

Shane's Pain: The Story of a Guy from Nebraska with Recalcitrant Plantar Warts

By Pete Turnbull

Shane first contracted plantar warts back in 2009. The last 7 years of his life have been spent trying to get rid of them, unsuccessfully. Shane reached out to us at **Saorsa** shortly after our launch (January 2019), desperate for resolution. After following the **Swift Treatment** protocol, Shane is now wart-free and back to loving life. Below is a detailed account of Shane's journey, Key Learnings, Linked Strategies and the "Why" behind our mission here at Saorsa.

Shane's Pain, Chapter 1

Shane originally self-diagnosed with plantar warts via the Internet. Like most PW patients, he felt some discomfort on the sole of his foot and upon examination he realized something wasn't quite right. After a full tour of Google, Shane had accurately diagnosed his condition as being plantar warts. After failed self-treatment (OTC), Shane decided to skip most patients' second step (PCP visit) and instead booked an appointment with a local dermatologist, seemingly the most appropriate person to treat a condition of the skin.

Key Learning #1: Most people turn to Google first for initial medical diagnosis.

Linked Saorsa Strategy: Capture wart patients at the source—Google Ad campaigns targeted at those searching for "wart treatment" via warttreatmentinfo.com

Key Learning #2: Most people with warts of any kind will (a) self treat (OTC), (b) see a primary care physician (PCP), and then (c) see a dermatologist, typically all before seeing a podiatrist, regardless of lesion location.

Linked Saorsa Strategy: Create awareness and referral networks in order to effectively and channel patients to our partners in podiatry.

Shane's Pain, Chapter 2

Having used Google maps to locate the dermatologist closest to him, Shane showed up for his appointment where it was confirmed that he was indeed infected with plantar warts. The dermatologist reviewed treatment options and laser treatment was presented as the most effective option considering the size of the lesions. Shane agreed and was treated twice with laser. While the initial response was positive and the size of the lesion was reduced, the virus remained present and the infection persisted with lesions worsening after the treatment.

Key Learning #3: Most destructive therapies do not address the root cause of the issue, the HPV infection,



Figure 1: Shane with Dr. Campbell

leading to high degrees of persistence and recurrence.

Linked Saorsa Strategy: Using low dose microwave energy, Swift triggers an immune response that targets the virus itself vs the lesion. Swift goes after the root cause of the issue.

Shane's Pain, Chapter 3

After realizing that the laser treatment was not going to be successful, Shane decided that he would see another clinician that might be able to provide an alternative treatment option, so he booked an appointment with his primary care physician. The primary care physician again confirmed the diagnosis and while the scar tissue from the laser treatment was potentially impactful, the PCP elected to treat with cryotherapy, which again was unsuccessful.

With limited additional treatment op-

tions, the PCP referred Shane to see a local podiatrist in hopes of finding more advanced treatment with higher resolution rates.

Key Learning #4: By the time a patient arrives at a podiatrist, they have typically been treated unsuccessfully at least twice via traditional destructive methods.

Linked Saorsa Strategy: Provide podiatrists with a non-destructive treatment option that works effectively and that will resonate with patients who are seeking resolution.



Figure 2: Shane's lesion

Shane's Journey, Chapter 4

In discussing his case with the podiatrist, Shane agreed to try cantharidin, which he described as being a highly unpleasant treatment, but one that he was willing to try based on his desire for resolution. At first, the cantharidin appeared to be working; however, resolution ceased after time and the warts persisted. Shane decided that this was the best option available from the podiatrist and that he wouldn't return but instead continue to research options.

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Shane's Pain (continued)

Key Learning #5: If unsuccessful, patients will not let their clinician know, but will simply move on to another specialist.

Linked Saorsa Strategy: Provide podiatrists with effective treatment options to not only improve patient retention and protocol adherence, but to increase word of mouth referral pathways.

Shane's Journey, Chapter 5

Through his continuing research, Shane heard that Candida Antigen Therapy was now being offered at the dermatology clinic where he began his journey. The treatment sounded promising and innovative, so he booked an appointment and received treatment.

Similar to cantharidin, the treatment was somewhat effective at first, but ultimately the warts persisted and he was left scratching his head, continuing his research.

Key Learning #6: Recalcitrant patients will seek out innovative treatment options the further they go in their journey.

Linked Saorsa Strategy: Upon installation of a new Swift system, we recommend reaching back out to past patients as their problems remain un-resolved and they are open to new, innovative therapies.

Shane's Journey, Chapter 6

After several months of waiting and researching, Shane came across Swift online and learned that it had just launched in the United States (FDA 510K Clearance in November 2018). He immediately reached out to Saorsa via our online portal (www.esaorsa.com) and we lined up a call with him to assess how we could help. At the time, we only had a few locations in and around the New York area, miles away from his home in Nebraska.

Within minutes of speaking with Shane, it was evident that he had done his homework. He knew everything there was to know about Swift from Immune Modulation down to treatment protocol specifics. We knew he was keen to receive treatment, but we assumed that Shane would simply wait until we had a Swift system in his area—so what he did next came as a bit of a surprise. Having waited long enough to see resolution, Shane decided that he was going to book Swift treatment in New Jersey with Dr. Suzan Campbell and would fly in once per month over the next 3 months. You can imagine that the cost of the treatment was not much of a concern. It should be noted that Shane considers himself a middle class American, earning a reasonable salary working as an HR data analyst.

Upon arrival, he was cautiously optimistic, knowing that this might be perhaps his final chance at resolution.



Figure 3: Shane being treated

After his first treatment, you could tell he was hoping for more fireworks; however, he understood that immune therapy was non-destructive and that he wasn't going to "see" immediate resolution, as the virus was hopefully being treated internally. Either way, he could "feel" something had been activated and it wasn't long before he noticed that the lesion was "less noticeable".

