



## SPECIAL ARTICLE

# Consensus on the clinical impact of the new scientific evidence available on benign prostatic hyperplasia<sup>☆</sup>

J.M. Cózar-Olmo<sup>a,\*</sup>, C. Hernández-Fenández<sup>b</sup>, B. Miñana-López<sup>c</sup>, J.H. Amón-Sesmero<sup>d</sup>, M. Montlleó-González<sup>e</sup>, A. Rodríguez-Antolín<sup>f</sup>, F. Caballero-Martínez<sup>g</sup>

<sup>a</sup> Hospital Virgen de las Nieves, Granada, Spain

<sup>b</sup> Hospital Universitario Gregorio Marañón, Madrid, Spain

<sup>c</sup> Hospital Morales Meseguer, Murcia, Spain

<sup>d</sup> Hospital Universitario Río Ortega, Valladolid, Spain

<sup>e</sup> Fundació Puigvert, Barcelona, Spain

<sup>f</sup> Hospital Universitario 12 de Octubre, Madrid, Spain

<sup>g</sup> Universidad Francisco de Vitoria, Madrid, Spain

Received 18 January 2012; accepted 18 January 2012

Available online 28 September 2012

### KEYWORDS

Benign prostatic hyperplasia;  
Consensus;  
Delphi

### Abstract

**Objectives:** To study the technical opinion of an expert panel and reach a consensus of professional criterion in relation to the most recent scientific evidence in benign prostatic hyperplasia (BPH) in the scopes of diagnosis, progression criteria, medical treatment and surgical treatment.

**Material and methods:** Systematized review of the literature of the last 10 years in BPH by means of a scientific committee and elaboration of a 64-question questionnaire divided into three strategic areas: (1) Diagnosis and stratification of the patients with BPH considering the progression risk factors, (2) novelties in the medical treatment and (3) new contributions in the surgical and minimally invasive treatment in BPH. A panel of 50 urologists standing out for their knowledge in BPH distributed throughout the national geographic area was chosen, establishing the Delphi methodology for the study through the application of two successive online surveys. **Results:** The 50 experts consulted completed the two groups of the questionnaire. In the first, a consensus of criterion was observed in 50 out of the 64 questions analyzed, achieving a consensus in 59/65 (92.5%) in the second round, which included aspects of morbidity of the lower urinary tract symptoms (LUTS), diagnostic tests necessary in the initial evaluation of the specialist, stratification of the patients in relation to the risk of progression, strategies of step-by-step medical therapy and combination in patients with risk of Acute Urinary Retention (AUR) or surgery and of the indications of surgical therapy and the role of new less invasive treatments.

**Conclusions:** In a condition of the high prevalence of BPH, in which we have seen important changes in its entire spectrum in recent years, the obtaining of an elevated consensus to which

<sup>☆</sup> Please cite this article as: Cózar-Olmo JM, et al. Consenso sobre el impacto clínico de la nueva evidencia científica disponible sobre hiperplasia benigna prostática. Actas Urol Esp. 2012;36:265–75.

\* Corresponding author.

E-mail address: [cozarjm@yahoo.es](mailto:cozarjm@yahoo.es) (J.M. Cózar-Olmo).

**PALABRAS CLAVE**

Hiperplasia Benigna de Próstata; consenso; Delphi

a large number of reference specialists in this condition have contributed will be of great importance for the usual clinical management of this disease.

© 2012 AEU. Published by Elsevier España, S.L. All rights reserved.

## Consenso sobre el impacto clínico de la nueva evidencia científica disponible sobre hiperplasia benigna prostática

### Resumen

**Objetivos:** Explorar la opinión técnica de un panel experto y alcanzar un consenso de criterio profesional en relación a la más reciente evidencia científica en HBP en los ámbitos del diagnóstico, los criterios de progresión, el tratamiento médico y el tratamiento quirúrgico.

