

**RESULTS:** A total of 116 patients required up-titration based on 24-hr average T levels below 350 ng/dL on the standard dosing of TU, resulting in 174 up-titration events. On average, up-titration from 237 to 316 mg and from 316 to 396 mg resulted in a mean of 192 and 185 ng/dL rise in T at the 4-hr post dose, respectively (Fig 1). 34% and 41% of patients required 1 and 2 titrations, respectively.

**CONCLUSIONS:** Patients observed a mean serum T increase of around 190 ng/dL with up-titrations from 237 to 316 mg and from 316 to 396 mg. Around 75% of patients required 1-2 titrations to reach therapeutic T levels. These results suggest it may be beneficial to start men at a higher starting dose of TU than the approved dosing regimen to minimize multiple time-intensive dose titrations and allow patients to reach therapeutic T levels in a more timely manner. Future studies should aim to evaluate patient-specific variables to determine which patients would benefit from starting at higher TU doses initially to guide clinician management of hypogonadism.

Fig 1: Mean T and Change in T with Increased Dose

Mean (SE) Serum T Before and After Dose<sup>1</sup> Increases (237, 316, 396) – 4 Hours Post Dose  
ng/dL



1 All dosing is given twice daily (mg BID)

2 n is the number of up-titration events; Only patients with T values on all study days were included; T values for each patient are an average of Serum T values at hours 4 and 16 on Days 21, 56 or 105; 1 patient from 198 to 237 mg BID titration not included

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## IP10-28

### CLOMIPHENE CITRATE THERAPY EFFECTS ON LIPID PANELS IN MEN WITH HYPOGONADISM

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**INTRODUCTION AND OBJECTIVE:** Clomiphene citrate (CC) is a selective estrogen receptor modulator used to improve testosterone production in men with hypogonadism. CC is commonly used in Andrology clinics with known side effects such as elevated estradiol levels and gynecomastia. There are several case studies of severe hypertriglyceridemia in women on CC, but little data exists evaluating the impact of CC on lipid panels in men. This study aims to assess the impact of treatment with CC on lipid panels in hypogonadal men.

**METHODS:** A retrospective review was performed on patients presenting to a Men's Health clinic for hypogonadism from January 2020 - September 2024 that had complete lab panels pre- and post-CC treatment. Pre-treatment endocrine and lipid profiles were compared to panels collected 4 weeks after beginning treatment. Labs collected include total testosterone (TT), free testosterone (FT), estradiol (E2), hematocrit (Hct), hemoglobin (Hg), triglycerides (TG), total cholesterol (TC), high density lipoproteins (HDL) and low density lipoproteins (LDL). Labs were collected before 11am, fasting, using LCMS and equilibrium dialysis for the lipid panels.

**RESULTS:** 52 men with a mean age of 42.4 had complete lab data and were included in this study. Mean TT levels were 322 ng/dl pre-CC and 502 ng/dl post-CC treatment. Pre-CC TG, TC, HDL, and LDL means were 141.9, 172.4, 43.3, and 100.9, respectively. Post-CC TG, TC, HDL, and LDL means were 140.9, 171.5, 40.1, and 103.2, respectively. We found no statistically significant difference in the change of triglyceride ( $p=0.903$ ,  $SD=39.3$ ), total cholesterol ( $p=0.783$ ,  $SD=14.01$ ), and low-density lipoprotein ( $p=0.447$ ,  $SD=24.3$ ) lab values before and after treatment with CC. We did

however find a statistically significant decrease in high-density lipoprotein lab values ( $p<0.001$ ,  $SD=12.95$ ).

**CONCLUSIONS:** Men on CC therapy for hypogonadism showed a statistically significant decrease in HDL levels after 4 weeks on clomid. While many men remain on clomid for an indeterminate time frame this is an area that deserves further investigation with larger population samples to determine the significance of this finding and long-term outcomes of CC on lipid profiles.

