Instructions for Use

Zenflow Spring® Implant and Delivery System

For technical support, including device operation, troubleshooting, and general inquiries, please call **650.419.7557**. Available Monday through Friday, from 5 AM to 5 PM Pacific Time**.**

I. Important Information – Read Before Use

Read these safety instructions carefully before using the Zenflow Spring Implant and Delivery System. Before initial use of the Zenflow Delivery System, it is essential for operators to have received sufficient training on the device and to be familiar with the intended use, warnings, and cautions described in these instructions.

CAUTION: Federal law restricts this device to sale by or on the order of a physician.

II. Indications for Use

The Zenflow Spring Implant and Delivery System is indicated for the treatment of obstructive lower urinary tract symptoms secondary to benign prostatic hyperplasia (BPH) in men with prostatic urethral lengths between 25 and 45 mm and prostate sizes between 25 and 80 cc.

III. Contraindications

Use of the Zenflow Spring Implant and Delivery System is contraindicated in:

- Patients with a previous laser prostatectomy, hyperthermia, brachytherapy, or invasive treatment to the prostate or pelvis area
- Patients with acute urethral stricture disease, meatal stenosis, or bladder neck stricture – either current or recurrent
- Patients with active urolithiasis
- Prostate cancer or previous external or internal gamma radiation therapy for prostate or proximal urethral cancer
- Known allergy to nickel, titanium, or stainless steel
- Patients with urinary tract infections (UTIs)
- Patients with acute infection (acute urethritis, acute prostatitis, acute epididymitis)
- Patients with hematuria with an undiagnosed cause
- Patients with an existing prostatic foreign body
- Urinary incontinence due to an incompetent external sphincter

IV. Warnings 

Failure to observe these warnings may result in patient injury or damage to the equipment. Zenflow is not responsible for any damage to the system or patient injury resulting from incorrect use.

1. The Zenflow Spring Implant and Delivery System is for single use only. Do not reuse, reprocess or re-sterilize. The sterility of the device is not assured if the device is reprocessed and reused, which may introduce infection. In addition, the device may be damaged; device performance has not been evaluated after reprocessing.
2. The Zenflow Spring Implant and Delivery System is intended for use only with the Zenflow Spring Scope. Do not attempt to deploy the device using a non-compatible cystoscope. Use with a noncompatible cystoscope may result in failure to properly position the implant or minor injury to the prostatic urethra.

3. The Zenflow Spring Implant and Delivery System is provided sterile. Sterility will be maintained only if package is unopened and undamaged. Always inspect packaging integrity prior to use. If damage is detected or sterile packaging compromised, do not use the product. If the package integrity is not confirmed, sterility may be compromised and use of the device may introduce infection.
4. If transurethral catheterization or other transurethral procedures are clinically indicated, reference the patient Implant Card for instructions. Where possible, use cystoscopic guidance and use caution to avoid displacing the implant within the urethra.

Additional warnings and precautions can be found in the "Procedure" section below.

If, during the use of this device or as a result of its use, a serious incident has occurred, please report it to the manufacturer.

V. Potential Adverse Events

Adverse events potentially associated with use of this device include:
Dysuria, hematuria, urgency, incontinence, retention, constipation, nocturia, bladder spasms, back pain, infection, lower urinary tract system pain, ejaculatory/sexual dysfunction or pain, urethral stricture, and obstruction secondary to tissue in-growth.

VI. Additional Patient Selection Considerations

A thorough clinical evaluation should be performed on all patients presenting for treatment for BPH as recommended by the American Urological Association (AUA) Guidelines for the Management of BPH, considering factors such as:

- Overactive bladder
- Obstructive intravesical median prostatic lobe, including Intravesical Prostatic Protrusion (IPP) greater than 10mm
- High bladder neck with absence of lateral lobe encroachment
- Patients with uncontrolled coagulopathy or patients on anticoagulant therapy who cannot safely temporarily suspend treatment in order to undergo the Spring Implant procedure.

VII. Device Description

The Zenflow Spring Implant and Delivery System is supplied sterile and is for single use only.

a. Spring Implant

The Spring Implant is an electropolished and passivated nickel titanium alloy (nitinol) implant. The implant is constructed from a single wire strand formed into ring elements connected by spine sections. Implant sizes range between 15 mm – 21 mm in length to accommodate prostate lengths between 25 mm – 45 mm. The ends of the implant have rounded balls to assist in grasping the device. The device is designed to be removable and can be retrieved at any time after deployment, as described in Section XV of this Instructions for Use.

Figure 1: Zenflow Spring Implant Sizes – 15 mm, 18 mm, 21 mm (Note: images are not to scale)

b. Delivery System

The Zenflow Delivery System consists of a handle and a catheter shaft. The Spring Implant is designed to be straightened and to reside within a lumen of the 11.5 Fr Delivery System catheter for insertion. When inflated, a compliant balloon at the distal end of the catheter is designed to anchor and position the Delivery System during Implant delivery.

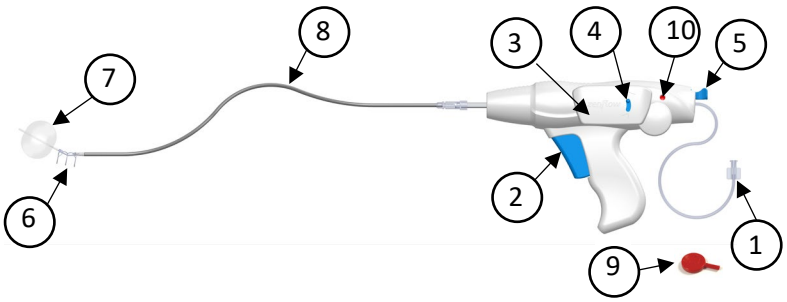


Figure 2: Labeled Zenflow Delivery System with Spring Implant

No.	Part	Function
1	Balloon Inflation Port	Allows user to inflate balloon anchor.
2	Trigger	Allows the user to deploy or retract the Implant.
3	Handle	Allows user to grip and control the device.
4	Directional Switch	Chooses whether the Implant is deployed or retracted with each trigger pull.
5	Unlock Knob	Allows the Implant to be released.
6	Spring Implant (pre-attached but not loaded)	Implantable device
7	Balloon (shown inflated)	Provides anchor on bladder neck during Implant delivery.
8	Delivery System Shaft	Houses Implant during delivery and connects to handle.
9	Assist Key	Pushes the recessed Assist Button.
10	Assist Button (recessed)	Used if Delivery System is unable to advance or retract, leaving the implant partially deployed.

VIII. Required Equipment

a. Compatible Cystoscopes

The Zenflow Delivery System is intended for use with the Zenflow Spring Scope with compatible Camera Controller Unit.

b. Other Materials

The following materials are ***required*** for the Implant placement procedure:

- Stopcock (1-way recommended)
- Syringe with luer lock (50mL or 60mL)

The following materials are ***recommended*** for the Implant placement procedure:

- Sterile Water IV Bags
- Y-type irrigation set
- IV Bag Pressure Cuff

IX. How Supplied

The Zenflow Delivery System is packaged, sterilized, and intended for single patient use only. The Implant is supplied pre-attached to the Delivery System and ready to be loaded into the shaft. Do not use if the packaging is open or damaged.

- One (1) Zenflow Delivery System with Spring Implant
- One (1) Assist Key (note: contained in Delivery System tray)

X. Storage and Handling

- Store in a cool, dry place.

XI. Pre-Procedure Setup

a. Patient Preparation

- Place the patient in the lithotomy position, prep with aseptic solution and drape.
- Anesthesia may be administered, per physician discretion.

b. Ancillary Equipment Preparation

- A pressure infusion cuff may be used with the sterile water bag to allow for more flow.

XII. Procedure

a. Initial Cystoscopy and Size Selection

1. Obtain a Zenflow Spring Scope.
2. Carry out an initial standard-of-care cystoscopy and characterization of prostatic urethral geometry, including a measurement of the length from the bladder neck to the verumontanum.
3. Use the baseline prostate volume and prostatic urethral length measurement to select an appropriate Spring Implant size based on the figure below.

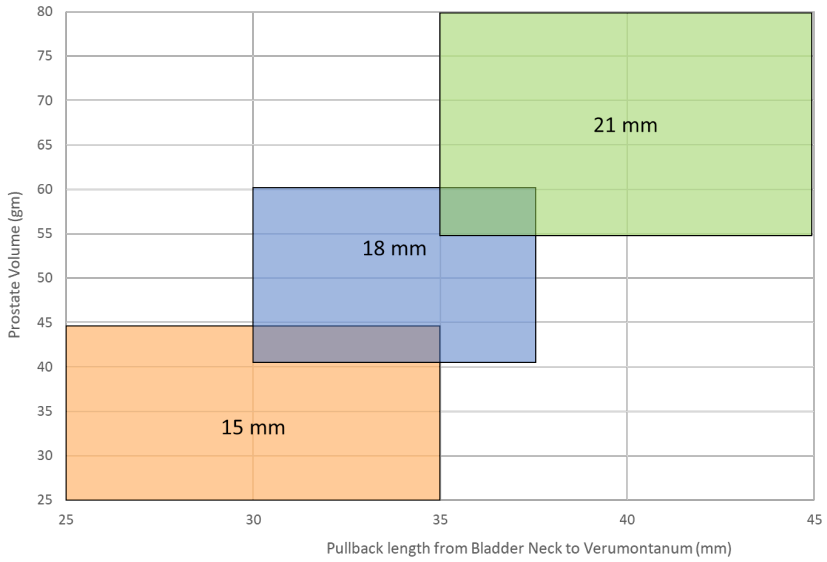


Figure 3: Sizing of Spring Implant relative to Prostate Volume and length from Bladder Neck to Verumontanum

b. Remove Zenflow Delivery System with Spring Implant from Packaging

4. Open the shelf carton and remove the pouched device.
5. Check the expiration date on the product's label.

   Warning: Do not use the product past its expiration date.
6. Verify the device packaging is intact and undamaged before use.

   Warning: Do not use product with damaged packaging.
7. Open the pouch and pass the Delivery System in its tray into the sterile field.

   Warning: Use proper sterile technique while passing the device into the sterile field.
8. Remove the Delivery System and red assist key from the tray. Set assist key aside in case it is needed later in the procedure.
9. Inspect the Delivery System to ensure it is not broken or visibly damaged and that the implant is attached on both ends to the Delivery System.

   Warning: Do NOT use the device if it is broken or visibly damaged.

c. Prepare the Delivery System with Spring Implant

10. Remove the red tip protector from the tip of the Delivery System shaft by sliding it distally before pulling it off laterally.
11. Attach a 1-way stopcock and a dry 50mL or 60mL syringe to the balloon inflation port of the Delivery System.
12. Use the syringe to apply vacuum to remove residual air from the Delivery System balloon, then close the stopcock and remove the syringe.
13. Locate the Delivery System trigger and pull the trigger until the Implant is fully retracted into the Delivery System shaft. Verify that the Implant is fully loaded.

