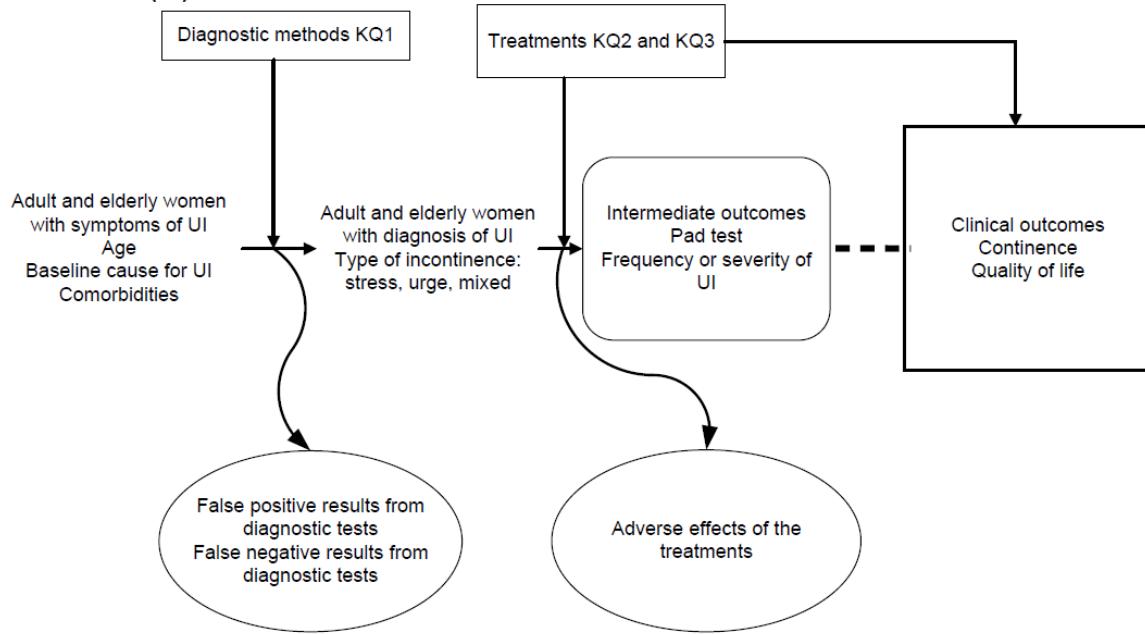


**Prior Key Questions from the 2012 Systematic Review on Nonsurgical Treatments for Urinary Incontinence in Adult Women**

1. What constitutes an adequate diagnostic evaluation for women in the ambulatory care setting on which to base treatment of urinary incontinence?
  - a. What are the diagnostic values of different methods—questionnaires, checklists, scales, self-reports of UI during a clinical examination, pad tests, and ultrasound—when compared with multichannel urodynamics?
  - b. What are the diagnostic values of different methods—questionnaires, checklists, scales, self-reports of UI during a clinical examination, pad tests, and ultrasound—when compared with a bladder diary?
  - c. What are the diagnostic values of the methods listed above for different types of UI, including stress, urgency, and mixed incontinence?
  - d. What is the association between patient outcomes (continence, severity and frequency of UI, quality of life) and UI diagnostic methods?
2. How effective is the pharmacological treatment of UI in women?
  - a. How do pharmacologic treatments affect continence, severity and frequency of UI, and quality of life when compared with no active treatment or with combined treatment modalities?
  - b. What is the comparative effectiveness of pharmacological treatments when compared with each other or with nonpharmacological treatments of UI?
  - c. What are the harms from pharmacological treatments when compared with no active treatment?
  - d. What are the harms from pharmacological treatments when compared with each other or with nonpharmacological treatments of UI?
  - e. Which patient characteristics, including age, type of UI, severity of UI, baseline disease that affects UI, adherence to treatment recommendations, and comorbidities, can modify the effects of the pharmacological treatments on patient outcomes, including continence, quality of life, and harms?
3. How effective is the nonpharmacological treatment of UI in women?
  - a. How do nonpharmacological treatments affect incontinence, UI severity and frequency, and quality of life when compared with no active treatment?
  - b. How do combined modalities of nonpharmacological treatments with drugs affect incontinence, UI severity and frequency, and quality of life when compared with no active treatment or with monotherapy?
  - c. What is the comparative effectiveness of nonpharmacological treatments when compared with each other?
  - d. What are the harms from nonpharmacological treatments when compared with no active treatment?

- e. What are the harms from nonpharmacological treatments when compared with each other?
- f. Which patient characteristics, including age, type of UI, severity of UI, baseline disease that affects UI, adherence to treatment recommendations, and comorbidities, can modify the effects of the nonpharmacological treatments on patient outcomes, including continence, quality of life, and harms?

**Figure 1. Analytic framework of diagnosis and comparative effectiveness of treatments for urinary incontinence (UI) in adult women**



### **Questions to Guide the Scoping Discussion**

PCORI will be conducting a targeted update of the prior systematic review. One emphasis for PCORI's new Evidence Synthesis Program is on achieving the relatively rapid deployment of rigorous, relevant, and actionable comparative effectiveness research, placed in context, for a wide variety of stakeholders. For this reason we are seeking your assistance in identifying the current highest priority areas from the prior comprehensive review to refine and focus the scope for this update.

1. Key Question 1 of the prior review focused on diagnostic evaluation of urinary incontinence, and found that women in ambulatory care settings can be accurately diagnosed with urinary incontinence after obtaining a clinical history and evaluation, a voiding diary to assess stress or urgency UI, a cough stress test, and exclusion of urogenital prolapse and UTI (high strength of evidence). Given this finding, to focus this update on areas of maximal importance to patients and other stakeholders, PCORI would propose to eliminate an update of this key question, in order to allow more resources to study the comparative effectiveness of the range of nonsurgical options for women. Are there reasons to object to the removal of this key question on diagnostics?
2. The prior review focused on multiple types of urinary incontinence: stress, urge, and mixed incontinence. Is there a case to be made for focusing this update on one specific form of incontinence (e.g., stress), to allow for a deeper dive into the evidence for this subtype?
3. Is there anything emerging in the area of nonsurgical treatments of urinary incontinence since the prior review that you feel needs to be addressed by this update (e.g., new agents or approaches or individual patient characteristics that might have an impact on the success of a therapy that were not captured last time, new controversies about potential harms associated with a given intervention)? Is something critical missing?
4. Do you have any other comments for us on behalf of your organization?

Thank you again on behalf of PCORI for your time and your assistance!