



2019 surveillance of lower urinary tract symptoms in men: management (NICE guideline CG97)

Surveillance report

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Surveillance decision

We will update the guideline on [lower urinary tract symptoms in men: management](#). The update will focus on surgical treatment for voiding symptoms.

Reasons for the decision

This 2019 full surveillance review included 388 pieces of evidence identified from all surveillance reviews since guideline publication in 2010. Initial assessment suggested that the evidence was broadly consistent with the current recommendations. However, we found a large body of evidence on newer interventions and surgical treatments including Urolift, Rezum and laser vapourisation for treatment of voiding symptoms of the lower urinary tract, which are not addressed in the current guideline (see [appendix A](#)). Additionally, 2 of 3 topic experts suggested that the guideline needed updating, highlighting new surgical procedures. However, as some of these new procedures are covered in other NICE guidance and advice, and are incorporated in the NICE Pathway on [lower urinary tract symptoms in men](#), we initially proposed that the guideline did not need to be updated. During consultation 5 of 6 stakeholders disagreed with this proposal and strongly felt that the guideline did not reflect current clinical practice as more treatment options including advances in technology and new surgical procedures have become available. In addition, a comprehensive single piece of guidance would be most useful for healthcare professionals. Therefore, the proposal was re-considered and it was decided that the guideline needs to be updated, concentrating on surgical treatment for voiding symptoms.

The current related pieces of NICE guidance are as follows:

- [Prostatic urethral temporary implant insertion for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2019) NICE interventional procedures guidance 641
- [Transurethral water jet ablation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 629
- [Transurethral water vapour ablation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 625

- [Prostate artery embolisation for lower urinary tract symptoms caused by benign prostatic hyperplasia](#) (2018) NICE interventional procedures guidance 611
- [Axonics sacral neuromodulation system for overactive bladder and faecal incontinence](#) (2018) NICE medtech innovation briefing 164
- [Rezum for treating benign prostatic hyperplasia](#) (2018) NICE medtech innovation briefing 158
- [Memokath-028, 044 and 045 stents for urethral obstruction](#) (2017) NICE medtech innovation briefing 123
- [Urethrotech UCD for difficult or failed catheterisation](#) (2017) NICE medtech innovation briefing 116
- [S-Cath System for suprapubic catheterisation](#) (2016) NICE medtech innovation briefing 68
- [BladderScan BVI 9400 3D portable ultrasound scanner for measuring bladder volume](#) (2016) NICE medtech innovation briefing 50
- [GreenLight XPS for treating benign prostatic hyperplasia](#) (2016) NICE medical technologies guidance 29
- [Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention](#) (2015) NICE interventional procedures guidance 536
- [UroLift for treating lower urinary tract symptoms of benign prostatic hyperplasia](#) (2015) NICE medical technologies guidance 26
- [The TURis system for transurethral resection of the prostate](#) (2015) NICE medical technologies guidance 23
- [Insertion of prostatic urethral lift implants to treat lower urinary tract symptoms secondary to benign prostatic hyperplasia](#) (2014) NICE interventional procedures guidance 475
- [Mirabegron for treating symptoms of overactive bladder](#) (2013) NICE technology appraisal guidance 290
- [Lower urinary tract symptoms secondary to benign prostatic hyperplasia: tadalafil](#) (2010, updated 2013) NICE evidence summary ESNM18

- [Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome \(2010\)](#) NICE interventional procedures guidance 362
- [Laparoscopic augmentation cystoplasty \(including clam cystoplasty\) \(2009\)](#) NICE interventional procedures guidance 326
- [Laparoscopic prostatectomy for benign prostatic obstruction \(2008\)](#) NICE interventional procedures guidance 275
- [Sacral nerve stimulation for urge incontinence and urgency-frequency \(2004\)](#) NICE interventional procedures guidance 64
- [Holmium laser prostatectomy \(2003\)](#) NICE interventional procedures guidance 17
- [Transurethral electrovaporisation of the prostate \(2003\)](#) NICE interventional procedures guidance 14

For further details and a summary of all evidence identified in surveillance, see [appendix A](#).

Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in [lower urinary tract symptoms in men](#) (NICE guideline CG97) remain up to date.

The surveillance process consisted of:

- Feedback from topic experts via a questionnaire.
- A search for new or updated Cochrane reviews and national policy.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- A search for ongoing research.
- Examining the NICE event tracker for relevant ongoing and published events.
- Literature searches to identify relevant evidence.
- Assessing the new evidence against current recommendations to determine whether or not to update sections of the guideline, or the whole guideline.
- Consulting on the proposal with stakeholders.
- Considering comments received during consultation and making any necessary changes to the proposal.

