First Report for Unfocused Low Intensity SoftWave® Therapy (uESWT) for Nocturia and Erectile Dysfunction (ED)

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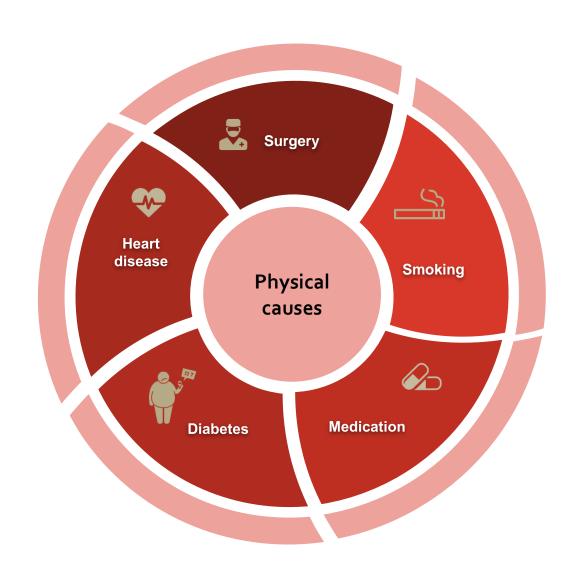






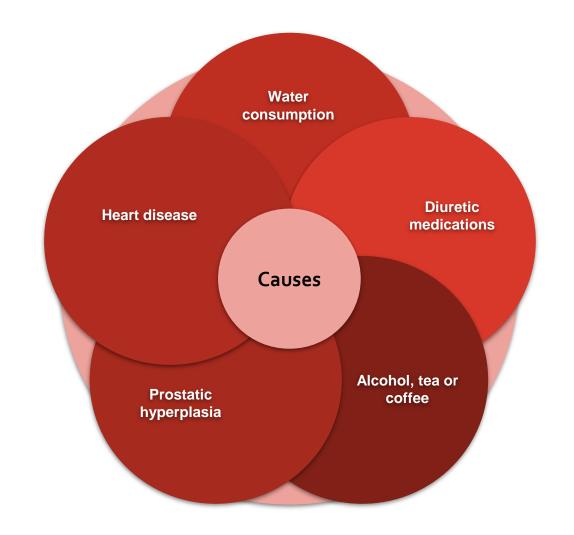
Causes of Erectile Dysfunction (ED)



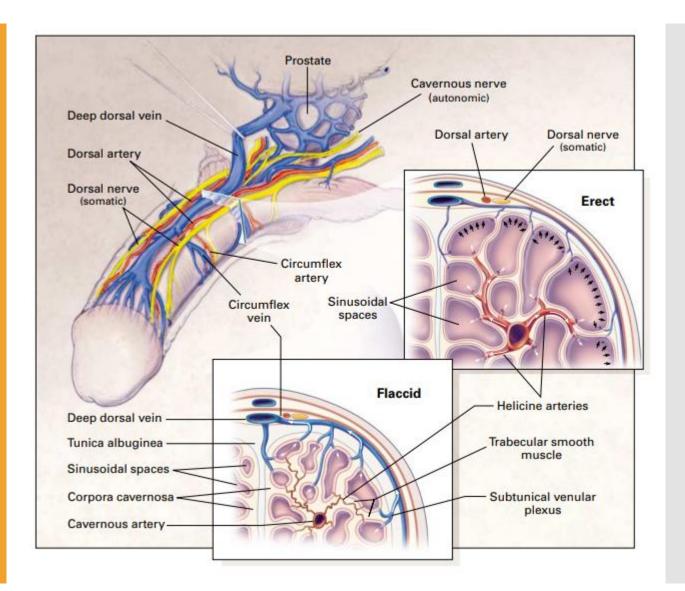


Causes of Nocturia (night urination)





Mechanism of a penile erection



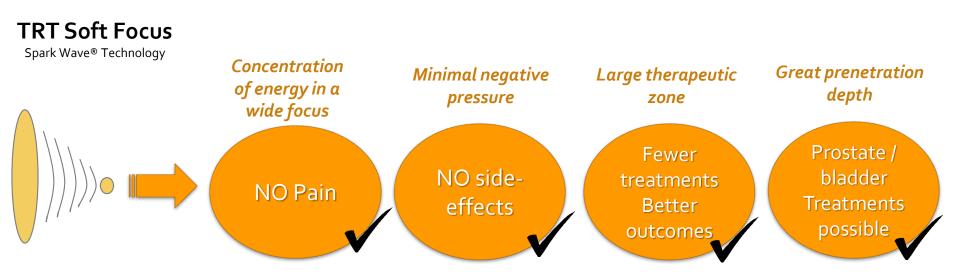
SWT in the US for ED



- Since 2007 at least 250.000 ED patients have been treated with shock wave therapy (SWT). The majority of them treated with radial / ballistic SWT devices by non-urologists (Source: TRT)
- The average success rate of SWT for ED is estimated at 50 % (Source: Mayo Clinic, presented at the ISSM Congress in Lisbon, Portugal, 2018)
- Demand for SWT by affected patients is growing rapidly



