

# Prostatic urethral lift (UroLift)

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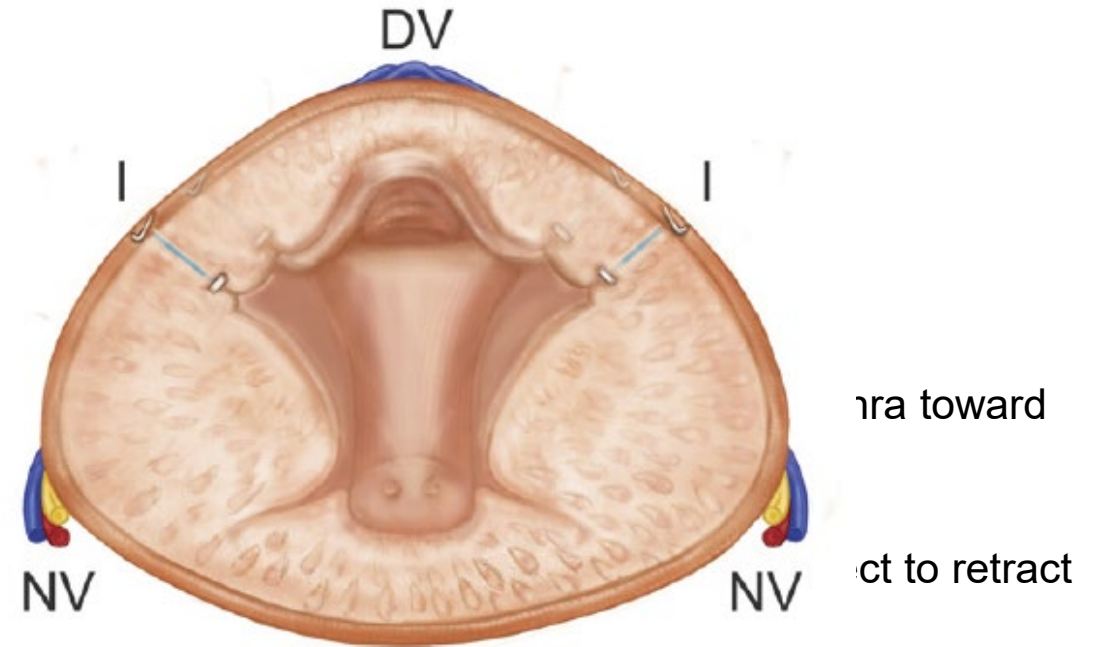
# Transurethral resection of the prostate (TURP)

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- **The gold standard treatment** of the patients with moderate-severe voiding symptoms attributed to BPH that are refractory to medical therapy
- Disadvantages
  - Needed to general or spinal anesthesia
  - Keep the urinary catheter for 1~2 days
  - Perioperative and long-term complications: About 20%
    - **Ejaculatory dysfunction (65%)**
    - **Erectile dysfunction (10%)**
    - Urethral stricture (7%)
    - Urinary incontinence (3%)

# Prostatic urethral lift (PUL) therapy

- **Marketed name: UroLift® (NeoTract, Inc., Pleasanton, CA, USA)**
- **A new less invasive technique for LUTS second**
- **Theory**
  - Altering prostate anatomy without tissue ablation
  - Urethra is compliant, the glandular tissue is compress
  - Thus, applying a tissue-retracting implant between the the capsule, thereby expanding the urethral lumen.
  - Implant placement at approximately 2 and 10 o'clock the obstructive lobes anterolaterally.



