Chronic prostatitis/chronic pelvic pain Delphi survey

Introduction and instructions

Objective

The Prostatitis Expert Reference Group (PERG) is a collection of healthcare professionals, which includes GPs, urologists, nurses, physiotherapists, pain consultants, cognitive behavioural therapists, patient representatives and medical communications experts, that has been set up under the instruction of Prostate Cancer UK to devise clinical guidelines to inform the diagnosis and treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). These guidelines will be designed to support existing guidance and documentation in this therapy area.

The PERG is utilising published literature, such as data from randomised controlled trials, to inform the CP/CPPS guidelines. Following a review of the available literature, the PERG feels that due to the lack of published evidence in several key treatment areas, expert clinical consensus gained via a formal web-based Delphi panel approach is required to help support the development of these CP/CPPS guidelines.

Your role

As a Delphi panellist, we kindly request that you review the following treatment statements. Throughout the questionnaire, you will be asked to rate the appropriateness of each statement according to your agreement with it (using the answer options provided), or to choose from a provided set of quantitative responses, depending upon the type of question. For each treatment statement, you will have the option to provide a free text response. The purpose of the free text response is to capture your thoughts on how each treatment statement could be refined, should panellists disagree with the current wording. At the end of each treatment topic, we will also invite you to provide any other comments/statements via a free text response, should you wish to make further suggestions. Please note, responses will be kept anonymous.

It is recognised that not every question will be fully applicable you, due to your area of speciality. Should you feel you are not in a position to offer a response to a particular statement, please select the option: ‘Not relevant to my expertise or do not know the answer’.

Process

This questionnaire will take you around 30 minutes to complete. We require you to complete the survey by **18:00 BST on Monday 31 March 2014.**

After each round of the survey (we anticipate up to three rounds for some questions), your responses will be analysed. When consensus (defined as at least 70% of respondents in agreement) on a statement is reached it will be removed from the next round of the survey. Where there is disagreement, treatment statements will be reworded between rounds, with the aim of improving chances of agreement. Rewording of the statements will be agreed by the technical team, an independent moderator and two members of the PERG.

Should you have any queries about this Delphi approach or difficulties with accessing the survey, please email Jennifer Lee or Kirsty Haves

Thank you in advance for your time and contribution.

Dr Jon Rees – GP, Chair of the Prostatitis Expert Reference Group (PERG)

Topic: Delphi panellist occupation

***1. In what capacity have you experienced the diagnosis and/or treatment of adult males with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)?**

- Urologist
- Pain consultant/specialist
- Nurse specialist
- Nurse practitioner
- Physiotherapist
- GP
- Cognitive behavioural/psychological therapist
- Sexual health specialist
- Other (please specify)

Topic: Defining the chronic prostatitis/chronic pelvic pain patient profile

Background information: Little is reported within the published literature on what may constitute a CP/CPPS patient in the 'early stages' versus 'later stages' of the condition. To help inform the position of treatment options within a treatment algorithm, this Delphi approach seeks to gain consensus on the definition of an 'early stage' versus 'later stage' CP/CPPS patient.

***2. For what time period after presentation do you consider a patient with CP/CPPS to be in the 'early stages' of CP/CPPS (please tick one that applies; for example, if you believe less than six months since presentation represents a patient in the 'early stages', please tick the 'Less than 6 months' box)?**

- Less than 3 months
- Less than 6 months
- Less than 1 year
- Less than 2 years
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative answer or comments:

***3. At what time period after presentation do you consider a patient with CP/CPPS to be classed as a patient in the 'later stages' of CP/CPPS (please tick one that applies; for example, if you believe more than one year since presentation represents a patient in the 'later stages', please tick the 'More than 1 year' box)?**

- More than 3 months
- More than 6 months
- More than 1 year
- More than 2 years
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative answer or comments:

Topic: Patient assessment and diagnosis

Background information: While there is no single, definitive diagnostic test to confirm if a patient has CP/CPPS, several lines of inquiry are available to a healthcare professional. The importance/usefulness of individual assessment measures and how diagnostic results are conveyed to the patient is currently not clearly defined in the published literature – this Delphi approach seeks to reach a consensus on best practice with respect to several considerations during the assessment and diagnosis of the patient.