	Pre-CC Mean ± SD	Post-CC Mean ± SD	Pre-CC Range	Post-CC Range	P-Value (n = 52)
Total Cholesterol (mg/dL)	172.4 ± 33.6	171.5 ± 33.8	89-253	99-247	0.783
Triglycerides (mg/dL)	142 ± 71.2	141 ± 77.5	41-330	44-380	0.903
HDL (mg/dL)	43.3 ± 10.0	40.1 ± 10.2	31-77	21-73	<0.001
LDL (mg/dL)	101 ± 29.8	103 ± 32.7	28-163	42-174	0.447
Total Testosterone (ng/dL)	320 ± 233	501 ± 207	23-1349	55-1024	<0.001
Free Testosterone (pg/mL)	60.0 ± 35.2	98.4 ± 50.5	4.7-216	6.4-213	<0.001
FSH (mIU/mL)	10.2 ± 9.80	12.2 ± 10.9	1.5-44.9	1.1-59.1	0.129
LH (mIU/mL)	6.11 ± 4.13	8.71 ± 7.00	1.3-22.3	1-37.2	0.00234
SHBG (nmol/L)	23.4 ± 7.79	27.3 ± 9.65	10-48	6-53	<0.001
Prolactin (ng/mL)	7.80 ± 3.17	7.80 ± 3.25	2-21.8	1.3-19.3	0.996
Estradiol (pg/mL)	29.7 ± 23.8	42.4 ± 28.5	10-164	15-214	<0.001
Hemoglobin (g/dL)	14.6 ± 1.1	14.6 ± 1.2	37.1-49.4	37.0-51.8	0.921
Hematocrit (%)	43.3 ± 3.3	43.31 ± 3.4	37.1-49.4	37-51.8	1
PSA (ng/dL)	0.717 ± 0.570	0.824 ± 0.700	0.008-3.5	0.008-3.96	0.023
HbA1c (%)	5.77 ± 1.2	5.66 ± 0.5	4.6-13.7	4.5-7	0.44

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## IP10-29

### MANAGEMENT OF PRIAPISM AND ITS IMPACT ON OUTCOMES: AN INTERNATIONAL REGISTER (MARS STUDY) &NDASH; THE FIRST INTERNATIONAL, MULTICENTER, OBSERVATIONAL STUDY REGARDING PRIAPISM

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**INTRODUCTION AND OBJECTIVE:** Priapism is a medical condition characterized by persistent and often painful erections that last more than 4 hours and that is not associated with sexual stimulation or sexual desire. As a relatively rare condition priapism affects 1.5 per 100,000 person-years. Despite different type of priapism requires targeted treatments, the goal is certainly to relieve the prolonged erection and prevent complications as irreversible damage of erectile tissue.

**METHODS:** This project has been conducted by the YAU-Sexual and Reproductive health group and the EAU-research foundation and aims to present the first international, multicenter, observational study regarding priapism, the MARS study. Actually, 16 centers from six countries are participating the study.

**RESULTS:** The study included 92 patients (median age of 41.9 years). 75% had ischemic priapism, 14.13% had hematological disorders, 19.56% reported using erectile medications and 16.30% recreational drugs, particularly cocaine (9.78%). About 35% initially tried conservative treatments with resolution of the condition in 28.26% of cases. Surgical approaches, such as shunt procedures, were used in 41.30% of cases. Only half received prosthesis implants with preference between delayed (7.60%) or immediate (7.60%) implantation, but a slight preference of inflatable prostheses (8.69%) over semirigid ones (6.52%). Corpora fibrosis (18.47%) and Erectile dysfunction (14.13%) were the most common complication at 3 months follow up, followed by corpora necrosis (1.1%) and penile curvature (1.1%). When analyzing priapism by subgroups—ischemic, non-ischemic, and stuttering, a statistically significant differences in IIEF-5 scores were observed in the ischemic group, declining from baseline to 3-month (20 vs. 16;  $p=0.01$ ) and 6-month follow-ups (20 vs. 3;  $p<0.01$ ). When analyzing the association between the use of conservative