

UroGold
Li-SWT

**A Superior Solution
For Men's Health**

**Isn't it time for
patients to get the
care they want?**



BETTER RESULTS WHEN YOU TREAT THE SOURCE

Market trends and patterns of care are showing significant loss of opportunities for treating men with sexual health issues



75%

of ED patients seeking shockwave therapy are **NOT seen by a urologist** and 15% were NOT physicians.

The right care should include comprehensive urological evaluation.

Not only is this clinically concerning but it's a loss of significant revenue.

Urologists are losing \$3,300 per patient!

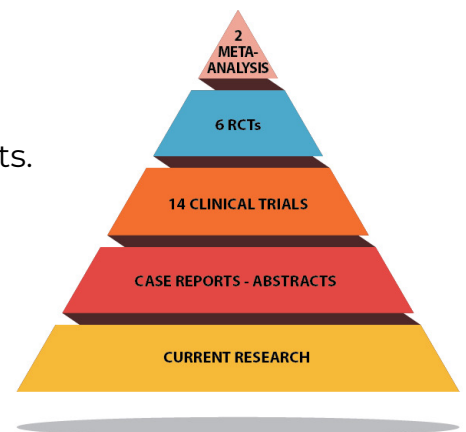
Table 1. Average Cost of Shock Wave Therapy per Session and per Treatment Course Across Metropolitan Areas

City, State	Average \$ price of SWT per session	Average \$ price of SWT per treatment course	Range of \$ prices for SWT treatment course
Atlanta, Georgia	372.5	2,625.00	600.00-4,500.00
Boston, Massachusetts	502.55	2,912.50	1,800.00-4,200.00
Dallas, Texas	489.00	3,292.31	1,800.00-6,900.00
Los Angeles, California	612.18	3,930.56	2,100.00-7,000.00
New York, New York	522.00	3,330.00	1,800.00-16,200.00
Philadelphia, Pennsylvania	458.25	3,623.75	3,000.00-4,500.00
Washington, D.C.	497.92	3,292.31	1,500.00-5,000.00
Houston, Texas	475.36	3,157.14	2,500.00-5,000.00
Overall average	491.22	3,338.28	600.00-16,200.00

Abbreviation: SWT, shock wave therapy.
Adapted with permission from Urol Pract. 2022;9(3)212-218.3

Men with sexual health issues are being influenced by direct-to-consumer marketing. They are looking for alternatives to PDE5i meds, injections, and penile implants. They're searching for non-surgical procedures that are low-risk, convenient and provide spontaneity.

Urologists are looking for evidence-based alternatives.
High level quality evidence is available!



(1) Weinberger JM, Shahinyan GK, Yang SC, Shahinyan RH, Mills JN, Eleswarapu SV. Shock wave therapy for erectile dysfunction: marketing and practice trends in major metropolitan areas in the United States. Urol Pract. 2022;9(3):212-218.

Attention American Urologists!

The European Association of Urology Guidelines includes the use of Li-SWT as an alternative for patients with vasculogenic ED.

The evidence is here. You don't need to lose patients to a non-qualified provider.