***4. Please rate the treatment statement below using the answer options provided.**

CP/CPPS patients should be screened for psychosocial symptoms, using either the psychosocial yellow flag system and/or PQH9 and/or GAD7 scales. If a clinically relevant level of psychosocial symptoms is observed, referral to a psychosocial specialist should be considered as a treatment option.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***5. When should CP/CPPS patients be assessed for psychosocial symptoms? (please tick one that applies)**

- At first presentation
- In early stage CP/CPPS
- In later stage CP/CPPS
- Psychosocial screening is not relevant at any time
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative answer or comments:

***6. Please rate the treatment statement below using the answer options provided.**

CP/CPPS patients who are refractory to treatment should be asked if they have a history of previous trauma (including physical, emotional or sexual abuse) in the past, including during childhood, since a proportion of patients may present with CP/CPPS-like symptoms due to previous trauma.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***7. Please rate the treatment statement below using the answer options provided.**

CP/CPPS patients who present either in a non-specialist or specialist setting should be informed of the underlying cause of CP/CPPS to help improve patient understanding of the condition. Information to be communicated may include an explanation of the chronic pain cycle, the routes of pain (neuropathic versus nociceptive) and the basic anatomy of the pelvic region (eg, position of the pelvic floor muscle).

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments (eg, can you suggest any resources/topics for patient information that could be shared more widely?)

***8. Please rate the treatment statement below using the answer options provided.**

When results of diagnostic tests for a bacterial cause of CP/CPPS have been confirmed, these results need to be clearly communicated to the patient; the patient must be clearly informed of both positive and negative diagnostic test results and what the results mean for the patient's future treatment options.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

9. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the assessment and diagnosis of CP/CPPS?

Topic: Treatment with alpha-blockers

Background information: While there is evidence from randomised controlled trials (RCTs) that alpha-blockers (tamsulosin, alfuzosin, doxazosin or terazosin) provide an improvement in clinical outcomes, as assessed by responses to the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) questionnaire, there is a lack of evidence to inform best practice with respect to alpha-blocker treatment duration and/or cessation. This Delphi approach seeks to reach a consensus on what is considered to be best practice with respect to offering alpha-blockers to CP/CPPS patients.

***10. Please rate the treatment statement below using the answer options provided.**

Treatment with alpha-blockers should be considered in CP/CPPS patients who present with significant voiding lower urinary tract symptoms (eg, slow urinary flow, hesitancy).

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***11. Please rate the treatment statement below using the answer options provided.**

If no relief from voiding lower urinary tract symptoms or other symptoms of CP/CPPS is achieved with alpha-blockers within four to six weeks, treatment should be stopped and a different pharmacotherapy should be considered or patients should be referred to specialist care if other approaches have been exhausted.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***12. Please rate the treatment statement below using the answer options provided.**

Alpha-blockers are considered to exhibit a class effect and treatment decisions are largely based on the respective adverse event profiles of each alpha-blocker.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

13. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with alpha-blockers?

Topic: Treatment with multimodal/combination pharmacotherapy

Background information: Limited head-to-head RCT data are available to conclusively support which multimodal/combination pharmacotherapy represents the best approach, with RCT data providing evidence both against and in support of multimodal/combination pharmacotherapy. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice.

***14. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, first-line multimodal/combination pharmacotherapy with an antibiotic plus an alpha-blocker may be considered as a treatment option, depending on the patient's symptoms at presentation.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***15. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, first-line multimodal/combination pharmacotherapy with an antibiotic plus a non-steroidal anti-inflammatory drug (NSAID) may be considered as a treatment option, depending on the patient's symptoms at presentation.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***16. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, first-line multimodal/combination pharmacotherapy with an antibiotic plus a 5-alpha reductase inhibitor may be considered as a treatment option, depending on the patient's symptoms at presentation.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***17. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, first-line multimodal/combination pharmacotherapy with an antibiotic plus phytotherapy (eg, pollen extract) may be considered as a treatment option, depending on the patient's symptoms at presentation.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***18. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, first-line multi-modal/combination pharmacotherapy with an antibiotic plus an anti-neuropathic agent (eg, pregabalin) may be considered as a treatment option dependent upon the patient's symptoms at presentation.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***19. Please rate the treatment statement below using the answer options provided.**

