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"Doc, if it were you, what would you do?": A survey of Men's Health specialists' personal preferences regarding treatment modalities

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Introduction: Little data exists evaluating the attitudes that andrologists have towards the current treatment modalities available for managing men's health conditions.

Objective: To survey men's health providers to assess their treatment preferences.

Methods: An online survey was sent out via SurveyMonkey to members of the Sexual Medicine Society of North America (SMSNA) and through Social Media blasts to members of the European Society for Sexual Medicine (ESSM). The survey consisted of 37 questions and assessed 6 domains of men's sexual health – Erectile dysfunction, ejaculatory dysfunction, Peyronie's disease (PD), Hypogonadism, Benign Prostatic Hyperplasia (BPH), and urinary incontinence. Respondents were asked to complete the survey as if they were a patient being treated for such conditions. A total of 128 members responded to the survey (67 from SMSNA and 61 from ESSM).

Results: 114 respondents proceeded on with survey completion after the first question. In terms of demographics, 80.6% of respondents were male, 61.1% practiced in the United States (US) and 23.2% in Europe, 43.9% were <40 years old, and 59.8% were fellowship trained. When considering Phosphodiesterase-5 inhibitor (PDE5i) treatment for ED, most preferred Tadalafil, both daily (40.8%) and on demand (38.8%), or Sildenafil (33.0%). 73.1% of respondents would opt for intracavernosal injections as second line therapy if unresponsive to PDE5i. Approximately 67.0% of respondents would be interested in pursuing low intensity shockwave therapy. Most providers (76.1%) would prefer a 3-piece inflatable penile prosthesis (IPP), and 65.5% a penoscrotal approach. For ejaculatory dysfunction, the most commonly chosen management strategy was sex/behavior therapy for both premature (35.9%) and delayed (51.7%) ejaculation. However, for US-based practitioners, topical therapy was preferred for premature ejaculation (35.6%). The most preferred option for stable PD with preserved erectile function with a 30, 60, and 90 degree curvature was no intervention (45.2%), intralesional Collagenase Clostridium Histolyticum (CCH) (30.6%), and plaque incision/excision (32.1%), respectively. Fellowship trained individuals, however, tended to prefer a plication procedure over CCH therapy. Regarding hypogonadism treatment, a selective estrogen receptor modulator was preferred if fertility preservation was desired (39.3%). If fertility preservation was not a concern 86.9% would pursue testosterone replacement therapy and 45.2% of those would administer it topically. 69.4% of respondents would still pursue testosterone therapy if they had borderline testosterone (300-400 ng/dL). About 45.0% of individuals chose Urolift and 13.8% chose Rezum for management of BPH symptoms if antegrade ejaculation preservation was a concern. Finally, for post-prostatectomy urinary incontinence, Kegel exercises, urinary sling and artificial urinary sphincter were preferred for mild (83.1%), moderate (59.0%) and severe (69.5%) incontinence, respectively.

Conclusion: Based on our survey's results, it seems many men's health specialists would pursue the least invasive options before considering procedural intervention for any given condition. For milder issues, behavioral or no intervention was a more popular option for management of PD, incontinence, and ejaculatory dysfunction. The results of studies like these can be used to assess the current landscape of practice patterns and habits of urologists, and help to identify evaluation and treatment gaps in men's health.