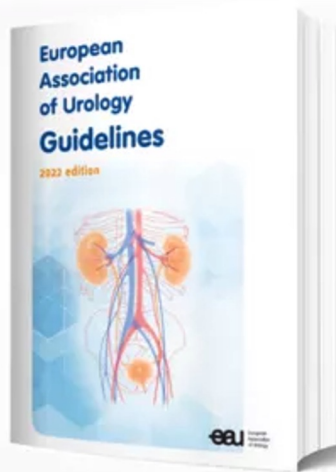
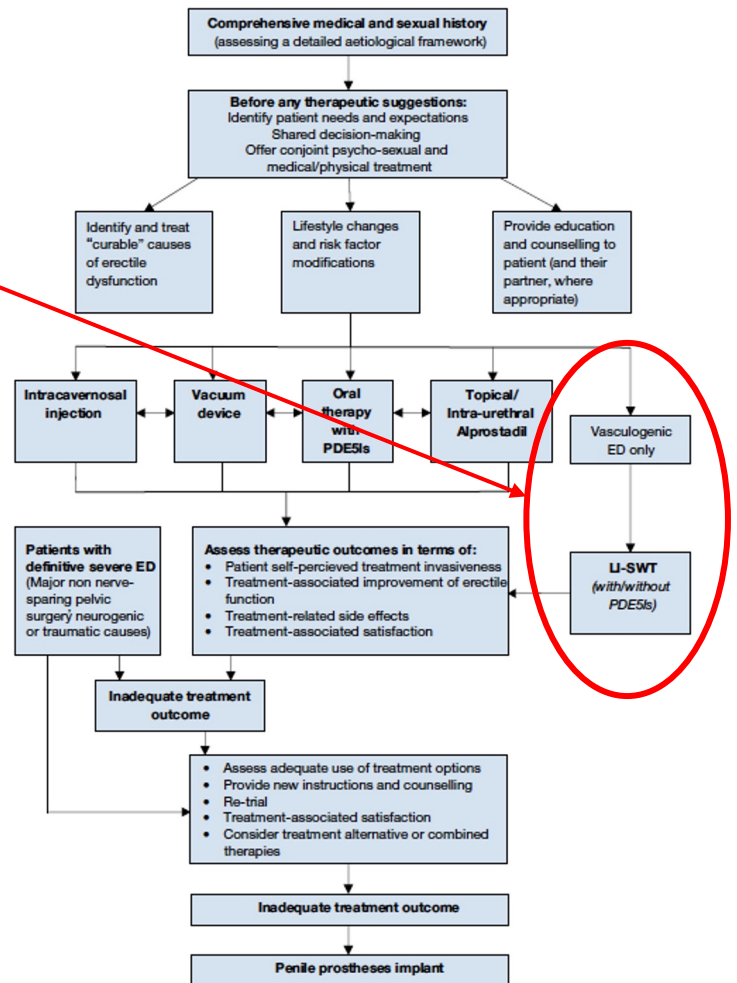


Figure 4: Management algorithm for erectile dysfunction



ED = erectile dysfunction; PDE5Is = phosphodiesterase type 5 inhibitors; LI-SWT = low-intensity shockwave treatment.



SoftWave TRT headquartered in Kennesaw, GA has been a leader and innovator in extracorporeal shockwave therapy since 2006 — founded by urologists for urologists. **SoftWave's UroGold** has been used and studied by major medical centers throughout the United States.

RESEARCHED, TRUSTED & PROVEN

A preponderance of evidence continues to be published in academic journals worldwide documenting the efficacy and safety using Li-ESWT for vasculogenic ED

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Urological Science
Journal homepage: www.e-uro-ol.com

Review Article

Potential Applications of Low-intensity Extracorporeal Shock-Wave Therapy in Urological Diseases via Activation of Tissue Resident Stem Cells

Bohan Wang,¹ Ananta B. Rana-Mahapatra,¹ Kim Ly,¹ Gailing Liu,¹ Tom F. Lu^{1*}

¹Department of Urology, School of Medicine, Keck Medical Center, University of California, San Francisco, CA, ²Department of Urology, Veterans Affairs Medical Center, Honolulu, HI, USA, ³Department of Urology, The Second Affiliated Hospital, Zhejiang University School of Medicine, Zhejiang University, China

Abstract

For many years, low-intensity extracorporeal shock-wave therapy (Li-ESWT) has been clinically applied as a noninvasive therapeutic method for urological diseases. The major corresponding biological molecular mechanisms of Li-ESWT are to induce stem cell differentiation, neural regeneration, and angiogenesis. This narrative review aims to present an overview of the potential utility of Li-ESWT and its effects on stem cell therapies. Recent studies have also shown that the combination treatment of Li-ESWT and stem cell therapies can be a new option for the treatment of erectile dysfunction (ED), urinary incontinence, bladder dysfunction, and other diseases. The potential contributions of Li-ESWT on stem cell therapies for these diseases are studied, highlighting the influence of Li-ESWT on proliferation, viability, and differentiation capacity of certain stem cells. The potential mechanisms, including the increased expression of vascular endothelial growth factor, chemokine CXCL12, and transforming growth factor- β are described herein. Li-ESWT can also activate many cellular signaling pathways. The combination of Li-ESWT and stem cell therapies is a promising strategy for urological diseases. However, a much greater understanding of the mechanisms by which Li-ESWT enhances the efficacy of stem cell therapy is still needed before this combined treatment can be recommended for large-scale clinical application.

Keywords: Activation, bladder dysfunction, erectile dysfunction, low-intensity extracorporeal shock-wave therapy, mechanism, stem/progenitor cells, urinary incontinence


INTRODUCTION

Low-intensity extracorporeal shock-wave therapy (Li-ESWT) is a form of energy transfer that is <0.2 mJ/mm² than the ESWT employed for lithotripsy and nephrolithiasis treatment. This lower intensity, with the appropriate dosage of energy transfer, is thought to induce beneficial effects in human tissues. Li-ESWT has been used to treat ischemic heart disease,¹ musculoskeletal disorders,² erectile dysfunction, and other diseases. Li-ESWT has been used to treat ischemic heart disease,¹ musculoskeletal disorders,² erectile dysfunction, and other diseases. Li-ESWT has been used to treat ischemic heart disease,¹ musculoskeletal disorders,² erectile dysfunction, and other diseases.

