

Patient	Length (cm)	Pre-procedure girth (cm)	Girth immediately after	Difference (cm) (Girth at 30 days (cm) - Pre-procedure girth (cm))	Resection (cm)	Girth after resection (cm)	Girth at 6 months	Satisfaction	Satisfaction at 6 months
1	10	10	9.5	2.5	8.5	8.5	9	10	10
2	10	10	10	2.5	11	11	10	10	10
3	10.5	10.5	10	1.5	11.5	11.5	11	10	10
4	10.5	10.5	10	2.5	10	10	10	10	10
5	10	10	10	2.5	10	10	10	10	10
6	10	10	10	2.5	10	10	10	10	10
7	10	10	10	2.5	10	10	10	10	10
8	10	10	10	2.5	10	10	10	10	10
9	10	10	10	2.5	10	10	10	10	10
10	10	10	10	2.5	10	10	10	10	10
11	10	10	10	2.5	10	10	10	10	10
12	10	10	10	2.5	10	10	10	10	10
13	10	10	10	2.5	10	10	10	10	10
14	10	10	10	2.5	10	10	10	10	10
15	10	10	10	2.5	10	10	10	10	10
16	10	10	10	2.5	10	10	10	10	10
17	10	10	10	2.5	10	10	10	10	10
18	10	10	10	2.5	10	10	10	10	10
19	10	10	10	2.5	10	10	10	10	10
20	10	10	10	2.5	10	10	10	10	10
Median (range)	10 (10)	10 (10)	10 (10)	2.5 (2.5)	10 (10)	10 (10)	10 (10)	10 (10)	10 (10)

Source of Funding: No funding was received for this study

IP10-23

YOUNG, RURAL, SINGLE MEN ARE MORE LIKELY TO RECEIVE PHOSPHODIESTERASE-5 INHIBITORS FROM UNCONVENTIONAL SOURCES

Will Furuyama*, Nashville, TN; Jackson Cabo, Phoenix, AZ; Melissa Kaufman, Niels Johnsen, Nashville, TN

INTRODUCTION AND OBJECTIVE: Phosphodiesterase-5 inhibitors (PDE5-i) are a mainstay of treatment for erectile dysfunction (ED). However, conventional prescribing via in-person, outpatient office visits may be difficult to access because of social, financial, and geographic barriers. In this study, we sought to understand how patients with erectile dysfunction access medical therapy.

METHODS: Adult men were recruited online via Research-Match to complete questionnaires regarding demographic and clinical information, sexual function, and health care utilization – specifically use of PDE5i and medication source. Multivariable logistic regression was used to assess relationships between patient characteristics and medication source.

RESULTS: Of the men who completed the survey, 588 men had self-diagnosed ED with a median age of 61 (IQR 50, 69). Of those, 486 (83%) had a formal diagnosis of ED from a medical provider and 310 (53%) had used a PDE5i for their ED. Among those using a PDE5i, 240 (77%) reported receiving their prescription through an in-person visit with a healthcare provider, while 70 (23%) obtained the medication from unconventional sources. Unconventional sources included telemedicine services (n=42, 14%), friends and family with prescriptions (n=9, 2.9%), and other unprescribed sources (n=19, 6.1%). On univariate analysis, unconventional PDE5-i source was associated with younger age, living in a rural area, being single, and having male sexual partners. On multivariate analysis, only age (OR 0.97), rurality (OR 2.48), and being single (OR 2.07) were significantly associated with unconventional PDE5-i source.

CONCLUSIONS: PDE5-i play a key role in the management of ED and nearly a quarter of the men surveyed in this study obtained their medication outside the context of a traditional office visit. This was associated with younger age, being single, and living in a rural area. As sexual medicine providers, we need to better understand how to reach these patients to ensure that they receive safe and appropriate dosing, as well as access to alternative options if medical management fails.

