



New Data Suggest Men May Want Non-Drug Alternatives For Treatment of Enlarged Prostate Symptoms

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Teleflex Survey Finds That Men Taking Medication to Treat Benign Prostatic Hyperplasia May Have Concerns About Side Effects and The Number of Medications Prescribed

WAYNE, Pa., July 14, 2020 (GLOBE NEWSWIRE) -- Teleflex Incorporated (NYSE: TFX) today announced results of a new survey showing that the majority of American men over age 40 are prescribed multiple medications to treat a variety of conditions, including benign prostatic hyperplasia (BPH), and that both men and women are concerned about possible side effects of medications. BPH, also known as enlarged prostate, is a common non-cancerous enlargement of the prostate that occurs as men age. The symptoms of BPH can cause loss of productivity, depression and decreased quality of life.¹

Two recent surveys sponsored by Teleflex Incorporated were conducted among 1000 men and 1000 women over the age of 40 in the United States to gather insights about beliefs and behaviors surrounding current treatment options for BPH as well as to understand current prescription medication trends more broadly.

The results demonstrated that many men and women surveyed believe that BPH can only be treated with medication, despite the availability of alternative treatment options for this common condition. In addition, the survey found that the majority of patients are interested in learning about alternative treatment options to treat their BPH symptoms.

"Americans are prescribed more medication than ever before² despite the availability of non-drug alternatives for common conditions like BPH," said Peter Walter, M.D.,

F.A.C.S., of Western New York Urology Associates in Jamestown, NY. "Medications can often have more physiological impacts beyond the condition the prescription aims to treat, interactions among drugs remains understudied, and clinical data regarding potential side effects of long-term alpha blocker use is inadequate. Additionally, many men simply stop treating their BPH symptoms as a result of unpleasant side effects or an unwillingness to take another pill."

Patient Jim Ward endured frequent trips to the bathroom for over two years before having the UroLift® System procedure earlier this year. "I was already taking daily medication to treat high blood pressure and cholesterol and I did not want to take any additional medications," said Ward, a 57 year-old high school English and Drama teacher. "I felt exhausted at work all of the time and even considered early retirement because I was not performing to my normal standard. It took some time to connect my lack of sleep with my inability to focus during the day. After my UroLift System procedure, I feel sharper and more present than I've felt in years. The best part was having the procedure on a Friday afternoon and returning to work on a Monday morning."^{*}

Many men and women surveyed were unaware that minimally invasive procedures are available to treat BPH. Of the participants surveyed,

- Nearly three in four men with BPH said their doctors discussed medications as a treatment for their BPH symptoms while fewer than one in five men were told about minimally invasive outpatient procedures.
- Among both men and women surveyed, nearly one in four believe BPH can only be treated with medication.
- 54% of men surveyed who have BPH are using or have used medication to treat their symptoms.

Compliance data from the survey was consistent with clinical data³ and 2018 AUA Guidelines that reflect men often discontinue medication to treat their BPH symptoms due to inconvenience, lack of efficacy, and unpleasant side effects. Male respondents shared the following:

- 27% of all men taking BPH medication have stopped taking their medication.
- 25% of men taking medication to treat their BPH symptoms are unsatisfied with the effectiveness of their medication.
- 15% of men with BPH who treat their symptoms with medication are concerned about the side effects of medication (headaches, dizziness, sexual dysfunction).
- 10% of men with BPH who treat their symptoms with medication are concerned about having to take *another* pill every day and the possible interactions.
- 18% of men with BPH who treat their symptoms with medication are concerned about taking a pill everyday.
- More than one third of men with BPH taking medication to treat their BPH symptoms have experienced unpleasant side effects. These side effects include headaches, dizziness, weakness or lack of energy (asthenia), ejaculatory dysfunction and erectile dysfunction.