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Sexual Function/Infertility

JU Insight

The Effect of Low-Intensity Shock Wave Therapy on Moderate Erectile Dysfunction: A Double-Blind, Randomized, Sham-Controlled Clinical Trial

Dimitrios Kalyvankis, Ioannis Mkoniotis, Nikolaos Pyrgidis¹ et al.

Study Aim and Importance: The role of low-intensity shock wave therapy in patients with moderate erectile dysfunction remains unclear. In this context, we performed the first double-blind, randomized, sham-controlled trial to evaluate the efficacy and safety of low-intensity shock wave therapy in patients with moderate vasculogenic erectile dysfunction.

What We Found: Twelve sessions of low-intensity shock wave therapy twice weekly for 6 weeks with a treatment protocol of 100 impulses, 0.09 mJ/mm² energy, 50 Hz density and 5 Hz frequency with the ARES 3rd device are highly effective in patients with moderate vasculogenic erectile dysfunction and previous penile or partial response to phosphodiesterase type 5 inhibitors. Compared to sham therapy, the proportion of participants attaining a minimal clinically important difference in the International Index of Erectile Function-Erectile Function domain and in the "new" responses to questions of Sexual Encounter Pleasure Scale was significantly higher in the Li-ESWT group.

Conclusions: The effect of low-intensity shock wave therapy on moderate vasculogenic erectile dysfunction is highly effective in patients with moderate vasculogenic erectile dysfunction and previous penile or partial response to phosphodiesterase type 5 inhibitors. Compared to sham therapy, the proportion of participants attaining a minimal clinically important difference in the International Index of Erectile Function-Erectile Function domain and in the "new" responses to questions of Sexual Encounter Pleasure Scale was significantly higher in the Li-ESWT group.

Parameter	Baseline (Mean \pm SD)	Post-Treatment (Mean \pm SD)	Mean Difference (95% CI)	P-value
International Index of Erectile Function-Erectile Function domain	14.2 \pm 3.5	18.5 \pm 4.2	4.3 \pm 0.8	<0.001
Sexual Encounter Pleasure Scale	1.8 \pm 0.5	2.5 \pm 0.6	0.7 \pm 0.1	<0.001
Sexual Encounter Pleasure Scale - New responses	0.8 \pm 0.2	1.5 \pm 0.3	0.7 \pm 0.1	<0.001

Keywords: Double-blind, randomized, sham-controlled, low-intensity shock wave therapy, moderate vasculogenic erectile dysfunction, Sexual Encounter Pleasure Scale, International Index of Erectile Function-Erectile Function domain.

The Journal of Urology

Meta-analysis of randomized controlled trials that assess the efficacy of low-intensity shockwave therapy for the treatment of erectile dysfunction

Jeremy D. Campbell¹, Bruce J. Trank, Adam R. Oppenheim, Hanyachulha Anantawat, Ronald A. Galt, Andrew L. Burnett

Background: The aim of this study was to perform a meta-analysis of randomized controlled trials (RCTs) that evaluate the efficacy of low-intensity extracorporeal shock wave therapy (Li-ESWT) for the treatment of erectile dysfunction (ED).

Methods: A comprehensive search of PubMed, Medline, and Cochrane databases was performed from November 2005 to July 2018. RCTs evaluating efficacy of Li-ESWT in the treatment of ED were selected. The primary outcomes were the mean difference between treatment and sham groups.

Results: A total of seven RCTs provided data for post-treatment IIEF-ED from baseline to 12 to 24 in the sham group. The mean difference between the two follow-up time points was statistically significant increase in the percentage of men whose erectile dysfunction improved.

Conclusions: The effect of low-intensity shock wave therapy on moderate vasculogenic erectile dysfunction is highly effective in patients with moderate vasculogenic erectile dysfunction and previous penile or partial response to phosphodiesterase type 5 inhibitors. Compared to sham therapy, the proportion of participants attaining a minimal clinically important difference in the International Index of Erectile Function-Erectile Function domain and in the "new" responses to questions of Sexual Encounter Pleasure Scale was significantly higher in the Li-ESWT group.

