

Treatment
Evolved

Dornier Aries® 2



Treatment Evolved

Vacuum pumps for impotence were designed in the late 1800s, and adopted in the early 1900s. The inflatable penile prosthesis made its first appearance in the early 1970s. PDE5 Inhibitors were first discovered in 1980.

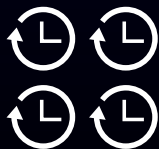
It's been over 30 years since, but we're still using the same methods to treat Erectile Dysfunction since before the iPod was invented.

We think it's time for a change. Patients who don't normally respond to PDE5i don't have to give up all hope. Mild-ED patients can potentially move off drug therapy. 100% Natural, Drug-Free treatment finally becomes an option. And 2nd line therapy doesn't have to feel as extreme or invasive for patients.

At Dornier MedTech, we've carried on a legacy of change, innovation and evolution since pioneering the use of shockwave therapy to treat kidney stones in 1983.

The Aries 2 is part of our philosophy.

The Aries 2 is Treatment, Evolved.



**Lasts
4x Longer**



**Measurable
Shock Output**



**Dynamic
Depth Control**



**Quick
Start Up**



**Clinically
Proven Results**



**Used By International
Leading Physicians**

“Aries treatment produces excellent results for my patients with erectile dysfunction. I strongly recommend it to my patients and colleagues.”

Dr. Rafael Prieto M.D.

Vice-President 2009-2013, Spanish Association of Andrology



0 - 100 real quick

Start Up Time:
Under 60 Seconds¹

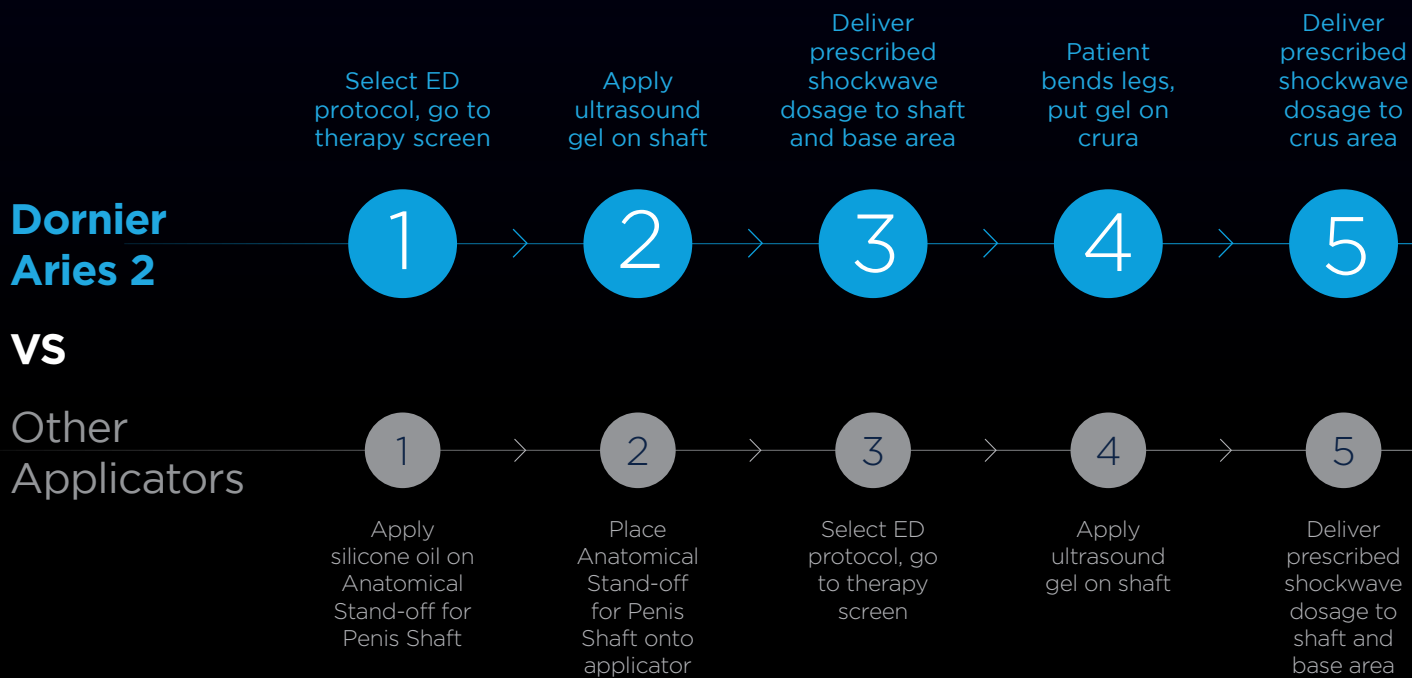
No De-Gassing or Water Refill Required

Unlike other applicators, the Aries 2 applicator features a fully closed system complete with an automatic, rapid de-gassing system. This means an easy start-up and operation for users, with close to no waiting time beforehand.



