



VAPEUR RCT

High level overview

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CONSENT

Baseline visit

RANDOMIZATION

With in 72 hours
from consent

151



Enrolled BPH Patients

(All patients who failed
alpha-blockers therapy)

Single-agent therapy (alpha-blockers) until treatment

TREATMENT



21 sites in
France and
Australia



Combination therapy (CP)

N = 76

(Alpha-blockers + 5-ARIs)
within 7 days
of randomization



Rezūm™

N=75

Water Vapour Therapy Treatment
(WVTT)
within 90 days
of randomization

Endpoints

Primary Change in IPSS*, Change in MSHQ**

Between baseline and 1 year

Secondary

Disease Progression 4 Components: • Worsening of IPSS (4 points)
• Catheterization beyond 90 days post-procedure
• Surgical retreatment • New medication for urinary symptoms

* IPSS: Measure of lower urinary tract symptoms; ** MSHQ: Measure of sexual function

PROSPECTIVE

FOLLOW-UP

(Intent-to-treat)

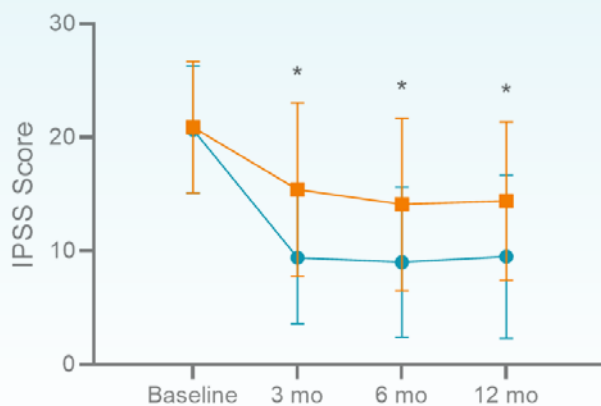
3-, 6-, 12-, 24-months in-hospital visits

24-month total follow-up

Last follow-up December 2026

END OF STUDY

PRIMARY ENDPOINT RESULT – IPSS



Analysis (ITT population)	Mean Difference at 12m (95% CI)	p-value
LOCF	-5.1 (-7.5, -2.8)	<.0001
MICE	-6.5 (-9.8, -3.2)	<.0001

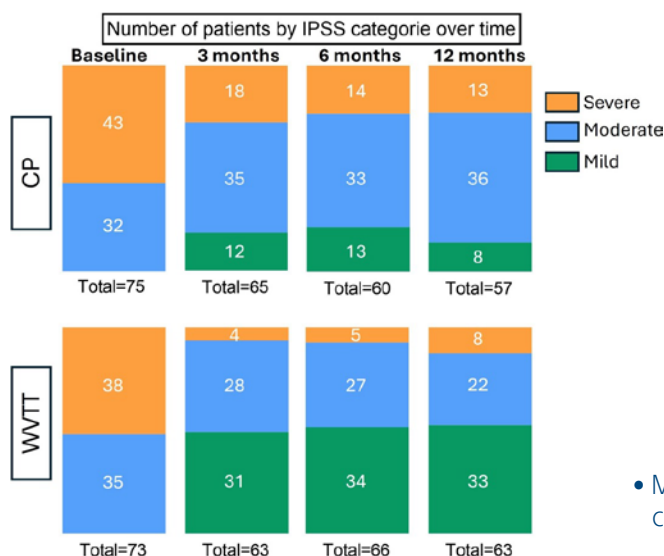
LOCF: Last Observation Carried Forward
MICE: Multiple Imputation by Chained Equations

CP
WVTT

- Non-inferiority and superiority both met on IPSS change

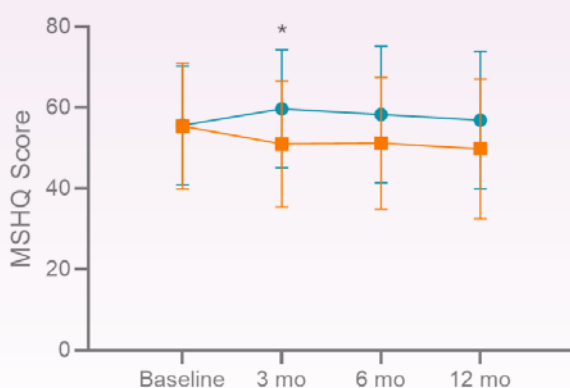
*p<0.001

Patient distribution by IPSS symptoms categories



- More than half of patients in the Mild category after Rezūm at 1 year

PRIMARY ENDPOINT RESULT – MSHQ



Analysis (ITT population)	Mean Difference at 12mo (95% CI)	p-value
LOCF	6.3 (0.5, 12.0)	0.0077
MICE	7.0 (-0.8, 14.7)	0.0220

LOCF: Last Observation Carried Forward
MICE: Multiple Imputation by Chained Equations

CP
WVTT

- Superiority met in LOCF but not MICE
- Sexual function preserved after Rezūm at 1 year

