Updating Systematic Reviews: Nonsurgical Treatments for Urinary Incontinence in Adult Women

A PCORI Virtual Multi-Stakeholder Workshop

December 7, 2016

pcori

PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE

Agenda

- Welcome
- Background and goals for the day:
  - PCORI's Evidence Synthesis Program
  - AHRQ's Evidence-based Practice Center (EPC) Program
  - Prior Urinary Incontinence Review Key Questions and Analytic Framework
  - Questions to guide the discussion
- Discussion
- Summary and closing remarks

Welcome

Housekeeping

- Participants' lines are live
  - Please mute your line when you are not speaking to reduce background noise
- Today's conversation is being recorded and will be posted to the PCORI web site
- We will take comments in the order indicated on the agenda
- Comments and questions from the public may be submitted via the chat window
  - We will attempt to include these submissions in the discussion when feasible
  - We cannot guarantee a question will be addressed

PCORI's Evidence Synthesis Program

PCORI and Evidence Synthesis

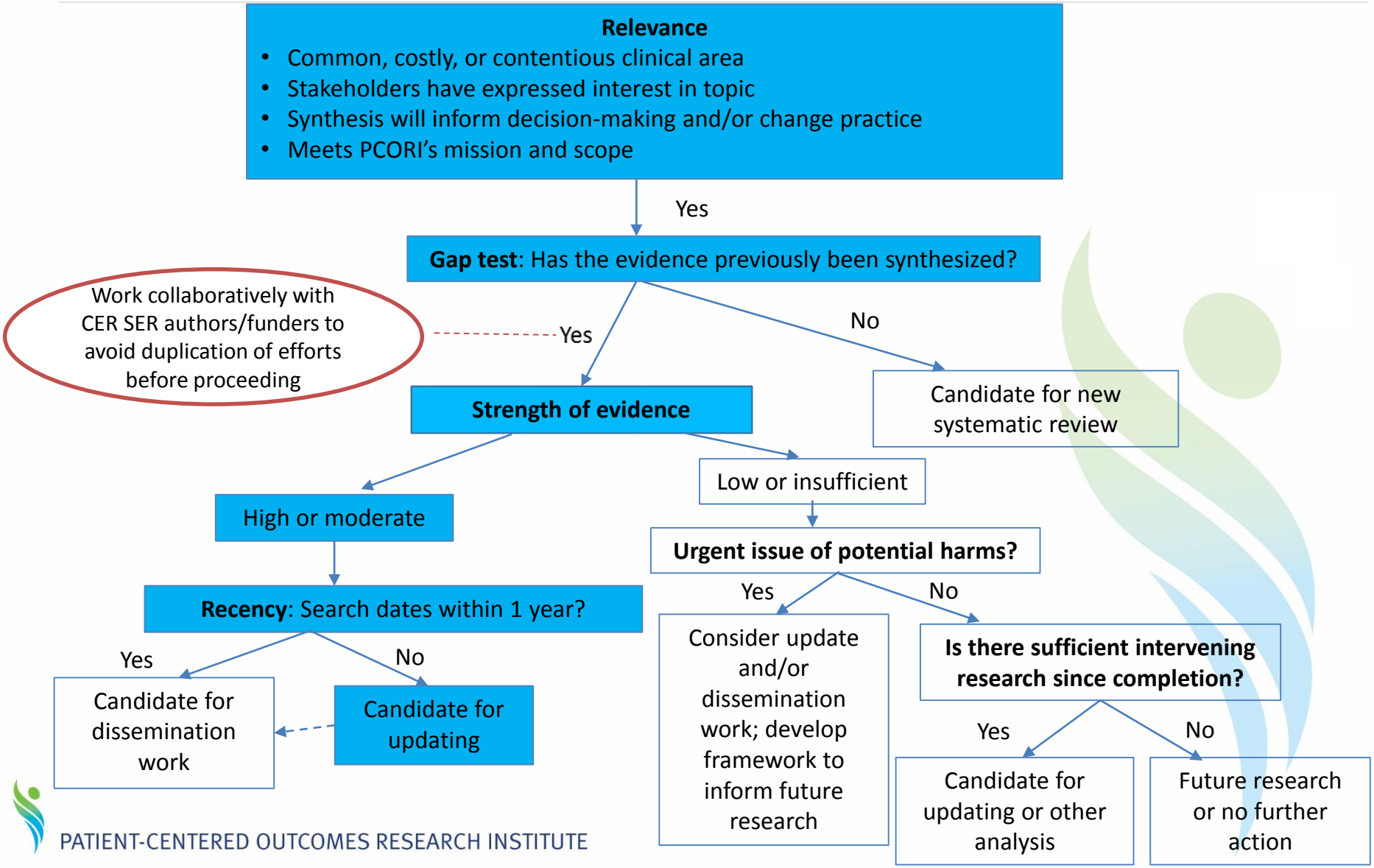
- *PCORI's authorizing legislation states that* **evidence synthesis** *is a core function of PCORI:*

