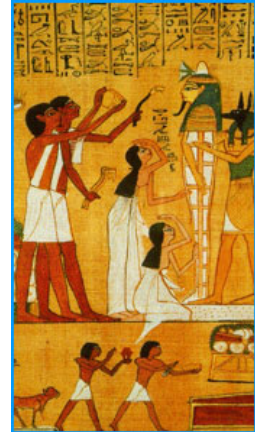


A Review of the International Continence Society 38th Annual Meeting 20-24 October, 2008, Cairo, Egypt

The International Continence Society (ICS) held its annual meeting in the continent of Africa for the very first time when Cairo was host in October to 2385 participants from 74 countries around the world. Cairo, a bustling city with dense traffic on the one hand and the magnificent ancient pyramids of Giza on the other, formed the colourful backdrop to the 2008 annual conference of the ICS. The Pharaohs, whose mummified bodies lie silent and majestic in the mummy room of the Egyptian Museum, would undoubtedly have approved! In the pharaonic era, medicine was very seriously studied as illustrated by the famous medical papyri, engravings, mural paintings and inscriptions. It was this knowledge that enabled them to so successfully embalm their kings, thereby preserving their mortal remains for eternity.



IPBF stand in Africa

Where the ICS was concerned, this was a unique opportunity to help raise awareness and focus attention on incontinence in Africa. Where the International Painful Bladder Foundation was concerned, this formed an unmissable opportunity to organize a first IPBF information stand in Africa to raise awareness of interstitial cystitis/painful bladder syndrome and distribute up-to-date information on the latest developments and insights in this field. The CDs, brochures and leaflets were disappearing at top speed, indicating a huge need for information. “Nobody has ever done anything like this before for IC patients here in Egypt”, said conference chairman Professor Sherif Mourad.

Since the ICS is a multi-disciplinary organization, the IPBF stand was visited not only by doctors but also by numerous nurses and physiotherapists, including many from Egypt and the surrounding region. We hope that this will have a snowball effect in this region of the world and that more patients will get diagnosed and treated.

World Continence Day/Public Forum with Presentation on IC/PBS

The ICS annual Public Forum or World Continence Day, organized this year by the ICS Continence Promotion Committee (CPC) in conjunction with the Pan Arab Continence Society (PACS), was held on 24 October at the end of the ICS conference. The purpose of the annual ICS Public Forum is to raise awareness of incontinence and tackle the stigma attached to this sensitive issue. Local people were invited to come along to have the opportunity to listen to the experts and become more informed about their condition and treatments available. This year the Public Forum included a presentation on IC/PBS.

A sudden huge storm with torrential rain on the Friday afternoon deeply flooded many streets, stranding vehicles and making access to the venue exceedingly difficult. Nevertheless, the large room at the Intercontinental Citystars Hotel was packed with members of the public who had braved the floods, together with a number of health professionals. Speakers included IPBF chairman, Jane Meijlink, who spoke on “Understanding interstitial cystitis and the painful bladder”, emphasizing the huge impact that this condition has on the patient and the patient’s whole life. She said that while many more patients around the world are today receiving a diagnosis of IC, there are still many countries where knowledge of this disease

scarcely exists. Furthermore, despite the fact that we are living in the 21st century, genitourinary disorders are still taboo worldwide. Consequently many patients will not seek professional help for their bladder disorder.

World Continence Week

It was announced in Cairo that the first **World Continence Week** will be held 22-28 June 2009. The aim is to globally facilitate continence awareness and promotion to improve health, wellness and quality of life. It will create a network of events and organizations that will be recognized as leading authorities of continence and bladder health information. In addition it will promote a multidisciplinary approach to treatment. More information will be available in the coming months.



Scientific Programme: Selected Abstracts

The following studies from around the world in the field of the IC/PBS were presented as posters.

Discussion posters

Abstract 51

MOLECULAR DIAGNOSIS OF INTERSTITIAL CYSTITIS

Gamper M, Viereck V, Binder J, Geissbühler V, Eberhard J, Moser R.,

This study from Switzerland (presented in poster discussion session 6 on Lower Urinary Tract Assessment and included in the webcast of this session) was a first step in the aim of these researchers to develop an objective molecular diagnostic assay for IC based on ten to twenty characteristic IC markers. A comparative gene expression profile of bladder biopsies from patients with ulcerative IC and control patients was performed. Their concluding message was that GeneChip expression arrays provided a global picture of IC. The quantification of specific proteins in urine potentially allows the development of a diagnostic array for IC and will pave the way for early detection of this debilitating bladder disease and the development of rational therapies. According to the authors, further evaluation of biopsies from other bladder patients (eg patients with non-ulcerative IC) will show whether the data presented here will be valuable for the diagnosis of IC.

