

## TIPS™ : A NEW TOOL FOR INTERSTIM™ PATIENT SELECTION

### Hypothesis / aims of study

Management of overactive bladder (OAB) remains a daily challenge. Although sacral neuromodulation (SNM) has its place in the treatment options offered to the urologists, it is still underused (1). One of the reasons for the low usage is the difficulty to select properly the patients that could benefit from SNM (2)

TIPS, tool for InterStim patient selection, was developed to help the physicians identifying if a patient suffering from idiopathic OAB could be a good responder to SNM.

The aim of this work was to study the relevance and ease of use of this software in daily practice in a university setting, before considering rolling it to a large scale.

### Study design, materials and methods

TIPS indicates the appropriateness of SNM for a specific patient based from the opinions of a panel of 9 European experts (8 urologists and 1 uro-gynaecologist) all having extensive experiences in OAB and neuromodulation.

Using the RAND method, the 9 experts identified 48 clinical conditions / factors relevant for the practical selection of the candidates for the SNM test (type of symptoms, previous treatments, concomitant pelvic floor and urinary tract disorders, physical and mental co-morbidities). All clinical factors were individually rated by the panelists in a 2 round session process as either: appropriate (not limiting use of SNM), conditionally appropriate (dependent on the precise nature of the condition) or inappropriate (contra-indication).

The expert recommendations on the appropriateness of the SNM test were mathematically calculated using RAND rules after the second round. Moreover, the panelists provided the justifications of the reason of their choice.

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This tool offers also the possibility to ask a question and send anonymous patient data to a neuromodulation expert in case of a doubt.

In this study, TIPS has been proposed to 8 urologists working in the same hospital department and non referring in managing urinary incontinence, during 4 weeks in their daily practice.

For each patient inclusion in the tool, a usability questionnaire was filled by the urologist. It included scores on the easiness of use, relevance, daily practice, recommendability to a peer and possible comments and improvements if any. All these scores were evaluated on a 0-5 scale (inappropriate to excellent). In the end, the data from 15 patients (8 males and 7 females) were input to this software.

### Results

All the urologists filled the usability questionnaire. The mean time to input the data of one patient was 4 minutes [1-7].

The easiness of use score was 4 in 6 urologists and 5 in 2 of them. Relevance with respect to their daily practice was 4 in average. 7 out 8 urologists would like to reuse it in their daily practice. All were very satisfied with the possibility to send a patient profile to an expert in neuromodulation in case the profile is borderline with respect to the therapy and all would agree to recommend it to a peer.

The users have nevertheless commented on the practical usage. The most common comment was the necessity to have a computer with an Internet connection during the consultation. Previous pelvic floor radiotherapy condition was also found missing.

### Interpretation of results

Within this small urologist panel, the user feedback on this diagnostic tool was scored mostly as satisfying (>80%). It supports the decision to propose SNM, especially for the urologists not used with this therapy.

It is very satisfying to be able to send anonymous data through the tool directly to an expert in case of a conditionally appropriate patient profile.

The previous pelvic floor radiotherapy condition was actually considered by the experts during the RAND process when evaluating the bladder compliance.

### Concluding message

The TIPS software appears to be easy to use in daily practice. It can improve and increase the patient selection to SNM if previous conservative managements of idiopathic overactive bladder have failed. It can also support decision making for SNM especially for the specialists far away from a reference center.

## References

1. Vaarala MH et al. SNM in urological indications : Finnish experience. Scand J Urol Nephrol. 2011 Feb;45(1):46-51
2. Marcelissen T et al. Is the screening method of SNM prognostic factor for long term success ? J Urol. 2011 Feb;185(2):583-7

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