    Note: Avoid pinching the shaft or otherwise impeding the shaft's motion, as this will prevent the Delivery System from loading the Implant.
14. Switch the directional switch on the handle body to the "down" position for Implant deployment (denoted by the [<] arrow).

d. Prepare for Deployment

15. Align the field of view of the cystoscope with the entrance to the bladder neck.

    Note: Emptying the bladder before inserting the Delivery System into the cystoscope may improve patient comfort and enhance visualization during Implant deployment.
16. Gently insert the Delivery System tip into the working channel of the cystoscope and pass it in until the Delivery System handle is docked with a *click* sound to the cystoscope handle.

    Warning: Avoid inserting the Delivery System without appropriate space between the tip of the cystoscope and the back wall of the bladder. A lack of adequate space for the tip of the Delivery System may cause tissue trauma to the bladder.
17. Use the syringe to inflate the Delivery System balloon with up to 40mL of air, ensuring the balloon is inflated in the bladder. Close the stopcock to ensure the balloon does not deflate and remove the syringe.

    Caution:

    - Ensure the Delivery System shaft is NOT against the bladder wall when the balloon is inflated.
    - Do NOT use saline, water, or a wet syringe to inflate the ballon.
18. Apply moderate tension on the Delivery System handle to ensure the balloon is in contact with the bladder neck.
19. Lock the steering of the cystoscope (Spring Scope) per the Instructions for Use for that device.

e. Implant Deployment

20. While maintaining tension, deploy the Implant by pulling the trigger on the Delivery System handle until it cannot be further actuated.

    Note:

    - Consistent tension ensures accurate positioning of Spring Implant upon deployment.

- Ensure that the cystoscope is allowed to move freely and is not held in place during active deployment or retraction, since the Delivery System controls the cystoscope during these times.

Caution:

- Applying excessive tension to the Delivery System may cause damage to the device.

21. Use cystoscopic imaging to ensure that the Implant is in the appropriate anatomic location. The Implant should not be in the bladder and should not be through the external sphincter.
22. If necessary to reposition the Implant, retract the Implant by flipping the Directional Switch to the "up" position for Implant retraction (denoted by the [>] arrow) and pulling the trigger to fully retract the Implant. Flip the directional switch back to the "down" position for Implant deployment (denoted by the [<] arrow), then repeat the deployment steps above to re-deploy the Implant.

    Caution: The Implant may be fully retracted and re-deployed three times. If the Implant is not placed appropriately after the third deployment, retract and replace with a new Delivery System with Spring Implant.

f. Release the Implant

23. Once the Implant is appropriately placed, pull back the unlock knob to disengage the lock and release the anatomically proximal end of the Implant.
24. Release the anatomically distal end of the Implant by actuating the trigger until it cannot be further actuated (1-2 times).
25. If Implant is not visibly released on both ends from the Delivery System, rotate the Delivery System side-to-side to release.

g. Remove the Delivery System

26. Deflate the balloon by re-attaching the dry syringe, opening the stopcock on the Delivery System inflation port, and pulling vacuum with the syringe for approximately 10 seconds.
27. Unlock the steering of the cystoscope (Spring Scope) per the Instructions for Use for that device.
28. Undock the Delivery System from the cystoscope and completely remove the Delivery System from the cystoscope working channel by pulling back on the Delivery System handle.

h. Check the Implant Position

29. Confirm the Spring Implant position via cystoscopic imaging.

    Note: The Implant is ideally placed approximately 5-7 mm from the bladder neck and proximal to the verumontanum, with rings concentric to the axis of the prostatic urethra.

    Warning:

    - Ensure that the Implant is not protruding into the bladder and does not extend into the external sphincter.
    - Use care to ensure that the Implant position is not dislodged during final position evaluation.

30. Remove the cystoscope from the patient.

XIII. Assist Key

a. Circumstances of Use

The red assist key is used if Delivery System is unable to advance or retract, leaving the Implant partially deployed.

b. Guide to use

- Locate the recessed assist button on the back left side of the Delivery System handle body.
- Use the assist key to push on the recessed assist button.
- Once the button is pushed, it will be possible to pull the unlock knob. This releases the anatomically proximal (bladder-side) end of the Implant.
- Undock the Delivery System from the cystoscope and pull it out through the cystoscope to remove the partially deployed Implant.
- This safely removes the Implant from the patient.

XIV. Post-Implantation

a. Foley Catheter Placement Post-Procedure (Optional)

- A Foley catheter may be carefully placed through the Implant into the bladder at the end of the procedure, if desired or necessary.
- The smallest inner diameter of the Spring Implant is 13mm in diameter.
- Consider an 18Fr or smaller urinary catheter with a Coudé tip.

b. Post-Procedure Patient Communication

The physician should provide the Patient Information guide and completed Patient Implant Card to the patient. Be sure to communicate the following to the patient:

- Sexual intercourse and sexual activities must be avoided for at least 30 days following insertion of the Spring Implant. Retrograde ejaculation or pain with erections may be noted in this period of time after implantation.
- Patients should be informed when to consult a physician following insertion of the Spring Implant.
- Patients should be informed of the importance of always carrying their Implant Card.
- Patients should inform any treating physician that they have an Implant in their prostatic urethra.

c. Other Procedures after Zenflow Spring Implantation

- Reference patient Implant Card for instructions.
- Where possible, use cystoscopic visualization for any procedure.
- Use caution to avoid displacing the Implant.

XV. Implant Removal

The Zenflow Spring Implant can be removed at any time point. The removal procedure itself carries some clinical risk and the decision to remove or replace the implant should be made collaboratively between the patient and physician.

a. Implant Removal with Zenflow Implant Retrieval Device

- Implant removal may be achieved intraoperatively or any time thereafter using the Zenflow Implant Retrieval Device (FGS-0014).
- Instructions for how to operate the Zenflow Implant Retrieval Device (FGS-0014) are found in that product's Instructions for Use.

b. Implant Removal with Rigid Cystoscopy Set

- The Implant may be removed intraoperatively or any time thereafter using a rigid cystoscopy set.
- Optical forceps with a serrated jaw and a sheath size of at least 19.5 Fr are recommended.
- Grasp the Implant with the optical forceps and pull it into the sheath.
- If necessary, the Implant may be grasped and gently pulled through the penile urethra.

  Note: Chilled saline solution reduces the stiffness of the implant.

Caution: An implant that is covered with urothelial tissue may require tissue resection before removal.

XVI. Clinical Summary

a. Summary of the BREEZE Pivotal Trial

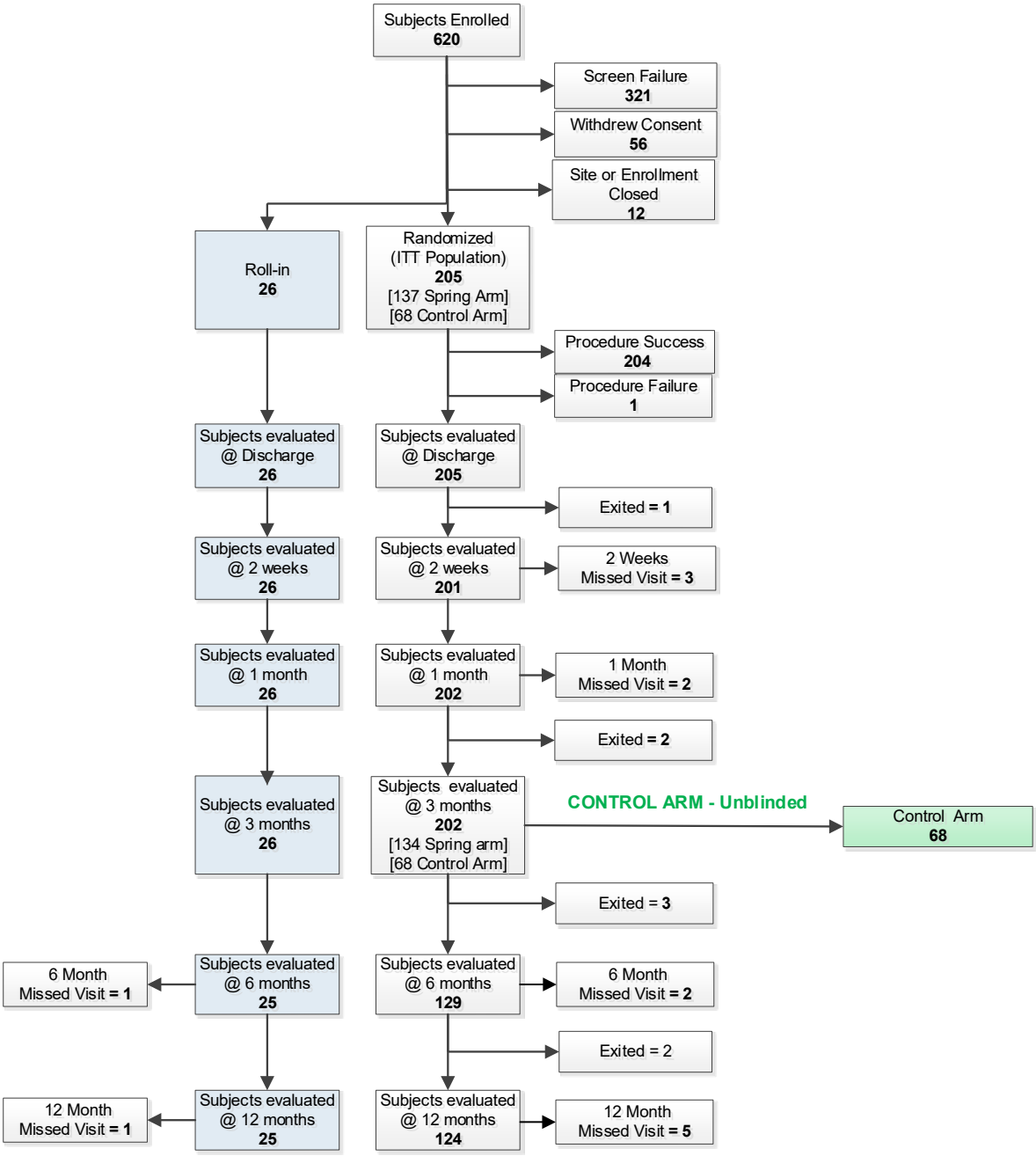
i. Study Design

The pivotal clinical trial for the Zenflow Spring System is the BREEZE Study, which was conducted across 28 sites in the United States (U.S.) and Canada between September 2021 and October 2024, with long-term follow-up continuing thereafter.