If the patient reports no symptom improvement (including in pain, voiding and/or quality of life outcomes) within four to six weeks of the combination therapy, the current treatment should be stopped and alternative treatment modalities should be considered.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***20. Please rate the research recommendation below using the answer options provided.**

In CP/CPPS patients who are refractory to initial pharmacological monotherapy approaches, further research into multimodal pharmacotherapy is warranted. Randomised, placebo-controlled trials should be performed to establish pharmacotherapy treatment options for those who fail to show symptom responses to initial monotherapy treatment modalities.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

21. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the multimodal/combination treatment of CP/CPPS?

Topic: Treatment with non-steroidal anti-inflammatory drugs (NSAIDS)

Background information: RCT data to support the use of NSAIDs in the CP/CPPS population are limited. While it is recognised that CP/CPPS patients may suffer from acute inflammatory flares, once chronicity is evident, the route of pain is unlikely to be nociceptive in nature. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice with respect to offering NSAIDS.

***22. Please rate the treatment statement below using the answer options provided.**

The use of NSAIDs should only be offered to patients considered to be in the early stages of CP/CPPS or those judged to be suffering the effects of an inflammatory flare and should be under regular review by a GP.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***23. Please rate the treatment statement below using the answer options provided.**

NSAID treatment should ceased within four to six weeks of treatment initiation if ineffective in reducing patient symptoms, in order to prevent unwanted side effects.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

24. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with NSAIDs?

Topic: Treatment with analgesics

Background information: Limited data are available from RCTs to support that analgesics provide a significant clinical response versus placebo in patients with CP/CPPS. However, it is recognised that patients presenting with CP/CPPS may benefit from treatment with analgesics. This Delphi approach seeks consensus on the best practice with respect to the treatment of pain symptoms with analgesics in early stage CP/CPPS patients.

***25. Please rate the treatment statement below using the answer options provided.**

In early-stage CP/CPPS patients who present with pain symptoms, regular paracetamol may be offered as analgesia.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***26. Please rate the treatment statement below using the answer options provided.**

In early-stage CP/CPPS patients who present with pain symptoms, the use of opioids for pain relief should be avoided due to the risk of opioid dependence.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

27. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with analgesics?

Topic: Treatment with co-analgesics/antineuropathic agents

Background information: The limited RCT data available include little evidence to support that co-analgesics/antineuropathic agents provide a significant clinical response versus placebo in patients with CP/CPPS. However, in some patients, particularly those in the later stages of CP/CPPS, pain can be considered to be neuropathic in nature, thus co-analgesics/antineuropathic agents for the treatment of neuropathic pain may present a valid treatment option.

***28. Please rate the treatment statement below using the answer options provided.**

If the route of the patient's pain is considered to be neuropathic in nature, treatment with a gabapentinoid (eg, pregabalin or gabapentin) or a tricyclic antidepressant (eg, amitriptyline, nortriptyline or trimipramine) or a selective serotonin-norepinephrine reuptake inhibitor (eg, duloxetine) is warranted.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

29. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with co-analgesics/antineuropathic agents?

Topic: Treatment with 5-alpha reductase inhibitors

Background information: The majority of RCT evidence for 5-alpha reductase inhibitors is within the benign hyperplasia population for the treatment of lower urinary tract symptoms; thus, there is limited evidence in the CP/CPPS population. This Delphi approach seeks to reach a consensus from the expert community if further research on the use of 5-alpha reductase inhibitors within the CP/CPPS population is warranted.

***30. Please rate the research recommendation below using the answer options provided.**

Further research is warranted to establish the clinical benefits of 5-alpha reductase inhibitors specifically in the CP/CPPS population, especially in older (>50 years) patients and/or those with high baseline prostate-specific antigen levels (>2.5 ng/ml).

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

31. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with 5-alpha reductase inhibitors?

Topic: Treatment with antibiotics

Background information: While there is evidence from RCTs that antibiotics provide an improvement in clinical outcomes, as assessed by responses to the NIH-CPSI questionnaire, evidence to inform best practice with respect to antibiotic treatment duration and/or cessation is lacking. This Delphi approach seeks to reach a consensus on what is considered to be best practice with respect to offering antibiotics to CP/CPPS patients.

