HP-08-007

EVALUATION OF RADIAL EXTRACORPOREAL SHOCK WAVE THERAPY IN THE TREATMENT OF ERECTILE DYSFUNCTION

Pokorny, P.[1]; Turcan, P.[2]; Pokorny, P.[2]; Prochazka, M.[3]; Prochazkova, J.[3]
[1]Centrum MEDIOL s.r.o., Sexology, andrology, Olomouc, Czech Republic; [2]Centrum MEDIOL s.r.o., Olomouc, Czech Republic; [3]University Hospital and Facult, Olomouc, Czech Republic

Objective: Erectile dysfunction is a common problem in men, especially in 40–70 years of age. There are a several ways in the treatment of this topics. One of this ways is a non-invasive non-pharmacological treatment due to use extracorporeal shock wave therapy (ESWT). There are a few devices and technologies for the ESWT. The aim of the study is to evaluate the effectivness of radial shock wave therapy (RSWT) in treatment of erectile dysfunction by use the device BTL-6000 SWT.
Methods: A prospective single/center, open label clinical study of the radial shockwave therapy system (Model: BTL-6000 SWT, Manufacturer: BTL Industries Ltd.) in therapy the patients with erectile dysfunction, who were responders to PDE5is. We enroled 22 men with vasculogenic ED with good or decreasing respond to PDE5is. Their mean baseline of 5-item version of International Index of Erectile Function domain score (IIEF-5) was 14,09 after a 1-month PDE5is washout period. RSWT was applied to the penile shaft and crura at five sites. Patients underwent 4 treatments on every 7 days.
Results: We treated 22 men with vasculogenis ED, average age 52,6 ± 9,3 years. After the last treatment, significant increases in IIEF-5 domain scores were recorded in 21 men, 1 man have a score without change. However, this one man had a good respond to PDE5is in the past, but a very low respond before treatment actually. After the last treatment he has a good respond to PDE5is again. The mean of the domain score in IIEF-5 after the treatment was 21,36. Patient tolerance of the treatment was excellent, none of the subjects reported treatment-associated pain during or after the treatment.
Conclusion: RSWT represents a new, effective, non-surgical, non-pharmacological and well tolerated treatment for men with erectile dysfunction, who previously responded to pharmacoterapy. The terapy is painless and safety.
Policy of full disclosure: None

HP-08-008

HYPOGONADAL MEN WITH PRE-EXISTING CARDIOVASCULAR DISEASE (CVD) SHOW IMPROVED ERECTILE FUNCTION ON LONG-TERM TREATMENT WITH TESTOSTERONE UNDECANOATE INJECTIONS

Saad, F.[1]; Doros, G.[2]; Haider, A.[3]; Traish, A.[2]
[1]Bayer Pharma AG, Global Medical Affairs, Berlin, Germany; [2]Boston University, USA; [3]Private Urology Practice, Bremerhaven, Germany

Objective: To monitor effectiveness and safety of long-term treatment with testosterone undecanoate (TU) injections in hypogonadal with a history of CVD.
Methods: From a prospective, observational registry study of 340 hypogonadal men from a single urological practice, 68 men with a previous diagnosis of coronary artery disease (CAD; n = 40) and/or a myocardial infarction (MI; n = 40) and/or stroke (n = 6) received TU injections for up to 7 years.
Results: Mean age was 60.76 years. 68 men were included for 3 years, 59 for 4 years, 54 for 5 years, 44 for 6 years, and 28 for 7 years. Declining numbers reflect the nature of the registry (patients are included after receiving 1 year of TRT) but not drop-out rates. Testosterone (T) levels rose from 10.21 ± 1.43 nmol/L to trough levels (measured prior to the following injection) between 15 and 19 nmol/L. IIEF-EF increased from 21.25 to 25.93 with a change from baseline of 4.21. The improvement was statistically significant for the first two years ($p < 0.0001$ vs baseline and $p = 0.0001$ vs previous year) and remained statistically significant vs baseline throughout the observation time and stable compared to previous years. Mean weight decreased progressively from 115.07 to 92.5 by 21.89 kg. The proportion of weight loss was 17.05%. Waist circumference decreased from 112.07 to 99.89 by 11.33 cm ($p < 0.0001$ for both). Blood pressure, lipid pattern, glycaemic control and liver transaminases improved significantly and sustainably. C-reactive protein (CRP) declined from 4.08 to 0.44 mg/L. Minimum number of injections was 13, maximum 30. In no patient TRT was discontinued or interrupted. No cardiovascular events were reported during the observation time.
Conclusion: In hypogonadal men with a history of CVD, T therapy may improve and preserve erectile function for a prolonged period of time. T therapy appears to be well-tolerated and safe.
Policy of full disclosure: F Saad is a full-time employee of Bayer Pharma, Berlin, Germany. G Doros has received financial compensation for statistical analyses from Bayer Pharma. A Haider has received financial compensation for data entry and travel grants from Bayer Pharma. A Traish has nothing to disclose.