The BREEZE study was a prospective, multi-center, multinational, 2:1 randomized (Treatment: Sham), single-blinded, controlled clinical trial. Intention-to-treat (ITT) subjects were assigned in a 2:1 fashion to either a Spring Implant procedure or a Sham Control procedure. A total of 231 subjects were enrolled and treated. 205 were ITT subjects, 137 were randomized to the Treatment arm, and 68 were randomized to the Sham arm. The remaining 26 subjects were part of a roll in cohort treated with the Spring Implant prior to randomization used to help train the study investigators. Subjects were men ≥ 45 years of age with symptomatic LUTS associated with BPH; with prostate volume between 25-80cc and prostatic urethral length between 25-45mm; and failed, intolerant, or subject choice to not take a medication regimen for the treatment of LUTS. The disease state had to be accompanied by a baseline International Prostate Symptom Score (IPSS) total score ≥ 13, and ≥ 1 in the IPSS voiding to storage sub-score ratio (IPSS-V/S).

Follow-up was at 2 weeks, 1, 3, 6, and 12 months. Uroflowmetry & post void residual (PVR), IPSS + quality of life (QoL) Questionnaire, Male Sexual Health Questionnaire - Ejaculatory Domain (MSHQ + EjD) Questionnaire, Sexual Health Inventory for Men (SHIM) Questionnaire, concomitant medications, and adverse events were assessed at respectively specified follow-up time points. For Sham patients, there was an optional crossover component after all of a subject's 3-month evaluations were performed. Longer-term annual surveillance is being performed through five years of follow-up. For subjects in the Sham control arm who crossed over and received the Spring Implant, the follow-up clock reset at the time of that procedure.

A flowchart showing subject disposition through 12 months of follow-up is provided below.


Subjects Enrolled
620
Screen Failure
321
Withdrew Consent
56
Site or Enrollment Closed
12
Roll-in
26
Randomized
(ITT Population)
205
[137 Spring Arm]
[68 Control Arm]
Procedure Success
204
Procedure Failure
1
Subjects evaluated @ Discharge
26
Subjects evaluated @ Discharge
205
Exited = 1
Subjects evaluated @ 2 weeks
26
Subjects evaluated @ 2 weeks
201
2 Weeks Missed Visit = 3
Subjects evaluated @ 1 month
26
Subjects evaluated @ 1 month
202
1 Month Missed Visit = 2
Exited = 2
Subjects evaluated @ 3 months
26
Subjects evaluated @ 3 months
202
[134 Spring arm]
[68 Control Arm]
CONTROL ARM - Unblinded
Control Arm
68
Exited = 3
6 Month Missed Visit = 1
Subjects evaluated @ 6 months
25
Subjects evaluated @ 6 months
129
6 Month Missed Visit = 2
Exited = 2
12 Month Missed Visit = 1
Subjects evaluated @ 12 months
25
Subjects evaluated @ 12 months
124
12 Month Missed Visit = 5

The co-primary efficacy outcomes were the percent of subjects who experience at least a 30 percent improvement in IPSS from their baseline pre-treatment score at the 3-month follow-up visit and the mean percent change in IPSS for the Spring Treatment Arm being at least 30% improved over baseline at 12 months.

Secondary efficacy outcomes were 1) the mean change from baseline in IPSS scores at all timepoints through 12 Months, 2) the percent of subjects in the Spring Implant arm who experience at least a 30% improvement in IPSS from their baseline pre-treatment score at 6-, and 12-month follow-up visits, 3) the mean percent change in the IPSS Total Score in the treatment arm compared to baseline at all timepoints other than the primary endpoints, 4) the change from baseline in uroflowmetry measures of peak flow rate (Qmax) at follow-up visits, 5) the post-procedure incidence of secondary reintervention using an alternate surgical procedure for LUTS therapy, and 6) the post-procedure incidence of secondary reintervention using standard pharmacological agents for LUTS therapy.

The co-primary safety outcomes were the rate of extended post-operative urinary catheterization (> 7 days from treatment) for inability to void among subjects treated with the Zenflow Spring System and the rate of device or procedure related serious adverse events, at discharge through the 12-month follow-up visit.

Secondary safety outcomes were 1) rate of device or procedure related adverse events at all time points, 2) comparison of pain at discharge to 2-week, 1- and, 3-month follow-up visits per Visual Analogue Scale (VAS) questionnaire, 3) change in sexual health characterized by change in SHIM and MSHQ-EjD at 3-, 6-, 12-month post treatment, 4) assessment of adverse events outcomes related to a Spring Implant removal procedure, and 5) proportion of subjects with adverse events classified as Clavien-Dindo Grade IIIb or higher or any event resulting in persistent disability evidenced through 3-month follow-up visit.

Demographics, outcomes, and adverse events are presented herein.

ii. Inclusion Criteria

Subjects who met all of the following inclusion criteria were eligible for the study:

1. Subject is able and willing to comply with all the assessments of the study,
2. Subject or subject's legal representative has been informed of the nature of the study, agrees to participate and has signed the informed consent form,
3. ≥ 45 years of age,
4. Baseline IPSS score ≥ 13; ≥ 1 in the IPSS voiding to storage sub-score ratio (IPSS-V/S) Sub Score ratio is $\frac{Q1+Q3+Q5+Q6}{Q2+Q4+Q7}$
5. Prostate volume 25 - 80 cc by transrectal ultrasound (TRUS),
6. Prostatic urethral length between 25 and 45 mm, as measured by cystoscopic pull-back and evaluation from the bladder neck to the verumontanum using the Spring Scope,
7. Failed, intolerant, or subject choice to not take a medication regimen for the treatment of LUTS.

iii. Exclusion Criteria

Subjects who met any of the following exclusion criteria were not eligible for the study:

1. Obstructive intravesical median prostatic lobe as determined by ultrasound (i.e., more than 10 mm intravesical prostatic protrusion on sagittal mid-prostate plane via ultrasound),
2. High bladder neck with the absence of lateral lobe encroachment indicating a high likelihood of primary bladder neck obstruction as determined by the Investigator,
3. Urethral stricture, meatal stenosis, or bladder neck stricture - either current or recurrent,
4. Anatomical anomalies that will not accommodate the Implant, as determined by cystoscopy (e.g., prostatic urethral length to height geometry),
5. Requires indwelling catheter or intermittent catheterization to void,
6. Baseline PSA > 10 ng/mL or confirmed or suspected prostate cancer (Subjects with a PSA level above 2.5 ng/mL, or age specific, or local reference ranges should have prostate cancer excluded to the Investigator's satisfaction),
7. One of the following baseline test results, taken from a single uroflowmetry reading:
    - Urinary volume void < 125mL (pre-bladder urinary volume of ≥ 150 mL required),
    - Peak urinary flow rate (Qmax) of < 5 mL/second and > 15 mL/second,
    - Post- void residual volume (PVR) > 250 mL
8. History of other diseases causing voiding dysfunction including urinary retention (e.g., uncontrolled diabetes, diagnosis of neurogenic bladder, Parkinson's disease, multiple sclerosis, etc.),
9. Subjects with overactive bladder in the absence of benign prostatic obstruction,
10. Acute urinary tract infection (UTI) or finding of asymptomatic bacteriuria (Note: subject can be enrolled if the UTI is treated and followed with a negative urine test result), or subjects with history of recurrent UTIs (defined as > 3 UTIs in the past 12 months),
11. Concomitant bladder stones,
12. Previous pelvic irradiation or radical pelvic surgery,
13. Previous prostate surgery, including enucleation, resection, vaporization, thermotherapy, ablation, stenting or prostatic urethral lift,
14. Chronic prostatitis, recurrent prostatitis, chronic pelvic pain syndrome (CPPS), or painful bladder syndrome within the past 12 months,
15. Known allergy to nickel,
16. Life expectancy less than 60 months,
17. Inability to stop taking anticoagulants and/or antiplatelets for at least 3 days prior to the procedure or coumadin for at least 5 days prior to the procedure (Note: low dose aspirin therapy (81 mg) is permitted),

18. Use of Type II 5-alpha reductase inhibitor such as finasteride (Proscar, Propecia) within 3 months of baseline assessment,
19. Use of Type I 5-alpha reductase inhibitor such as dutasteride (Avodart) within 6 months of baseline assessment,
20. Taking one of the following within 2 weeks of baseline evaluation:
    - alpha-blockers,
    - tricyclic anti-depressants (e.g., imipramine),
    - anticholinergics,
    - cholinergic gonadotropin releasing hormonal analogues,
    - Phosphodiesterase-5 Enzyme Inhibitors (Tadalafil) in doses for BPH,
    - Beta-3 adrenergic receptor agonist (Mirabegron),
21. Taking androgens, unless eugonadal state for at least 3 months or greater as documented by the Investigator,
22. Taking one of the following within 24 hours of pre-treatment (baseline) evaluation:
    - phenylephrine, or,
    - pseudoephedrine,
23. Future fertility concerns, or,
24. In the Investigator's opinion, the subject has a physical, psychological, or medical impairment that might prevent study completion or would confound study results (including subject questionnaires).

iv. Patient Demographics and Baseline Characteristics

Demographics of study subjects and study subject baseline IPSS are summarized in the following tables. Treatment and control arms were statistically similar at baseline.