Cut the unnecessary steps

Comparison of treatment steps required for a standard ED therapy session, between the Aries 2 and other ESWT device:



Efficient workflow

The Aries 2 applicator's SmartFocus™ technology stands out from other applicators, allowing you to simply adjust shockwave penetration depth and energy levels at the touch of a button – without needing to add or change gel pads.

This provides you with a smooth workflow and flexibility to quickly switch between different energy and depth requirements (eg. moving from penile shaft to crus, or in the trigger point treatment of CPPS).



Clean-up

Complete

7 steps

VS 11 steps

6

7

6

7

8

9

10

11

Patient bends legs, put gel on crura

Apply silicone oil on Stand-off I for Crus

Replace Anatomical Stand-off with Stand-off I on the applicator.

Deliver prescribed shockwave dosage to crus area

Clean-up

Complete

Every shot A perfect shot

When we developed the Aries 2, we created a patented testing device that could reliably measure and indicate our applicator's current shockwave output - something no other device or applicator offers.

The Aries 2 applicator features Dornier EMSE technology which delivers a consistent output of shockwaves throughout its lifespan, without degradation or fluctuations experienced with Piezoelectric or Electrode based systems.

In shockwave therapy, treatment outcomes can be highly dependent on the accuracy of shockwave dosage reflected.

The Aries 2 provides both doctors and patients assurance that the therapy being performed is exactly as is intended to bring about the desired treatment effects.



Lasts 4x longer than the average applicator

Conventional Li-ESWT applicators tend to deliver an average lifespan of between 100,000 to 500,000 shocks.

Aries 2 applicators are assembled from specific parts & materials, specially chosen via a stringent selection process for their ability to last under continued use.

True to our German design and engineering philosophy for durability – we've produced an applicator which delivers an average lifespan of 2,000,000 shocks.²



Add more life to your Aries 2

When you buy an Aries 2, you're getting our commitment to providing quality and shockwave engineering – at its finest.

On top of device maintenance; our service plans include a testing and measurement of shockwave output for your device each time.

When you use an Aries 2, you do so with confidence that every shockwave delivered is at its full intended strength.

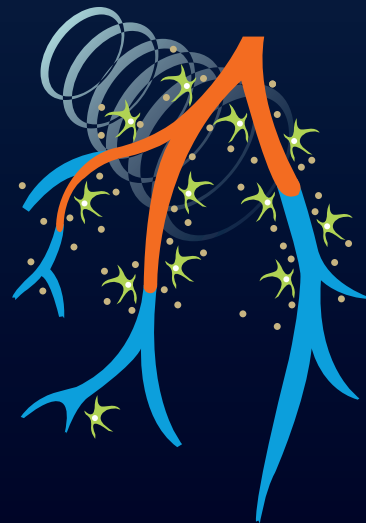
Contact your regional sales representative or distributor for more information on our service plans.

Angiogenesis

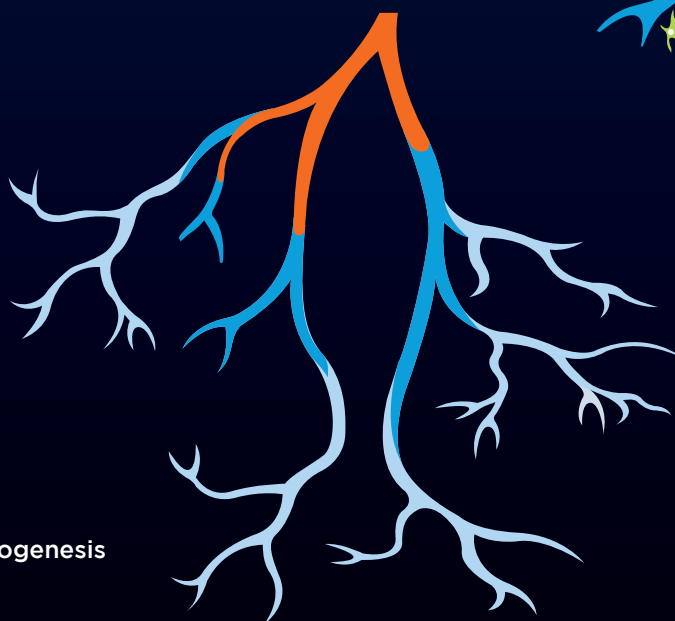
1
Penile tissue
after vascular
dysfunction



2
Secretion of
angiogenic
factors



3
Enhanced angiogenesis
in penile tissue



Shockwave technology has had a storied history of efficacy and safety in various aspects of patient treatment, including Orthopaedics, Rehabilitation and Sports Medicine since the early 1990s.