Table 1: Demographic and clinical characteristics of participants with ED who take PDE5i by PDE5i source

	Conventional PDE5i Source, n = 240 (77%)	Unconventional PDE5i Source, n = 70 (23%)	p-value
Age	62 (50,69)	55 (42, 64)	<0.01
Race			0.3
American Indian or Alaska Native	0 (0%)	1 (1.4%)	
Asian	1 (0.4%)	1 (1.4%)	
Black or African American	17 (7.1%)	4 (5.7%)	
White	216 (90%)	63 (90%)	
Other	6 (2.5%)	1 (1.4%)	
BMI	28.0 (24.8,31.2)	27.2 (23.7, 30.3)	0.2
In a relationship	196 (82%)	45 (64%)	<0.01
Highest educational attainment			0.09
No high school	0 (0%)	1 (1.4%)	
High school	9 (3.8%)	6 (8.6%)	
Some college	47 (20%)	15 (21%)	
College or graduate	155 (65%)	44 (63%)	
Trade or vocational	29 (12%)	4 (5.7%)	
IIEF	17 (10, 22)	17 (12, 21)	0.8
Has male sexual partner(s)	39 (16%)	20 (29%)	<0.01
Lives in rural area	21 (8.8%)	12 (17%)	

Source of Funding: Vanderbilt Institute for Clinical and Translational Research (VR55872)

IP10-24

CHANGES IN BLOOD TEST PROFILES WITH USE OF TESTOSTERONE UNDECANOATE CAPSULES (TLANDO) IN MEN WITH HYPOGONADISM

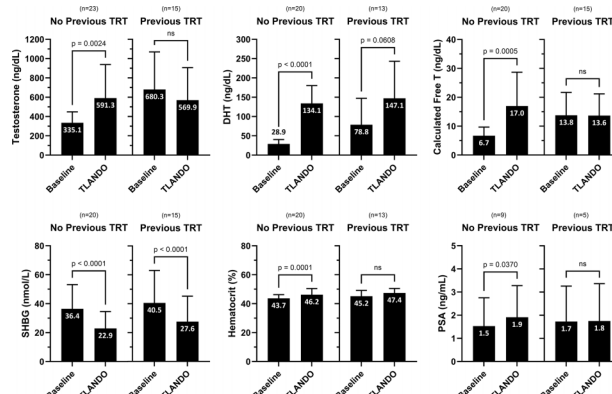
James Weinberger*, Noel N. Kim, Mia Neustein, Sue W. Goldstein, Irwin Goldstein, San Diego, CA

INTRODUCTION AND OBJECTIVE: TLANDO is an FDA-approved oral formulation of testosterone undecanoate (TU) indicated for adult males with primary or secondary hypogonadism. Two pills (112.5 mg each) are taken twice daily without the need for titration. The pharmacokinetic profile of TLANDO is more similar to the variation of normal diurnal testosterone physiology than that achieved by other delivery systems. This oil-based capsule of TU avoids first pass hepatic metabolism. We wished to study the effect of TLANDO on hypogonadal symptoms and hormones/blood test values.

METHODS: A chart review was performed to examine outcome of TU use on hypogonadal symptoms and hormone blood test values for testosterone, sex hormone binding globulin (SHBG), dihydrotestosterone (DHT) as well as hematocrit and prostate specific antigen (PSA) measured prior to and within 3 months of initiating TLANDO treatment, separating those who had and had not been on testosterone replacement therapy (TRT) previously.

RESULTS: A total of 41 patients (mean age=60.2±9 years) were studied, including 15 who had been on TRT previously. Significant increases were noted in the “no previous TRT” group for total testosterone, DHT, and calculated free testosterone (Figure 1). The “previous TRT” group transitioning to TLANDO predictably maintained total testosterone levels, but DHT levels nevertheless increased 1.9-fold, approaching statistical significance (p=0.06). Interestingly, while calculated free testosterone did not change in the “previous TRT” group, SHBG decreased significantly to a similar extent as the “no previous TRT” group. Hematocrit and PSA values remained within the normal range. Hypogonadal symptoms were resolved in 76% of patients using TLANDO. There were reports of hair thinning (4), acne (3), polycythemia (2), gynecomastia (1) and increased blood pressure (1). No one had worsening of BPH /LUTS.

CONCLUSIONS: Our initial experience with TLANDO TU capsules for the treatment of hypogonadism shows it is safe and efficacious with unique post treatment blood test changes, including a decrease in SHBG in both groups.



Source of Funding: None