Table 1. Summary of Demographic and Baseline Characteristics by Treatment Arm
(ITT Population)

	Spring System (N=137)	Sham Device (N=68)
Age (years)		
n	137	68
Mean (SD)	66.5 (8.17)	66.9 (7.17)
Median	67.0	67.0
Min, Max	45, 85	52, 83
Ethnicity - n/N (%)		
Hispanic or Latino	14/137 (10.2%)	6/68 (8.8%)
Not Hispanic or Latino	122/137 (89.1%)	62/68 (91.2%)
Not Reported	1/137 (0.7%)	0/68 (0.0%)
Race - n/N (%)		
White	126/137 (92.0%)	63/68 (92.6%)
Asian	2/137 (1.5%)	4/68 (5.9%)
Middle Eastern	1/137 (0.7%)	1/68 (1.5%)
Black	4/137 (2.9%)	0/68 (0.0%)
Other	4/137 (2.9%)	0/68 (0.0%)
Height (cm)		
n	137	68
Mean (SD)	176.3 (8.42)	175.7 (7.52)
Median	175.3	177.7
Min, Max	155, 201	155, 191
Weight (kg)		
n	135	68
Mean (SD)	91.0 (17.86)	91.4 (16.64)
Median	89.8	88.2
Min, Max	58, 184	67, 154
BMI (kg/m^2)		
n	135	68
Mean (SD)	29.35 (5.945)	29.67 (5.428)
Median	28.12	28.25
Min, Max	20.5, 62.3	21.1, 45.8
History of smoking - n/N (%)		
Non-smoker	78/137 (56.9%)	39/68 (57.4%)
Current/recently quit	14/137 (10.2%)	2/68 (2.9%)
Former smoker	45/137 (32.8%)	27/68 (39.7%)

Table 2: Demographic and Baseline Characteristics
(Roll-in Cohort)

	Roll-in Cohort (N=26)
Age (years)	
n	26
Mean (SD)	66.4 (8.87)
Median	66.5
Min, Max	48, 85
Ethnicity - n/N (%)	
Hispanic or Latino	1/26 (3.8%)
Not Hispanic or Latino	25/26 (96.2%)
Race - n/N (%)	
White	25/26 (96.2%)
Other	1/26 (3.8%)
Height (cm)	
n	26
Mean (SD)	179.2 (6.09)
Median	179.6
Min, Max	168, 188
Weight (kg)	
n	26
Mean (SD)	91.4 (17.98)
Median	86.3
Min, Max	65, 142
BMI (kg/m^2)	
n	26
Mean (SD)	28.49 (5.626)
Median	28.07
Min, Max	20.7, 42.4
History of smoking - n/N (%)	
Non-smoker	19/26 (73.1%)
Former smoker	7/26 (26.9%)

Table 3. Summary of Baseline IPSS by Treatment Arm
(ITT Population)

	Spring System (N=137)	Sham Device (N=68)
IPSS		
Total Score		
n	137	68
Mean (SD)	23.7 (5.35)	22.7 (4.56)
Median	24.0	22.5
Min, Max	13, 34	14, 31
95% CI of Mean	22.8, 24.6	21.6, 23.8
QoL Score		
n	137	68
Mean (SD)	4.5 (1.12)	4.6 (1.01)
Median	5.0	5.0
Min, Max	2, 6	2, 6
95% CI of Mean	4.3, 4.7	4.3, 4.8

Table 4. Baseline IPSS
(Roll-in Cohort)

	Roll-in Cohort (N=26)
IPSS	
Total Score	
n	26
Mean (SD)	24.2 (5.29)
Median	24.5
Min, Max	13, 33
95% CI of Mean	21.1, 26.3
QoL Score	
n	26
Mean (SD)	4.6 (0.90)
Median	5.0
Min, Max	2, 6
95% CI of Mean	4.3, 5.0

v. Safety Results

Analysis of Primary Safety

The two co-primary safety endpoints for the study include:

1. The rate of extended post-operative urinary catheterization (> 7 days from treatment) for inability to void among subjects
2. The rate of device or procedure related serious adverse events, at discharge through the 12-month follow-up visit.

There were no reports of any extended post operative urinary catheterization and there were no device or procedure related serious adverse events reported in the Spring Implant arm subjects through 12 months of follow-up.

Analysis of Secondary Safety

The results of the secondary safety endpoints are presented below in the following tables and summary:

Table 5: Secondary Safety Analysis: Rate of Device or Procedure Related Adverse Events (Safety Population)

	Spring System (N=137)	Sham Device (N=68)	Difference (Treatment - Control, 95% CI)
Rate of Device Related Adverse Events - n/N (%)			
Within 3 Months	4/137 (2.9%) (1.1%, 7.3%)	0/68 (0.0%) (0.0%, 5.3%)	2.9% (-2.7%, 7.3%)
Within 12 Months*	6/137 (4.4%) (2.0%, 9.2%)		
Rate of Procedure Related Adverse Events - n/N (%)			
Within 3 Months	13/137 (9.5%) (5.6%, 15.6%)	3/68 (4.4%) (1.5%, 12.2%)	5.1% (-3.6%, 11.8%)
Within 12 Months	15/137 (10.9%) (6.7%, 17.3%)		

*Cumulative – includes all events reported from procedure through 12 months
The 95% CIs are derived using the score-based method (Wilson approach for individual proportions and Newcombe approach for proportion difference).

Table 6: Secondary Safety Analysis: Summary of Visual Analogue Scale (VAS)
(ITT Population)

	Baseline	Discharge	2 Weeks	1 Month	3 Months
Zenflow Spring System (N=137)					
VAS (cm)					
n	136	137	134	135	133
Mean (SD)	0.6 (1.11)	2.4 (2.39)	1.1 (1.96)	0.7 (1.38)	0.4 (0.75)
Median	0.0	1.6	0.1	0.1	0.0
Min, Max	0, 5	0, 9	0, 9	0, 7	0, 5
95% CI of Mean	0.4, 0.8	2.0, 2.8	0.8, 1.4	0.5, 1.0	0.3, 0.5
VAS Change from Discharge					
n			134	135	133
Mean (SD)			-1.3 (2.60)	-1.6 (2.38)	-2.0 (2.36)
Median			-0.7	-1.0	-1.4
Min, Max			-8, 8	-8, 5	-9, 2
95% CI of Mean			-1.7, -0.8	-2.0, -1.2	-2.4, -1.6
Sham Device (N=68)					
VAS (cm)					
n	68	68	66	66	68
Mean (SD)	0.8 (1.64)	0.8 (1.38)	0.4 (0.94)	0.4 (1.01)	0.5 (1.25)
Median	0.0	0.2	0.0	0.0	0.0
Min, Max	0, 8	0, 7	0, 4	0, 4	0, 8
95% CI of Mean	0.4, 1.2	0.5, 1.2	0.1, 0.6	0.2, 0.7	0.2, 0.8
VAS Change from Discharge					
n			66	66	68
Mean (SD)			-0.5 (1.61)	-0.4 (1.32)	-0.4 (1.55)
Median			-0.1	0.0	0.0
Min, Max			-7, 4	-7, 4	-7, 7
95% CI of Mean			-0.9, -0.1	-0.8, -0.1	-0.8, -0.0

[1] The 95% CIs are constructed based on t-distribution.
[2] Reported data only with no imputation for missing data.

Table 7: Secondary Safety Analysis: Sexual Health Inventory for Men (SHIM) Score by Visit (ITT Population)

	Baseline	3 Months	6 Months	12 Months
Zenflow Spring System (N=137)				
Not Sexually Active - n/N (%)	28/137 (20.4%)	19/134 (14.2%)	26/129 (20.2%)	33/124 (26.6%)
SHIM Total Score				
n	109	115	103	91
Mean (SD)	16.2 (6.69)	16.5 (7.21)	17.4 (6.51)	17.5 (6.45)
Median	17.0	18.0	19.0	19.0
Min, Max	1, 25	1, 25	1, 25	1, 25
95% CI of Mean	14.9, 17.5	15.1, 17.8	16.1, 18.7	16.1, 18.8
SHIM Change from Baseline				
n		101	94	85
Mean (SD)		0.5 (5.47)	1.1 (4.47)	1.1 (4.07)
Median		1.0	1.0	1.0
Min, Max		-20, 19	-13, 14	-13, 14
95% CI of Mean		-0.5, 1.6	0.2, 2.0	0.2, 1.9
Sham Device (N=68)				
Not Sexually Active - n/N (%)	13/68 (19.1%)	11/68 (16.2%)		
SHIM Total Score				
n	55	57		
Mean (SD)	14.5 (6.18)	14.3 (7.55)		
Median	15.0	15.0		
Min, Max	2, 25	1, 25		
95% CI of Mean	12.8, 16.1	12.3, 16.3		
SHIM Change from Baseline				
n		51		
Mean (SD)		0.7 (5.74)		
Median		0.0		
Min, Max		-11, 14		
95% CI of Mean		-0.9, 2.4		

[1] The 95% CIs are constructed based on t-distribution.
[2] Reported data only with no imputation for missing data.

Table 8: Secondary Safety Analysis: MSHQ-EjD Ejaculatory Function Score by Visit (ITT Population)

	Baseline	3 Months	6 Months
Zenflow Spring System (N=137)			
Not Sexually Active - n/N (%)	36/137 (26.3%)	29/134 (21.6%)	26/129 (20.2%)
MSHQ-EjD Ejaculatory Function Score			
n	101	105	103
Mean (SD)	9.0 (2.72)	10.7 (3.09)	10.9 (2.87)
Median	9.0	11.0	11.0
Min, Max	3, 15	1, 15	1, 15
95% CI of Mean	8.5, 9.6	10.1, 11.3	10.3, 11.5
MSHQ-EjD Change from Baseline			
n		91	91
Mean (SD)		1.7 (3.24)	2.1 (3.10)
Median		2.0	2.0
Min, Max		-9, 8	-6, 9
95% CI of Mean		1.1, 2.4	1.5, 2.8
Sham Device (N=68)			
Not Sexually Active - n/N (%)	20/68 (29.4%)	20/68 (29.4%)	
MSHQ-EjD Ejaculatory Function Score			
n	48	48	
Mean (SD)	8.5 (2.83)	10.2 (3.13)	
Median	9.0	11.0	
Min, Max	1, 13	4, 15	
95% CI of Mean	7.7, 9.3	9.3, 11.1	
MSHQ-EjD Change from Baseline			
n		43	
Mean (SD)		1.5 (2.85)	
Median		1.0	
Min, Max		-4, 12	
95% CI of Mean		0.6, 2.4	

[1] The 95% CIs are constructed based on t-distribution.
[2] Reported data only with no imputation for missing data.

Table 9: Secondary Safety Analysis: MSHQ-EjD Bother/ Satisfaction Score by Visit
(ITT Population)

	Baseline	3 Months	6 Months	12 Months
Zenflow Spring System (N=137)				
Not Sexually Active - n/N (%)	36/137 (26.3%)	29/134 (21.6%)	26/129 (20.2%)	31/124 (25.0%)
MSHQ-EjD Bother/ Satisfaction Score				
n	101	105	103	93
Mean (SD)	2.1 (1.61)	1.6 (1.60)	1.4 (1.38)	1.6 (1.38)
Median	2.0	2.0	1.0	2.0
Min, Max	0, 5	0, 5	0, 5	0, 5
95% CI of Mean	1.8, 2.4	1.3, 1.9	1.1, 1.6	1.3, 1.9
MSHQ-EjD Change from Baseline				
n		91	91	86
Mean (SD)		-0.5 (1.77)	-0.7 (1.66)	-0.5 (1.58)
Median		0.0	-1.0	0.0
Min, Max		-5, 5	-5, 5	-4, 4
95% CI of Mean		-0.9, -0.1	-1.1, -0.4	-0.9, -0.2
Sham Device (N=68)				
Not Sexually Active - n/N (%)	20/68 (29.4%)	20/68 (29.4%)		
MSHQ-EjD Bother/ Satisfaction Score				
n	48	48		
Mean (SD)	1.9 (1.58)	1.5 (1.62)		
Median	2.0	1.0		
Min, Max	0, 5	0, 5		
95% CI of Mean	1.5, 2.4	1.0, 2.0		
MSHQ-EjD Change from Baseline				
n		43		
Mean (SD)		-0.3 (1.30)		
Median		0.0		
Min, Max		-4, 3		
95% CI of Mean		-0.7, 0.1		

[1] The 95% CIs are constructed based on t-distribution.
[2] Reported data only with no imputation for missing data.