Inspired by the same technology, the Aries 2 utilizes low-intensity extracorporeal shockwave therapy (Li-ESWT) to induce micro-trauma in cells and tissues in the target area, triggering a healing response and angiogenesis.

Clinical studies with the Aries 2 produced successful outcomes in a majority of

patients, showing significant increases in erectile function, as measured by the IIEF-ED score.

Li-ESWT treatment for Vasculogenic Erectile Dysfunction has proven High clinical success rates (up to 70%),³ although dependent on technology used and severity rate of ED in patients.

The treatment's success and Vasculogenic Mode of Action point to high potential for Li-ESWT to help patients who are responsive to PDE5i, or be used as a complementary therapy with PDE5i.

A breakthrough in ED therapy

2018

First human study to investigate different Li-ESWT protocols, identifying a dose-dependent effect of Li-ESWT³

2017

Successful sham-controlled study on Li-ESWT for ED, showing improvements in penile blood flow after treatment⁴

2016

Meta-analysis of 7 sham-controlled studies, showing that Li-ESWT is significantly more effective than placebo for ED⁵

2015

Successful sham-controlled study on Li-ESWT for severe Vasculogenic ED⁶

2012

First human sham-controlled study on Li-ESWT for ED⁷

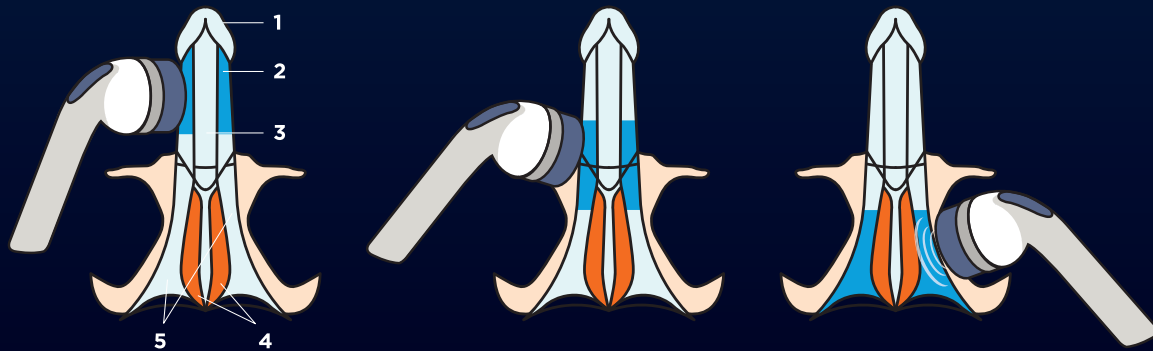
Successful pilot study on Li-ESWT for severe Vasculogenic ED⁸

2010

First human pilot study on low-intensity electro shockwave therapy (Li-ESWT) for organic ED⁹

Clinically Proven treatment protocol

Shockwave therapy with the Aries 2 is a non-invasive and painless treatment that can be conducted in the privacy of your office.



1. Glans penis
2. Corpus cavernosum
3. Corpus spongiosum
4. Bulbospongiosus muscle
5. Ischiocavernosus muscle

■ Treatment area

How it works:

- While the patient is lying down, ultrasound gel is applied to the applicator head and/or the treatment area.
- The applicator head is applied to areas of the penile shaft and crus.
- The Smart Focus technology skilfully creates waves that treat a broad area from the superficial surface of the penile shaft to the deeper erectile tissues of the crura.
- It is currently recommended that this treatment be conducted once or twice a week, for at least 6 sessions.
- The waves stimulate tissue and do not cause any pain or external scarring. Patients can resume daily regular activity after the procedure. Side effects and risks are minor or absent.
- Most patients report progress after 3 - 4 sessions.

“The Dornier Aries 2 is the only machine with a scientifically – based treatment protocol. This data gives us confidence that we are offering our patients the best treatment option.”

Professor Dimitris Hatzichristou MD, PhD, FECSM

Head, Dept of Urology, Aristotle University of Thessaloniki;
Co-Founder and Past President, European Society for Sexual Medicine

Development of an evidence-based protocol for the application of low intensity shockwave therapy for erectile dysfunction: efficacy and safety of 6 and 12 treatment sessions.³

Key Highlight

Objectives:

- Explore the number of low intensity shockwave treatment sessions needed in patients with Vasculogenic erectile dysfunction; 6 vs 12 sessions in a 6 week period.
- Compare the efficacy and safety of the two treatment protocols.

Method:

- Randomized, 2 parallel arms study.
- Vasculogenic ED patients with IIEF-ED 6-25, and some or good response to PDE5i.
- 42 patients were randomized into 2 groups. Group A received 1 session/week for six weeks and Group B received 2 sessions/week for six weeks.