Abstract 96

RANDOMIZED MULTICENTER PILOT TRIAL SHOWS BENEFIT OF MANUAL PHYSICAL THERAPIES IN TREATMENT OF UROLOGIC CHRONIC PELVIC PAIN

Fitzgerald M P, Anderson R U, Payne C K, Peters K M, Clemens J Q, Potts J, Cen L, Chuai S, Kusek J W, Nyberg L M, for the Urologic Pelvic Pain Collaborative Research Network

Presented at poster session 11 on Aging which was webcast. Although manual physical therapy is gaining popularity as a treatment approach, there has been no strong evidence to support its use. The aim of this multi-centre study in the USA was to determine the feasibility of a randomized study of external and internal (pelvic floor) myofascial physical therapy (MPT) and to estimate efficacy for patients with urologic chronic pelvic pain (UCPP) including IC/PBS and CP/CPPS. The researchers found that patients were willing to be randomized between two forms of manual treatment (myofascial physical therapy and traditional external global therapeutic massage (GTM)) and that it was also possible to standardize both treatment approaches. The low study withdrawal rate and low rate of severe adverse events further suggested that the patients found the study treatments highly acceptable. Pain was the most common adverse event.

The overall response rate of 57% in the MPT group suggested that MPT represents a clinically meaningful treatment option. There was significant variability in the response rate in the MPT treatment group between the clinical centres. Whether this variability was due to chance, patient factors or therapist factors could not be addressed adequately since the centre-specific sample sizes were small. The researchers emphasize that the number of study participants was insufficient to conclusively evaluate the efficacy of MPT. In order to determine whether their findings can be replicated, the researchers are now conducting a second small study of MPT and GTM at 11 sites. It is important to note that the GTM treatment offered in this study does not represent the standard of care for massage treatment, and the result of this study should not be taken to mean that MPT is superior to massage therapy for UCPPS.

The researchers concluded their initial encouraging results suggest that a controlled study of myofascial physical therapy methods is possible and that MPT may offer meaningful clinical benefit to patients with urologic chronic pelvic pain syndromes.

Abstract 97

RECOMMENDATIONS ON THE USE OF BOTULINUM TOXIN IN THE TREATMENT OF LOWER URINARY TRACT (LUT) DISORDERS AND PELVIC FLOOR DYSFUNCTIONS: A EUROPEAN CONSENSUS PANEL REPORT

Apostolidis A, Dasgupta P, Denys P, Elneil S, Fowler C, Giannantoni A, Karsenty G, Schulte-Baukloh H, Schurch B, Wyndaele J J.

This study was presented as a discussion poster in Session 12 on Clinical Neurology which was webcast.

Due to the increasing number of potential indications for the use of Botulinum neurotoxins in urological and pelvic floor disorders, the wide variety of injected doses, injection techniques, treatment and follow-up protocols a European expert panel consensus conference was convened, with the following aims: (1) to evaluate the evidence for, and clinical considerations in the use of botulinum toxins in treating urological and pelvic floor disorders; (2) to consider possible roles for future research of botulinum toxins in treating other urological conditions; and (3) to propose evidence-based recommendations for the use of botulinum toxins in the clinical areas of interest.

It was found that despite the increasing number of studies on the use of botulinum toxins in urogenital and pelvic floor disorders, heterogeneous study designs using a variety of primary and secondary outcomes and lack of large well-designed, placebo-controlled and comparative trials compromise the Levels of Evidence and do not allow for robust recommendations of use in non-bladder indications.

It was concluded that botulinum toxin can be used in the LUT with the current doses and techniques as the clinical results show that it is overall safe. As the drug is still unlicensed for

urological indications, appropriate local permissions should be in place and patients should give written informed consent. There is Grade A recommendation for the use of BoNT/A to treat intractable symptoms of neurogenic detrusor overactivity and - with caution – idiopathic detrusor overactivity in patients willing to use clean intermittent catheterisation. Larger placebo-controlled and comparative trials are needed before robust recommendations can be given for the use of a single and repeat injections in other indications, the duration of effect, the long-term safety, the optimal dose and injection technique, the time for repeat injection.

The following abstracts were presented as non-discussion posters:

Abstract 362

THE EFFECT OF ANTICHOLINERGIC AGENT ON PAINFUL BLADDER SYNDROME

Kim Y H, Lee K, Seo J T, Hong J Y.