Implant Removals

The assessment of adverse events outcomes related to a Spring Implant removal procedure showed that there were no adverse events related to an implant removal and only a single subject through 24 months that had a removal for a related adverse event. Overall, in the treatment arm, there were 3 subjects (2.2%) who had the device removed during the initial 12-month follow up period. One of the subjects required removal for migration. This same subject required removal due to a device related adverse event (dysuria), which was discussed above. The 2 additional removals within year 1 were performed at the patient's request. The three removal procedures that occurred in year 1 of the clinical study were

successfully performed with no reported AEs associated with the removal procedure. In year 2 of the study there were 15 subjects (10.9%) who had removal. Two (2) removals were medically indicated for non BPH reasons; 5 removals were for observed disease progression, and 8 were for patient choice. All removals in year 2 were successfully performed with no adverse events associated with the removals.

The number of Spring Implants removed during the 1-year and 2-year follow-up periods and the reasons for removal are provided below:

- 12 Months (n=3; 2.2%)
  - Painful urination/migration (n=1)
  - Patient choice (n=2)
- 24 Months (n=15, 10.2%)
  - Medically indicated for non BPH reason (n=2)
  - Observed BPH disease progression (n=5)
  - Patient choice (n=8)

The removal procedure itself carries some clinical risk and the decision to remove or replace the implant is typically made collaboratively between the patient and physician.

Clavien-Dindo Grade IIIb or Higher

There were no reported adverse events classified as Clavien-Dindo Grade IIIb or higher for any of the Safety population subjects from procedure through 12 months of follow-up.

Adverse Events

205 subjects underwent one Index procedure consisting of either placement of the Spring Implant (n=137) or a sham control (n=68). There were 152 reported adverse events, and of these, 24 (15.8%) were reported as being related to the index (Spring Implant or Sham Device) procedure. There were 8 device related adverse events (5.3%). The remaining 120 adverse events (78.9%) were reported as having no relationship to the device or procedure.

During the first three months of follow-up, 66 events were reported in 41 subjects, these data are summarized in **Table 10**, below, and the device and procedure related events are summarized in **Table 11**. Thirty (21.9%) of the Spring Implant subjects and 11 (16.2%) of the Sham control subjects reported adverse events. The rates of procedure and device related events were comparable between study arms.

Table 10. Summary of Adverse Event Characteristics through 3 Months
(Safety Population)

	Zenflow Spring System (N=137)		Sham Device (N=68)	
	Events	Subjects n/N (%)	Events	Subjects n/N (%)
Any treatment emergent adverse events	51	30/137 (21.9%)	15	11/68 (16.2%)
Serious adverse events	3	3/137 (2.2%)	1	1/68 (1.5%)
Severe adverse events	2	2/137 (1.5%)	1	1/68 (1.5%)
Fatal adverse events	1	1/137 (0.7%)	0	0/68 (0.0%)
Not related adverse events	30	19/137 (13.9%)	10	9/68 (13.2%)
Device- or procedure-related adverse events	21	16/137 (11.7%)	5	3/68 (4.4%)
Device-related adverse events	4	4/137 (2.9%)	0	0/68 (0.0%)
Procedure-related adverse events	17	13/137 (9.5%)	5	3/68 (4.4%)
Adverse events with Clavien-Dindo Grade IIIb or higher	0	0/137 (0.0%)	0	0/68 (0.0%)
Serious adverse events	0	0/137 (0.0%)	1	1/68 (1.5%)
Severe adverse events	0	0/137 (0.0%)	1	1/68 (1.5%)
Fatal adverse events	0	0/137 (0.0%)	0	0/68 (0.0%)

Table 11. Procedure and Device Related AEs Between Procedure and 3 Months
(Safety Population)

System Organ Class Lowest Level Term	Relationship	Zenflow Spring System (N=137) Events	Zenflow Spring System (N=137) Subjects n/N (%)	Sham Device (N=68) Events	Sham Device (N=68) Subjects n/N (%)
Subjects reporting any device- or procedure-related treatment emergent adverse events		21	16/137 (11.7%)	5	3/68 (4.4%)
Reproductive system and breast disorders		11	8/137 (5.8%)	2	2/68 (2.9%)
Painful ejaculation	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	6	6/137 (4.4%)	0	0/68 (0.0%)
	Device Related	1	1/137 (0.7%)	0	0/68 (0.0%)
Penile pain	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	0	0/137 (0.0%)	1	1/68 (1.5%)
	Device Related	1	1/137 (0.7%)	0	0/68 (0.0%)
Painful external genitals	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	1	1/137 (0.7%)	0	0/68 (0.0%)
	Device Related	0	0/137 (0.0%)	0	0/68 (0.0%)
Perineal pain	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	1	1/137 (0.7%)	0	0/68 (0.0%)
	Device Related	0	0/137 (0.0%)	0	0/68 (0.0%)
Retrograde ejaculation	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	1	1/137 (0.7%)	0	0/68 (0.0%)
	Device Related	0	0/137 (0.0%)	0	0/68 (0.0%)
Perineal discomfort	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	0	0/137 (0.0%)	1	1/68 (1.5%)
	Device Related	0	0/137 (0.0%)	0	0/68 (0.0%)
Renal and urinary disorders		7	7/137 (5.1%)	1	1/68 (1.5%)
Dysuria	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	5	5/137 (3.6%)	1	1/68 (1.5%)
	Device Related	2	2/137 (1.5%)	0	0/68 (0.0%)
Musculoskeletal and connective tissue disorders		2	2/137 (1.5%)	0	0/68 (0.0%)
Back pain	Unrelated	0	0/137 (0.0%)	0	0/68 (0.0%)
	Procedure Related	1	1/137 (0.7%)	0	0/68 (0.0%)
	Device Related	0	0/137 (0.0%)	0	0/68 (0.0%)
Groin pain	Mild	1	1/137 (0.7%)	0	0/68 (0.0%)
	Moderate	0	0/137 (0.0%)	0	0/68 (0.0%)
	Severe	0	0/137 (0.0%)	0	0/68 (0.0%)
Gastrointestinal disorders		1	1/137 (0.7%)	0	0/68 (0.0%)
Rectal pain	Mild	1	1/137 (0.7%)	0	0/68 (0.0%)
	Moderate	0	0/137 (0.0%)	0	0/68 (0.0%)
	Severe	0	0/137 (0.0%)	0	0/68 (0.0%)
General disorders and administration site conditions		0	0/137 (0.0%)	1	1/68 (1.5%)
Fever	Mild	0	0/137 (0.0%)	1	1/68 (1.5%)
	Moderate	0	0/137 (0.0%)	0	0/68 (0.0%)

Table 11. Procedure and Device Related AEs Between Procedure and 3 Months
(Safety Population)

System Organ Class Lowest Level Term	Relationship	Zenflow Spring System (N=137) Events	Zenflow Spring System (N=137) Subjects n/N (%)	Sham Device (N=68) Events	Sham Device (N=68) Subjects n/N (%)
	Severe	0	0/137 (0.0%)	0	0/68 (0.0%)
Infections and infestations		0	0/137 (0.0%)	1	1/68 (1.5%)
Urinary tract infection	Mild	0	0/137 (0.0%)	0	0/68 (0.0%)
	Moderate	0	0/137 (0.0%)	0	0/68 (0.0%)
	Severe	0	0/137 (0.0%)	1	1/68 (1.5%)

Between 3 and 12 months, a total of 52 events in the Treatment Arm were reported in 34 subjects. Four of these events (in 2 subjects) were device related, and 2 events (in 2 subjects) were procedure related. The remaining 46 events were not related to the device or procedure. These are summarized in Table 12 and Table 13.

Table 12. Summary of Adverse Event Characteristics between 3 and 12 Months
(Safety Population, Spring Implant Arm)

	Zenflow Spring System (N=137) Events	Zenflow Spring System (N=137) Subjects n/N (%)
Any treatment emergent adverse events	52	34/134 (25.4%)
Serious adverse events	8	8/134 (6.0%)
Severe adverse events	5	5/134 (3.7%)
Fatal adverse events	2	2/134 (1.5%)
Not related adverse events	46	32/134 (23.9%)
Device- or procedure-related adverse events	6	3/134 (2.2%)
Device-related adverse events	4	2/134 (1.5%)
Procedure-related adverse events	2	2/134 (1.5%)
Adverse events with Clavien-Dindo Grade IIIb or higher	0	0/134 (0.0%)
Serious adverse events	0	0/134 (0.0%)
Severe adverse events	0	0/134 (0.0%)
Fatal adverse events	0	0/134 (0.0%)

Table 13: Procedure and Device Related Adverse Events Between 3 and 12 Months by (Safety Population, Spring Implant Arm)

System Organ Class Lowest Level Term	Relationship	Zenflow Spring System (N=137) Events	 Subjects n/N (%)
Subjects reporting any device- or procedure-related treatment emergent adverse events		6	3/134 (2.2%)
Renal and urinary disorders		3	3/134 (2.2%)
Dysuria	Unrelated	0	0/134 (0.0%)
	Procedure Related	0	0/134 (0.0%)
	Device Related	2	2/134 (1.5%)
Urethral stricture	Unrelated	0	0/134 (0.0%)
	Procedure Related	1	1/134 (0.7%)
	Device Related	0	0/134 (0.0%)
Reproductive system and breast disorders		3	2/134 (1.5%)
Painful ejaculation	Unrelated	0	0/134 (0.0%)
	Procedure Related	1	1/134 (0.7%)
	Device Related	1	1/134 (0.7%)
Perineal pain	Unrelated	0	0/134 (0.0%)
	Procedure Related	0	0/134 (0.0%)
	Device Related	1	1/134 (0.7%)

During the first three months of follow-up in the Roll-in population, 21 events were reported in 13 subjects. There were 2 device related events and 9 procedure related events, none of which were serious. These data are summarized in **Table 14**, below, and the device and procedure related events are summarized in **Table 15**.