Results

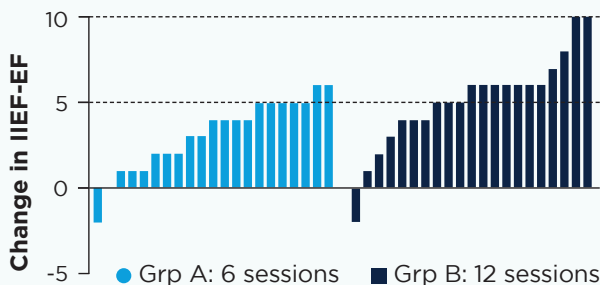
1. Overall Erectile Function (IIEF-ED)

Outcome

6 sessions: significant improvement in erectile function

12 sessions: greater increase in erectile function

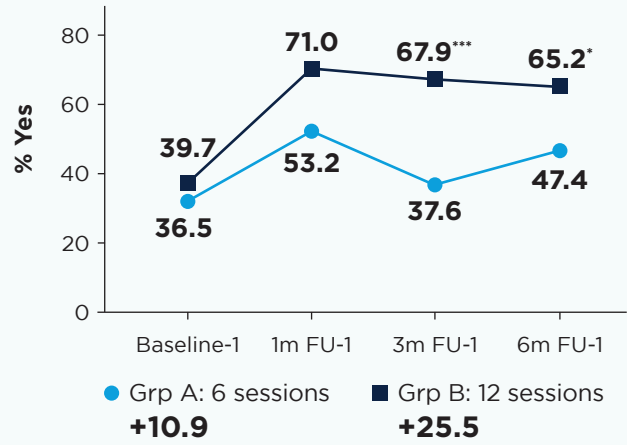
Change in IIEF-EF @ 6mFU



2. Erections that last long enough for sexual intercourse (SEP-Q3)

Outcome

Improvement after 6 sessions; more benefit with 12 sessions



Graphs show Mean + SEM; N = 21/ group

* p<0.05 *** p<0.001

p-values: Group A versus Group B, obtained by 2-tailed t-test of independent samples

3. Clinical success rates by ED severity

Outcome:

Over 80% success rates in mild ED patients.

Moderate to Severe ED patients benefit from 12 sessions.

Sessions	Mild ED	Moderate ED	Severe ED	Total
6	10/12 (83%)	3/7 (43%)	0/2 (0%)	13/21 (62%)
12	8/9 (89%)	6/9 (67%)	1/3 (33%)	15/21 (71%)

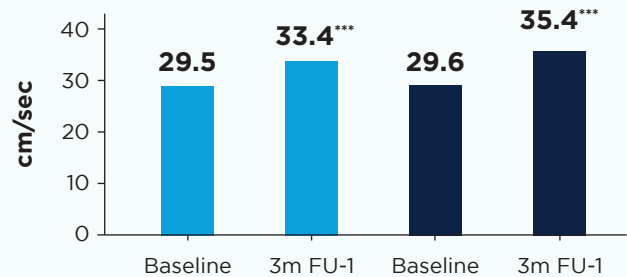
Clinical success rate from baseline-1, at 6-month follow up

4. Penile blood flow (Peak Systolic Velocity)

Outcome:

Significant increase in penile arterial velocity

Peak Systolic Velocity* (PSV)



Peak Systolic Velocity* (PSV) improvement:

Grp A: 6 sessions +4 cm/sec
Grp B: 12 sessions +5.3 cm/sec

* Normal Peak Systolic Velocity (PSV) value: >35 cm/sec
*** p<0.005

Conclusion

All measures of erectile function improved for both groups. Tendency for better erectile function noticed in Group B (12 sessions). 12 is more effective than 6 especially for moderate to severe ED patients.

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Europe

Dornier MedTech Europe GmbH

Argelsrieder Feld 7
82234 Wessling, Germany

Phone: +49-8153-888-625

Fax: +49-8153-888-444

Email: infoeurope@dornier.com

Dornier MedTech Italia s.r.l.

Via Arrigo Cavaglieri N. 26
00173 Rome, Italy

Phone: +39-06-72 35 289

Fax: +39-06-72 35 302

Dornier MedTech España, S.L.

Av. Alcalde Barnils, 64-68 -
Módulo A - 1ª 3ª
08174 Sant Cugat del Vallés
(Barcelona) Spain

Phone: +34-93-203 9316

Fax: +34-93-205 3814

Dornier MedTech France SARL

Ferme de St Paul
1545 route d'Epagny
74330 Sillingy, France

Phone: +33-450-22 18 94

Fax: +33-450-24 24 63

Dornier MedTech Europe GmbH

Moscow Representative Office
Uliza Mytnaya 3
Office 21
119049 Moscow, Russia

Phone: +7-495-739 51 32

Fax: +7-495-739 51 33

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www.dornier.com

AriesforED@dornier.com