"While we have seen an increased awareness among men and women about BPH treatment options beyond medication, the survey results underscore the continued need to improve patient education about treatment options," said Dave Amerson, president of Teleflex Interventional Urology business unit. "Educating patients about minimally invasive treatment alternatives such as the UroLift System – an option that typically does not require ongoing medication²– is critical given the shortcomings of surgery and medication. We are pleased that to date more than 175,000 men have elected this innovative option."^{**}

BPH affects over 42 million men in the United States alone and more than 12 million men are under a doctor's care for the condition.^{5,6} More than 40% men in their 50s and over 80% of men their 70s have BPH.⁴ If left untreated the condition can worsen over time and cause permanent bladder damage.⁷

About the UroLift® System

The UroLift® System is a minimally invasive treatment for lower urinary tract symptoms due to benign prostatic hyperplasia (BPH). It is indicated for the treatment of enlarged prostate up to 100cc in men 45 and older. The UroLift permanent implants, delivered during an outpatient procedure, relieve prostate obstruction and open the urethra directly without cutting, heating, or removing prostate tissue. The UroLift System is the only leading BPH procedure shown to not cause new onset, sustained erectile or ejaculatory dysfunction.⁸⁻¹⁰ Most common adverse events are temporary and can include hematuria, dysuria, micturition urgency, pelvic pain, and urge incontinence.⁸ The Prostatic Urethral Lift procedure (using the UroLift System) is recommended for the treatment of BPH in both the American Urological Association and European Association of Urology clinical guidelines. More than 175,000 men have been treated with the UroLift System in select markets worldwide.^{**} As with any medical procedure, individual results may vary. Learn more at www.UroLift.com.

About Teleflex Interventional Urology

The Teleflex Interventional Urology Business Unit is dedicated to developing innovative, minimally invasive and clinically effective devices that address unmet needs in the field of urology. Our initial focus is on improving the standard of care for patients with BPH using the UroLift System, a minimally invasive permanent implant system that treats symptoms while preserving sexual function.^{***8,11} Learn more at www.NeoTract.com.

About Teleflex Incorporated

Teleflex is a global provider of medical technologies designed to improve the health and quality of people's lives. We apply purpose driven innovation – a relentless pursuit of identifying unmet clinical needs – to benefit patients and healthcare providers. Our portfolio is diverse, with solutions in the fields of vascular and interventional access, surgical, anesthesia, cardiac care, urology, emergency medicine and respiratory care.

Teleflex employees worldwide are united in the understanding that what we do every day makes a difference. For more information, please visit www.Teleflex.com.

Teleflex is the home of Arrow®, Deknatel®, Hudson RCI®, LMA®, Pilling®, Rusch®, UroLift® and Weck® – trusted brands united by a common sense of purpose.

Dr. Peter Walter is a paid consultant of NeoTract | Teleflex Interventional Urology.

*As with any medical procedure, individual results may vary.

**Management estimate based on product sales and average units per procedure.

***No instances of new, sustained erectile or ejaculatory dysfunction.

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¹ Speakman et al. 2014 BJUI International

² Kantor, E. D., Rehm, C. D., Haas, J. S., Chan, A. T., & Giovannucci, E. L. (2015). Trends in Prescription Drug Use Among Adults in the United States From 1999-2012. JAMA, 314(17), 1818–1831. <https://doi.org/10.1001/jama.2015.13766>

³ Cindolo et al., Eur Urol 2015 Sep; 68(3): 418-425

⁴ Roehrborn, et al., Can J Urol 2017; 24(3): 8802-8813

⁵ Berry, J Urol 1984 and 2017 U.S. Census population estimates.

⁶ NeoTract US Market Model estimates for 2018 based on IMS Health Drug and Procedure data

⁷ Tubaro et al. 2003 Drugs Aging

⁸ Roehrborn, J Urology 2013 LIFT Study

⁹ AUA BPH Guidelines 2003, 2010, 2018

¹⁰ McVary, J Sex Med 2016

¹¹ McVary, J Sex Med 2014

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Source: Teleflex Incorporated