For further details about the process and the possible update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Evidence considered in surveillance

Search and selection strategy

We searched for new evidence related to the whole guideline.

We found 166 studies in a search for randomised controlled trials and systematic reviews published between 15 November 2013 and 31 March 2019.

We also included:

- 1 relevant study from a total of 11 studies identified by topic experts which was also identified through our search.
- 222 studies identified by search in previous surveillance in 2012 and 2014.

From all sources, we considered 388 studies to be relevant to the guideline.

See [appendix A](#) for details of all evidence considered, and references.

Ongoing research

We checked for relevant ongoing research; of the ongoing studies identified, 6 studies were assessed as having the potential to change recommendations. Therefore, we plan to check the publication status regularly and evaluate the impact of the results on current recommendations as quickly as possible. These studies are:

- [Contractility: cuff versus urodynamics testing in males with voiding lower urinary tract symptoms](#)
- [Treating urinary symptoms in men in primary healthcare using non-pharmacological and non-surgical interventions](#)
- [Primary care management of lower urinary tract symptoms in men](#)
- [Prostatic Urethral Lift in Subjects with Acute Urinary Retention Study \(PULSAR Study\)](#)
- [Urodynamics for prostate surgery trial: randomised evaluation of assessment methods \(UPSTREAM\)](#)
- [Waterjet Ablation Therapy for Endoscopic Resection of Prostate Tissue II \(WATERII\)](#)

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts who were recruited to the NICE Centre for Guidelines Expert Advisers Panel to represent their specialty. For this surveillance review, topic experts completed a questionnaire about developments in evidence, policy and services related to the guideline.

We sent questionnaires to 7 topic experts and received 3 responses.

Key points highlighted in topic expert feedback included:

- The guideline should address new treatment modalities including UroLift, Rezum, laser vaporisation of the prostate and prostate artery embolisation. These interventions should also be included in the NICE Pathway on lower urinary tract symptoms.
- HoLEP (Holmium Laser Enucleation of the Prostate) may be a superior treatment compared with TURP (Transurethral Resection of the Prostate).
- HoLEP may be a superior treatment compared with open prostatectomy for prostates of any size.
- The guideline should evaluate the potential risk of cognitive decline with antimuscarinic drugs.
- The guideline should evaluate combination therapy with solifenacin and mirabegron.

Other sources of information

We considered all other correspondence received since the guideline was published.

Views of stakeholders

Stakeholders are consulted on all surveillance reviews except if the whole guideline will be updated and replaced. Because the initial surveillance proposal was to not update the guideline, we consulted with stakeholders.

Overall, 6 stakeholders commented including representatives from royal colleges

(Physicians and Surgeons of Glasgow, Nursing), British Association of Urological Surgeons (BAUS), Bladder and Bowel UK, and pharmaceutical companies (Ferring Pharmaceuticals, GlaxoSmithKline). One stakeholder agreed and 5 disagreed with the proposal to not update the guideline.

Stakeholders raised several concerns with the existing guideline. They considered that the current guideline is incomplete and outdated and does not reflect current clinical practice, with a range of new interventions for the treatment and management of lower urinary tract symptoms, particularly surgical interventions, having been introduced since the guideline was developed in 2010. These include significant advances in technology and introduction of new procedures such as UroLift, Rezum, Aquablation and PAE (Prostate Artery Embolisation).

See [appendix B](#) for full details of stakeholders' comments and our responses.

See [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual for more details on our consultation processes.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance we identified the following issues with the NICE guideline that should be corrected:

- Recommendations 1.4.4 and 1.4.7 state to offer an antimuscarinic to men for managing the symptoms of overactive bladder. We will include a cross reference on the risk of the potential cognitive decline with antimuscarinic drugs: [Drugs with antimuscarinic effects and risk of cognitive impairment, falls and all-cause mortality](#).
- A link to BNF ([Desmopressin: indications and dose](#)) will be added to recommendation 1.4.9. The relevant footnote will be updated to reflect the current UK licensing status for desmopressin.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that the guideline should be updated.

NICE's interventional procedures team and medical technologies evaluation programme team were consulted on the proposal and agreed that the guideline should be updated, because of advances in surgical procedures over the last few years.

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