

# *Re: Tutrone R, Schiff W. Early patient experience following treatment with the UroLift prostatic urethral lift and Rezūm steam injection. Can J Urol 2020;27(3):10213-10219.*

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TUTRONE R, SCHIFF W. Re: Tutrone RF, Schiff W. Early patient experience following treatment with the UroLift prostatic urethral lift and Rezūm steam injection. *Can J Urol* 2020;27(3):10213-10219. *Can J Urol* 2021;28(1):10508-10509.

In the *Letter to the Editor* from Arezki A, Sadri I, Zakaria A et al regarding Tutrone R and Schiff W “Early patient experience following treatment with the UroLift prostatic urethral lift and Rezūm steam injection,” *Can J Urol* 2020; 27(3):10213-10219, the authors state that the study is focused on 1-month outcomes and thus must be interpreted with great caution due to its limitations. They assert that 3-month outcomes would have allowed for more meaningful conclusions.

Unfortunately, Arezki et al have failed to understand that our study is not a direct comparison of Rezūm versus prostatic urethral lift (PUL) in the traditional sense of comparing IPSS, QoL and Qmax scores and retreatment rates over time. If it were so, then the authors would have appropriately delineated the limitations of our study, the extent of which are also disclosed in our publication. Instead, this study is purposely focused on the early postoperative patient experience for both procedures to highlight this vital aspect of BPH treatment.<sup>1</sup>

The early patient experience is critical because it may explain why there is significant unmet need within the BPH population. Since BPH is a quality of life issue, some patients eschew treatments that make them feel worse instead of better. For patients taking BPH medication, the discontinuation rates are as high as 26%-71% within 1 year, often due to adverse side-effects.<sup>2,3</sup> With such high discontinuation rates, one would expect the number of BPH surgeries to be rapidly increasing. Instead, while TURP is considered the “gold standard” in terms of long term outcomes, the number of surgeries among Medicare beneficiaries has actually been decreasing.<sup>4</sup> Surgical resection causes tissue injury and a cascade of undesirable experiences including irritative voiding symptoms for weeks, the need for catheterization and sexual dysfunction.<sup>5,6</sup> Similarly, minimally invasive therapies such as TUMT and TUNA cause thermal injury, tissue inflammation, irritative voiding symptoms for 4-6 weeks and often require catheterization.<sup>5,7-9</sup> As a result, these procedure rates have been similarly declining.<sup>4</sup> These trends in treatment indicate that enduring undue discomfort for relief of BPH symptoms may not be a trade-off that patients want to make, and explain the unmet need for many patients.

In order to address this need, any new BPH therapy must deliver positive patient outcomes that include the early post-treatment timeframe, captured in this publication by the 1-month average recovery window. Our study showed that within an average of 1 month,

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PUL provides a significantly better patient experience compared to Rezūm in the following respects: better urinary symptom outcomes, better quality of life outcomes, higher percentage of patients feeling better, less need for medication, lower need for catheterization and less daily interference with daily activities.

When Arezki et al state that there is an inherently delayed response with Rezūm associated with resolution of the inflammatory response post-procedure and that using 3-month outcomes would be more appropriate, this is actually confirmation that Rezūm patients feel worse for an extended period post-procedure. It is also one reason why we decided to embark on this unique study to determine whether the early postoperative experience with PUL would be more favorable for patients.

Given that PUL takes a mechanical approach while Rezūm takes one that relies on thermally induced cell necrosis, it follows that PUL patients can have a better, faster recovery with less need for catheterization. The promising results from our pilot study give us hope that PUL can deliver effective results along with an early positive patient experience to better meet the needs of BPH patients. We look forward to following up with results from a larger study. □

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