Worst SUI Patients Responded Best to MPQ Tx

BY MIRIAM E. TUCKER

FROM THE ANNUAL MEETING OF THE AAGL

LAS VEGAS – Although women who had more severe stress urinary incontinence were more likely to require repeat injections, they were also more likely to respond to transurethral bulking agent injection therapy, results of a retrospective review of 124 cases showed.

"Clinical and urodynamic parameters may help predict treatment response and the likelihood of retreatment, such that patients with indicators of more severe incontinence have a significantly better treatment response, although they may require repeat injections to achieve this result," said Dr. Deborah R. Karp of the Cleveland Clinic Florida in Weston, who presented the results at the meeting.

The patients all underwent transurethral bulking with Uroplasty's Macroplastique (MPQ) between July 2007 and September 2009. They had a mean age of 74 years and a mean body mass index of 28 kg/m^2. Two-thirds had undergone previous anti-incontinence surgery, and 15% had previously received a different bulking agent.

A self-report incontinence severity scale was used, in which 0 was complete continence, 1 indicated one or two incontinent episodes per day, 2 indicated three or four episodes per day, and 3 indicated more than five episodes per day.

Treatment response (defined as a decrease by at least 1 point on the incontinence severity score), was reported by 61% (76) of the women, whereas the other 39% (48) reported treatment failure (defined as either no change or an increase in the score).

Of the 76 responders, 66% (50) were treated with a single injection, whereas the rest (26) required multiple injections to achieve a response. The strongest variable associated with a positive treatment response was previous anterior colporrhaphy (odds ratio, 2.8). Other significant predictors included a maximum urethral closure pressure (MUCP) of less than or equal to 40 cm H_2O (OR, 2.6), clinical reporting of mixed incontinence (OR, 2.4), use of three or more pads per day (OR, 2.1), five or more incontinent episodes per day (OR, 2.1), or a first leak of less than 50 mL on cystometrogram (OR, 2.0).

Factors found not to be associated with treatment response included urethral hypermobility, Valsalva leak point pressure (VLPP), previous sling, and the volume of MPQ injected, Dr. Karp reported.

A secondary analysis examined the combined group of 26 responders and 16 nonresponders who received repeat injections. Variables associated with the need for repeat treatment included indicators of more severe incontinence, including leak point pressure of 60 cm H_2O or lower (OR, 7.3), history of urethrolysis (OR, 6.2), low MUCP (OR, 3.5), VLPP of 60 cm H_2O or lower (OR, 3.5), five or more incontinent episodes per day (OR, 3.0), and a positive empty supine test (OR, 2.7). ■

VITALS

Major Finding: The strongest variable associated with a positive treatment response was previous anterior colporrhaphy (OR, 2.8). Variables associated with the need for repeat treatment included indicators of more severe incontinence, including leak point pressure of 60 cm H_2O or less (OR, 7.3) and history of urethrolysis (OR, 6.2).

Data Source: Retrospective review of 124 patients who underwent transurethral bulking with Uroplasty's Macroplastique between July 2007 and September 2009.

Disclosures: Dr. Karp stated that she had no disclosures. The study's principal investigator, Dr. G. Willy Davila, is a consultant for and has received honoraria from Astellas Pharma US, Watson Pharmaceuticals, American Medical Systems, Novasys Medical, and CL Medical. He has also received research funding from American Medical Systems and Astellas Pharma US. He does not have a financial relationship with Uroplasty.

Mesh/No Mesh Prolapse Repair: Cure Rates Similar

BY ROBERT FINN

FROM THE ANNUAL MEETING OF THE AMERICAN UROGYNECOLOGIC SOCIETY

LONG BEACH, CALIF. – A randomized controlled trial found no advantage for vaginal prolapse repair using mesh colpopexy compared with no-mesh repair, said Dr. Andrew I. Sokol of Washington (D.C.) Hospital Center.

After an average follow-up of 14.7 months in this study of 65 women, 96% of women undergoing mesh colpopexy with Prolift (Ethicon Women's Health and Urology) and 92% of women undergoing vaginal colpopexy without mesh were free of bulge symptoms; 25% of the mesh group and 22% of the no-mesh group experienced recurrent prolapse beyond the hymen. Neither of these differences was significant.

