2022; 29(1):10960-10968.

2. Zorn KC, Bidair M, Trainer A, Arther A, Kramolowsky E, Desai M, et al. Aquablation therapy in large prostates (80–150 cc) for lower urinary tract symptoms due to benign prostatic hyperplasia: WATER II 3-year trial results. BJUI Compass. 2022;3(2):130–138.

3. Data on File at PROCEPT BioRobotics

Protecting Bladder Health Through Earlier Intervention

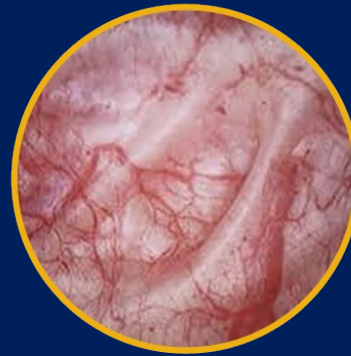
If left untreated, BPH can get worse and over time may lead to permanent bladder damage due to the obstruction¹



Healthy Bladder



Bladder worsens²



Permanently Damaged¹

Intervening earlier with treatments that address the blockage may preserve bladder health.²

Thank You!

Questions?

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