American Urological Association MediaRoom

AUA Releases New Clinical Guideline on the Diagnosis and Treatment of Peyronie's Disease

New Orleans, LA, May 13, 2015 — Clinical guidance for the diagnosis, evaluation, treatment and follow-up of patients with Peyronie's disease, including statements for how to treat the condition in order to maximize symptom control, sexual function and patient/partner quality of life, are all part of a new clinical practice Guideline released by the American Urological Association (AUA). This new clinical Guideline will be presented during the 110th Annual Scientific Meeting of the AUA in New Orleans, LA, on Monday, May 18, 2015 at 1:00 p.m. CT.

Peyronie's diseasecan be defined as the development of scar tissue under the skin of the penis that causes curved, and sometimes, painful erections. This new Guideline is designed to present physicians with a clinical framework for recognizing Peyronie's, conducting a valid diagnostic process and approaching treatment with the aim to reduce adverse events and patient/partner burden.

Guideline Panel experts recommend the following when assessing men for the condition:

- Clinicians should engage in a diagnostic process to document the signs and symptoms that characterize Peyronie's disease. The minimum requirements for this examination are a careful history (to assess penile deformity, interference with intercourse, penile pain, and/or distress) and a physical exam of the genitalia (to assess for palpable abnormalities of the penis).
- Clinicians should perform an in-office intracavernosal injection (ICI) test with or without duplex Doppler ultrasound prior to invasive intervention.
- Clinicians should evaluate and treat a man with Peyronie's disease only when he has the experience and diagnostic tools to appropriately evaluate, counsel, and treat the condition.

"More cases of Peyronie's disease are being reported each year," said Arthur Burnett, MD, who served as co-chair of the multi-disciplinary Panel that developed the Guideline. "With these numbers increasing, it is our hope this Guideline provides physicians with a much-needed roadmap to help diagnose, evaluate and treat these patients."

The cause of Peyronie's disease is not yet completely understood; however most doctors believe it may be the result of mild or repetitive penile trauma, such as vigorous sexual activity, or injuries from sports or accidents.

The Panel outlines the following clinical principles for first-line treatment of Peyronie's disease:

- Clinicians should discuss with patients the available treatment options and the known benefits and risks/burdens associated with each treatment.
- Clinicians may offer oral non-steroidal anti-inflammatory medications to the patient suffering from active Peyronie's disease who is in need of pain management.
- Clinicians should not offer oral therapy with vitamin E, tamoxifen, procarbazine, omega-3 fatty acids, or a combination of vitamin E with L-carnitine. [Moderate Recommendation; Evidence Strength Grade B(vitamin E)/ B(omega-3 fatty acids)/ B (Vitamin E + propionyl-L-carnitine)/ C(tamoxifen)/ C(procarbazine)] .
- Clinicians should not offer electromotive therapy with verapamil.
- Clinicians may administer intralesional collagenase clostridium histolyticum in combination with modeling by the clinician and by the patient for the reduction of penile curvature in patients with stable Peyronie's disease, penile curvature >30° and <90°, and intact erectile function (with or without the use of medications).
- Clinicians should counsel patients with Peyronie's disease prior to beginning treatment with intralesional collagenase regarding potential occurrence of adverse events, including penile ecchymosis, swelling, pain, and corporal rupture.
- Clinicians may administer intralesional interferon α-2b in patients with Peyronie's disease.
- Clinicians should counsel patients with Peyronie's disease prior to beginning treatment with intralesional interferon α-2b about potential adverse events, including sinusitis, flu-like symptoms, and minor penile swelling.
- Clinicians may offer intralesional verapamil for the treatment of patients with Peyronie's disease.
- Clinicians should counsel patients with Peyronie's disease prior to beginning treatment with intralesional verapamil about potential adverse events, including penile bruising, dizziness, nausea, and pain at the injection site.
- Clinicians should not use extracorporeal shock wave therapy (ESWT) for the reduction of penile curvature or plaque size.
- Clinicians may offer extracorporeal shock wave therapy (ESWT) to improve penile pain.
- Clinicians should not use radiotherapy (RT) to treat Peyronie's disease.
- Clinicians should assess patients as candidates for surgical reconstruction based on the presence of stable

disease.
- Clinicians may offer tunical plication surgery to patients whose rigidity is adequate for coitus (with or without pharmacotherapy and/or vacuum device therapy) to improve penile curvature.
- Clinicians may offer plaque incision or excision and/or grafting to patients with deformities whose rigidity is adequate for coitus (with or without pharmacotherapy and/or vacuum device therapy) to improve penile curvature.
- Clinicians may offer penile prosthesis surgery to patients with Peyronie's disease with erectile dysfunction (ED) and/or penile deformity sufficient to prevent coitus despite pharmacotherapy and/or vacuum device therapy.
- Clinicians may perform adjunctive intra-operative procedures, such as modeling, plication or incision/grafting, when significant penile deformity persists after insertion of the penile prosthesis.
- Clinicians should use inflatable penile prosthesis for patients undergoing penile prosthetic surgery for the treatment of Peyronie's disease.

"Given its prevalence and significant psychosocial impact, it is important for physicians to understand how to diagnose and treat Peyroine's disease in order to maximize symptom control and improve a man's sexual health and quality of life," said Ajay Nehra, MD, AUA spokesperson and co-chair of the multi-disciplinary Panel that developed the Guideline. "This new Guideline provides a better clinical direction for those who are already treating Peyronie's, as well as those who will be in the future."

A full copy of the Guideline can be accessed on our website: http://www.auanet.org/education/guidelines/peyronies-disease.cfm

NOTE TO REPORTERS: Experts are available to discuss this study. To arrange an interview with an expert, please contact the AUA Communications Office at 443-909-0839 or e-mail cfrey@AUAnet.org.

About the American Urological Association*: The 110th Annual Meeting of the American Urological Association takes place May 15 – 19 at the New Orleans Morial Convention Center.*

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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