Table 14: Summary of Adverse Event Characteristics through 3 Months
(Roll-In Population)

	Roll-in Cohort (N=26)	
	Events	Subjects n/N (%)
Any treatment emergent adverse events	21	13/26 (50.0%)
Serious adverse events	0	0/26 (0.0%)
Severe adverse events	1	1/26 (3.8%)
Fatal adverse events	0	0/26 (0.0%)
Not related adverse events	10	4/26 (15.4%)
Device- or procedure-related adverse events	11	10/26 (38.5%)
Device-related adverse events	2	2/26 (7.7%)
Procedure-related adverse events	9	8/26 (30.8%)
Adverse events with Clavien-Dindo Grade IIIb or higher	0	0/26 (0.0%)
Serious adverse events	0	0/26 (0.0%)
Severe adverse events	0	0/26 (0.0%)
Fatal adverse events	0	0/26 (0.0%)

Table 15: Procedure and Device Related Adverse Events Between Procedure and 3 Months
(Roll-In Population)

		Roll-in Cohort (N=26)	
System Organ Class Lowest Level Term	Relationship	Events	Subjects n/N (%)
Subjects reporting any device- or procedure-related treatment emergent adverse events		11	10/26 (38.5%)
Reproductive system and breast disorders		6	6/26 (23.1%)
Painful ejaculation	Unrelated	0	0/26 (0.0%)
	Procedure Related	4	4/26 (15.4%)
	Device Related	0	0/26 (0.0%)
Penile pain	Unrelated	0	0/26 (0.0%)
	Procedure Related	0	0/26 (0.0%)
	Device Related	1	1/26 (3.8%)
Perineal pain	Unrelated	0	0/26 (0.0%)
	Procedure Related	0	0/26 (0.0%)
	Device Related	1	1/26 (3.8%)
Renal and urinary disorders		5	5/26 (19.2%)
Dysuria	Unrelated	0	0/26 (0.0%)
	Procedure Related	4	4/26 (15.4%)
	Device Related	0	0/26 (0.0%)
Hematuria	Unrelated	0	0/26 (0.0%)
	Procedure Related	1	1/26 (3.8%)
	Device Related	0	0/26 (0.0%)

Between 3 and 12 months, only one device related event was reported in the Roll-in population (painful ejaculation).

During the first three months of follow-up in the Crossover population, 25 adverse events were reported in 21 subjects. There were 9 device related events and 10 procedure related events, none of which were serious. These data are summarized in **Table 16**, below, and the device and procedure related events are summarized in **Table 17**.

Table 16: Summary of Adverse Event Characteristics through 3 Months
(Crossover Population)

	Crossover Cohort (N=60)	
	Events	Subjects n/N (%)
Any treatment emergent adverse events	25	21/60 (35.0%)
Serious adverse events	1	1/60 (1.7%)
Severe adverse events	2	2/60 (3.3%)
Fatal adverse events	0	0/60 (0.0%)
Not related adverse events	6	6/60 (10.0%)
Device- or procedure-related adverse events	19	16/60 (26.7%)
Device-related adverse events	9	7/60 (11.7%)
Procedure-related adverse events	10	10/60 (16.7%)
Adverse events with Clavien-Dindo Grade IIIb or higher	0	0/60 (0.0%)
Serious adverse events	0	0/60 (0.0%)
Severe adverse events	1	1/60 (1.7%)
Fatal adverse events	0	0/60 (0.0%)

Table 17: Summary of Procedure and Device Related Adverse Events Between Procedure and 3 Months
(Crossover Population)
(Page 1 of 2)

System Organ Class Lowest Level Term	Relationship	Crossover Cohort (N=60) Events	Crossover Cohort (N=60) Subjects n/N (%)
Subjects reporting any device- or procedure-related treatment emergent adverse events		19	16/60 (26.7%)
Renal and urinary disorders		7	7/60 (11.7%)
Dysuria	Unrelated	0	0/60 (0.0%)
	Procedure Related	4	4/60 (6.7%)
	Device Related	1	1/60 (1.7%)
Urethral pain	Unrelated	0	0/60 (0.0%)
	Procedure Related	0	0/60 (0.0%)
	Device Related	1	1/60 (1.7%)
Urge incontinence	Unrelated	0	0/60 (0.0%)
	Procedure Related	0	0/60 (0.0%)
	Device Related	1	1/60 (1.7%)
Reproductive system and breast disorders		7	7/60 (11.7%)
Painful ejaculation	Unrelated	0	0/60 (0.0%)
	Procedure Related	1	1/60 (1.7%)
	Device Related	3	3/60 (5.0%)
Hematospermia	Unrelated	0	0/60 (0.0%)
	Procedure Related	0	0/60 (0.0%)
	Device Related	1	1/60 (1.7%)
Painful external genitals	Unrelated	0	0/60 (0.0%)
	Procedure Related	0	0/60 (0.0%)
	Device Related	1	1/60 (1.7%)
Penile pain	Unrelated	0	0/60 (0.0%)
	Procedure Related	0	0/60 (0.0%)
	Device Related	1	1/60 (1.7%)
Gastrointestinal disorders		5	5/60 (8.3%)
Pelvic pain	Unrelated	0	0/60 (0.0%)
	Procedure Related	2	2/60 (3.3%)
	Device Related	0	0/60 (0.0%)
Abdominal cramps	Unrelated	0	0/60 (0.0%)
	Procedure Related	1	1/60 (1.7%)
	Device Related	0	0/60 (0.0%)

Table 17: Summary of Procedure and Device Related Adverse Events Between Procedure and 3 Months (Crossover Population)
(Page 2 of 2)

System Organ Class Lowest Level Term	Relationship	Crossover Cohort (N=60) Events	 Subjects n/N (%)
Anorectal discomfort	Unrelated	0	0/60 (0.0%)
	Procedure Related	1	1/60 (1.7%)
	Device Related	0	0/60 (0.0%)
Defecation desire	Unrelated	0	0/60 (0.0%)
	Procedure Related	1	1/60 (1.7%)
	Device Related	0	0/60 (0.0%)

Between 3 and 12 months, only one device related event was reported in the Crossover population (dysuria).

There were no device related patient deaths or other device related SAEs, and there were no unanticipated adverse device effects. A total of sixteen SAEs were reported in fourteen patients. One SAE that occurred in a Sham subject was related to the index procedure; the remaining 15 SAEs were not related to either the procedure or device. Three of those 15 SAEs were subject deaths, none of which were related to participation in the study.

vi. Effectiveness Results

Analysis of Primary Efficacy

The co-primary efficacy endpoints of the study are as follows:

1. (Co-Primary Effectiveness #1) Percent of subjects who experience at least a 30 percent improvement in IPSS from their baseline pre-treatment score at the 3-month follow-up visit.
    a. The proportion of Treatment Successes (≥ 30% IPSS improvement) in the Spring Arm must be statistically significantly higher than the corresponding proportion in the Sham Arm.
2. (Co-Primary Effectiveness #2) at 12 months, the mean percent change in IPSS for the Spring Treatment Arm is at least 30% improved over baseline.

Co-Primary Efficacy Endpoint #1 - ITT Population

An analysis of the proportion of subjects achieving ≥30% improvement from baseline to 3 months in IPSS in the ITT population found that 51.8% of subjects (71/137) met this threshold in the Spring Implant arm and 39.7% (27/68) of subjects in the Sham control arm.

The results of the hypothesis test found that the between-group difference did not achieve statistical significance in the ITT population (p=0.102).

Table 18: Co-Primary Efficacy Endpoint #1: Percent Improvement from Baseline in IPSS Score at 3 Months (ITT Population)

	Zenflow Spring System (N=137)	Sham Device (N=68)
Proportion of Subjects Achieving ≥30% Improvement from Baseline in IPSS Score at 3 Months - n/N (%) (95% CI)	71/137 (51.8%) (43.5%, 60.0%)	27/68 (39.7%) (28.9%, 51.6%)
Difference (Treatment - Control, 95% CI)	12.1% (-2.4%, 25.7%)	
P-value	0.102	

[1] The 95% CIs are derived using the score-based method (Wilson approach for individual proportions and Newcombe approach for proportion difference).
[2] The p-value is computed using Pearson's Chi-squared test.
[3] The Conditional Value Carried Forward approach is used for subjects missing their 3-Month IPSS (Spring arm BPH med use n=1, Early discontinuation not due to removal, n=3).

Co-Primary Efficacy Endpoint #2 - ITT Population

The mean percent change in IPSS total score for the Spring Implant arm from baseline to 12 months was a 32.1% mean improvement. An analysis of this result compared to a clinical success threshold of 30% found that the result observed in the Spring Implant arm did not achieve statistical significance for the ITT population (p=0.231).

Table 19: Co-Primary Efficacy Endpoint #2: Percent Change from Baseline in IPSS Score at 12 Months (ITT Population, Zenflow Spring System Arm)

	Zenflow Spring System (N=137)
IPSS Score Percent Change from Baseline to 12 Months	
n	137
Mean (SD)	-32.1 (32.58)
Median	-31.3
Min, Max	-100, 42
95% CI of Mean	-37.6, -26.6
P-value	0.231

[1] The 95% CI is constructed based on t-distribution.
[2] The p-value is computed using one-sided single-sample t-test, comparing against a performance goal of -30%.
[3] The Conditional Value Carried Forward approach is used for subjects missing their 12-Month IPSS. (Spring arm BPH med use n=6, Early discontinuation or missed visits not due to removal, n=8, Device removal n=3).

The device met neither of the pre-specified co-primary effectiveness endpoints using the ITT analysis set. The ITT population includes 38 subjects (27 Spring Implant and 11 Sham

control subjects) who were erroneously enrolled in the ITT population and should have been excluded due to the presence of intravesical prostatic protrusion >10mm and/or obstructive median prostatic lobe protrusion. As a result, a second analysis of the effectiveness endpoints was completed using this modified ITT/Intended Use (IU) population (which excludes the subjects who did not meet these eligibility criteria).

Co-Primary Efficacy Endpoints #1 and #2 – mITT/IU Population

The results of the co-primary efficacy endpoints for the mITT/IU are presented below in the following tables.

Table 20. Co-Primary Efficacy Endpoint #1: Proportion of Subjects Achieving ≥30% Improvement from Baseline in IPSS Score at 3 Months (mITT/IU Population)

	Zenflow Spring System (N=109)	Sham Device (N=57)
Proportion of Subjects Achieving ≥30% Improvement from Baseline in IPSS Score at 3 Months - n/N (%) (95% CI)	65/109 (59.6%) (50.2%, 68.4%)	19/57 (33.3%) (22.5%, 46.3%)
Difference (Treatment - Control, 95% CI)	26.3% (10.3%, 40.2%)	

[1] The 95% CIs are derived using the score-based method (Wilson approach for individual proportions and Newcombe approach for proportion difference).
[2] The Conditional Value Carried Forward approach is used for subjects missing their 3-Month IPSS

Table 21. Co-Primary Efficacy Endpoint #2: Percent Change from Baseline in IPSS Score at 12 Months (mITT/IU Population)

	Zenflow Spring System (N=109)
IPSS Score Percent Change from Baseline to 12 Months	
n	109
Mean (SD)	-37.2 (32.68)
Median	-39.1
Min, Max	-100, 39
95% CI of Mean	-43.4, -31.0

[1] The 95% CI is constructed based on t-distribution.
[2] The Conditional Value Carried Forward approach is used for subjects missing their 12-Month IPSS.

