

# Rezūm™

## Water Vapor Therapy

### Sustained clinical outcomes through 5 years<sup>1</sup>

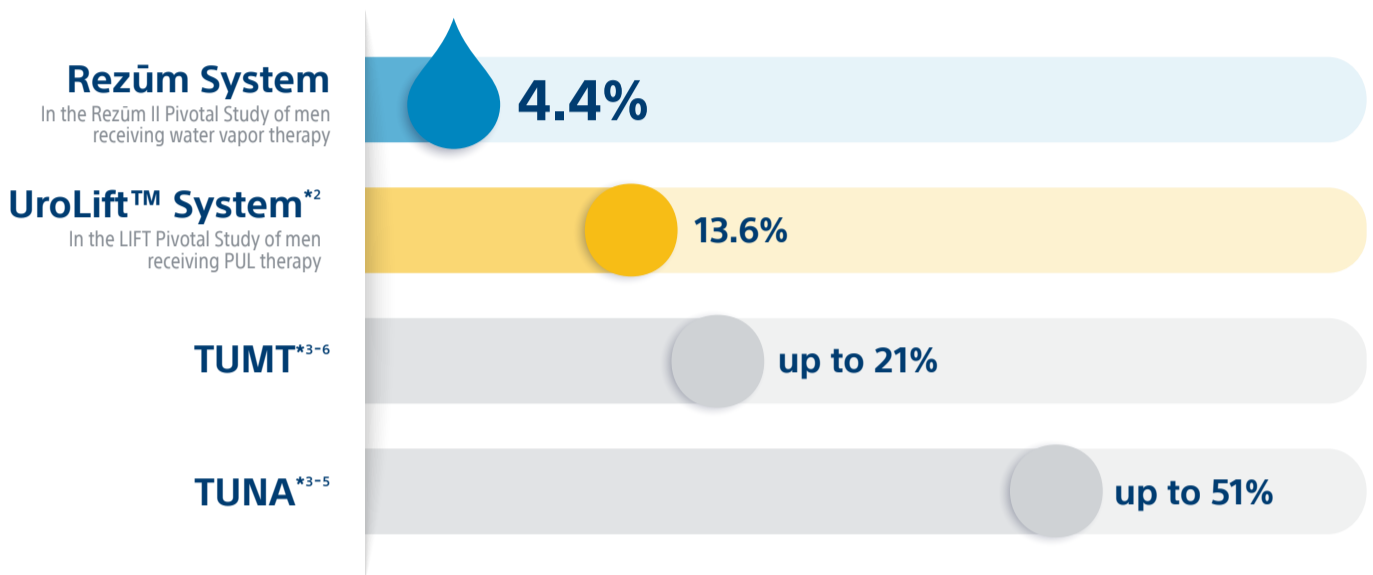


Study results demonstrate Rezūm™ Water Vapor Therapy is a safe and efficient in-office BPH treatment that **effectively relieves symptoms and preserves sexual function** out to 5 years.

### Long-term Durability

Rezūm Therapy uses convective energy to remove obstructive prostate tissue with a best-in-class surgical retreatment rate of only 4.4% at 5 years.

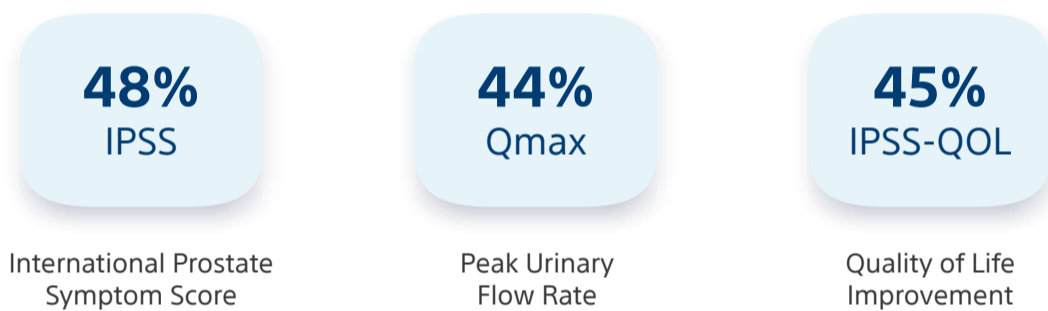
#### 5-Year Surgical Retreatment Rate



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

### Sustained Symptom Relief and QOL Improvements

Compared to baseline



### Versatile to Treat Middle Lobe Obstruction (MLO)



- Rezūm Therapy can treat lateral and central zones without physicians having to learn an advanced technique
- Unlike other BPH MISTs, Rezūm Therapy is recommended by the AUA for the treatment of MLO<sup>7</sup>

### Proven Safety Profile and Preserves Sexual Function

- No thermal effect outside the targeted treatment zone
- No late related adverse events occurred from years 1 to 5
- No related de novo device or procedure-related erectile dysfunction throughout the duration of the study



For more information about the clinical trial or Rezūm™ Water Vapor Therapy, visit <https://www.bostonscientific.com/Rezūm5Year>

Potential risks associated with Rezūm Water Vapor Therapy include but are not limited to dysuria, hematuria, hematospermia, decrease in ejaculatory volume, suspected urinary tract infection (UTI), urinary frequency, and retention or urgency.

1. McVary KT, Gittelman MC, Goldberg KA, et al. Final 5-year outcomes of the multicenter randomized sham-controlled trial of Rezūm water vapor thermal therapy for treatment of moderate-to-severe lower urinary tract symptoms secondary to benign prostatic hyperplasia. *J Urol*. 2021 Apr 19. Online ahead of print.  
 2. Roehrborn CG, Barkin J, Gange SN, et al. Five-year results of the prospective randomized controlled prostatic urethral L.I.F.T. study. *Can J Urol*. 2017 Jun;24(3):8802-13.  
 3. Zlotta AR, Giannakopoulos X, Maehlum O, et al. Long-term evaluation of transurethral needle ablation of the prostate (TUNA) for treatment of symptomatic benign prostatic hyperplasia: clinical outcome up to five years from three centers. *Eur Urol*. 2003 Jul;44(1):89-93.  
 4. Rosario DJ, Phillips JT, Chapple CR. Durability and cost-effectiveness of transurethral needle ablation of the prostate as an alternative to transurethral resection of the prostate when alpha-adrenergic antagonist therapy fails. *J Urol*. 2007 Mar;177(3):1047-51; discussion 1051.  
 5. Hill B, Belleville W, Bruskewitz R, et al. Transurethral needle ablation versus transurethral resection of the prostate for the treatment of symptomatic benign prostatic hyperplasia: 5-year results of a prospective, randomized, multicenter clinical trial. *J Urol*. 2004 Jun;171(6 Pt 1):2336-40.  
 6. Miller PD, Kastner C, Ramsey EW, et al. Cooled thermotherapy for the treatment of benign prostatic hyperplasia: durability of results obtained with the Targis system. *Urology*. 2003 Jun;61(6):1160-4.  
 7. Parsons JK, Dahm P, Köhler TS, et al. Surgical management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline Amendment 2020. *J Urol*. 2020 Oct;204(4):799-804.