*** 32. Please rate the treatment statement below using the answer options provided.**

For early-stage CP/CPPS patients, a quinolone (eg, ciprofloxacin or ofloxacin) should be offered for four to six weeks as first-line therapy.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***33. Please rate the treatment statement below using the answer options provided.**

A repeated course of antibiotic therapy (of four to six weeks) should only be offered if a bacterial cause is confirmed or there is a history of repeated urinary tract infections.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***34. Please rate the treatment statement below using the answer options provided.**

If a bacterial cause is excluded (eg, via urine dipstick or urine culture analysis) and no patient symptom improvement is observed after antibiotic therapy, a different treatment modality or referral to specialist care should be considered.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

35. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with antibiotics?

Topic: Treatment with prostatic massage

Background information: Little RCT evidence is available to support the use of repetitive prostatic massage to significantly reduce patient symptoms. However, it is recognised this is may still be offered as a treatment option. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to offering prostatic massage as a treatment option.

***36. Please rate the treatment statement below using the answer options provided.**

In a specialist setting, weekly repetitive prostatic massage (3 minute treatment) for up to six weeks can be offered as an option to later-stage CP/CPPS patients who are refractory to earlier lines of pharmacotherapy or physical therapy.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***37. Please rate the treatment statement below using the answer options provided.**

In a specialist setting, prostatic massage under general anaesthetic can be offered as an option to later-stage CP/CPPS patients who are refractory to earlier lines of pharmacotherapy or physical therapy.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

38. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with prostatic massage?

Topic: Treatment with physiotherapy

Background information: In CP/CPPS patients who are refractory to initial pharmacotherapy, the symptoms may be caused by, or associated with, pelvic floor muscle dysfunction and other physical routes. While there is published evidence to support that physiotherapy can improve symptoms (including pain, urinary and quality of life), little is reported on best practice approaches. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to physiotherapy as a treatment option for those with CP/CPPS.

***39. Please rate the treatment statement below using the answer options provided.**

Physiotherapy may be considered as a treatment option only in late-stage CP/CPPS patients, in whom other non-physical causative routes of symptoms (eg, bacterial cause) have been excluded.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***40. Please rate the treatment statement below using the answer options provided.**

Once referred to physiotherapy, a full assessment (eg, symptom score scaling, examination of the pelvic floor muscles) should be completed to guide the subsequent pattern/order of physiotherapy treatment.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

*41. Please rate the treatment statement below using the answer options provided.

Physiotherapy treatment of CP/CPPS patients may include:

	Agree	Neutral (neither agree nor disagree)	Disagree	Not relevant to my expertise or do not know the answer	Do not wish to answer
Local pelvic floor relaxation for hypertonic muscles					
Pelvic floor re-education					
Biofeedback					
Core stability training					
General relaxation					
Breathing re-education					
Trigger point release					
Myofascial release					
Stretches					
Whole body objective					
Acupuncture					
Bladder retraining					
General exercise programme					

Suggest alternative statement or comments:

***42. Once referred to physiotherapy, what should be the next line of treatment if a patient presents with psychosocial symptoms (please tick one)?**

- Referral to psychosocial specialist
- Stress management (including providing an explanation of the chronic pain cycle)
- Stress management (including providing an explanation of the chronic pain cycle), followed by referral to a psychosocial specialist if there is no symptom improvement
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***43. Before referral to physiotherapy, which diagnostic tests should be completed (and cleared) to exclude other non-physical causative routes for CP/CPPS symptoms (please tick all that apply)?**

- ☐ Semen culture and microscopy
- ☐ First voided bladder urine-1 (VB1) culture and microscopy
- ☐ Second voided bladder urine-2 (VB2) (mid-stream) culture and microscopy
- ☐ Third voided bladder urine-3 (VB1) culture and microscopy
- ☐ Expressed prostatic secretion (EPS) culture and microscopy
- ☐ Urethral swab culture and microscopy
- ☐ Sexually transmitted infection (STI) screen
- ☐ Psychosocial symptom scoring
- ☐ Not relevant to my expertise or do not know the answer
- ☐ Do not wish to answer

Suggest alternative statement or comments:

44. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with physiotherapy?

