

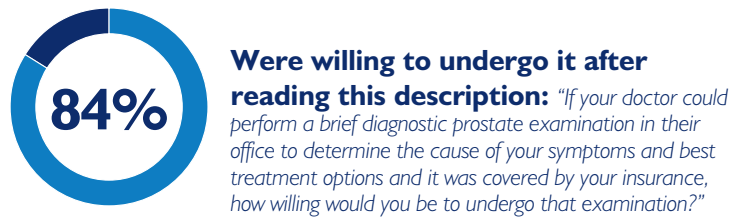
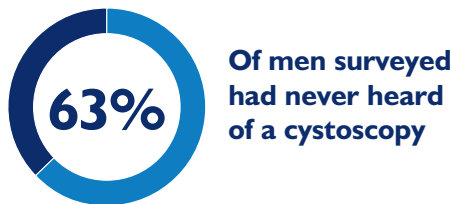
CYSTOSCOPY

PHYSICIAN BEST PRACTICES GUIDE

CYSTOSCOPY NOW RECOMMENDED BY THE AUA BPH GUIDELINES¹

Clinicians should consider assessment of prostate size and shape via abdominal or transrectal ultrasound, or cystoscopy, or by preexisting cross-sectional imaging (i.e. magnetic resonance imaging [MRI]/ computed tomography [CT]) prior to surgical intervention for LUTS attributed to BPH. (Clinical Principle)

Patient Market Research Insights²:



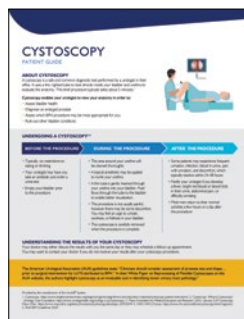
Potential Benefits of Cystoscopy:

- Improve patient selection
- Assess patient's procedural tolerability
- Enable patients to see their anatomy to effectively engage in shared decision making

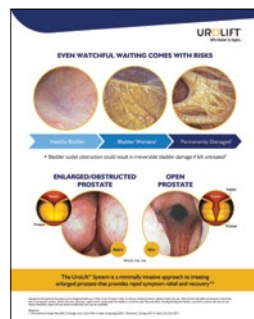
Patient Education Best Practices:

- Routinely administered the IPSS to new and repeat visit patients
- Provide UroLift® System-branded cystoscopy flyer in advance of cystoscopy
- Highlight the clinical and decision-making benefits of having a cystoscopy to patients
- Display UroLift System-branded Meet Mike video player and bladder health materials in cystoscopy suite

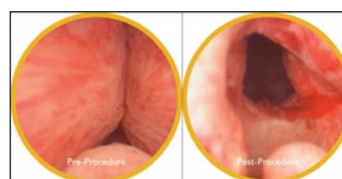
Available Patient Education Resources:



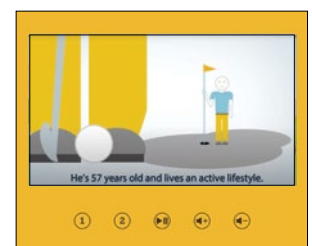
UroLift System-Branded Cystoscopy Flyer



UroLift System-Branded Bladder Health Flyer, Poster, and Tearpad



UroLift System-Branded Before and After Photos Poster



Meet Mike Video Player Brochure

1. AUA BPH Guidelines 2020; 2. NeoTract online study of patient awareness and attitudes in May 2020, N=500; men age 50+ with BPH symptoms; either watchful waiting or on BPH medication; no prior BPH

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 time 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 0 | One Time 1 | Two Times 2 | Three Times 3 | Four Times 4 | Five or More Times 5 |
| Add Symptom Scores: | | + | + | + | + | + |

Total International Prostate Symptom Score = _____

1 – 7 mild symptoms | 8 – 19 moderate symptoms | 20 – 35 severe symptoms

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

Quality of Life (QoL)

| | 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 |

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 |
|---|-----|----|