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# INTRADETRUSOR INJECTIONS OF ONABOTULINUM TOXIN A (BOTOX®) 300 U OR 200 U VERSUS ABOBOTULINUM TOXIN A (DYSPORT®) 750 U IN THE MANAGEMENT OF NEUROGENIC DETRUSOR OVERACTIVITY : A CASE CONTROL STUDY

### Hypothesis / aims of study

To compare the outcomes of the first intradetrusor injections of abobotulinum toxin 750 U and onabotulinum toxin 200 U and 300 U in patients with neurogenic detrusor overactivity (NDO).

### Study design, materials and methods

A retrospective case-control study was conducted including 211 NDO patients treated in three consecutives eras with onabotulinum toxin 300 U (2004-2006 ; 80 patients), abobotulinum toxin 750 U (2007-2011 ; 78 patients) or onabotulinum toxin 200 U (2011-2014 ; 53 patients). Urodynamic and clinical parameters were compared between groups. The primary endpoint was the rates of success defined as the combination of urgency, urinary incontinence and detrusor overactivity resolution.

### **Results**

When comparing abobotulinum toxin to onabotulinum toxin any doses (200 U or 300 U; n=133), success rates were similar (65.4% vs. 55.6%; p=0.16). Patients treated with abobotulinum toxin 750 U had higher success rate (65.4% vs. 41.5%; p=0.007) compared to those who received onabotulinum toxin 200 U. In contrast, there were similar success rates in abobotulinum toxin 750 U and onabotulinum toxin 300 U groups (65.4% vs. 65%; p=0.91) but with a trend towards longer interval between the first and the second injection in the onabotulinum toxin 300 U group (12.4 vs. 9.3 months; p=0.09).

#### Interpretation of results

The dose equivalence ratio of abobotulinum toxin over onabotulinum toxin for NDO could be 2.5:1.

## Concluding message

Intradetrusor injections of abobotulinum toxin 750 U for NDO provided better outcomes than injections of onabotulinum toxin 200 U. Success rates of abobotulinum toxin 750 U and onabotulinum toxin 300 U were similar but interval between injections tended to be longer with onabotulinum toxin 300 U.

#### **Disclosures**

Funding: none Clinical Trial: No Subjects: HUMAN Ethics Committee: local ethics committee Helsinki: Yes Informed Consent: Yes