  "(C) PURPOSE.—The purpose of the Institute is to assist patients, clinicians, purchasers, and policy-makers in making informed health decisions by advancing the quality and relevance of evidence concerning the manner in which diseases, disorders, and other health conditions can effectively and appropriately be prevented, diagnosed, treated, monitored, and managed **through** research and **evidence synthesis** that considers variations in patient subpopulations…."

PCORI's Evidence Synthesis Program

- Initial goals:
  - Research to address heterogeneity of treatment effects, more personalized individual health care choices
  - More rapid deployment of actionable CER evidence in context
- We are focusing on **short-turnaround, rigorous, relevant** products
  - Strategic, selective focus on generating new research products (IPD MA, other research "re-use" opportunities)
  - **Locating and qualifying existing CER SR products for targeted updating through a partnership with the Agency for Healthcare Research and Quality**

Decision Tree for PCORI CER Systematic Review Topic Selection



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Planned Targeted SER Updates in Collaboration with AHRQ

- Treatment of Atrial Fibrillation
- Treatment of Rheumatoid Arthritis
- Treatment of Post-Traumatic Stress Disorder
- **Nonsurgical Treatments of Urinary Incontinence**

AHRQ's EPC Program

Prior Key Questions

Prior Key Question 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?

Prior Key Question 2

How effective is the pharmacological treatment of UI in women?