*Eur Urol* 2013;64:292–299

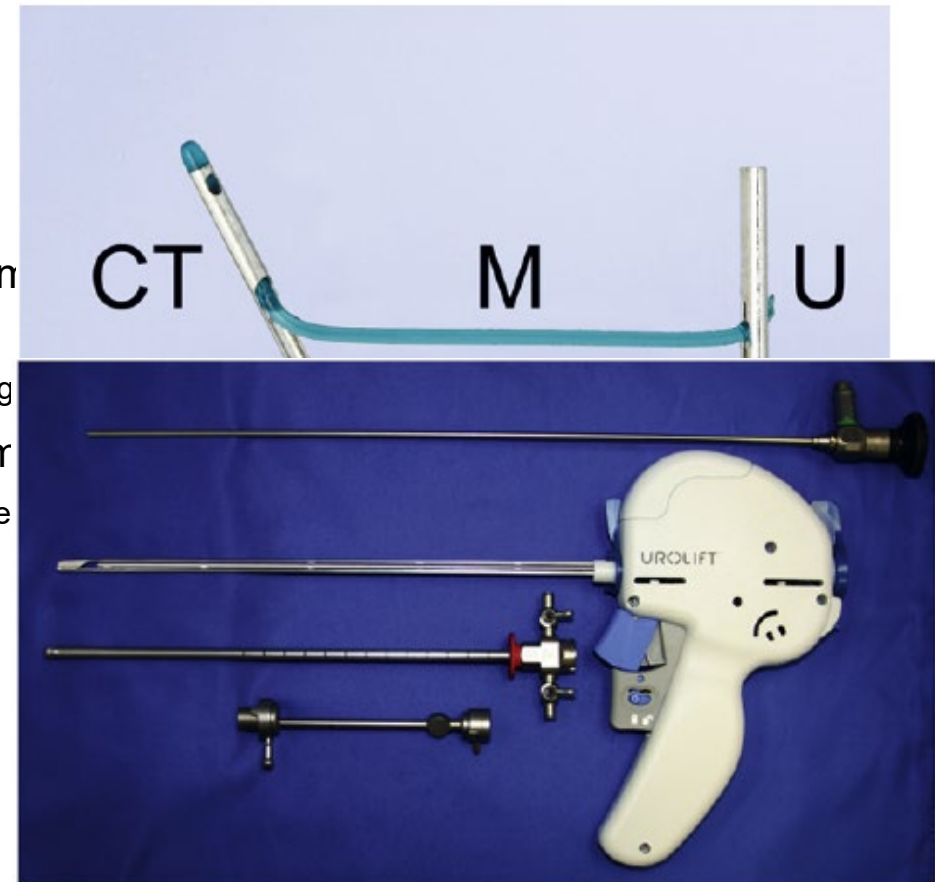
# Equipment of PUL

## ■ The permanent implant

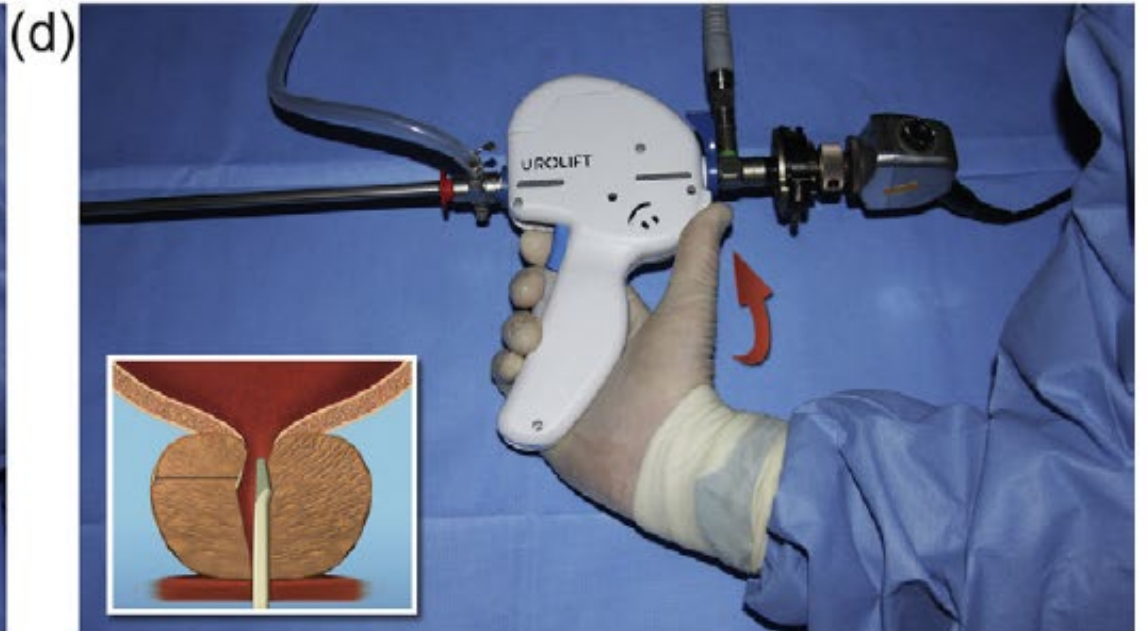
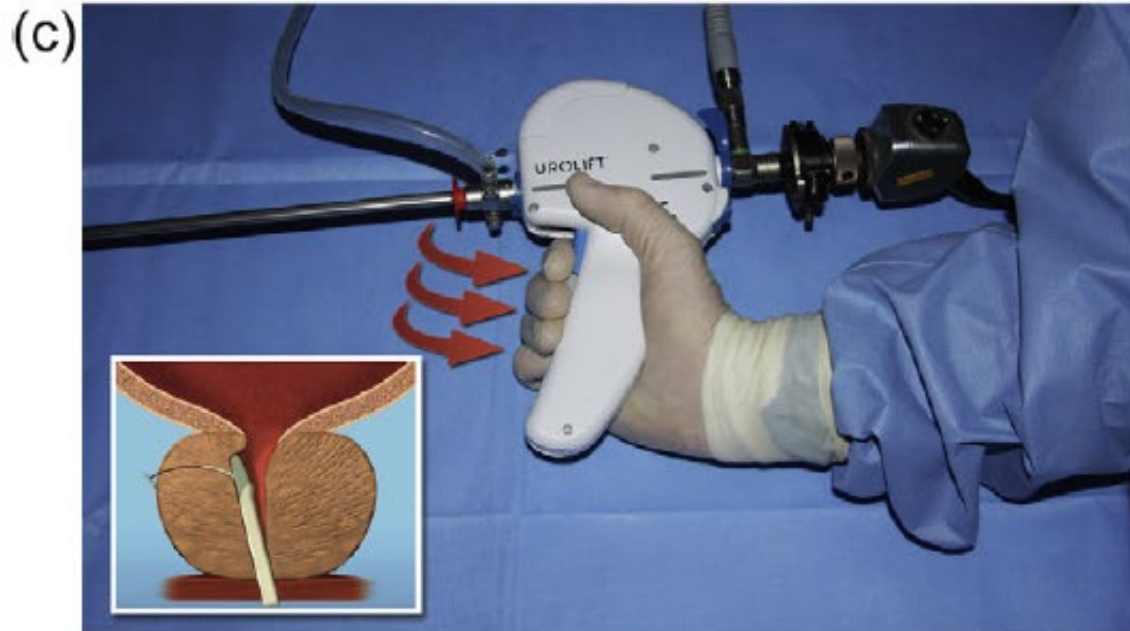
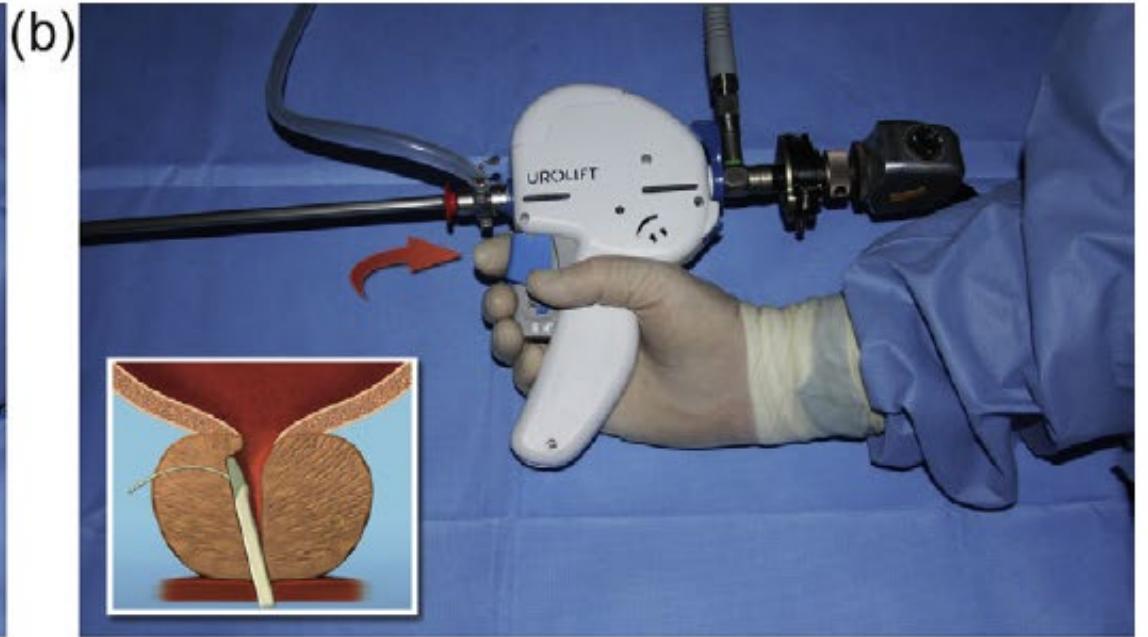
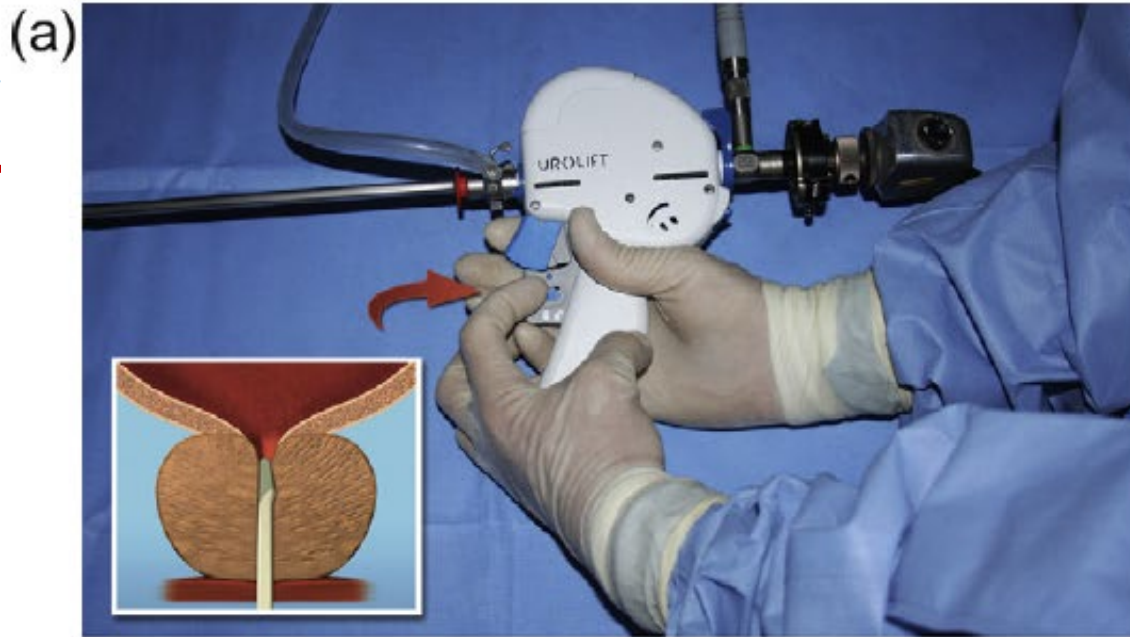
- A nitinol capsular tab : 0.6 mm diameter x 8 mm long
  - Spring-driven 19-gauge needle : traverse the prostatic lobe.
  - Attach to capsular surface.
- A stainless-steel urethral end piece : 8 mm x 1 mm x 0.5 mm
  - Invaginate into the urothelium.
  - Minimizing foreign material exposure to the urine stream and promoting
- A polyethylene terephthalate (PET) monofilament (0.4 mm)
  - Allows future interventions including TURP and laser treatments if needed.