Analysis of Secondary Efficacy

The results of the secondary efficacy endpoints for the ITT population are presented below in the following tables.

Table 22: Secondary Analysis: IPSS Total Score by Visit
(ITT Population)

	Baseline	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=137)						
IPSS Total Score						
n	137	135	135	134	131	129
Mean (SD)	23.7 (5.35)	18.5 (7.19)	15.5 (7.06)	15.6 (7.99)	14.8 (6.99)	15.7 (7.78)
Median	24.0	20.0	14.0	15.0	15.0	16.0
Min, Max	13, 34	1, 31	1, 33	2, 33	2, 34	0, 35
95% CI of Mean	22.8, 24.6	17.2, 19.7	14.3, 16.7	14.2, 16.9	13.6, 16.0	14.3, 17.0
IPSS Total Score Change from Baseline						
n		135	135	134	131	129
Mean (SD)		-5.2 (7.94)	-8.1 (7.60)	-8.0 (8.03)	-8.8 (7.36)	-7.9 (7.77)
Median		-4.0	-8.0	-8.0	-8.0	-7.0
Min, Max		-31, 16	-30, 12	-32, 9	-29, 13	-27, 8
95% CI of Mean		-6.5, -3.8	-9.4, -6.8	-9.4, -6.7	-10.1, -7.6	-9.2, -6.5
Sham Device (N=68)						
IPSS Total Score						
n	68	66	66	68		
Mean (SD)	22.7 (4.56)	17.1 (7.29)	16.1 (7.84)	16.9 (8.25)		
Median	22.5	17.5	16.5	19.0		
Min, Max	14, 31	2, 30	1, 32	1, 31		
95% CI of Mean.	21.6, 23.8.	15.3, 18.9.	14.2, 18.0.	14.9, 18.9		
IPSS Total Score Change from Baseline						
n		66	66	68		
Mean (SD)		-5.5 (7.64)	-6.5 (8.02)	-5.8 (8.52)		
Median		-4.0	-5.0	-5.0		
Min, Max		-24, 14	-27, 17	-29, 15		
95% CI of Mean		-7.4, -3.6	-8.5, -4.5	-7.8, -3.7		

[1] The 95% CIs are constructed based on t-distribution.
[2] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

Table 23: Secondary Analysis: Proportion of Subjects Achieving ≥ 30% Improvement from Baseline in IPSS Score at 6 and 12 Months
(ITT Population)

	Zenflow Spring System (N=137)
6 Months	
n	131
Responder Rate - n/N (%)	78/131 (59.5%)
95% CI of Responder Rate	51.0%, 67.6%
12 Months	
n	129
Responder Rate - n/N (%)	69/129 (53.5%)
95% CI of Responder Rate	44.9%, 61.9%

[1] A responder is a subject whose IPSS score improves at least 30% from baseline.
[2] The 95% CIs are constructed based on t-distribution for continuous data, and score-based methods Wilson approach for categorical data.
[3] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

Table 24: Secondary Analysis: Percent Change from Baseline in IPSS Total Score by Visit
(ITT Population)

	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=137)					
IPSS Total Score Percent Change from Baseline					
n	135	135	134	131	129
Mean (SD)	-19.1 (35.20)	-32.8 (32.34)	-33.1 (33.38)	-36.4 (29.79)	-32.7 (32.70)
Median	-16.7	-36.8	-34.8	-36.8	-31.8
Min, Max	-96, 123	-94, 75	-94, 60	-91, 68	-100, 42
95% CI of Mean	-25.1, -13.1	-38.3, -27.3	-38.8, -27.4	-41.5, -31.2	-38.3, -27.0
Sham Device (N=68)					
IPSS Total Score Percent Change from Baseline					
n	66	66	68		
Mean (SD)	-22.6 (33.91)	-27.5 (35.31)	-23.8 (38.27)		
Median	-17.0	-24.6	-21.1		
Min, Max	-92, 93	-96, 113	-96, 100		
95% CI of Mean	-30.9, -14.2	-36.2, -18.9	-33.0, -14.5		
Difference in Mean	3.5	-5.2	-9.3		
(95% CI)	(-6.8, 13.8)	(-15.1, 4.7)	(-19.7, 1.0)		

[1] A responder is a subject whose IPSS score improves at least 30% from baseline.
[2] The 95% CIs are constructed based on t-distribution for continuous data, and score-based methods (Wilson approach for individual proportions and Newcombe approach for proportion difference) for categorical data.
[3] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

Table 25: Secondary Analysis: Peak Flow Rate (Qmax) by Visit
(ITT Population)

	Baseline	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=137)						
Qmax (mL/2s)						
n	134	108	119	114	114	106
Mean (SD)	9.43 (2.714)	12.16 (3.961)	12.78 (5.069)	12.05 (4.953)	11.72 (5.245)	11.21 (4.570)
Median	9.20	12.00	11.50	11.00	10.95	10.00
Min, Max	5.0, 15.0	5.0, 26.0	3.0, 30.0	4.0, 31.0	4.0, 33.0	4.0, 26.5
95% CI of Mean	8.97, 9.90	11.40, 12.91	11.86, 13.70	11.13, 12.97	10.75, 12.70	10.33, 12.09
Qmax Change from Baseline						
n		107	117	113	113	105
Mean (SD)		2.70 (3.868)	3.55 (4.662)	2.54 (5.185)	2.27 (5.616)	1.82 (4.659)
Median		2.50	3.00	2.00	1.40	1.10
Min, Max		-9.5, 12.0	-6.4, 20.0	-7.5, 21.6	-7.5, 23.6	-8.9, 16.0
95% CI of Mean		1.96, 3.44	2.70, 4.41	1.57, 3.50	1.22, 3.32	0.92, 2.72
Qmax Percent Change from Baseline						
n		107	117	113	113	105
Mean (SD)		34.9 (46.00)	42.9 (54.85)	33.2 (63.85)	32.5 (70.56)	24.8 (54.38)
Median		28.0	35.8	22.6	20.0	13.9
Min, Max		-66, 183	-56, 250	-53, 300	-55, 358	-67, 267
95% CI of Mean		26.1, 43.7	32.9, 53.0	21.3, 45.1	19.4, 45.7	14.3, 35.3
Sham Device (N=68)						
Qmax (mL/2s)						
n	66	58	61	66		
Mean (SD)	9.15 (2.595)	10.92 (6.044)	11.80 (4.724)	11.13 (3.887)		
Median	9.20	10.00	11.00	10.85		
Min, Max	5.0, 14.0	4.0, 48.0	6.0, 35.0	4.0, 22.0		
95% CI of Mean	8.51, 9.79	9.33, 12.51	10.59, 13.01	10.17, 12.08		
Qmax Change from Baseline						
n		56	59	64		
Mean (SD)		1.79 (5.553)	2.54 (4.794)	1.90 (3.553)		
Median		1.00	2.50	1.35		
Min, Max		-4.2, 36.5	-5.9, 23.5	-4.0, 13.9		
95% CI of Mean		0.31, 3.28	1.29, 3.79	1.01, 2.78		

The results of the secondary efficacy endpoints for the mITT/IU population are presented below in the following tables.

Table 26. Secondary Analysis: IPSS Total Score by Visit
(mITT/IU Population)

	Baseline	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=109)						
IPSS Total Score						
n	109	107	107	106	105	104
Mean (SD)	23.3 (5.11)	18.0 (6.85)	14.5 (6.75)	14.1 (7.52)	13.4 (6.21)	14.4 (7.52)
Median	23.0	19.0	14.0	14.0	14.0	14.0
Min, Max	13, 34	1, 31	1, 33	2, 33	2, 30	0, 31
95% CI of Mean	22.3, 24.2	16.7, 19.3	13.2, 15.8	12.6, 15.5	12.2, 14.6	12.9, 15.8
IPSS Total Score Change from Baseline						
n		107	107	106	105	104
Mean (SD)		-5.2 (7.47)	-8.7 (7.32)	-9.1 (8.01)	-9.8 (6.87)	-8.8 (7.84)
Median		-4.0	-8.0	-9.5	-10.0	-8.0
Min, Max		-31, 11	-30, 12	-32, 9	-29, 7	-27, 7
95% CI of Mean		-6.6, -3.7	-10.1, -7.3	-10.6, -7.5	-11.1, -8.5	-10.3, -7.3
Sham Device (N=57)						
IPSS Total Score						
n	57	56	56	57		
Mean (SD)	22.7 (4.60)	17.4 (7.27)	16.2 (7.52)	18.0 (7.87)		
Median	23.0	19.0	17.0	20.0		
Min, Max	14, 31	2, 30	1, 32	1, 31		
95% CI of Mean	21.5, 23.9	15.5, 19.4	14.2, 18.2	15.9, 20.1		
IPSS Total Score Change from Baseline						
n		56	56	57		
Mean (SD)		-5.3 (7.94)	-6.4 (8.23)	-4.7 (8.61)		
Median		-3.5	-5.0	-4.0		
Min, Max		-24, 14	-27, 17	-29, 15		
95% CI of Mean		-7.4, -3.1	-8.6, -4.2	-7.0, -2.4		

[1] The 95% CIs are constructed based on t-distribution.
[2] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

Table 27. Secondary Analysis: Proportion of Subjects Achieving ≥ 30% Improvement From Baseline in IPSS Score at 6 and 12 Months
(mITT/IU Population)

	Zenflow Spring System (N=109)
	Zenflow Spring System (N=109)
6 Months	
n	105
Responder Rate - n/N (%)	69/105 (65.7%)
95% CI of Responder Rate	56.2%, 74.1%
12 Months	
n	104
Responder Rate - n/N (%)	64/104 (61.5%)
95% CI of Responder Rate	51.9%, 70.3%

[1] A responder is a subject whose IPSS score improves at least 30% from baseline.
[2] The 95% CIs are constructed based on the Wilson score method.
[3] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

Table 28. Secondary Analysis: Percent Change from Baseline in IPSS Total Score by Visit (mITT/IU Population)

	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=109)					
IPSS Total Score Percent Change from Baseline					
n	107	107	106	105	104
Mean (SD)	-20.0 (32.59)	-36.1 (30.65)	-38.2 (32.53)	-41.4 (26.06)	-37.3 (32.83)
Median	-16.7	-38.7	-45.3	-41.9	-38.5
Min, Max	-96, 73	-94, 75	-94, 39	-91, 30	-100, 39
95% CI of Mean	-26.3, -13.8	-41.9, -30.2	-44.5, -32.0	-46.5, -36.4	-43.7, -30.9
Sham Device (N=57)					
IPSS Total Score Percent Change from Baseline					
n	56	56	57		
Mean (SD)	-21.0 (34.92)	-26.3 (35.93)	-18.3 (37.63)		
Median	-16.7	-23.4	-17.4		
Min, Max	-92, 93	-96, 113	-96, 100		
95% CI of Mean	-30.4, -11.7	-35.9, -16.7	-28.3, -8.3		
Difference in Mean (95% CI)	1.0 (-9.9, 11.9)	-9.7 (-20.3, 0.9)	-19.9 (-31.1, -8.7)		

[1] The 95% CIs are constructed based on t-distribution for continuous data, and score-based methods (Wilson approach for individual proportions and Newcombe approach for proportion difference) for categorical data.
[2] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. For subjects who undergo removal of the Spring device due to a device-related AE, the Baseline Value Carried Forward approach is applied. No imputation is performed for other missing IPSS scores.