Shane continued on with treatment, flying in every 4 weeks in order for the treatment to align with his immune cycle. With each treatment, Shane found the treatment slightly more painful, indicating a higher % of now healthy tissue in place of previously infected tissue. Dr. Campbell

proceeded with the 8 watts x 2 seconds x 5 doses per lesion protocol and they could both sense that things were headed in a very positive direction. Swift had most certainly alerted the body to the presence of HPV, the immune system had been triggered and the wart was thinning.

Most Recent Update

As of the date of publication, Shane is now officially wart-free. While patient outcomes were always going to be the core focus of the Swift journey, the feedback from

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Shane put our mission front and center. We asked Shane to comment on his overall experience with Swift and he provided us with the following:

"When all other treatments failed, Swift came through and helped me destroy a virus that consumed me for many years. While I was searching for a treatment, Swift provided me with a cure. Swift not only healed me physically, but mentally as well."

As we've continued to stay in touch with Shane, we recently received the following, which really highlighted why we and so many of you do what you do:

"I thought of you guys while I was walking around barefoot today and how amazing it felt without that ugly limp and all the pain. My mind was so conditioned to doubt everything treatment and healing-related due to my experience over the years. You've understood that struggle and gave me a real solution. I'd be lost and still limping around without you guys!"

Key Learning #7: Swift works where other treatments have failed. In the Southampton Study, 75.9% of heavily recalcitrant patients saw full resolution after 3 treatments.

Shane's Pain (continued)

Key Learning #8: Patients will pay for resolution when they're motivated by resolution. Shane was willing to pay not only for Swift treatment, but for 3 return flights from Nebraska to New Jersey—costing around \$3,000 personally, between flights, hotels, transportation, food, PTO used, and treatment. This is consistent across all Swift clinics: Patient frustration is directly correlated to Swift acceptance. Those who are frustrated by prior failed treatments will say yes to Swift.

Linked Saorsa Strategy: Promote Swift Immunotherapy to patients via warttreatmentinfo.com through resolution data and patient testimonials.

Why Shane's Story is Important

When we first launched Swift in the U.S. in January, 2019, the big unknown was “Will U.S. patients be willing to pay more for advanced wart treatment?” We knew that the answer was unequivocally yes in the UK, where they had completed over 45,000 procedures, seeing a 80% + selection rate of Swift vs others (sal acid, cryo, etc). In an effort to answer this question we began to connect with local podiatrists to understand more about the typical “patient journey” in the United States and the feedback was variable with the most common feedback being: “I’m not sure, but I do know that patients hate paying their co-pays, so probably not.” We were certainly hopeful, but we admittedly had our lingering doubts, despite the global response.

With nearly 10 months of clinical experience now under our belt here in the United States, the picture is becoming increasingly clear and the lessons keep pouring in:

Patients will pay for resolution. So far over 50% of all patients presented with Swift as a treatment option are selecting Swift vs others. Like Shane, most people have tried multiple treatments prior to seeing a podiatrist. They arrive at the foot specialist's office hoping for specialized treatment. Once they understand that they are infected with a virus and that Swift targets the virus, the connection is made and they are far more likely to say yes to Swift.

Patients still hate paying co-pays; however, we have now learned that this is simply a fundamental logic and value argument vs not being willing to pay for resolution. People we've spoken to all agree that they feel “cheated” by the insurance providers when they have to pay co-pays on top of their monthly premiums. These same people are still more than willing to pay more for treatment that works.

Most patients aren't hitting their deductibles. When we asked Shane why he was willing to pay for Swift Treatment his answer was simple: “I wanted resolution and I'm never

going to reach my deductible anyhow.” The more people we speak to, the more we understand the concept of the patient being the new payer in U.S. healthcare. Covered services are truly only covered once the patient has reached their deductible and for most people we've spoken to, they do not plan to reach their deductible this year. More and more people are aware of this fact, are comfortable with it and are willing to allocate the money saved on lower premiums to pay for the best outcome possible.

A Healthy Landscape

When we add all this up, we begin to see a picture that illustrates a healthy, viable landscape for Swift. The most common consensus amongst podiatrists is that there is no one “gold standard” for wart treatment and that “Most treatments simply don't work.” For many podiatrists, warts represent frustration through lack of outcome certainty. Many we've spoken to explain that their first course of dialogue with a wart patient is around setting expectations. Staying true to the data, the expectations for clearance with historical treatment methods remain quite low. Thus the doctor-patient conversation can be quite frustrating as the common patient perception is that warts are a seemingly simple condition to treat, which we know isn't the case.

In today's climate, people want value for money and time. People hate paying for things that don't work or that they think they've already paid for and even more so, they hate wasting their time. While nothing is a certainty in the medical profession, we are very pleased to say that when it comes to wart treatment in specific, Swift is finally providing clinicians with the consistency that delivers confidence in the treatment.

As the Swift footprint expands in the US, we are hearing more and more stories about people just like Shane each day, reinforcing the “Why” behind our journey. While we will continue to focus on positive commercial outcomes for our clinics, we don't ever want to lose sight of the “Why”, which is our patients. As long as we continue to provide people like Shane with the freedom that they are so desperately seeking, we have faith that there will be an expanding space for Swift in the podiatric landscape in the United States.

We thank all our early adopters for their belief and commitment to Swift—It is through your courage and trust in science that we will continue to advance the field of podiatry and medicine at large. Immunotherapy is a rapidly evolving space with exciting applications on the horizon. We appreciate you all and we look forward to continuing what is and what will continue to be a very exciting journey.

Visit us online and learn how you can be a part of the Swift Movement: www.esaorsa.com or click here.



Figure 4: After Swift treatment