## ■ Direct visualization

- A smaller 2.9-mm 0° telescope.
- The UroLift system.
- 20Fr. cystoscopy sheath.



*Eur Urol* 2013;64:292–299



# Surgical technique (VOD)

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# Evidence

**Table 1 – Characteristics of included studies.**

Publication	Study type	Inclusion criteria	Exclusion criteria	Follow-up (months)	Outcome measure
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Roehrborn (2013) [20]

Roehrborn (2015) [21]

**Table 2 – Patient base**

Publication
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- Roehrborn (2013) [20]
- Roehrborn (2015) [21]
- Roehrborn (2015) [22]
- Roehrborn (2017) [23]
- McVary (2014) [24]
- Rukstalis (2016) [26]
- Cantwell (2014) [27]
- Rukstalis (2019) [25]
- Shore (2014) [28]
- McNicholas (2013) [13]
- Woo (2012) [29]
- Chin (2012) [14]
- Woo (2011) [30]
- Bardoli (2017) [31]
- Kim (2019) [32]
- Sievert (2019) [33]
- Sonksen (2015) [34]
- Gratzke (2017) [35]
- Bozkurt (2016) [36]

**Table 4 – Operative details and complications.**

Publication	Local anesthetic	Operative time (min), mean (SD)	Implants, mean (range)	Postoperative catheter	Early postoperative complications (0–3 mo)					Total complications in patients during 3 mo	Progression to TURP at 24 mo	Progression to TURP at 12 mo
					Dysuria	Hematuria	Pelvic pain	UTI	Incontinence			
Roehrborn (2013) [20]	Most patients	66 (24)	4.9 (2–11)	72/140 (51.4)	48/140 (34.3)	34/140 (24.3)	25/140 (17.9)	4/140 (2.86)	5/140 (3.57)	100/140 (87.1)	5/140 (3.57)	2/140 (1.43)
Roehrborn (2015) [21]												
Roehrborn (2015) [22]												
Roehrborn (2017) [23]												
McVary (2014) [24]												
Rukstalis (2016) [26]	46/53 (86.8)	53 (15)	4.4 (2–8)	26/53 (49.1)	19/53 (3.58)	14/53 (2.64)	11/53 (2.08)	1/53 (1.89)	1/53 (1.89)	41/53 (77.4)	4/53 (7.55)	1/53 (1.89)
Cantwell (2014) [27]												
Rukstalis (2019) [25]	6/45 (13.3)	NA	6.3 (SD 1.6)	36/45 (80)	Most frequent	Most frequent	NA	NA	NA	NA	NA	NA
Shore (2014) [28]	51/51 (100)	52 (22)	3.7 (2–6)	10/51 (19.6)	27/51 (52.9)	38/51 (74.5)	8/51 (15.7)	NA	2/51 (3.92)	47/51 (92)	NA	NA
McNicholas (2013) [13]	17/102 (16.7)	58 (16)	4.5 (2–9)	54/102 (52.9)	25/102 (24.5)	16/102 (15.7)	NA	1/102 (0.98)	NA	NA	NA	4/102 (3.92)
Woo (2012) [29]	26/64 (40.6)	NA	4 (2–9)	34/64 (53.1)	NA	NA	NA	7/64 (10.9)	5/64 (7.81)	NA	12/64 (18.8)	4/64 (6.25)
Chin (2012) [14]												
Woo (2011) [30]												
Bardoli (2017) [31]	2/11 (18.2)	8.5 (1.7)	4 (2–6)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Kim (2019) [32]	32/32 (100)	NA	2.2 (NA)	NA	NA	Most frequent	0/32 (0)	NA	0/32 (0)	NA	NA	0/32 (0)
Sievert (2019) [33]	24/86 (27.9)	57 (12)	3.8 (2–7)	86/86 (100)	12/86 (14.0) <sup>a</sup>	3/86 (3.49)	NA	NA	NA	NA	9/86 (10.5) <sup>a</sup>	
Sonksen (2015) [34]	1/44 (2.27)	55 (17)	4.7 (2–6)	44/44 (100)	4/44 (9.09)	17/44 (38.6)	23/44 (52.3)	3/44 (6.82)	1/44 (2.27)	37/44 (84.1)	6/44 (13.6)	3/44 (6.82)
Gratzke (2017) [35]												
Bozkurt (2016) [36]	5/17 (29.4)	29.1 (11.6)	3.71 (2–7)	0/17 (0)	NA	NA	NA	NA	NA	NA	NA	0/17 (0)

NA = not available; SD = standard deviation; TURP = transurethral resection of the prostate; UTI = urinary tract infection.

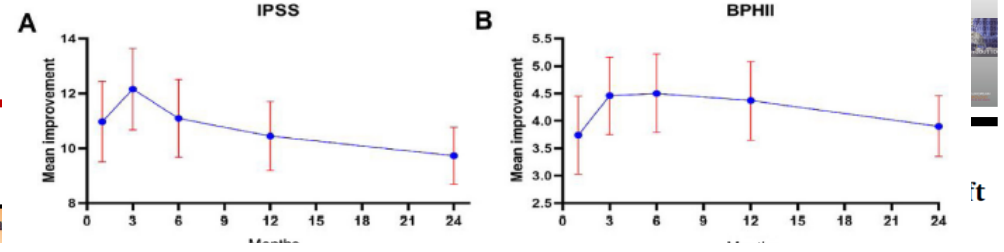
Data are shown as frequency (%) unless indicated otherwise.

<sup>a</sup> Sum of two numbers.

Gratzke (2017) [35]

Bozkurt (2016) [36]

Retrospective study	LUTS secondary to BPH were unresponsive to oral therapy	PV >100 ml, IPSS <12, PVR >350 ml, Qmax >15 ml/s, PSA >4 ng/ml, obstructive median lobe, neurogenic bladder, prostatic surgery, infection, bladder diseases	24 12	IPSS, SHIM, MSHQ-EJ, Qm
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BPH = benign prostatic hyperplasia; BPHII = Benign Prostatic Hyperplasia Impact Index; EjD = ejaculatory dysfunction; IPSS = International Prostate Symptom Score; LUTS = lower urinary tract symptoms; MSHQ = Male Sexual Health Questionnaire; NA = not available; PSA = prostate-specific antigen; PV = prostate volume; PVR = postvoid residual volume; Qmax = maximum flow rate; QoL = quality of life; RCT = randomized controlled trial; SHIM = Sexual Health Inventory for Men; TURP = transurethral resection of the prostate.