The results of this secondary endpoint are presented in the following table.

Table 29. Secondary Analysis: Peak Flow Rate (Qmax) by Visit
(mITT/IU Population)

	Baseline	2 Weeks	1 Month	3 Months	6 Months	12 Months
Zenflow Spring System (N=109)						
Qmax (mL/2s)						
n	108	88	96	92	96	87
Mean (SD)	9.49 (2.717)	12.58 (3.986)	13.00 (5.269)	12.53 (5.178)	12.00 (5.455)	11.57 (4.805)
Median	9.20	12.00	12.00	11.85	11.00	10.00
Min, Max	5.0, 15.0	5.0, 26.0	3.0, 30.0	4.0, 31.0	4.0, 33.0	4.3, 26.5
95% CI of Mean	8.97, 10.00	11.73, 13.42	11.93, 14.07	11.46, 13.60	10.89, 13.11	10.55, 12.60
Qmax Change from Baseline						
n		87	96	92	95	87
Mean (SD)		3.02 (3.859)	3.60 (4.940)	3.01 (5.391)	2.52 (5.747)	2.05 (4.848)
Median		2.70	3.00	2.20	1.90	1.20
Min, Max		-5.3, 12.0	-6.4, 20.0	-7.0, 21.6	-7.5, 23.6	-8.9, 16.0
95% CI of Mean		2.19, 3.84	2.60, 4.60	1.89, 4.13	1.35, 3.69	1.02, 3.08
Sham Device (N=57)						
Qmax (mL/2s)						
n	55	51	51	55		
Mean (SD)	9.36 (2.423)	11.08 (6.299)	11.53 (4.643)	11.31 (3.905)		
Median	9.30	10.00	10.50	11.00		
Min, Max	5.0, 14.0	4.5, 48.0	6.0, 35.0	4.0, 22.0		
95% CI of Mean	8.71, 10.01	9.31, 12.85	10.23, 12.84	10.25, 12.36		
Qmax Change from Baseline						
n		49	49	53		
Mean (SD)		1.67 (5.844)	1.91 (4.360)	1.85 (3.240)		
Median		0.60	2.40	1.50		
Min, Max		-4.2, 36.5	-5.9, 23.5	-4.0, 10.0		
95% CI of Mean		-0.01, 3.35	0.66, 3.16	0.96, 2.74		

[1] The 95% CIs are constructed based on t-distribution.
[2] Reported data only with no imputation for missing data.

The Roll-in population was not evaluated for efficacy as per the study protocol. The results of the IPSS Total score and responder rates by visit for the Crossover population are presented below in the following tables.

Table 30: IPSS Total Score and Responder Rates by Visit
(Crossover Population)

	Baseline*	2 Weeks	1 Month	3 Months	6 Months	12 Months
IPSS Total Score						
n	60	58	58	59	58	57
Mean (SD)	22.6 (4.47)	16.6 (8.21)	13.7 (7.42)	14.0 (6.91)	13.5 (7.14)	13.8 (7.48)
Median	22.0	14.5	13.0	14.0	14.0	13.0
Min, Max	14, 31	3, 34	2, 31	1, 27	2, 31	1, 29
95% CI of Mean	21.4, 23.7	14.4, 18.7	11.8, 15.7	12.2, 15.8	11.6, 15.3	11.9, 15.8
Change from Baseline						
n		58	58	59	58	57
Mean (SD)		-6.1 (8.47)	-8.9 (7.45)	-8.7 (6.61)	-9.2 (6.93)	-8.9 (6.91)
Median		-7.0	-9.5	-9.0	-10.0	-9.0
Min, Max		-18, 11	-25, 9	-23, 7	-22, 8	-24, 7
95% CI of Mean		-8.3, -3.9	-10.9, -7.0	-10.4, -7.0	-11.0, -7.4	-10.7, -7.0
Percent Change from Baseline						
n		58	58	59	58	57
Mean (SD)		-25.4 (38.43)	-38.9 (32.67)	-38.1 (29.67)	-40.4 (31.76)	-39.4 (30.79)
Median		-32.2	-39.7	-38.5	-44.1	-42.9
Min, Max		-83, 73	-91, 45	-95, 44	-91, 50	-94, 35
95% CI of Mean		-35.5, -15.3	-47.5, -30.3	-45.8, -30.3	-48.7, -32.0	-47.6, -31.2
Responder Rate - n/N (%)		30/58 (51.7%)	38/58 (65.5%)	33/59 (55.9%)	34/58 (58.6%)	35/57 (61.4%)
95% CI of Responder Rate		39.2%, 64.1%	52.7%, 76.4%	43.3%, 67.8%	45.8%, 70.4%	48.4%, 72.9%

* Baseline values are those reported by subject at study entry.
[1] A responder is a subject whose IPSS score improves at least 30% from baseline.
[2] The 95% CIs are constructed based on t-distribution for continuous data, and score-based methods (Wilson approach) for categorical data.
[3] For subjects treated with BPH medications or those who undergo removal of the Spring device (not related to a device-related AE) at any time from post-procedure through the 12-month study period, IPSS values recorded prior to the use of BPH medications or Spring device removal are carried forward to all subsequent visits through the 12-month visit. No imputation is performed for other missing IPSS scores.

In the BREEZE study, there were no surgical secondary interventions reported in the first year for the ITT population. Use of pharmacological agents within the first year was 4.4% following Spring placement in the ITT population.

vii. Conclusion

The results of the BREEZE clinical trial have demonstrated a reasonable assurance of safety and effectiveness of the Zenflow Spring Implant and Delivery System for the treatment of LUTS due to BPH. Long term safety and effectiveness are being studied in a Post Approval Study.

b. Summary of Prior Clinical Studies

Prior to initiating the pivotal BREEZE Study (discussed in Section XVI Clinical Summary Summary of the BREEZE Pivotal Trial), Zenflow conducted 3 pilot studies (Pilot 1, Pilot 2, Pilot 3), treating a total of 85 patients. Through 36 months of follow up the reported IPSS mean point improvement compared to baseline for each study is -10.9, -11.9, -9.1 respectively at 36 months and responder rates of -83%, 73%, and 67% were also observed at 36M.

In the 3 pilot studies, there were 25 removals through 36 months of follow up for the following reasons: 19 due to lack of effectiveness; 3 due to related adverse events, and 3 medically indicated for reasons other than BPH. There were two removals due to possible migration. All removals in through 36 months of follow up were successfully performed with no adverse events associated with the removals and all implants removed intact.

XVII. MRI Safety Information

Non-clinical testing has demonstrated that the Zenflow Spring Implant is MR Conditional. A person with the Zenflow Spring Implant and Delivery System may be safely scanned under the following conditions. Failure to follow these conditions may result in injury.

Device Name	Spring Implant
Static Magnetic Field Strength (Bo)	1.5 T or 3.0 T
Maximum Spatial Field Gradient	30 T/m (3,000 gauss/cm)
RF Excitation	Circularly Polarized (CP)
RF Transmit Coil Type	There are no Transmit Coil restrictions
RF Receive Coil Type	Any
Operating Mode	Normal Operating Mode
Maximum Whole-Body SAR	2 W/kg (Normal Operating Mode)
Maximum Head SAR	3.2 W/kg (Normal Operating Mode)
Scan Duration	2 W/kg whole-body averaged SAR for 60 minutes of continuous RF (a sequence or back-to-back series/scan without breaks)
MR Image Artifact	The presence of this implant may produce an image artifact of up to 9 mm from the implant.

XVIII. Symbols Glossary

Symbols Glossary			
Symbol Graphic	**Symbol Title**	**Standard and reference number**	**Description**
	Manufacturer	ISO 15223-1:2021 5.1.1	Indicates the medical device manufacturer
	Use-by date	ISO 15223-1:2021 5.1.4	Indicates the date after which the medical device is not to be used
	Catalog number	ISO 15223-1:2021 5.1.6	Indicates the manufacturer's catalogue number so that the medical device can be identified
	Sterilized using Ethylene Oxide	ISO 15223-1:2021 5.2.3	Indicates a medical device that has been sterilized using ethylene oxide
	Do not re-sterilize	ISO 15223-1:2021 5.2.6	Indicates a medical device that is not to be re-sterilized
	Do not use if package is damaged	ISO 15223-1:2021 5.2.8	Indicates that a medical device that should not be used if the package has been damaged or opened and that the user should consult the instructions for use for additional information
	Do not reuse	ISO 15223-1:2021 5.4.2	Indicates a medical device that is intended for one single use only
	Consult instructions for use	ISO 15223-1:2021 5.4.3	Indicates the need for the user to consult the instructions for use
	Prescription use only	N/A	Caution: Federal law (USA) restricts this device to sale by or on the order of a licensed healthcare practitioner.
	Lot Batch Code	ISO 15223-1:2021 5.1.5	Indicates the manufacturer's batch code so that the batch or lot can be identified
	Keep away from direct sunlight	ISO 15223-1:2021 5.3.2	Indicates a medical device that needs protection from light sources
	Unique Device Identifier	ISO 15223-1:2021 5.7.10	Indicates a carrier that contains unique device identifier information
	Keep dry. Keep away from rain.	ISO 15223-1:2021 5.3.4	Indicates a medical device that needs protection from moisture
	Caution	ISO 15223-1:2021 5.4.4	To indicate that caution is necessary when operating the device or control close to where the symbol is placed, or to indicate that the current situation needs operator awareness or operator action in order to avoid undesirable consequences
	Contents	n/a	Indicates the contents of the packaging.

XIX. Manufacturer Information

Zenflow, Inc.
395 Oyster Point Blvd.
Suite 501
South San Francisco, CA 94080
www.zenflow.com

XX. Support Line

For technical support, including device operation, troubleshooting, and general inquiries, please call **650.419.7557**. Available Monday through Friday, from 5 AM to 5 PM Pacific Time.