Although there have been innumerable scientific studies on the therapeutic effects of anticholinergics in patients with overactive bladders, there have been few studies on such effects on patients with painful bladder syndrome with urgency and frequency symptoms. The aim of this study with 207 patients from Korea was to investigate the difference in therapeutic effects of the anticholinergic extended release tolterodine (Detrusitol SR), between patients with overactive bladders and those with PBS. The patients were divided into group 1 with overactive bladder and group 2 with painful bladder syndrome (but excluding patients with interstitial cystitis). After 12 weeks of administration of the drug, patients' satisfaction was overall significantly higher in group 1 than in group 2. The researchers believe that the result suggests that the symptom of pain may be more distressful than the other voiding symptoms. However, in this study frequency and urgency improved in 35.2% of patients with PBS by Global Response Assessment, suggesting that further studies are needed to confirm this result.

Abstract 363

HYPERBARIC OXYGEN THERAPY FOR PAINFUL BLADDER SYNDROME / INTERSTITIAL CYSTITIS RESISTANT TO CONVENTIONAL TREATMENTS: LONG TERM RESULT OF A PILOT STUDY IN JAPAN

Tanaka T, Makino T, Kawashima H, Sugimura K, Sakamoto W, Nakatani T.

In this small Japanese study, 8 cases of IC/PBS who had failed to respond to conventional therapy were treated with hyperbaric oxygen therapy (HBO). All of the patients underwent 20 sessions of 100% oxygen inhalation for 60 minutes a day, 5 days a week for 4 weeks in a hyperbaric chamber. HBO showed a significant decrease in urinary frequency and pelvic pain along with an increase in bladder capacity. Furthermore, the effects on the symptoms were sustained for several months. HBO was generally well tolerated. Side effects were transient Eustachian tube dysfunction in one patient and reversible exudative otitis media in two cases. It was concluded that HBO could be used for the treatment of IC/PBS patients resistant to conventional therapies.

Abstract 364

CYSTODISTENSION; A SURVEY AMONG UK GYNAECOLOGISTS, UROGYNAECOLOGISTS AND UROLOGISTS

Mahendru A, Al-Ta'her H.

Cystodistension (= hydrodistension) has been advocated as a diagnostic tool and/or therapy in patients with painful bladder syndrome, interstitial cystitis, refractory detrusor overactivity and reduced bladder capacity. The authors state that a literature search revealed no standardized technique for bladder distension. [This is curious taking into the account the article published in 2004 by members of ESSIC: Primary evaluation of patients suspected of having interstitial cystitis (IC). Nordling J, Anjum FH, Bade JJ, *et al.* Eur Urol 2004;45:662-9

[PMID: 15082211] which detailed how to perform cystoscopy with hydrodistension in a standard way].

The aim of their survey was to evaluate current practice among UK gynaecologists, urogynaecologists and urologists regarding the indications, technique in their practice and the benefits and complications of hydrodistension.

The survey response confirmed the lack of agreement on how to perform cystodistension. In this survey, the most common indication to perform cystodistension was interstitial cystitis for both diagnosis and treatment.

They concluded that cystodistension has a role in practice even though its indications and benefits are still controversial.

Abstract 365

A PROPOSAL OF A NEW ANIMAL MODEL FOR THE EVALUATION OF BLADDER PAIN IN RATS

Someya A, Okutsu H, Ohtake A, Ueshima K, Suzuki M, Sasamata M.

Bladder pain is considered to be one of the primary symptoms in patients with PBS/IC.

Several bladder pain models have been proposed in recent years, but currently there is no globally authorized animal model for the evaluation of bladder pain. The aim of this study was therefore to propose a suitable model.

Pain-related responses which include both pain-related behaviour and bladder distension-induced amplification of the abdominal muscle electromyogram (EMG) were investigated in rats treated with cyclophosphamide. The effects of some analgesic agents on these responses were also investigated.

It was concluded by the researchers that they had established an objective evaluation animal model for bladder pain and that their results suggest that this experimental model could be useful for evaluating bladder pain and provide a better therapeutic approach to painful bladder syndrome and interstitial cystitis.

Abstract 366

HEPATOCARCINOMA INTESTINE PANCREAS/PANCREATITIS ASSOCIATED PROTEIN (HIP/PAP) EXPRESSION IN THE BLADDER OF PATIENTS WITH PAINFUL BLADDER SYNDROME/ INTERSTITIAL CYSTITIS (PBS/IC)

Makino T, Tanaka T, Tamada S, Kawashima H, Nakatani T, Konishi H, Kiyama H.