# Considerations

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- The patients` selection
- The number of PUL implants



# Patients` selection

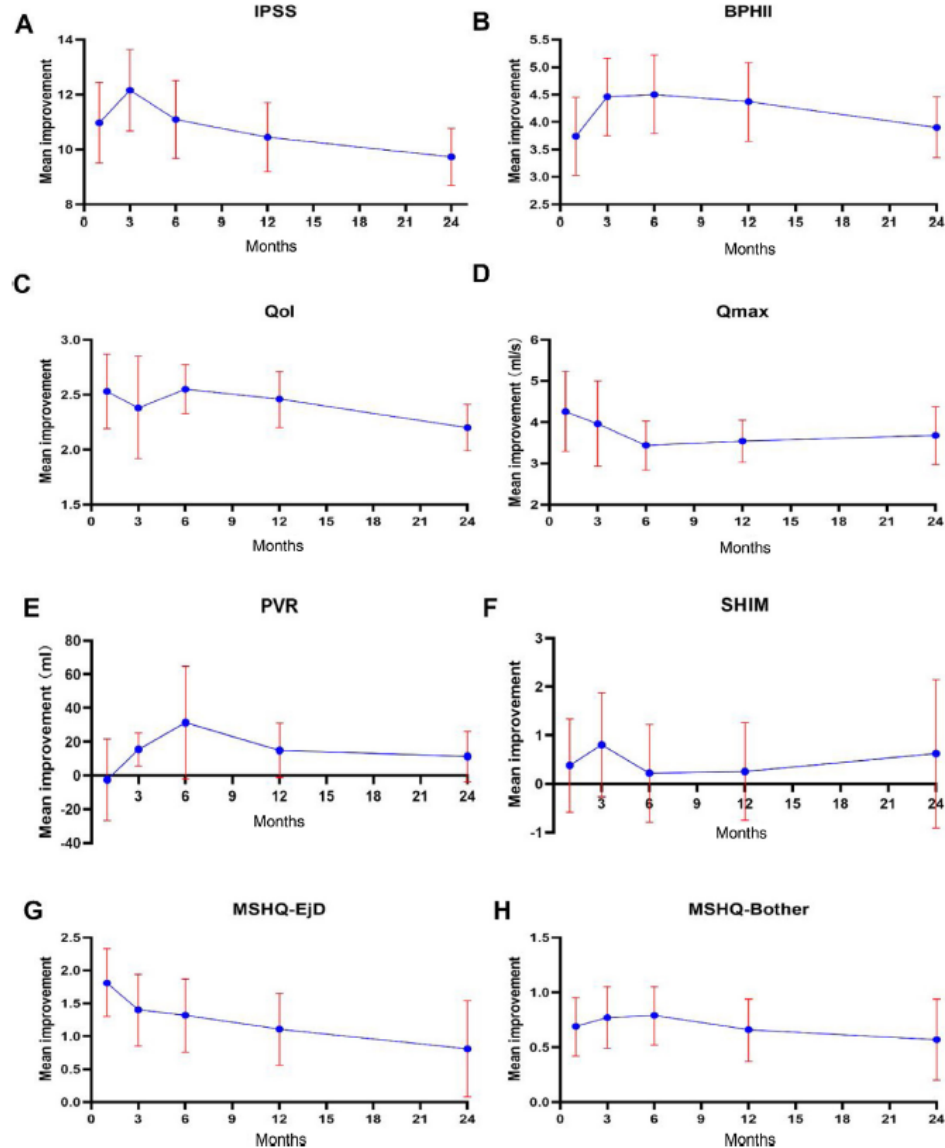
Table 1 – Characteristics of included studies.

Publication	Study type	Inclusion criteria	Exclusion criteria	Follow-up (mo)
Roehrborn (2013) [20]	Blinded RCT	Age >50 yr or no prior BPH treatment washed	Obstructive median lobe retention, PVR >250 ml	12
Roehrborn (2015) [21]				
Roehrborn (2015) [22]				
Roehrborn (2017) [23]				
McVary (2014) [24]	Crossover study			
Rukstalis (2016) [26]				
Cantwell (2014) [27]				
Rukstalis (2019) [25]	Prospective cohort			
Shore (2014) [28]	Prospective cohort			
McNicholas (2013) [13]	Prospective cohort			
Woo (2012) [29]	Prospective cohort			
Chin (2012) [14]				
Woo (2011) [30]				
Bardoli (2017) [31]	Retrospective study			
Kim (2019) [32]	Retrospective study			
Sievert (2019) [33]	Prospectively study			
Sonksen (2015) [34]	Nonblinded RCT	Age ≥50 yr, IPSS >12, positive response to MSHQ-EjD, Qmax ≤15 ml/s, PVR <350 ml, PV ≤60 ml, SHIM >6	Infection, bacterial prostatitis, cystolithiasis, obstructive median lobe, retention, previous TURP or laser procedure, pelvic surgery or irradiation, PSA ≥10 ng/ml, prostate or bladder cancer, severe comorbidities	12
Gratzke (2017) [35]				24
Bozkurt (2016) [36]	Retrospective study	LUTS secondary to BPH were unresponsive to oral therapy	PV >100 ml, IPSS <12, PVR >350 ml, Qmax >15 ml/s, PSA >4 ng/ml, obstructive median lobe, neurogenic bladder, prostatic surgery, infection, bladder diseases	12

Table 2 – Patient baseline characteristics of clinical studies included in this meta-analysis

Publication	Number	Age (yr), mean (SD)	PV (ml), mean (SD)	IPSS, mean (SD)
Roehrborn (2013) [20]	140	67 (8.6)	44.5 (12.4)	22.2 (5.4)
Roehrborn (2015) [21]				
Roehrborn (2015) [22]				
Roehrborn (2017) [23]				
McVary (2014) [24]				
Rukstalis (2016) [26]	53	64 (8.0)	40.3 (9.9)	23.3 (5.5)
Cantwell (2014) [27]				
Rukstalis (2019) [25]	45	64 (7.0)	44.2 (11.2)	24.2 (4.9)
Shore (2014) [28]	51	66 (7.6)	41.3 (11.6)	21.5 (5.4)
McNicholas (2013) [13]	102	68 (10.0)	48 (21)	23.2 (6.1)
Woo (2012) [29]	64	67 (7.3)	51 (23)	22.6 (5.4)
Chin (2012) [14]				
Woo (2011) [30]				
Bardoli (2017) [31]	11	70.5 (10.2)	45.5 (15.1)	25.6 (5.3)
Kim (2019) [32]	32	67 (7)	50 (7)	19.3 (2.4)
Sievert (2019) [33]	86	66.2 (11.5)	43 (18.8)	20.82 (6.5)
Sonksen (2015) [34]	44	63 (6.8)	38 (12)	22 (5.7)
Gratzke (2017) [35]				
Bozkurt (2016) [36]	17	67 (10.8)	44.1 (14.3)	22.8 (4.4)

BPHII = Benign Prostatic Hyperplasia Impact Index; EjD = ejaculatory dysfunction; IPSS = International Prostate Symptom Score; PVR = postvoid residual volume; Qmax = maximum flow rate; QoI = quality of life; SD = standard deviation.



