

AUA Guideline Amendment 2020

Rezūm is recommended for patients with or without an obstructive middle lobe. UroLift may be offered to patients with verified absence of an obstructive middle lobe.

Technology	2019 Amendment ¹	2020 Amendment ²
Rezūm™ Water Vapor Thermal Therapy	17. Water vapor thermal therapy may be offered to patients with LUTS attributed to BPH provided prostate volume <80g; however, patients should be counseled regarding efficacy and retreatment rates. (Conditional Recommendation; Evidence Level: Grade C)	18. Water vapor thermal therapy may be offered to patients with LUTS attributed to BPH provided prostate volume <80g. (Moderate Recommendation; Evidence Level: Grade C)
	18. Water vapor thermal therapy may be offered to eligible patients who desire preservation of erectile and ejaculatory function. (Conditional Recommendation; Evidence Level: Grade C)	19. Water vapor thermal therapy may be offered to eligible patients who desire preservation of erectile and ejaculatory function. (Conditional Recommendation; Evidence Level: Grade C)
UroLift® Prostatic Urethral Lift (PUL)	14. Clinicians should consider PUL as an option for patients with LUTS attributed to BPH provided prostate volume <80g and verified absence of an obstructive middle lobe; however, patients should be informed that symptom reduction and flow rate improvement is less significant compared to TURP. Patients should be informed that evidence of efficacy and retreatment rates are poorly defined. (Moderate Recommendation; Evidence Level: Grade C)	15. PUL may be offered as an option for patients with LUTS attributed to BPH provided prostate volume <80g and verified absence of an obstructive middle lobe. (Moderate Recommendation; Evidence Level: Grade C)
	15. PUL may be offered to eligible patients concerned with erectile and ejaculatory function for the treatment of with LUTS attributed to BPH. (Conditional Recommendation; Evidence Level: Grade C)	16. PUL may be offered to eligible patients who desire preservation of erectile and ejaculatory function. (Conditional Recommendation; Evidence Level: Grade C)

1. Foster HE, Dahm P, Kohler TS, Lerner LB, Parsons JK, Wilt TJ, McVary KT. Surgical management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline Amendment 2019. The Journal of urology. 2019 Sep;202(3):592-8.

2. Parsons JK, Dahm P, Köhler TS, Lerner LB, Wilt TJ. Surgical management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA guideline amendment 2020. The Journal of Urology. 2020 Oct;204(4):799-804.

Frequently Asked Questions

1. What publications were included in the 2020 amendment?

Literature published through September 2019 was considered in this amendment. The 2019 amendment included literature published through January 2019.

2. What are the key differences of the guideline statements for Rezūm?

The following phrase was removed from Statement 18 for Rezūm: “however, patients should be counseled regarding efficacy and retreatment rates.” This information is now included in Statement 6.

3. Were the recommendation and evidence level of Rezūm updated?

Yes, the recommendation of Rezūm was updated from “Conditional Recommendation; Evidence Level: Grade C” to “Moderate Recommendation; Evidence Level: Grade C” for Statement 18. “Water vapor thermal therapy may be offered to patients with LUTS attributed to BPH provided prostate volume <80g.”

4. What does “Moderate Recommendation; Evidence Level: Grade C” mean?

It means 1) benefits > risks/burdens (or vice versa), 2) net benefit (or net harm) appears moderate, and 3) applies to most patients in most circumstances but better evidence is likely to change confidence.

5. What does “Conditional Recommendation; Evidence Level: Grade C” mean?

It means 1) Balance between benefits & risks/ burdens is unclear, 2) alternative strategies may be equally reasonable, and 3) better evidence likely to change confidence.

6. What is the difference of the recommendation of Rezūm and UroLift?

There is one key difference. Rezūm may be offered to patients with or without an obstructive middle lobe. UroLift may be offered to patients with verified absence of an obstructive middle lobe.*

7. How can I access the 2020 amendment?

The AUA Guideline Amendment 2020 is publicly available at [the Journal of Urology site](#).

8. I have additional questions about the guidelines. Who should I reach out to?

Sirikan (Siri) Rojanasarot BSP Pharm, PhD, Principal Health Economist for Urology and Pelvic Health, could help address your additional questions (Sirikan.Rojanasarot@bsci.com).

* Both Rezum and UroLift are indicated for treatment of prostate with hyperplasia of the median lobe.

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