A total of 38% of women in the mesh group, compared with 30% of women in the no-mesh group, achieved optimal scores (stage 1 or below) on the pelvic organ prolapse quantification (POP-Q) scale, a difference that was not significant. On the other hand, the vaginal mesh erosion rate was relatively high at 15.6%, and the data safety monitoring board (DSMB) terminated the study early because of this, Dr. Sokol said.

In addition, there were three reoperations for erosion and three reoperations for prolapse among patients in the mesh group, compared with no reoperations in the no-mesh group, a significant difference.

In October 2008 the Food and Drug Administration issued a formal notification on reported complications from mesh use. Recognizing the high complication rate, mesh manufacturers have developed lighter-weight and mixed composite meshes. They have also developed trocarless mesh kits to minimize risks of visceral injury and groin pain, Dr. Sokol said. But long-term data are not yet available on these products.

The study included 65 women who were at POP-Q stages 2-4 uterovaginal or vaginal prolapse and who desired vaginal reconstructive surgery; the mean age in both groups was 64 years. The patients were randomized in the operating room after they had received anesthesia, and the research staff and the patient were blinded to the treatment assignment. ■

VITALS

Major Finding: After an average 14.7 months of follow-up in a study of 65 women, 96% of women undergoing mesh colpopexy and 92% of women undergoing vaginal colpopexy without mesh were free of bulge symptoms, a difference that was not significant. The vaginal mesh erosion rate was relatively high at 15.6%.

Data Source: Randomized, double-blind, controlled trial of 65 women with pelvic organ prolapse stages 2-4.

Disclosures: The study was supported by research grants from the AUGS Foundation and the MedStar Health Research Institute. Ethicon Women's Health and Urology donated the Prolift mesh kits for this study. Dr. Sokol said he had no conflicts of interest.

Sexual Function Improves With Successful SUI Tx

BY ROBERT FINN

FROM THE ANNUAL MEETING OF THE AMERICAN UROGYNECOLOGIC SOCIETY

LONG BEACH, CALIF. – Women with urinary incontinence who were successfully treated nonsurgically showed significantly greater improvement in sexual function than women whose incontinence did not improve, a study has shown.

Three months after treatment with behavioral therapy, a continence pessary, or both, women whose treatment was successful had a 2.3-point mean improvement in their score on the Pelvic Organ Prolapse/Urinary Incontinence Sexual Questionnaire (PISQ-12). Women whose incontinence treatment was not successful had a 0.5-point mean improvement on the PISQ-12. The difference was statistically significant, said Dr. Victoria L. Handa of Johns Hopkins University, Baltimore.

Dr. Handa's study was a planned, prospective secondary analysis of results from the Ambulatory Treatments for Leakage Associated With Stress (ATLAS) trial.

That trial involved 445 women with stress urinary incontinence (SUI) or mixed incontinence in which SUI predominated. The women were randomized to receive behavioral therapy, consisting mostly of pelvic muscle training, a continence pessary, or both.

The women were a mean of 50 years old, and about 46% had SUI only.

After 3 months of follow-up, there were no significant differences among the three treatment groups on any measure of sexual function.

"I think there is this perception that Kegel exercises are good for sexual function, but in a separate analysis, we didn't see any association between improvement in pelvic muscle function as measured by Brink score and any measure of sexual function," Dr. Handa said.

In addition to showing significant improvements in total PISQ-12 scores, women who were successfully treated had significant improvements in two specific symptoms.

They were less likely to report urinary incontinence with sexual activity, and less likely to say that they restricted their sexual activity because of fears of incontinence. ■

VITALS

Major Finding: Three months after successful nonsurgical treatment for stress incontinence, women had a 2.3-point mean improvement in scores on the PISQ-12, while women whose treatment was not successful had a 0.5-point improvement.

Data Source: Planned prospective supplementary study of 445 women with stress or mixed urinary incontinence participating in the ATLAS trial.

Disclosures: The National Institute of Child Health and Human Development sponsored the trial. Dr. Handa said she had no financial disclosures.