Growing body of evidence showing benefits using Li-SWT

14 Clinical Trials

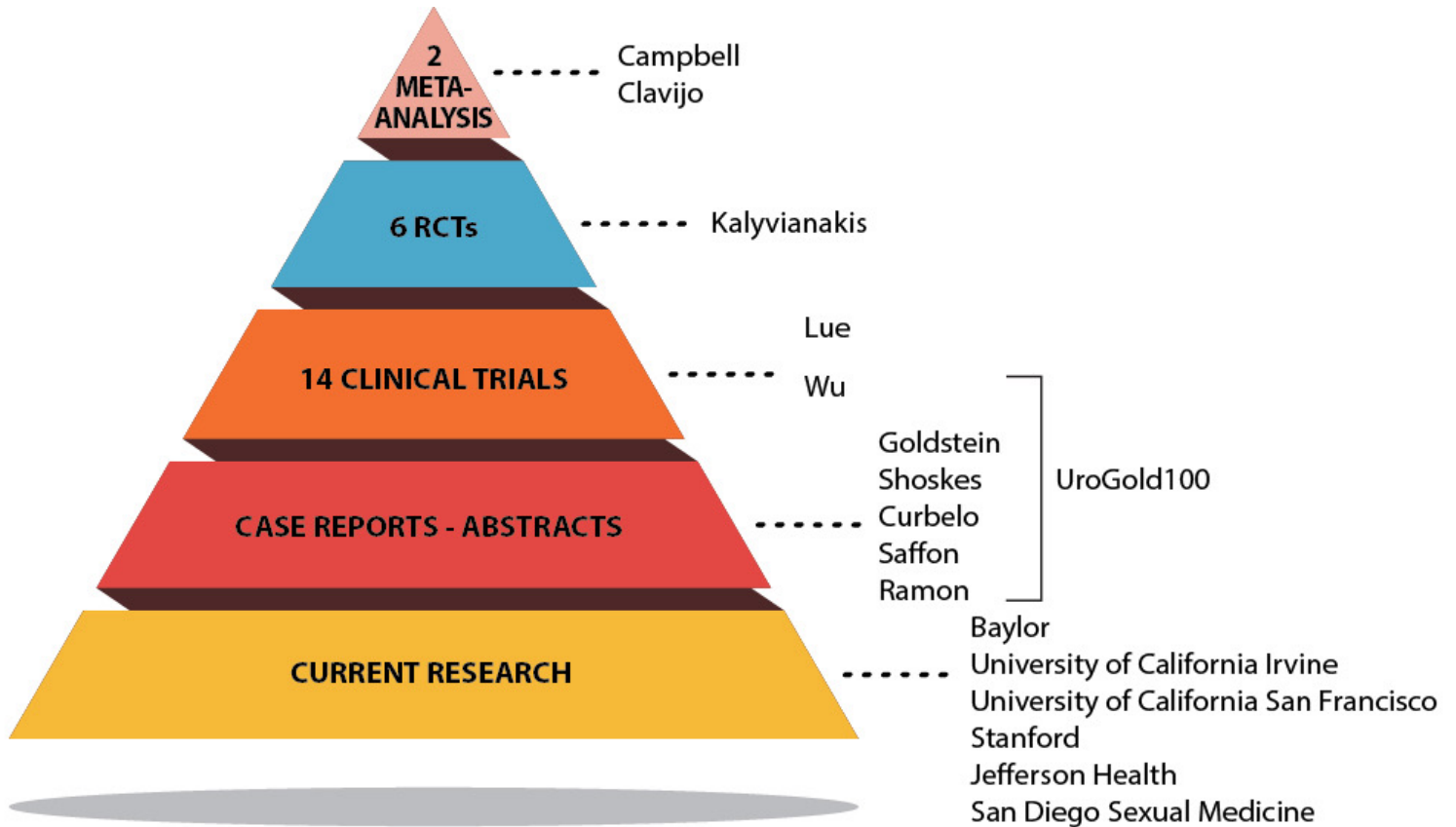
6 Randomized Trials

3 Double Blind and Randomized

Shock Wave Therapy for Erectile Dysfunction: Patterns of Care and Efficacy By: Juan J. Andino, MD, MBA; Jeffrey C. Morrison, MD; Sriram Eleswarapu, MD; Jesse N. Mills, MD | Posted on: 01 Nov 2022



High level quality shockwave evidence has been published for vasculogenic ED

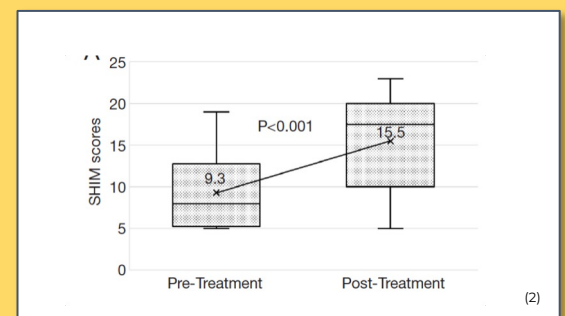


In my opinion, the data is strong enough to support offering Li-EWST as an option to men suffering with ED.

