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AN INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION (IUGA) – INTERNATIONAL CONTINENCE SOCIETY (ICS) JOINT REPORT ON THE TERMINOLOGY FOR FEMALE PELVIC FLOOR DYSFUNCTION

Hypothesis / aims of study
To develop a user-friendly, clear and clinically-based consensus Report on the Terminology for Female Pelvic Floor Dysfunction based on and expanding on the ICS 2002 report on LUTS terminology.
Terminology for Female Pelvic Floor Dysfunction has become more complex, whereby there is a need for it to be more clearly defined in a female specific approach. Such terminology, in any form, has not been updated for seven years (1). Such a Report should involve joint sponsorship from the two International Organizations involved in such Terminology, ICS and IUGA. It was the intention that a process of collective opinion (consensus) between representatives of these Organizations with an appropriate diverse range of expertise and special interest could be developed to facilitate the production of such a large Report.

Study design, materials and methods
A Draft Report was prepared organizing the Terminology for Female Pelvic Floor Dysfunction into appropriate clinical categories: 1: Symptoms; 2: Signs; 3: Investigations; 4: Diagnoses. An appropriate sub-classification was developed such that each definition in the Report had an appropriate alpha-numeric descriptor. Definitions were drawn from a wide range of sources including previous ICS and other Society Reports (1-3) and a multitude of other sources and references.
Fourteen rounds of Committee review then ensued, three involving members of the IUGA Standardization and Terminology Committee, a further four involving a joint IUGA/ICS Working Group (ICS representatives on their Terminology and Standardization Committee) and a further 7 involving the full eleven co-authors representing both IUGA and ICS. Each round involved independent review by relevant Committee Members, collation of comments and final decision making on definitions, additions and deletions based on collective opinion (consensus). The review process by consensus involved live Meetings on three occasions in London, Taipea and Cairo. Versions 9, 10, 12 were subject to review by a total six invited external reviewers with further extensive comments by eight interested reviews following presentation on the websites of both IUGA and ICS. On each occasion, the independent views were collated, submitted to co-authors for further independent review with decisions again made on the basis of collective opinion (majority or unanimity). After review by the ICS and IUGA and SUFU executive representatives as well as some senior ICS and IUGA members, it was decided to send version 16 for a final review to 8 external independent reviewers, using a structured review format. These comments were collated and discussed again in version 17. Version 17 will be the final version that will be posted on the website of both societies and that will be submitted for publication in peer reviewed journals. Comments received on version 17 will have no further impact on the publication process, but will be taken into account on the occasion of a future update of the report.

Results
A Terminology Report encompassing over 250 separate definitions has been developed over 2 years. It is clinically-based with six most common diagnoses (evidence for prevalence of 10% or more in women with symptoms of pelvic floor dysfunction) clearly defined. The process for achieving this result has involved very extensive review and several consensus debates. This consensus process has proved successful in bringing to completion a complex document. Clarity and user-friendliness have been key aims to make it interpretable by practitioners and trainees in all the different specialty groups involved in female pelvic floor dysfunction. Female-specific imaging (ultrasound, radiology and MRI) has been a major addition whilst appropriate Figures have been included to supplement and help clarify the text. Ongoing review is not only anticipated but required to keep the document updated and as widely acceptable as possible..

Interpretation of results
The preparation of this new terminology report is important in many aspects. It showed that collaboration between scientific societies on terminology can be rewarding. It also showed that consensus papers have their drawbacks. Even though experts involved in this process may agree on a certain approach, this does not guarantee the wide acceptance of a new terminology paper. Also the processes on reaching consensus, need to be professionalized in the future and the process of standardization needs to be standardized. This process of standardization should be agreed upon by the boards and AGM of both societies before embarking on such a project. Next to these remarks, the lack of evidence or relevant literature on many of the clinical items, that are now being defined, remains a challenge for the scientific community.

Concluding message
Collective opinion (consensus) has been demonstrated as a successful process for developing a complex Report such as that for the Terminology for Female Pelvic Floor Dysfunction. The overriding motivation needs to be the development of a Report, as widely acceptable in its content as possible, that will advantage both the clinical and research aspects of the field. Ongoing motivation is the need to keep the document regularly updated.

Specify source of funding or grant	**None**
Is this a clinical trial?	**No**
What were the subjects in the study?	**NONE**