SoftWave® Technology: Unfocused Applicator OP155









Energy spreads radially

Pain numbing cream required

High negative pressure, highest energy superficial

Risk of hematoma

Reduction of energy due to propagation attenuation

More treatments

Low penetration depth

Prostate / bladder Treatments NOT possible

SoftWave ® Therapy for ED — case series of an effective protocol

Case series of weekly low intensity shock wave (LiSW) therapy for erectile dysfunction

- Methods: Men with diagnosis of ED for at least 6 months were treated 4x weekly with low intensity shock wave at 6 treatment sites: one at each crus of the penis and 2 on the shaft bilaterally with about 500 shocks each for a total of 3000 shocks. Energy flux was 0.13 mJ / mm² and frequency was 4 Hz using the soft wide focused applicator
- Results: Eight men with a mean age of 56.8 and median duration of 36 months. Overall, SHIM score improved from 11.0 ± 3.6 to 17.2± 5.2 (p= 0.01). The treatments were painless and there were no side effects. SHIM was unchanged in 2 patients (25%), mildly improved in 1 patient but not sufficiently for intercourse and significantly improved with erection sufficient for intercourse in 5 patients (62.5%). Two of these 5 men required a PDE5i for optimal erections however both had failed PDE5i in the past
- Conclusion: Once weekly low intensity shock wave lithotripsy improved erections sufficient for intercourse in 62.5 % of our patients without side effects

SoftWave® Therapy for ED — case series of an effective protocol

Effectiveness of shock wave therapy: implementation of a soft wide focus applicator in patients with erectile dysfunction

- Methods: Patients with diagnosis of vascular ED underwent a protocol of LI-ESWT once a week for 5 weeks, energy flux density 0.15 mJ and 3000 pulses per session
- Results: 20 patients with a mean age of 53.1 years. At admission, 70 % of patients had mild / moderate (n = 14), 20 % (n = 4) moderate and 10 % (n = 2) severe ED according to the IIEF-5 scale. After five sessions 25 % (n = 5), and after one month follow-up even 45 % (n = 9) of patients showed a clinical important difference (defined as an increase of ≥ 4 points) in the IIEF score with an average increase of 5 points (18 ± 4.4, p = 0.001). Assessing the EHS, 55.5 % of patients at baseline (mean EHS: 3 ± 0.6) had an erection insufficient to penetrate, this proportion decreased significantly to 28 % after therapy (mean EHS: 4 ± 0.7, p = 0.05), a beneficial effect that was still persisting after one moth follow-up (mean EHS: 4 ±0.7, p = 0.04)
- Conclusion: The preliminary results of LI-ESWT in the treatment of ED indicate a clinically significant improvement in both, the IIEF and EHS by this technology

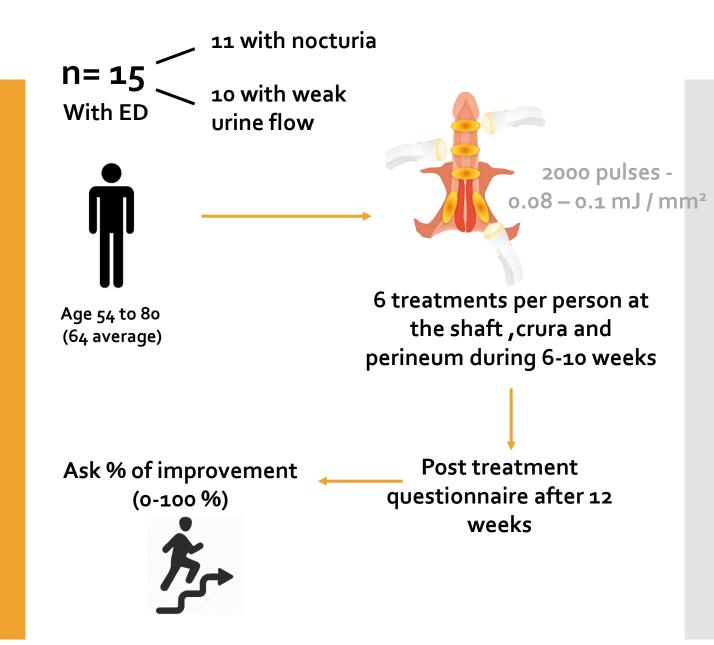
SoftWave® Therapy for ED — case series of an effective protocol