BPH = benign prostatic hyperplasia; BPHII = Benign Prostatic Hyperplasia Impact Index; EjD = ejaculatory dysfunction; IPSS = International Prostate Symptom Score; MSHQ-EjD = Male Sexual Health Questionnaire; MSHQ-Bother = Male Sexual Health Questionnaire - Bother; NA = not available; PSA = prostate-specific antigen; PV = prostate volume; PVR = postvoid residual volume; Qmax = maximum flow rate; QoI = quality of life; RCT = randomized controlled trial; SHIM = Sexual Health Inventory for Men; TURP = transurethral resection of the prostate.

# Patients` selection

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- Inclusion criteria
  - Refractory LUTS with BPO.
  - Prostate volume: 30 ~ 80 cc
  - **Want to preserve sexual function.**
  - **Concerned about complications of TURP or laser therapy.**
  - **Want to be more rapid return to daily life.**

# Patients` selection

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- Exclusion criteria
  - Previous prostate surgery
  - Infection
  - **Obstructive median lobe**
  - **High bladder neck**

# The number of PUL implant

Table 4 – Operative details and complications.

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Woo (2012) [29]	26/64 (40.6)	NA	4 (2–9)	34/64 (53.1)	NA	NA	NA	7/64 (10.9)	5/64 (7.81)	NA	12/64 (18.8)	4/64 (6.25)
Chin (2012) [14]												
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Bardoli (2017) [31]	2/11 (18.2)	8.5 (1.7)	4 (2–6)	NA	NA	NA	NA	NA	NA	NA	NA	NA
Kim (2019) [32]	32/32 (100)	NA	2.2 (NA)	NA	NA	Most frequent	0/32 (0)	NA	0/32 (0)	NA	NA	0/32 (0)
Sievert (2019) [33]	24/86 (27.9)	57 (12)	3.8 (2–7)	86/86 (100)		12/86 (14.0) <sup>a</sup>	3/86 (3.49)	NA	NA	NA		9/86 (10.5) <sup>a</sup>
Sonksen (2015) [34]	1/44 (2.27)	55 (17)	4.7 (2–6)	44/44 (100)	4/44 (9.09)	17/44 (38.6)	23/44 (52.3)	3/44 (6.82)	1/44 (2.27)	37/44 (84.1)	6/44 (13.6)	3/44 (6.82)
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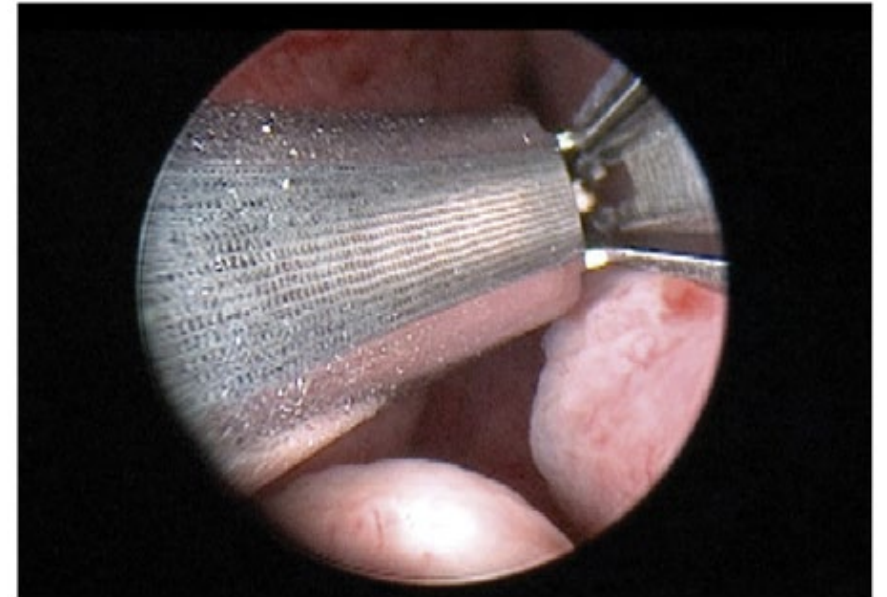
<sup>a</sup> Sum of two numbers.

- About 1 implant per 10cc of prostate volume.

# Tips for Surgical technique

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- The prostatic urethra should be assessed from the viewpoint of the verumontanum.
- For larger prostates, the next implants should be placed at the distal-most location. With the verumontanum in view, angle the device tip to the anterior level of the initial implants.



*Eur Urol* 2013;64:292–299

# Tips for Surgical technique

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- The amount of opening achieved in the prostatic urethra is thus dictated by the amount of compression applied by the urologist with the delivery device tip.
  - The length of monofilament delivered at any one location is self-adjusted in situ by the tension.
  - It is possible for the urologist to first test the opening effect of the urethra cystoscopically to choose the best location for the implant before deployment.