**Material y métodos:** Revisión sistematizada de la literatura de los últimos 10 años en HBP por medio de un comité científico y elaboración de un cuestionario de 64 preguntas repartidas en tres áreas estratégicas: 1.- Diagnóstico y estratificación de los pacientes con HBP atendiendo a los factores de riesgo de progresión. 2.-Novedades en el tratamiento médico y 3.-Nuevas aportaciones en el tratamiento quirúrgico y mínimamente invasivo en HBP. Se seleccionó un panel de 50 urólogos destacados en el conocimiento de la HBP repartidos por toda la geografía nacional instaurando para el estudio la metodología Delphi mediante la aplicación de dos encuestas sucesivas on line.

**Resultados:** Los 50 expertos consultados completaron las dos rondas del cuestionario. En la primera se apreció un consenso de criterio en 50 de las 64 cuestiones analizadas, logrando en la segunda ronda un consenso en 59/64 ítems (92,5%) que incluyen aspectos de morbilidad de los STUI, pruebas diagnósticas necesarias en la evaluación inicial del especialista, estratificación de los pacientes en relación al riesgo de progresión, estrategias de terapia médica escalonada y de combinación en pacientes con riesgo de RAO o cirugía y de las indicaciones de terapia quirúrgica y el papel de los nuevos tratamientos menos invasivos.

**Conclusiones:** En una patología de la alta prevalencia de la HBP, donde hemos asistido en los últimos años a cambios de calado en todo su espectro, la consecución de un elevado consenso al que han contribuido un amplísimo número de especialistas de referencia en esta patología, será de gran importancia para el manejo clínico habitual de esta enfermedad.

© 2012 AEU. Publicado por Elsevier España, S.L. Todos los derechos reservados.

## Introduction

Benign prostatic hyperplasia (BPH) has been one of the areas of Urology that has developed the most at the therapeutic level over the therapeutic level in the last 20 years, boosted by a better understanding of the evolutionary natural history thereof, of the impact on the quality of life of the patients, of the pathogenic mechanisms and therapeutic effects of alpha blockers and 5-alpha reductase inhibitors. The recent years have been especially interesting because of the combination studies, with MTOPS<sup>1</sup> and especially with COMBAT<sup>2,3</sup> at the head, which have introduced a new paradigm such as the progression of the disease, and most importantly the selection of patients at increased risk thereof (mainly urinary retention and surgery). In this sense, an elevated PSA (>1.5 ng/ml) and prostate volume above 30 cm<sup>3</sup> have been identified as major predictors of disease progression. In this respect, the combination therapy seems to appear as the best alternative in this scenario.

To this conceptual shift, the therapeutic alternatives to conventional prostate transurethral resection (TUR), such as prostate vaporization, Holmium laser enucleation, bipolar TUR, and other less invasive alternatives are also added. There have been many contributions of the literature in recent years, many of them with little ability to withstand rigorous critical analysis.

Although the expert consensus meetings are not accompanied by the appropriate level of recommendation, they should be considered useful tools to facilitate the clinical management of the patient in situations such as the global approach to a complex entity, still poorly dissected like BPH. In a country with approximately 2000 urologists, a consensus to help standardize the most practical aspects of disease management becomes necessary.

## Material and methods

Under the management of a Scientific Committee, this study was developed in 4 phases; in the first phase, the Committee proceeded to a systematic review of the most recent quality literature, with critical review of over 150 articles, to the selection of both contents of the questionnaires and that of an expert panel formed by urologists from all autonomous communities with special interest and experience in BPH. 53 professionals were invited to participate, of whom 50 accepted and completed their participation (Appendix 1).

In the second phase, we proceeded to the formulation of the survey items (professional criteria and clinical recommendations under discussion), using a previous face-to-face qualitative work by the expert group. The final questionnaire included 64 items (Tables 1–3) distributed in thematic blocks as follows: 35 items on 'diagnosis and stratification of

Download English Version:

<https://daneshyari.com/en/article/3845595>

Download Persian Version:

<https://daneshyari.com/article/3845595>

[Daneshyari.com](https://daneshyari.com)