Penile low intensity shock wave therapy for PDE5i non responders suffering longterm vasculogenic erectile dysfunction: A prospective, randomized, placebocontrolled study

- Methods: Prospective, randomized, simple-blind, sham-controlled study. In total 58 patients with vasculogenic erectile dysfunction refractory to PDE5i were randomized into two groups. 30 were treated with electrohydraulic low intensity shock waves (1 session/week for 6 weeks; 1.500 pulses of 0.10 mJ / mm² at 5 Hz, urogold100® MTS) and 28 were treated with a sham probe. Eleven patients withdrew from the study and were lost to follow-up. All patients were evaluated at baseline and 1 month after the end of treatment using validated erectile dysfunction questionnaires like the International Index of Erectile Function (IIEF-5) and the Sexual Encounter Profile (SEP). Demographic and clinical characteristics were recorded. Forty-one patients presented ED for 2-10 years; 22 in the active group and 19 in the sham group
- Results: 22 active-treated patients and 19 sham-treated patients, suffering from ED for 2-10 years were analyzed. There was no significant difference between the two groups in baseline characteristics. Baseline five-item version of the IIEF mean scores, in the active and sham groups, were 10.0 ± 4 and 9.9 ± 4.6, respectively (p = 0.94). At baseline, 14 % of patients in the active group (3 of 22) and 10.5 % of patients in the placebo group (2 of 19) had a positive answer to the SEP 3 question (p = 0.8). One month after treatment IIEF-5 scores mean changes from baseline, in the active and placebo group, were 2.2 ± 4.9 and 0.25 ± 4.4, respectively (p = 0.2). After LIST, SEP 3 positive responders increased by 33 % in the active group (7 of 22) and decreased by 5 % the placebo group (1 of 19) (p = 0.03)
- Conclusion: In this prospective study, a six week treatment with a moderate protocol
 of penile LIST led to partial recovery of erectile function at one-month follow up. SEP 3
 positive responders significantly increased in the active treated group when compared
 to the placebo group. More studies with larger sample size and longer follow-up,
 comparing different lithotripters and shock wave protocols, are imperative to define
 the real role of LIST in the treatment of erectile dysfunction

Objective

Evaluate the effectiveness and safety of unfocused, electrohydraulic uESWT for ED and Nocturia



Methods

Patients paid \$ 1500 to participate in the study

Results

We report the first ever results for uESWT and Nocturia

ED improvement relative to the baseline (n=15)

- Overall all patients significantly improve 47 % [Two-sided 95 % confidence interval for % improvement: (34.3 %, 60.3 %)]
- 12 patients (80 %) significantly improve at least 40 % [Two-sided 95 % lower confidence interval for > 40 % improvement: 51.2 %]
- 1 patient 100 % improvement
- 1 patient 80 % improvement
- 2 patients 60 % improvement
- 5 patients 50 % improvement
- 3 patients 40 % improvement
- Nocturia improved even faster (3 weeks) than ED symptoms (10 weeks)
- All patients reported that they wanted to continue the protocol and would pay for more treatments

Results

NOCTURIA improvement relative to the baseline (n=11)

- The average decrease in bathroom visits was 46 % [Two-sided 95 % confidence interval for % improvement: (25 %, 67.4 %)]
- 73 % patients significantly improved at least 50 % [Two-sided 95 % lower confidence interval for ≥ 50 % improvement: 39 %]
- 2 patients decreased bathroom visits from 6 to 1
- 1 patient improved 75 %
- 1 patient improved 66.7 %
- 4 patients improved 50 %
- Patients reported these improvements in the early weeks (3rd week)
- Improved urine flow

Remarks

As early as week 2, several patients reported that they urinated less frequently at night and attributed this improvement to the uESWT

Conclusions

- Multi-dimensional efficacy of electrohydraulic unfocused Low Intensity SoftWave® Therapy for ED and Nocturia
- Both ED and Noctoria patients showed significant improvement with the uESWT treatment
 - ED: Overall mean 47.3 % improvement
 - Noctoria: Overall mean 46.2 % improvement, less frequent urination at night
- Unfocused SoftWaves are an efficient, reliable and painless non-invasive therapy option to treat ED and Nocturia
- Our practice has decided to offer uESWT to our patients

Thank you for your attention!!