I have used UroGold since 2018 and published my results in 2022 (1). I have a **unique 3-6 treatment protocol** and I am convinced this is a safe and effective treatment for patients in the U.S.

IRWIN GOLDSTEIN, MD
SAN DIEGO SEXUAL MEDICINE

UroGold's outcomes have been published demonstrating improvement in SHIM scores



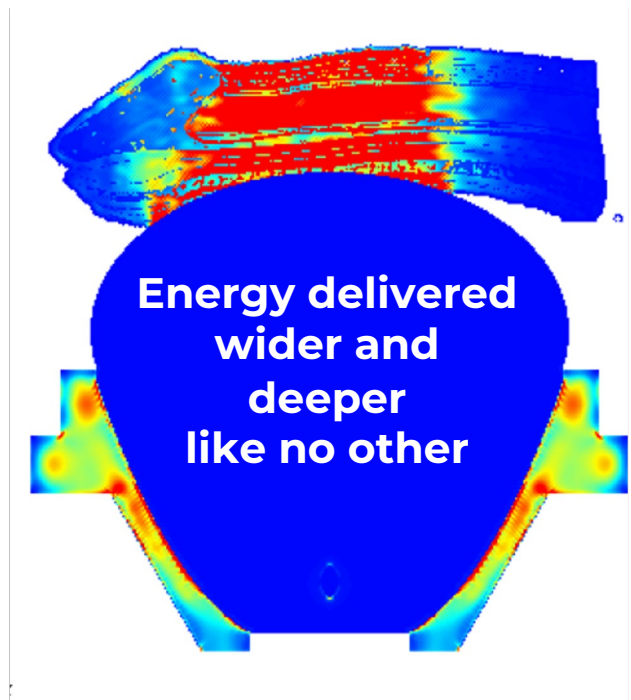
UroGold pre and post SHIM scores

TRUSTED
RESEARCHED
EFFECTIVE



UroGold is a superior electrohydraulic Li-ESWT that has been proven to be effective and safe for patients suffering from ED.

UroGold
Li-SWT
SoftWave
Tissue Regeneration Technologies

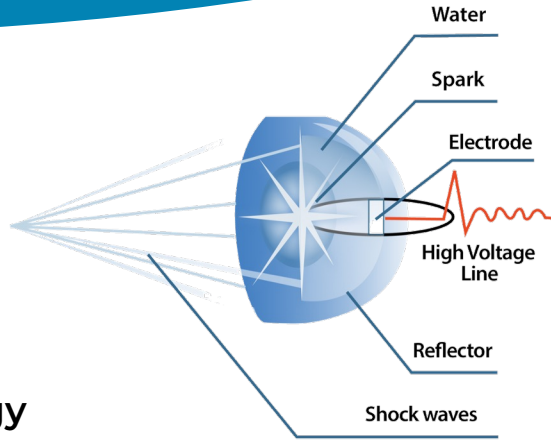


UroGold's energy absorption is wide and deep resulting in superior tissue propagation

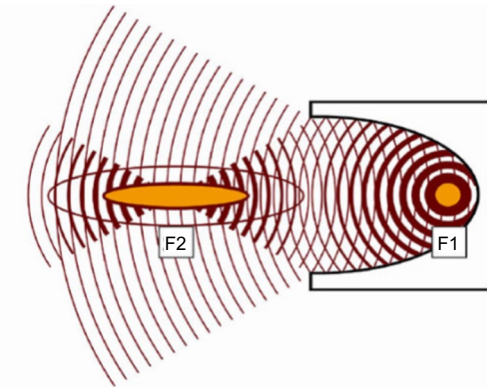
BETTER PHYSICS. BETTER DESIGN. BETTER OUTCOMES.

It starts with a spark.