*Eur Urol 2013;64:292–299*



# Re-treatment after PUL

TABLE 1. Adverse events over 5 year course of study

Time period [months]	0-3	4-12	13-24	25-36	37-48	49-60
Total available subjects	140	139	130	118	108	96
Total subject-months (SM)	413.6	1210.3	1463.8	1324.9	1186.6	1056.3
Related adverse events [total events]	162	15	6	4	2	1
Related adverse events [subjects]	100	12	6	2	2	1
% SM with adverse event per total SM:						
Abdominal pain	0.3%					
Bladder spasm	0.3%	0.09%				
Chills (rigors)				< 0.01%		
Diarrhea	0.2%					
Dizziness	0.2%					
Fever (pyrexia)	0.06%					
Vomiting	0.02%					
Hypotension	0.04%					
Orchitis/epididymo-orchitis	0.3%					
Painful erection	0.2%					
Urinary retention	0.4%					
Urethral stenosis (stricture)	< 0.01%	< 0.01%				
Prostatitis	0.4%	< 0.01%	0.06%			
Urinary tract infection	0.1%	0.03%	0.03%	0.03%		
Pelvic pain	6%	1%				
Hematuria	4%	0.2%	0.3%		0.07%	0.07%
Dysuria	9%	1%	1%	1%		
Urinary urge incontinence	3%	3%	2%	1%	1%	1%
Other	4%	3%	5%	4%	3%	3%

- Surgical re-treatment for failure to cure was 13.6% at 5 years.
- Removal of encrusted implants: 10/140 (7.14%).
- Often resolving within 2 weeks postoperatively.

*Can J Urol 2017;24:8802–8813*

# Re-treatment after PUL

## Benign prostatic hyperplasia surgical re-treatment after prostatic urethral lift

A narrative review

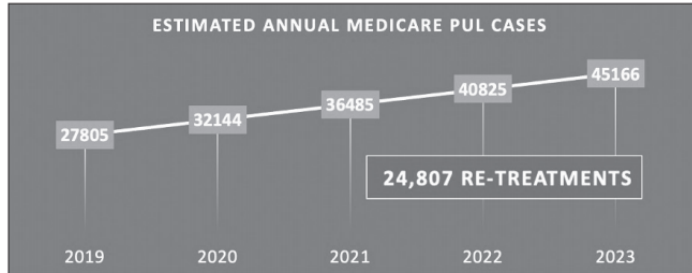


Figure 1. Estimated total annual Medicare-reimbursed prostatic urethral lift (PUL) cases.

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### KEY MESSAGES

- Despite an increasing number of patients expected to require surgical re-treatment after PUL, there is limited evidence and a lack of recommendations to guide the management of these patients.
- HoLEP is associated with the strongest evidence to support its use after PUL.
- PVP and RWT have no peer-reviewed evidence to support their use in the post-PUL setting.
- There is no peer-reviewed evidence examining the durability, cost, or sexual impact of PUL retreatment modalities.

Table 1. Post-PUL retreatment modalities

Author	Year	Country	Study type	n	Prostate size (cm <sup>3</sup> )	Time from PUL (months)	LOS (days)	Complications (%)	EBL (mL)	ER visit (%)	PVR Δ (mL)	AUASS Δ	Peak flow Δ (mL/s)
<b>Repeat PUL</b>													
Roehrborn <sup>2</sup>	2017	USA	RCT	6	NR	NR	NR	NR	NR	NR	NR	NR	NR
Page <sup>6</sup>	2021	UK	Retrospective	57	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>TURP</b>													
Roehrborn <sup>2</sup>	2017	USA	RCT	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Gratzke <sup>9</sup>	2016	Germany	RCT	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>WVTT</b>													
Gauhar <sup>19</sup>	2022	Singapore	Retrospective	5	64	20	NR	0	NR	NR	NR	NR	NR
<b>SP</b>													
Pathak <sup>20</sup>	2022	USA	Retrospective	2	NR	NR	NR	NR	NR	NR	NR	NR	NR
<b>RWT</b>													
None													
<b>HoLEP</b>													
McAdams <sup>13</sup>	2017	USA	Retrospective	7	80	8	NR	0	59	NR	NR	NR	NR
Das <sup>4</sup>	2022	USA	Retrospective	22	90	14.4	NR	18.2	NR	9.1	-124	-5	8.3
Durant <sup>23</sup>	2022	USA	Retrospective	24	NR	NR	NR	NR	NR	NR	NR	NR	NR
Assmus <sup>7</sup>	2022	USA	Retrospective	22	104.8	NR	NR	7.7	NR	13.3	NR	-4.3	NR
David <sup>14</sup>	2022	USA	Retrospective	1	84	NR	NR	0	NR	NR	NR	NR	NR
Parikh <sup>21</sup>	2019	USA	Retrospective	3	NR	NR	NR	NR	NR	NR	NR	NR	NR
Iqbal <sup>22</sup>	2018	UK	Retrospective	1	NR	0.25	NR	0	NR	NR	NR	NR	NR
<b>TFL</b>													
Smith <sup>24</sup>	2021	USA	Retrospective	1	198	24	1	NR	NR	NR	NR	-10	43.9
<b>PVP</b>													
None													
<b>PAE</b>													
Topping <sup>24</sup>	2017	UK	Retrospective	1	99	1	NR	NR	NR	NR	NR	-6	10

AUASS: American Urological Association Symptom Score; EBL: estimated blood loss; ER: emergency room; HoLEP: holmium laser enucleation of the prostate; LOS: length of stay; PAE: prostatic artery embolization; PUL: prostatic urethral lift; PVP: photo-selective vaporization of the prostate; PVR: postvoid residual; RCT: randomized controlled trial; RWT: robotic waterjet treatment; SP: simple prostatectomy; TFL: thulium fiber laser enucleation; TURP: transurethral resection of prostate; WVTT: water vapor thermal therapy.

Can Urol Assoc J 2023;17:353–9.

# PUL in YUMC

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- First case: 2015.12.
- A total of 59 cases from 2016 to 2023.
- Under general or local anesthesia.
- Exclusion criteria : high bladder neck & median lobe hypertrophy.
- Follow-up: 1, 3, 6, and 12 months after PUL.
  - Assessment : UFM and IPSS
  - Not evaluated sexual function questionnaire.

# PUL in YUMC

Table 1. Baseline characteristics of patients.

