An Oncological Approach to Urological Pelvic Pain Syndromes

W17A, 29 August 2011 14:00 - 15:30

Start	End	Topic	Speakers
14:00	14:15	Introduction: Oncological approach to UCPPS	• Christopher Payne
14:15	14:45	..as it applies to IC/PBS	• Christopher Payne
14:45	15:00	...as it applies to CP/CPPS	• Jeannette Potts
15:00	15:15	Case studies in UCPPS	• Christopher Payne • Jeannette Potts
15:15	15:30	Discussion	All

Aims of course/workshop

A more deliberate approach to the evaluation and treatment of patients suffering with Urological Pelvic Pain Syndromes (UCPPS) is proposed. Reference and comparison is made to the manner in which an oncological specialist evaluates, strategizes therapies and re-evaluates patients. In contrast to other specialists, the oncologist confirms and stages the disease, reassures patient, conjures confidence and hope, establishes time lines and objectives, in pursuit of complete remission. The presenters will describe this algorithm, demonstrating its application and utility in the realm of UCPPS in both male and female patients.

Educational Objectives

Urological Chronic Pelvic Pain Syndromes (UCPPS) are among the most common diagnoses made in outpatient urological clinics, with a worldwide prevalence ranging between 8-14. However, effective approaches to the evaluation and treatment of patients suffering with UCPPS continue to provoke debate, while durable therapies seem to remain elusive.

We propose a unique approach to UCPPS, employing the deliberate approach of an oncological specialist. In contrast to current variable approaches of medical and urological specialists, the oncological approach may provide more consistent and meaningful evaluations, lead to more mindful therapeutic strategies, conjure greater hope and confidence among our patients, establish time lines and milestones to define progress, intervals of re-evaluation and ultimately... complete remission.

The presenters are highly qualified in the field of UCPPS, with greater than 30 years of combined CLINICAL experience. Respective research backgrounds and significant clinical experience form the solid foundation for the model proposed in this workshop.

ICS Augst 29, 2011: Oncological Approach to Patients with UCPPS

Part 1. Introduce the "Patients"

Case Study #1
Case Study #2

Part 2. IC/PBS in women **+** CP/CPPS in Men **= UCPPS**

Introduction:

A. IC/PBS defined
B. CP/CPPS defined
C. Both as Urological Pelvic Pain syndromes

UCPPS in men and women:

A. Lack of end organ pathology in women diagnosed with Interstitial Cystitis (Review of Literature)

   - Infection?
   -
   - Inflammation?
   -
   - Histology?
   -
   - Urodynamic?
   -

B. Lack of end organ pathology in men diagnosed with prostatitis (Review of Literature)

   - Infection?
   -
   - Inflammation?
   -
   - Histology?
   -
   - BPH, Bladder neck/ Urodynamic

UCPPS as a Functional Somatic Syndrome

A. IC/PBS and prevalence of overlapping syndromes
B. CP/CPPS and association with overlapping as well as FSS
C. Response to similar interventions regardless of subspecialty designation
D. Approaches we can learn from the field of FSS
E. Translating a highly subjective symptom constellation into an objective strategic template to measure progress and assuage patient anxiety: The oncological approach….

Part 3: The Oncologic Model:

1. Seriousness of purpose
2. Optimistic but realistic approach
3. Continuous, critical evaluation, re-evaluation
4. Partnership approach involving the patient

Diagnosis:

1. Must "Rule out" vs. "Rule in" for oncologist
2. Individualize; deal with uncertainty when reasonable
3. Can always reassess
4. Specific tests for CPPS and IC/PBS

Staging (although unlike cancer these are not progressive diseases):

1. Objective Severity
    a. Bladder diary
    b. Hydrodistention findings
    c. Urodynamics
2. Subjective severity
    a. Symptom scores
    b. Pain scale
3. Phenotype
    a. Comorbidities
    b. Systemic/Regional/Localized pain
    c. Pain without LUTS
    d. Pelvic floor dysfunction
    e. Other

Treatment:

1. One major intervention at a time
2. Clear plan for each intervention
3. Expect need for combination therapy

Follow-up:

1. Subjective and objective evaluation of each intervention
2. Improvement is good but the goal is complete remission
    a. No symptoms
    b. Normal functions
    c. Normal bladder capacity

Cure: Maintaining complete remission off of medical therapy—always emphasize possible cure

Summary:

1. Mirror the oncologist by approaching IC as a serious but curable disorder
2. Emphasize objective assessment and reassessment with diary/symptom scores.
3. Assess and document result of each treatment
4. Patient participates, sets goals
5. Pelvic floor dysfunction is an important, underrecognized factor in IC/PBS and CPP

Part 4. Case Studies #1 and #2 Discussion