UroGold's proprietary electrohydraulic acoustic shockwave allows the energy to be applied over a large focused treatment area



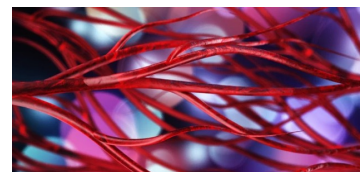
The **patented** parabolic reflector generates a primary and secondary wave that spreads the shockwave over a larger surface zone.



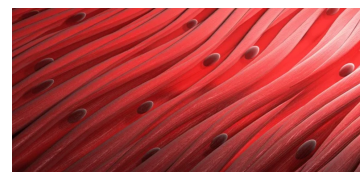
Maximum tissue penetration to enhance the biological effects

Upon delivery, a cellular response is triggered activating the body's natural healing process resulting:

Increased blood supply resulting in angiogenesis – the formation of new blood vessels to increase blood flow into the penis



The proliferation of smooth muscle cells to restore tissue elasticity and support tissue remodeling and regeneration



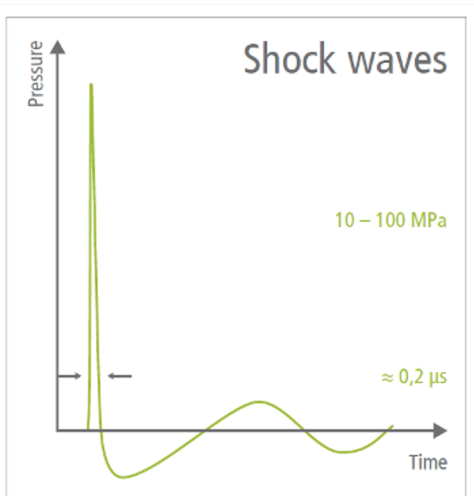
Activation of endogenous growth factors

SoftWave — the best choice.

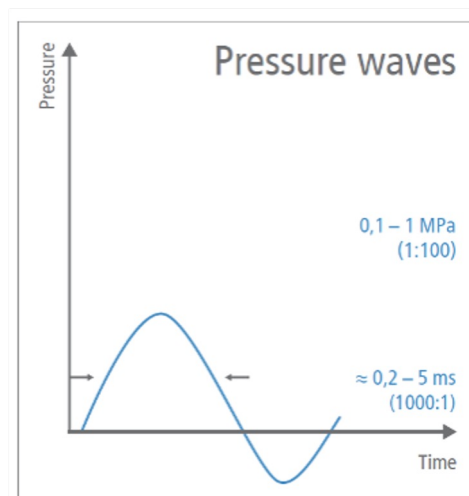


UroGold delivers a TRUE extracorporeal electrohydraulic shockwave that penetrates wider and deeper. Flexible elastic membrane adapts optimally to the treatment area.

Radial devices deliver a pressure wave, NOT a shockwave.



Shockwaves are acoustic pulses with high positive pressure, **fast and steep rise time** followed by comparatively **small negative pressure** (tensile wave).



Radial pressure waves are acoustic **pneumatic pulses** with a **low steeping effect, slow rise time** with comparatively **large negative pressure** (tensile wave).

Choose UroGold Li-SWT and get better results

The time is right.

- ▶ Quality research is available
- ▶ Evidence is growing rapidly
- ▶ EUA has established guidelines for Li-ESWT
- ▶ Trained physicians in urological disease are using it in the U.S.
- ▶ Men are looking for a solution that doesn't involve pills, injections or surgery.



UroGold
Li-SWT

A breakthrough in urology that is the solution to treat men and grow your practice



The energy to make things happen fits right in your hand

- 🕒 Fewer treatments
Quick 10-15 minute treatment times
Non-invasive and effective
No side effects, pain-free
- ♥ Give back the spontaneity men are looking for
- 🔍 Long term solution—
Treats the cause, not only the symptoms
- ✅ Patented technology and protocols
- ✅ Versatility and innovation that allows you to treat sexual health conditions for both men and women

Schedule a call today

Why wait any longer to add quality care that men are searching for?

Improve your productivity and profitability by offering **UroGold**



Schedule a call today

RESEARCHED TRUSTED EFFECTIVE



UroGold Works. Patient outcomes and satisfaction are outstanding. It was convenient and simple to implement into my practice. The opportunity to offer my patients a safe and effective solution that they want has been a Game Changer for my practice.

EDWARD KARPMAN, MD

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info@softwavetr.com

Patent No. US 11,389,372 B2
& Patents pending



FOR:
- Improved blood supply
- Activation of connective tissue
- Temporary pain relief
- Treatment of chronic diabetic foot ulcers