*p=0.0022

SECONDARY ENDPOINT – 4 COMPONENTS*

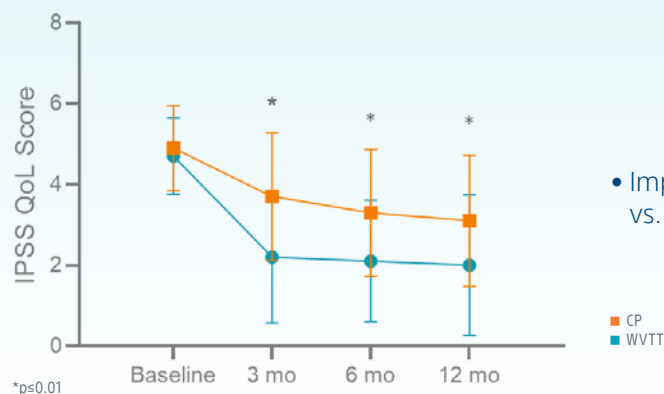
Markers of clinical progression

Component	WVTT (n = 75)	CP (n = 76)
Surgical [re]-treatment for LUTS/BPH	1.3% (1/75)	9.2% (7/76)
Urinary retention requiring urinary catheterization after 90 days post-treatment	0.0% (0/75)	1.3% (1/76)
IPSS increase from baseline by ≥ 4 points	2.7% (2/75)	13.2% (10/76)
Introduction of a new drug agent to treat LUTS/BPH	12.0% (9/75)	1.3% (1/76)

*Total WVTT: 16% (12/75) vs. CP: 25% (19/76), HR = 0.52, p = 0.0784

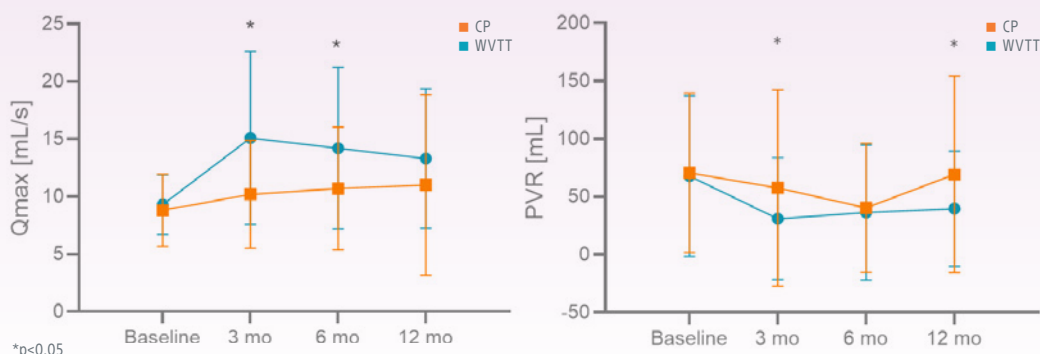
- Low surgical retreatment rate at 1 year after WVTT
- 88% medication-free after WVTT at 1 year

IPSS QOL



- Improvement in IPSS QoL in WVTT vs. CP is greater at all time points

URODYNAMICS



- Urodynamics consistent with previously published data
- Qmax: Sharp improvement and gradual decrease with WVTT (N.S.) vs. slow increase with CP

ADVERSE EVENTS

Adverse events	WVTT (n = 75)		CP (n = 76)		P-value
	# of Events	Subjects with Event	# of Events	Subjects with Event	
Total	53	42.7% (32)	42	28.9% (22)	0.079
Serious Adverse Event	9	12.0% (9)	2	1.3% (1)	0.008
Treatment Related	50	40.0% (30)	40	27.6% (21)	0.108
Action taken	39	34.7% (26)	21	15.8% (12)	0.008
Medication	30	30.7% (23)	11	7.9% (6)	<.001
In-patient hospitalization	8	10.7% (8)	1	1.3% (1)	0.015
Catheterization	9	12.0% (9)	1	1.3% (1)	0.008
BPO Procedure	5	6.7% (5)	3	2.6% (2)	0.238
Other action taken	1	1.3% (1)	10	9.2% (7)	0.031
Outcome					
Not Recovered/Not Resolved	4	3/32	13	8/22	0.123
Recovering/Resolving	0	0/32	2	1/22	0.319
Resolved	48	31/32	25	15/22	0.004
Resolved with sequelae	1	1/32	0	0/22	0.312
Unknown	0	0/32	2	1/22	0.319

- Higher rate of adverse events in WVTT vs. CP
- Driven by peri-procedural events

At 1 year:
WVTT: 92% resolved
CP: 60% resolved

TREATMENT-RELATED ADVERSE EVENTS

MEDRA Coding					
WVTT vs. CP	Adverse events	WVTT (n = 75)		CP (n = 76)	
		# of Events	Subjects with Event	# of Events	Subjects with Event
▲	Urinary symptoms	26	25.3% (19)	3	2.6% (2)
▲	Infections				
	Urinary tract infection	9	10.7% (9)	0	0.0% (0)
	Bacterial prostatitis	5	6.7% (5)	0	0.0% (0)
	Orchitis	1	1.3% (1)	0	0.0% (0)
▼	Sexual function-related				
	Erectile dysfunction	2	2.7% (2)	9	11.8% (9)
	Decreased/ Anejaculation	1	1.3% (1)	1	1.3% (1)
	Sexual dysfunction	1	1.3% (1)	0	0.0% (0)
	Libido decreased	0	0.0% (0)	7	9.2% (7)
	Loss of libido	0	0.0% (0)	1	1.3% (1)
▼	General health				
	Dizziness	0	0.0% (0)	4	5.3% (4)
	Headache	0	0.0% (0)	1	1.3% (1)
	Asthenia	0	0.0% (0)	3	3.9% (3)
	Fatigue	0	0.0% (0)	1	1.3% (1)
	Abdominal pain	0	0.0% (0)	1	1.3% (1)
	Constipation	1	1.3% (1)	0	0.0% (0)
	Palpitations	0	0.0% (0)	1	1.3% (1)

- Higher rates of urinary symptoms and infection events in WVTT vs CP
- Lower rates of sexual function-related events
- Adverse events affecting general health higher in CP

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Rezüm™ System Brief Summary



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