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## *Is a Minimally Invasive Procedure Effective for Enlarged Prostates? UroLift is alternative to drugs or surgery, which can both cause sexual side effects*

By Laura Johannes

**The Ache: About half of men age 51 to 60 have enlarged prostates—a noncancerous condition that can cause urinary troubles, including frequent need to use the bathroom.**

**The Claim:** A new minimally invasive procedure uses tiny implants to pull back excess prostate tissue, taking pressure off the urethra. It eases symptoms without need for medications or surgery, both of which can cause sexual side effects.

**The Verdict:** In two- and four-year studies funded by the manufacturer and presented at a scientific meeting in May, the new procedure, called UroLift, was found effective in treating symptoms of enlarged prostate without causing sexual side effects. Recovery was faster than with traditional surgery called transurethral resection, or TURP. Within four years, however, 14% of patients who got UroLift needed a repeat surgery for their symptoms.

"If all goes well, TURP will bring maybe a little better result, but the trade-off is a lot more risk," says Peter J. Walter, a Jamestown, N.Y., urologic surgeon who does both procedures. Dr. Walter, 54, faced with his own enlarged prostate, chose to have the UroLift performed on himself in April.

UroLift, which can be done under local anesthetic, costs are covered by many insurers at a price of about \$5,000, says Dave Amerson, chief executive of NeoTract Inc., the Pleasanton, Calif., company that sells the devices used in the procedure.

To perform a UroLift, a device is inserted into the urethra that is used to insert a tiny implant made of metal and suture, like that used for stitches. The implant compresses the spongy prostate tissue, pulling it away from the urethra like a curtain and permitting better urinary flow, says device co-inventor and company co-founder Dr. Josh Makower.

Many men with symptoms caused by an enlarged prostate can be helped with medications, but side effects can include dizziness and fatigue, says Dr. Ron Kaufman, an associate professor of surgery and urology at Albany Medical College. Another option, laser surgery, can often be done without a hospital stay and offers rapid recovery.

Most options other than UroLift commonly cause "retrograde ejaculation," also known as dry orgasm, says Irwin Goldstein, a urologist and director of sexual medicine at Alvarado Hospital in San Diego, who has received consulting fees from UroLift.

An 80-person NeoTract-funded study was presented in May at the American Urological Association meeting in San Diego. Two years after TURP surgery, 61% of men weren't able to ejaculate—a result not seen in any of the UroLift patients. However, improvement of at least 30% in urinary symptoms, as measured on a standard scored questionnaire, was found in 91% of men who got TURP surgery, compared with 73% of those treated with UroLift.

"We cannot beat TURP" when efficacy alone is considered, says Jens Sønksen, a professor of urology at the University of Copenhagen and principal investigator on the study. But when overall benefit of the procedure was quantified on a rating scale devised by the researchers, UroLift scored significantly higher, he says. The researcher-devised scale included sexual side effects and overall quality of life.

Men considering TURP or laser surgery may worry about other sexual side effects, such as difficulty having an erection. But these have actually not been found to be a problem in large well-designed studies, says Claus G. Roehrborn, a professor and chairman of the department of urology at UT Southwestern Medical Center in Dallas.

Dr. Roehrborn was principal investigator on a four-year NeoTract-funded study that found UroLift superior in efficacy to a sham surgery. The results were also presented at the AUA meeting and published in August in the journal *Urologic Clinics of North America*.

About 14% of the 140 patients who received UroLift had to repeat the procedure, or have another surgery, to ease their symptoms within the four-year follow-up period. Since surgeons were still learning how to perform the UroLift procedure at the beginning of the study, it is possible the device wasn't well placed in some, says Dr. Roehrborn.