NEW TREATMENTS PRESENT INNOVATIVE APPROACHES TO PAINFUL BLADDER, CHRONIC PELVIC PAIN SYNDROMES AND INTERSTITIAL CYSTITIS

Drugs, devices show promise in providing relief for patients with debilitating bladder pain disorders

Washington, DC, May 17, 2011 — Sacral nerve stimulation, cyclosporine A, silodosin, an internal pelvic myofascial trigger point wand and medicinal grade honey may all have a role in treating certain pelvic pain conditions, including painful bladder syndromes and interstitial cystitis, according to new studies being presented during the 2011 Annual Meeting of the American Urological Association (AUA). Data will be presented to the media during a special press conference on Tuesday, May 17, 2011 at 10:00 a.m. in the Walter E. Washington Convention Center in Washington, DC. Tomas L. Griebling, MD, MPH, a member of the AUA Public Media Committee that selected the newsworthy abstracts, will moderate the session, which will include the following studies:

Outcomes of Sacral Nerve Stimulation in Patients With or Without Interstitial Cystitis/Chronic Pelvic Pain Syndrome (#1511): Sacral nerve stimulation (SNS), electrical stimulation of the nerves that control the bladder, significantly improved voiding outcomes in patients with or without interstitial cystitis or chronic pelvic pain syndrome, according to a study from University of Kansas researchers. Authors compared two groups receiving SNS for voiding dysfunction – one group had IC/CPS (Group 1, n=26) and the other did not (Group 2, n=42), using overall AUA Symptom Score in addition to quality-of-life, voiding and filling sub-scores. Preoperative filling scores were significantly worse in Group 1 prior to undergoing SNS; all other scores were comparable. Following SNS treatment, all variables improved in both groups, with the mean filling sub-score remaining higher in those patients with IC/CPS treated with SNS.

The Effect of Honey on Mast-Cell Degranulation: A Possible Role in Painful Bladder Syndrome/Interstitial Cystitis (#950): Mast cells, known for their role in allergies and anaphylaxis, have also been shown to mediate inflammation in the bladders of patients with interstitial cystitis/painful bladder syndrome (IC/PBS). Researchers from the United Kingdom explored the possibility that honey, known for its benefits in wound healing, cytokine interaction and anti-oxidant effects, could have an effect on mast-cell degranulation in patients with IC/PBS if used intravesically. Authors measured spontaneous calcium ionophore A23187 and A23187-induced histamine release on cells from the LAD2 mast cell line, comparing the effects of a range of medicinal honeys to those of control preparations (including a clover nectar, sugar syrup and agents typically used to treat IC/PBS). The honeys inhibited spontaneous and A23187-induced histamine release significantly better than the control preparations (ranging from 60 percent to 100 percent, compared to 40 percent inhibition with sugar syrup, 36 percent for clover nectar and a maximum inhibition of 24 percent with either drug at either dilution), suggesting that honey, delivered intravesically, may provide some level of success to patients suffering with IC/PBS.

Effects of Silodosin in Men with Moderate or Severe Chronic Prostatitis/Chronic Pelvic Pain Syndrome: A Double-Blind, Placebo-Controlled Phase II Study (#1433): Silodosin, a uroselective alpha-blocker, may be a safe, effective treatment option for patients with chronic prostatitis/chronic pelvic pain syndrome, according to new double-blind, placebo-controlled phase 2 study from researchers in Kingston, Canada. Authors explored the safety and effectiveness of two different doses of silodosin in men with moderate to severe CP/CPPS, using the National Institutes of Health Chronic Prostatitis Symptom Index (NIH-CPSI) total score, as well as sub-scores for pain and quality of life. Patients received silodosin 4 mg/day, silodosin 8 mg/day, or placebo. In patients (median age 48.2 years) who had experienced pain for at least one year, total score decreased significantly with silodosin 4 mg compared to placebo, with significant improvement in pain and quality of life scores. Those taking silodosin 8 mg experienced comparable results, indicating that the 4 mg dose is sufficient to achieve the results.

Safety and Effectiveness of an Internal Pelvic Myofascial Trigger Point Wand for Urological Chronic Pelvic Pain Syndromes (#1431): Palpation and massage of key pelvic floor myofascial trigger points may help ameliorate pain in some patients with chronic pelvic pain syndromes, but in many situations requires regular physical therapy visits in order to be effective. Researchers in California explored the use of an internal therapeutic “trigger wand” to provide patients the ability to self-treat. 113 patients used the curved wand for six months, and showed significant decreases in pelvic muscle sensitivity scores (87 percent). Of these patients, 93 percent indicated satisfaction with the wand without serious side effects.

Cyclosporine A for Refractory Interstitial Cystitis: Experience of Two Tertiary Centers (#810): Cyclosporine-A, an immunosuppressant drug used to prevent rejection in transplant patients, may be a viable drug therapy for patients with interstitial cystitis/bladder pain syndrome (IC/BPS) who have failed previous oral and/or instillation therapy. The drug was proven to be more effective at one year than pentosan polysulfate. Patients were given 2mg/kg/day to 3 mg/kg/day, with dosage decreased gradually (as tolerated)
following symptom improvement (or based on side effects or drug levels). Patients were followed at the first
month following initiation of therapy, and every three months after for one year, with symptom assessment,
physical exam, comprehensive metabolic panel and complete blood count, as well as measurements of serum
magnesium, uric acid and cyclosporine A levels. Fourteen of 19 patients reported a 70 percent average global
improvement in their symptoms. Associated clinical findings included Hunner’s ulcers in 13 of the 19 patients,
and collagen vascular disease in six, suggesting that these may be potential clinical markers to predict a
patient’s response to the drug.

“Bladder pain syndromes are difficult for patients to live with and equally difficult at times for physicians to
 treat,” Dr. Griebling said. “These innovative treatments bring new insight into the treatment of these conditions
and give us even more approaches to tackling this debilitating set of diseases.”

**NOTE TO REPORTERS:** Experts are available to discuss this study outside normal briefing times. To
arrange an interview with an expert, please contact the AUA Communications Office at the number
above or e-mail wisett@AUAnet.org.

**About the American Urological Association:** Founded in 1902 and headquartered near Baltimore, Maryland,
the American Urological Association is the pre-eminent professional organization for urologists, with more than
17,000 members throughout the world. An educational nonprofit organization, the AUA pursues its mission of
fostering the highest standards of urologic care by carrying out a wide variety of programs for members and
their patients.

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