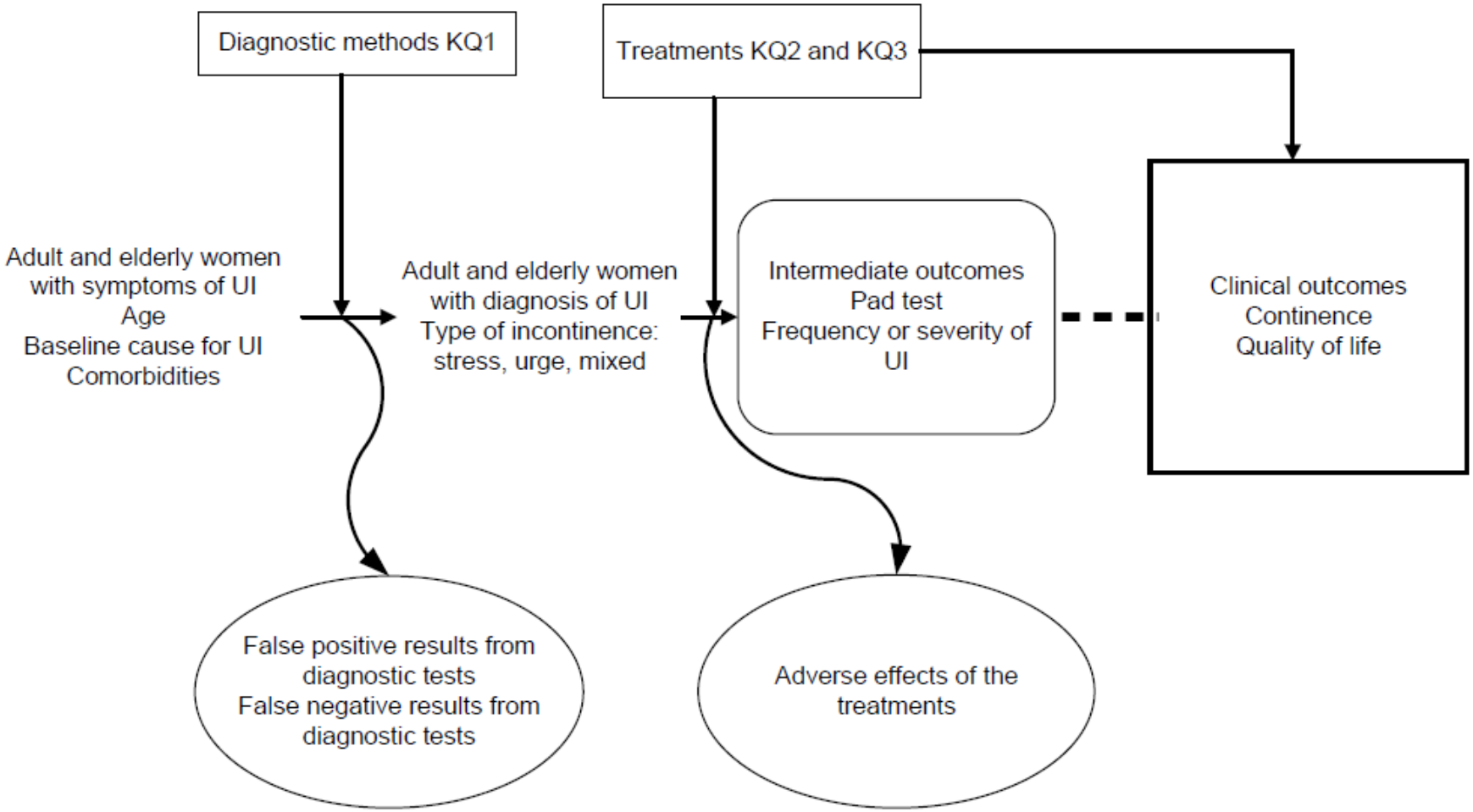
a. How do pharmacologic treatments affect continence, severity and frequency of UI, and quality of life when compared with no active treatment or with combined treatment modalities?
b. What is the comparative effectiveness of pharmacological treatments when compared with each other or with nonpharmacological 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?

Prior Key Question 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

Scoping Question 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 and allow more resources to study the comparative effectiveness of the range of nonsurgical options for women, **PCORI proposes to eliminate an update of this key question**.

Are there reasons to object to the removal of this key question on diagnostics?

Scoping Question 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?

Scoping Question 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?

- Such as, 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, or,
- New controversies about potential harms associated with a given intervention.

Is something critical missing?

Scoping Question 4

Do you have any other comments for us on behalf of your organization?

Discussion

Order of Comments

- National Association for Continence
- Society for Women's Health Research
- American Urogynecologic Society
- Association of Women's Health, Obstetric and Neonatal Nurses
- National Association of Nurse Practitioners in Women's Health
- Society of Urologic Nurses and Associates
- American Medical Women's Association
- American College of Physicians
- American College of Obstetricians and Gynecologists
- American Urological Association
- HealthFirst
- National Institute of Diabetes and Digestive and Kidney Diseases

**Comments are not required of participants. Any participant may pass on the opportunity to comment.*

Order of Comments

- National Association for Continence
  - Steven Gregg
- Society for Women's Health Research
  - Aimee Gallagher
- American Urogynecologic Society
  - Charles Rardin
- Association of Women's Health, Obstetric and Neonatal Nurses
  - Catherine Ruhl
- National Association of Nurse Practitioners in Women's Health
  - Beth Kelsey
- Society of Urologic Nurses and Associates
  - Gwendolyn Hooper
- American Medical Women's Association
  - Eliza Chin
- American College of Physicians
  - Mary Ann Forciea
- American College of Obstetricians and Gynecologists
  - Charles Nager
- American Urological Association
  - Kathryn Burgio
- HealthFirst
  - Ann Walsh-Moore
- National Institute of Diabetes and Digestive and Kidney Diseases
  - Tamara Bavendam

Summary and Closing Remarks

THANK YOU!