Some proteins such as epidermal growth factor (EGF), heparin-binding epidermal growth factor-like growth factor (HB-EGF) and antiproliferative factor (APF) have been proposed as possible urine biomarkers useful for diagnosis of PBS/IC. However, additional reliable urine markers are still being sought for diagnosis of PBS/IC. The aim of this study was to investigate the expression and distribution of HIP/PAP in bladder specimens obtained from patients with PBS/IC and to determine the correlations between the HIP/PAP expression and PBS/IC.

The researchers identified the expression of HIP/PAP protein in the transitional epithelium of bladder specimens with both ulcerative and non-ulcerative PBS/IC. The samples with normal bladder tissue and bladder cancer showed negative immunoreaction for HIP/PAP. The rate of positive immunoreaction for HIP/PAP was higher than that for two other proteins (EGF, HB-EGF) in the bladder specimens with PBS/IC.

It was concluded by the researchers that HIP/PAP might be a potential biomarker to diagnose PBS/IC and be a candidate with anti-inflammatory effect against PBS/IC.

Abstract 367

RETROSPECTIVE CHART REVIEW OF PATIENTS TREATED WITH SANS (STOLLER AFFERENT NERVE STIMULATION) AND OR TENS (TRANSCUTANEOUS

ELECTRICAL NERVE STIMULATION) FOR THE TREATMENT OF INTERSTITIAL CYSTITIS / PAINFUL BLADDER SYNDROME (IC/PBS).

Porter G.

TENS is an effective; essentially non-invasive, simple, affordable treatment option for many IC/PBS sufferers. The aim of this chart review was to ascertain if TENS treatment for IC/ PBS sufferers is as effective as SANS treatment.

According to the authors, this retrospective chart review demonstrated that TENS treatment was 10% more effective than SANS in the treatment of IC/PBS. They also found a better rate of compliance in the TENS group as these patients continued on with treatment once they were placed on a home treatment programme.

Upon review of the data extrapolated from the retrospective chart review, it was demonstrated that TENS treatment in this group of patients was slightly more effective than the SANS alone group. To this end, TENS should be viewed as an effective; essentially non-invasive, simple, and affordable treatment option for many IC/PBS sufferers. Longer follow up within a double blind study is recommended in the future in the hope that TENS therapy will continue to demonstrate equitable results. These results justify conduct of a full scale study on a larger sample size internationally.

Abstract 368

THE LONG TERM EFFECT OF ELECTROSTIMULATION OF THE PELVIC FLOOR ON PAINFUL BLADDER SYNDROME/INTERSTITIAL CYSTITIS PATIENTS

Bosch J L H R, de Jong P R, Farnsworth B, Groen J, O'Connell H E, Nissenkorn I.

These authors reported on the long-term effect of intermittent neuromuscular pelvic floor stimulation using the Accessa™ System (also known as Miniatur™-I) on patients suffering from Painful Bladder Syndrome/Interstitial Cystitis (PBS/IC).

Neuromuscular stimulation for the treatment PBS/IC involves the application of electrical stimulation to the pelvic floor via an implantable system which consists of a bi-polar stimulation lead placed close to the external urinary sphincter and connected to an implantable pulse generator that is implanted in the lower abdominal region. This study was approved by multinational ethics committees and involved 63 implanted subjects who had responded positively to an external stimulation test.

The authors believe that the results of this study suggest that intermittent pelvic floor electrostimulation may be beneficial in treating patients with intractable PBS/IC long term. A larger number of patients will be needed to establish this as a viable long-term alternative treatment for these patients.

Abstract 414

SESQUITERPENE LACTONE PARTHENOLIDE AMELIORATES BLADDER HYPERACTIVITY AND INFLAMMATION IN A CYCLOPHOSPHAMIDE-INDUCED CYSTITIS MODEL BY INHIBITING THE ACTIVATION OF NF-KAPPA B

Kiuchi H, Yamamoto K, Nakayama J, Takao T, Fukuhara S, Hirai T, Ueda T, Komori K, Matsuoka Y, Miyagawa Y, Tsujimura A, Okuyama A.

Nuclear factor-kappa B (NF-kappaB) has been implicated in chronic inflammatory disease, and is thought to play a central role in regulating inflammatory mediators. The activation of NF-kappaB is increased predominantly in bladder urothelial cells in the patients with interstitial cystitis/ painful bladder syndrome, suggesting that inflammatory responses in interstitial cystitis can be exacerbated possibly by persistent activation of NF-kappaB. These researchers from Japan investigated the therapeutic potential of a sesquiterpene lactone parthenolide (PTN), an inhibitor of NF-kappa B, both in vitro and vivo experiments.