Characteristics	Mean $\pm$ SD
Age (yrs)	66.8 $\pm$ 8.9
PSA (ng/mL)	3.12 $\pm$ 2.79
Prostate volume (cc)	34.09 $\pm$ 13.00
IPSS	30.89 $\pm$ 3.30
QoL	4.21 $\pm$ 1.06
Qmax (mL/sec)	8.93 $\pm$ 4.18
Residual urine (cc)	57.93 $\pm$ 57.25
OP time (mins)	18.27 $\pm$ 9.47
PUL implants	2.12 $\pm$ 0.49

# PUL in YUMC

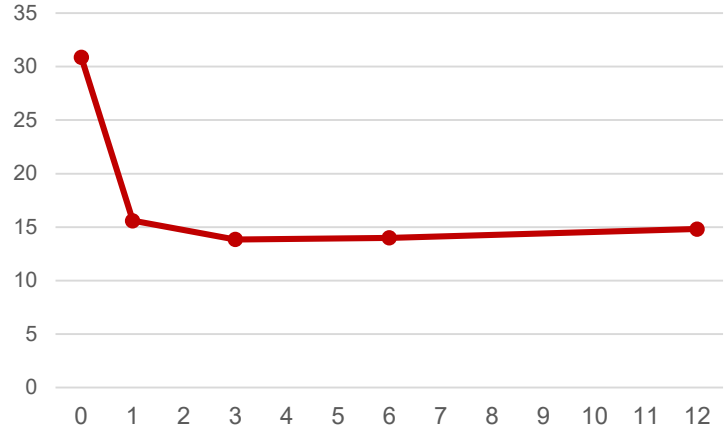
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Table 2. outcome measures following PUL procedure.

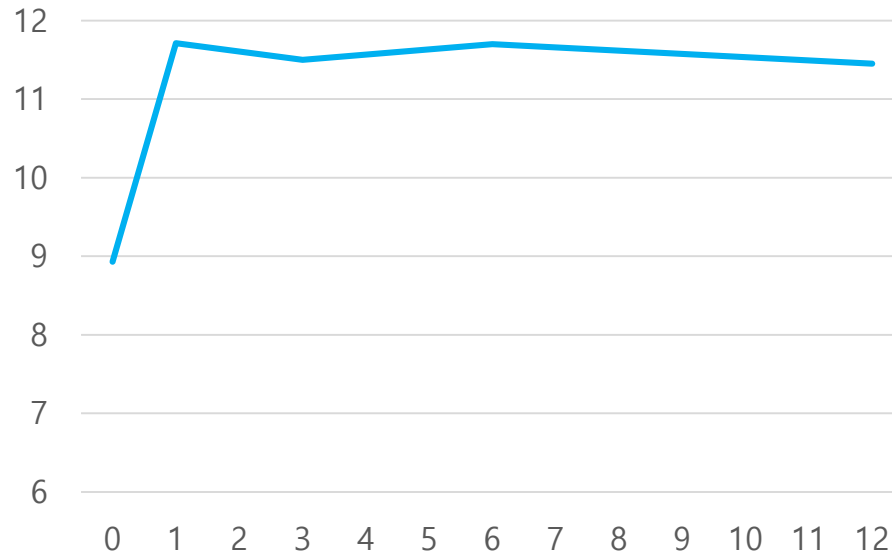
	1 mo	3 mo	6 mo	12 mo
IPSS	15.60±4.36	13.85±4.30	14.00±5.60	14.82±5.35
QoL	2.40±1.72	2.25±1.69	2.32±1.71	2.53±1.64
Qmax	11.71±5.03	11.50±4.85	11.70±4.58	11.45±4.72
PVR	47.85±40.81	45.45±43.58	31.91±24.56	36.12±32.98

# PUL in YUMC

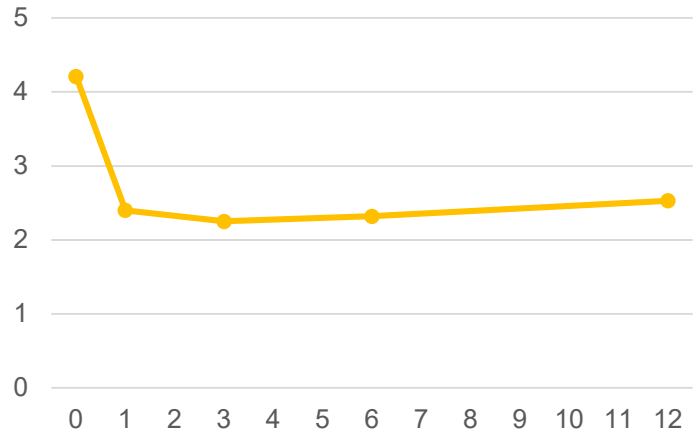
## IPSS



## Qmax



## QoL





# PUL in YUMC

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Table 3. Postoperative complications after PUL procedure.

Complications	N (%)
Dysuria	9/59 (15.2)
Pelvic pain	7/59 (11.8)
Hematuria	2/59 (3.4)
UTI	0/59 (0)
Urinary incontinence	0/59 (0)
Urgency	10/59 (16.9)
Encrusted implant	4/59 (6.8)
Progression to TURP	12/59 (20.3)

# Conclusions

- Prostatic urethral lift (UroLift®) procedure may be offered as an option for patients with LUTS

attrib	Recommendation	Strength rating	erile
funct	Offer Prostatic urethral lift (Urolift®) to men with LUTS interested in preserving ejaculatory function, with prostates < 70 mL and no middle lobe.	Strong	

- To offer rapid recovery without the need for urinary catheter.
- High bladder neck and obstructive median lobe cannot be effectively treated.

- Long **PROSTATIC URETHRAL LIFT (PUL)** her

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)
16. PUL may be offered to eligible patients who desire preservation of erectile and ejaculatory function. (Conditional Recommendation; Evidence Level: Grade C)

**Thank you for your attention**