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Current practice patterns of Belgian urologists on OAB: a Delphi analysis

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Disclosures

Attentions to disclose regarding the Delphi panel/ Grants to the institution:


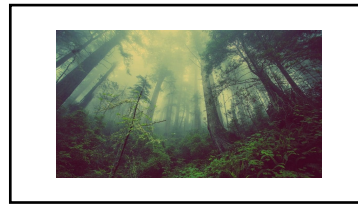
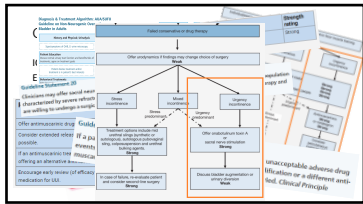
- Astellas/Pharma Benefit
- Medtronic
- Fredrick Paulsen chair - Ferring

Personal Disclosures:

- OptiLUTS chair - Medtronic

Funding for speaker to attend the congress:

- Ferring Pharmaceuticals

Aim

To create a practical flowchart for the treatment of idiopathic OAB in Belgium.

Delphi-analysis

- February 2019 – September 2019
- Delphi technique:
 - Belgian Working Group of Functional Urology
 - Statements & cases on idiopathic OAB (IOAB)
 - Online survey platform

Methods

Level of appropriateness: Scale from 1 - 9

- Score 1 - 3: Considered as inappropriate
- Score 4 - 6: Neutral appropriateness or Doubt
- Score 7 - 9: Appropriate

3 categories:

- No consensus (NC): =< 50% of the panel agrees on a statement
- Trend towards (T): Majority agrees (>50%, but < 75 %)
- Consensus (C): >= 75 % agrees

First invitation for participation: October 2018

- 23 participants / 40 urologists

Round 1: February - March 2019

- 23 responders out of 23
- 60 items on OAB
- 142 statements
- Consensus: 44
- Trend towards consensus: 57
- No consensus: 42

Round 2: May - July 2019

- 12 responders out of 23
- 16 items on OAB
- 56 statements
- Consensus: 35
- Trend towards consensus: 14
- No consensus: 27

Open discussion session: September 2019

Participants characteristics

Gender	Male	67%	Female	34%
Type of hospital	Peripheral hospital	48%	Academic hospital	52 %
Provinces	East-Flanders	29%	Brussels	34%
	Liege	19%	West-Flanders	34%
	Flemish Brabant	14%	Antwerp	9.5%
Performing	PTNS	14%		
	Botox injections (BTX)	90%		
	Sacral neuromodulation (SNM)	57%		

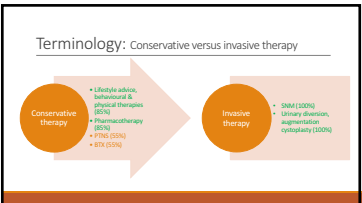
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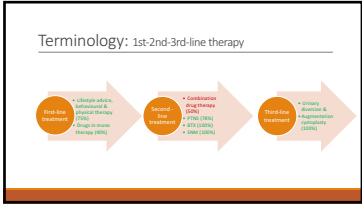
- Phenotyping OAB patients
- Pharmacotherapy
- Terminology
 - Conservative versus invasive therapy
 - Choice between SNM or BTX
 - Flowchart
- First-, second-, third-line therapy
- Therapy resistant OAB

Phenotyping OAB patients

Factors to take into account at baseline

- Baseline symptom severity (95%)
- Neurogenic status (90%)
- Age (85%)
- PVR (ml) (80%)
- Cognitive function (80%)





Terminology: Therapy resistant OAB

= Resistance, i.e. lack of efficacy or poor tolerability, to lifestyle advice, behavioural & physical therapies and 2 different drug trials consecutively in monotherapy (72%).

Pharmacotherapy

- "Choice between anticholinergic drugs (AC) & beta 3 agonist (B3A) is equal" (50%).
- Choice of drugs driven by cost of B3A (89%) and adverse events of AC (78%).
- Higher preference for AC among the Delphi panel.
- Four weeks evaluation before switch to the next treatment step (78%).

Choice between BTX and SNM

Variables influencing the choice between BTX and SNM

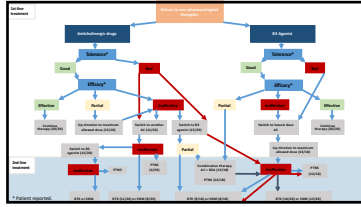
- The ability to perform CSC (95%)
- Patient preference (90%)
- Presence of PVR (80%)
- Presence of fecal incontinence (80%)

Choice between BTX and SNM

Higher preference for BTX after failure of pharmacotherapy, unless:
 Idiopathic OAB => Preference for SNM

- Fecal incontinence
- Dysfunctional voiding
- Constipation
- Presence of PVR
- Chronic pelvic pain
- Low financial status of the patient
- Unwillingness to perform CSC

Flowchart



Notes

Not every step should be gone through before proceeding to the next:

- * "Patients should have the right to proceed immediately to BTX (75%) and SMN (40%) if refractory to behavioural therapy and drugs in monotherapy"
- ** "Patient preference, compliance, feasibility and availability of treatment."

Acknowledgements

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