They found PTN therapy to be an effective treatment in reducing bladder inflammation and prevention of pollakisuria in well-established cystitis rat models. Their data suggest that PTN

therapy may be a novel approach for the treatment of interstitial cystitis/ painful bladder syndrome. They concluded that sesquiterpene lactone parthenolide ameliorates bladder hyperactivity and inflammation in a cyclophosphamide-induced cystitis model by inhibiting the activation of NF-kappa B

Abstract 430

INTERMITTENT SELF-CATHETERISATION: THE PATIENT EXPERIENCE

Logan K, Shaw C, Webber I, Broome L, Samuel S.

Clean intermittent self-catheterisation (CISC) is a recommended treatment for people experiencing urinary voiding difficulties. Carrying out CISC several times a day is, however, a daunting prospect for patients and may potentially have a significant impact on social activities and quality of life. Such impacts may affect compliance with treatment which ultimately could lead to serious negative outcomes. Health professionals caring for people learning to carry out CISC have an important role in helping people to adapt to CISC. Most literature to date has focused on biomedical issues such as complication rates and use of different catheters, with little attention given to patient perspectives. This study bridges that gap and explores the patient's perceptions of learning clean intermittent self-catheterisation, service provision and the impact on quality of life.

Positive impacts were related to improvement in lower urinary tract symptoms, whereas the negative impacts resulted from the practical difficulties encountered, and the psychological and cultural context of worry and stigma. The factors influencing variations in quality of life impacts were gender, lifestyle, frequency and duration of carrying out self-catheterisation, technical difficulties, type of catheter, co-morbidities, and individual predispositions. Embarrassment, anxiety, privacy and technical difficulties were common themes identified throughout the study which significantly impacted on quality of life during the learning phase. The communication skills and attributes of health care professionals made the learning experience and adjusting to CISC easier. An appropriate level of information provision was important in allowing people to experience some control over their situation and also gave patients trust and confidence in the healthcare professional.

Adequate information about CISC from doctors and careful instruction from experienced nurses empower patients to take control and master CISC, improving compliance and enhancing quality of life. A policy supporting a consistent teaching and follow-up programme is recommended for use where this treatment is regularly employed.

The study team concluded that the findings have the potential to help professionals to identify the factors likely to influence their patients' experience of learning, service provision and response to CISC, and could be used as a tool to help identify those who may have difficulty complying with the treatment and to aid advice-giving to overcome problem situations or complications that can impact on quality of life.

Abstract 433

QUALITY OF LIFE OF PATIENTS FOLLOWING INTERSTIM SACRAL NERVE MODULATION - A 12 YEAR FOLLOW-UP

Steele S, Gajewski J.

Although objective success of sacral nerve modulation (SNM) has been widely documented, there are few reports addressing the long-term Quality of Life (QoL) effects of SNM. Several authors have noted increased QoL for patients implanted with SNM devices. However, these studies are limited in their length of follow-up and/or size of their patient population. The department of the authors is one of the original pioneers of SNM in Canada, having first started this unique surgical treatment in 1994. This poster presented QoL outcomes in patients receiving SNM at their centre over the last 12 years.

This study demonstrates that over the last 12 years patients at this centre had tremendous improvement in their quality of life secondary to placement of the sacral nerve stimulator. Patients who have had the device implanted up to 142 months are extremely satisfied. Their average voiding patterns simulate normal frequency patterns, very little nocturia and mild incontinence issues. The global assessment questionnaires reveal almost 90% of patients at the centre were at least 50% improved in regard to quality of life and bladder symptomatology. Given the positive effects on QoL with SNM it is not surprising that over 90% of patients would have the surgery again knowing what they know now. In addition it appears that the device continues to be successful long term in improving QoL and voiding symptomatology. This is an excellent response for voiding disorders that are notoriously difficult to treat and have a well documented detrimental effect on patient's quality of life. According to the authors, this is one of the first long term studies to adequately assess the impact of sacral nerve modulation on patient's quality of life. This study demonstrates the tremendous positive effect SNM has with over 70% of their patients showing greater than a 75% improvement in quality of life parameters over the last 12 years.

Webcasts:

Webcasts of selected presentations at ICS 2008 are available online at:

www.ttmed.com/urology/ics2008

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