Topic: Treatment with psychological treatment

Background information: While it is recognised that psychosocial symptoms may be part of the CP/CPPS condition, little RCT evidence is available to support this use of psychological treatment or cognitive behavioural therapy.

***45. Please rate the treatment statement below using the answer options provided.**

Cognitive behavioural therapy should be considered in conjunction with other treatments in later-stage CP/CPPS patients, as it may reduce symptoms of pain and improve quality of life.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

46. Can you suggest any other questions or statements that should be included in the next survey round on the topic of the treatment of CP/CPPS with psychological treatment?

Topic: Additional recommendations

47. Do you have any other comments or feedback associated with the diagnosis and/or treatment of CP/CPPS?

Required information

*48. Please enter the county/region you primarily practice in (eg, Cambrigeshire):**

Finish

We would like to thank you for completing this Delphi panel questionnaire.

Please expect the next round of the questionnaire to be available the week commencing 7 April 2014.

Introduction and instructions

Summary

This online survey is the **second** round of the Prostatitis Expert Reference Group (PERG) Delphi panel. The PERG is a collection of healthcare professionals that has been set up under the instruction of Prostate Cancer UK to devise clinical guidelines to inform the diagnosis and treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). These guidelines will be designed to support existing guidance and documentation in this therapy area.

Please note, many of the treatment statements that you were invited to rate in the previous survey are no longer included, since a consensus was reached based on Delphi panellists' responses. For those questions where a consensus was not achieved, the wording of the treatment statements and/or answer options have been amended using the suggestions received from Delphi panellists, along with input from the technical team, an independent moderator and two members of PERG. A few additional questions have also been added based on suggestions from Delphi panellists.

Your role

As a Delphi panellist, we kindly request that you review the following treatment statements. Throughout the questionnaire, you will be asked to rate the appropriateness of each statement according to your agreement with it (using the answer options provided), or to choose from a provided set of quantitative responses, depending upon the type of question. For each treatment statement, you will have the option to provide a free text response. The purpose of the free text response is to capture your thoughts on how each treatment statement could be refined, should panellists disagree with the current wording. At the end of each treatment topic, we will also invite you to provide any other comments/statements via a free text response, should you wish to make further suggestions. Please note, responses will be kept anonymous.

It is recognised that not every question will be fully applicable you, due to your area of speciality. Should you feel you are not in a position to offer a response to a particular statement, please select the option: ‘Not relevant to my expertise or do not know the answer’.

Process

This questionnaire will take you around 30 minutes to complete. We require you to complete the survey by **18:00 GMT on Tuesday 22 April 2014.**

Should you have any queries about this Delphi approach or difficulties with accessing the survey, please contact Jennifer Lee or Kirsty Haves

Thank you in advance for your time and contribution.

Dr Jon Rees – GP, Chair of the Prostatitis Expert Reference Group (PERG)

Topic: Delphi panellist occupation

***1. In what capacity have you experienced the diagnosis and/or treatment of adult males with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)?**

- Urologist
- Pain consultant/specialist
- Nurse specialist
- Nurse practitioner
- Physiotherapist
- GP
- Cognitive behavioural/psychological therapist
- Sexual health specialist
- Other (please specify)

Topic: Defining the chronic prostatitis/chronic pelvic pain patient profile

Background information: To help inform the position of treatment options within a treatment algorithm, this Delphi approach seeks to gain consensus on the definition of an 'early stage' versus 'later stage' CP/CPPS patient. This definition is to help reflect when patients would typically be offered earlier lines of treatment options versus later lines of treatment options.

*2. How long after the onset of persistent or recurrent symptoms do you consider a patient with CP/CPPS to be in the 'early stages' of CP/CPPS (please tick one that applies; for example, if you believe less than three months since presentation represents a patient in the 'early stages', please tick the 'Less than 3 months' box)?

