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**Study Title:** THREE-YEAR TREATMENT OUTCOMES OF WATER VAPOR THERMAL THERAPY COMPARED TO DOXAZOSIN, FINASTERIDE AND COMBINATION DRUG THERAPY IN MEN WITH BENIGN PROSTATIC HYPERPLASIA: COHORT DATA FROM THE MTOPS TRIAL

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## Purpose

We evaluated the long-term outcomes of treatment of lower urinary tract symptoms due to benign prostatic hyperplasia (BPH) to compare a one-time water vapor thermal therapy procedure with daily medical therapy in cohorts from the MTOPS (Medical Therapy of Prostatic Symptoms) study.

## Materials and Methods

Results in the treatment arm of a randomized, controlled trial of thermal therapy using the Rezūm™ System were compared to MTOPS subjects treated with doxazosin and/or finasteride. Evaluations were restricted to medical therapy subjects, representing 1,140 of the original 3,047 (37.4%), with a prostate volume of 30 to 80 cc and an International Prostate Symptom Score of 13 or greater to include men who met key criteria of the Rezūm and MTOPS trials. Outcomes were compared during 3 years for symptom changes and clinical progression rates.

## Results

Thermal therapy improved symptom scores by approximately 50% throughout 36 months ( $p < 0.0001$ ). Symptom improvement was greater than with either drug alone but similar to that of combination drugs ( $p \leq 0.02$  and  $0.73$ , respectively). The peak flow rate improved 4 to 5 ml per second after thermal therapy and doxazosin, while thermal therapy was superior to finasteride and combination drugs for 24 and 12 months ( $p < 0.001$  and  $< 0.01$ , respectively). Observed rates of clinical progression during 3 years corroborate these outcomes with approximately 5 times greater progression for any medical therapy vs. a single thermal therapy procedure.

## Conclusions

A single water vapor thermal therapy procedure provided effective and durable improvements in symptom scores with lower observed clinical progression rates compared to daily long-term use of pharmaceutical agents.

Results from different clinical investigations are not directly comparable. Information provided for educational purposes only.

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