



NeoTract Announces Results from Two Studies Demonstrating Transformative Benefits of the UroLift® System for BPH Care

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Studies Show Significantly Reduced Complications, Improved Service Capacity, and Decreased Costs

WAYNE, Pa.--(BUSINESS WIRE)--Sep. 25, 2018-- NeoTract, a wholly owned subsidiary of Teleflex Incorporated (NYSE:TFX) focused on addressing unmet needs in the field of urology, today announced the presentation of new clinical data at the World Congress of Endourology 2018 Annual Conference from two U.K. studies of the company's novel UroLift® System for patients with Benign Prostatic Hyperplasia (BPH).

"This analysis of the UroLift System demonstrates its transformative impact on BPH care within a major health system," said Dave Amerson, president of the NeoTract Interventional Urology business unit. "These real-world results continue to support the safety and efficacy of the UroLift System findings of our pivotal trial, and also suggest that the adoption of the UroLift System can save health systems millions in reduced organizational costs when compared to the traditional invasive surgical TURP procedure for patients with BPH."

U.K. Data Suggests UroLift System Greatly Reduces Costs Associated with TURP

The Transforming BPH Surgical Care study compares patient outcomes, resources consumed, and associated costs of treatment for BPH in men treated with the UroLift System compared to those who received TURP using Patient Level Information Costing System (PLICS) at the Leeds Teaching Hospitals NHS Trust in Leeds, England.

Data from this real-world study, presented by Oliver Kayes, M.D., urologist of Leeds Teaching Hospitals NHS Trust, shows that treatment of BPH with the UroLift System shortens operation time while also reducing patients' hospital stay to an average of 0.4 days, compared to 4.6 days for acute TURP and 1.8 days for elective TURP. Results from this study demonstrate that BPH treatment with the UroLift System reduced overall costs by 42% when compared to the TURP surgery. Further analysis from the single-center study calculates that adoption of the UroLift System for 50% of all BPH surgeries at the hospital would generate an additional annual savings of £42,000, while also saving 300 bed days and 106 hours of operating theatre time each year.

"The results of this study demonstrate that the UroLift System moves BPH procedures into day-case settings, achieving positive patient outcomes without financial investment or increased complications in patients with BPH," said Dr. Kayes. "Data from this study also suggests that adoption of the UroLift System would increase overall capacity, allowing for healthcare centers to focus on critical cancer targets and waiting times, while reducing delays in both urgent and non-urgent surgery."

The Cost Reductions study, also presented by Dr. Kayes, compares outcomes and cost following treatment with the UroLift System or TURP. The study analyzed reports on the UroLift System from 2010 onwards, as well as data from the National Health Service Hospital Episode Statistics (HES) database and The Health Improvement Network (THIN) to identify hospitalization and treatment rates for TURP from 2010 to 2016 in England.

The results indicate that the average procedure costs are similar with the UroLift System or TURP, but no hospital stay or follow-up visits are required with the UroLift System. The analysis also accounted for the lower rate of complications with the UroLift System based on published data, which includes minimal need for hospital treatment and no instances of new, sustained erectile or ejaculatory dysfunction. With a conservative estimate of 50% reduction in complications using the UroLift System and 50% adoption in patients who would otherwise undergo a TURP procedure, this analysis indicates that approximately £27 million could be saved by reductions in complications alone. The results from this study are consistent with the Surgical Care study, demonstrating that an increased use of the UroLift System to treat patients with BPH could significantly reduce costs and maintain positive patient outcomes.

About the UroLift System

The FDA-cleared UroLift System is a proven, minimally invasive technology for treating lower urinary tract symptoms due to benign prostatic hyperplasia (BPH). The UroLift permanent implants, delivered during a minimally invasive transurethral outpatient procedure, relieve prostate obstruction and open the urethra directly without cutting, heating, or removing prostate tissue. Clinical data from a pivotal 206-patient randomized controlled study showed that patients with enlarged prostate receiving UroLift implants reported rapid and durable symptomatic and urinary flow rate improvement without compromising sexual function. Patients also experienced a significant improvement in quality of life. Nearly 70,000 men have been treated with the UroLift System in the U.S. 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. The UroLift System Prostatic Urethral Lift procedure is recommended for the treatment of BPH in both the American Urological Association and European Association of Urology clinical guidelines. The UroLift System is available in the U.S., Europe, Australia, Canada, Mexico and South Korea. Learn more at www.UroLift.com.

About NeoTract | Teleflex Interventional Urology

A wholly owned subsidiary of Teleflex Incorporated, the NeoTract 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 normal sexual function. 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.

Oliver Kayes is a paid consultant to NeoTract | Teleflex Interventional Urology.

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