# PS-02-03 Trends of utilization and comparison between ams<sup>®</sup> vs. coloplast titan<sup>®</sup> inflatable penile prostheses (ipps) in italy – results from a national registry (insist-ed) (#144)

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## Objectives

Two manufacturers (AMS<sup>®</sup> and Coloplast<sup>®</sup>) provide the vast majority of the Inflatable penile prostheses (IPPs) available in the market. Data comparing the two IPP-brands are scant and little is known regarding the factors which may influence the implanters' preference when selecting the IPP-brand. We investigated these issues using the Italian multi-institutional national registry of penile prostheses (INSIST-ED).

## Methods

INSIST-ED registry, relating to patients implanted from 2014 to 2021, was analyzed. All data were prospectively recorded by 45 surgeons on a dedicated website (www.registro.andrologiaitaliana.it) and revised by a data-manager. Patient's age, erectile dysfunction (ED) etiology, hospitalization type (private vs. public), and surgical volume were recorded. Logistic regression models were applied to explore the association between these features and the IPP-brand choice. Additionally, the complication rates and the quality of life and sexuality with penile prosthesis (QoLSPP) questionnaire scores were compared between who received an AMS® IPP vs. a Coloplast® one.

#### Results

Overall, 1529 procedures were entered in the database from 2014 to 2021, with complete 1-yr follow-up QoLSPP questionnaires available for 207 patients. ED-aetiology related to organic ED, pelvic surgery/radiotherapy, and Peyronie's disease in 642 (42%), 566 (37%) and 306 (20%) patients, respectively. Overall, 900 (62%) AMS® and 378 (26%) Coloplast® IPPs were implanted, respectively. At logistic regression analysis, high-volume implanter were more likely to choose AMS (OR:1.1;95%Cl1.07-1.13;p<0.0001)(Figure.1). Patients age, ED aetiology and hospital type were not associated with the use of one specific IPP-brand. Both complication rates and QoLSPP scores at follow-up were non-significantly different between AMS vs. Coloplast IPP-receivers.

## Conclusions

Patient's related features and hospitalization-type did not seem to influence the IPP-brand choice, whilst the implanters' own preference remained decisive to this respect, and especially so for high-volume implanters. Outcomes in terms of complication rates and satisfaction did not differ significantly between AMS vs. Coloplast IPP-receivers.

## **Conflicts of Interest**

No Conflicts of Interest to be declared