- Less than 3 months
- Between 3 to 6 months
- Between 6 to 12 months
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative answer or comments:

***3. How long after the onset of persistent or recurrent symptoms do you consider a patient with CP/CPPS to be in the 'later stages' of CP/CPPS (please tick one that applies; for example, if you believe between six to 12 months since the onset of symptoms represents a patient in the 'later stages', please tick the 'Between 6 to 12 months' box)?**

- ○ Between 6 to 12 months
- ○ Between 12 to 24 months
- ○ Not relevant to my expertise or do not know the answer
- ○ Do not wish to answer

Suggest alternative answer or comments:

Topic: Patient assessment and diagnosis

Background information: While there is no single, definitive diagnostic test to confirm if a patient has CP/CPPS, several lines of inquiry are available to a healthcare professional. The importance/usefulness of individual assessment measures and how diagnostic results are conveyed to the patient is currently not clearly defined in the published literature – this Delphi approach seeks to reach a consensus on best practice with respect to several considerations during the assessment and diagnosis of the patient.

***4. When should CP/CPPS patients first be assessed for psychosocial symptoms that may be contributing to their condition?**

- ○ At first presentation or in early stage CP/CPPS
- ○ In later stage CP/CPPS
- ○ Not relevant to my expertise or do not know the answer
- ○ Do not wish to answer

Suggest alternative statement or comments:

***5. Please rate the treatment statement below using the answer options provided.**

At first presentation, other concerns or differential diagnosis, including urological cancers and infertility, should be discussed with the patient to establish a full patient history and to help inform future investigations.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative answer or comments:

*6. Please rate the treatment statement below using the answer options provided.

Treatment of CP/CPPS patients requires input from a multidisciplinary team (MDT) whereby the management with pharmacotherapy, physical and psychological approaches are integrated into a holistic treatment programme individualised for the patient.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***7. Please rate the treatment statement below using the answer options provided.**

The MDT responsible for the management of CP/CPPS patients may include input from urologists, pain specialists, nurse specialists, physiotherapists, general practitioners, cognitive behavioural/psychological therapists and sexual health specialists.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments (eg, can you suggest any resources/topics for patient information that could be shared more widely?)

Topic: Treatment with alpha-blockers

Background information: While there is evidence from randomised controlled trials (RCTs) that alpha-blockers (tamsulosin, alfuzosin, doxazosin or terazosin) provide an improvement in clinical outcomes, as assessed by responses to the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) questionnaire, there is a lack of evidence to inform best practice with respect to alpha-blocker treatment duration and/or cessation. This Delphi approach seeks to reach a consensus on what is considered to be best practice with respect to offering alpha-blockers to CP/CPPS patients.

***8. Please rate the treatment statement below using the answer options provided.**

When treating voiding symptoms alpha-blockers are considered to exhibit a class effect, but in CP/CPPS patients treatment decisions are largely based on the respective adverse event profiles of uro-selective alpha-blockers versus non-selective alpha-blockers.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with multimodal/combination pharmacotherapy

Background information: Limited head-to-head RCT data are available to conclusively support which multimodal/combination pharmacotherapy represents the best approach, with RCT data providing evidence both against and in support of multimodal/combination pharmacotherapy. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice.

***9. Please rate the treatment statement below using the answer options provided.**

Multimodal/combination therapy should be uniquely designed for each individual patient depending on their history, physical examination and evaluation testing.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***10. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, multimodal/combination pharmacotherapy with an antibiotic plus a 5-alpha reductase inhibitor may be considered as a treatment option, depending on the patient's symptoms.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***11. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, multimodal/combination pharmacotherapy with an antibiotic plus phytotherapy (eg, pollen extract) may be considered as a treatment option, depending on the patient's symptoms.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***12. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, multimodal/combination pharmacotherapy with an antibiotic plus an anti-neuropathic agent (eg, pregabalin) may be considered as a treatment option, depending on the patient's symptoms.

- ○ Agree
- ○ Neutral (neither agree nor disagree)
- ○ Disagree
- ○ Not relevant to my expertise or do not know the answer
- ○ Do not wish to answer

Suggest alternative statement or comments:

***13. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, multimodal/combination pharmacotherapy with an antibiotic plus an alpha-blocker, plus a non-steroidal anti-inflammatory drug (NSAID) may be considered as a treatment option, depending on the patient's symptoms.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with non-steroidal anti-inflammatory drugs (NSAIDS)

Background information: RCT data to support the use of NSAIDs in the CP/CPPS population are limited. While it is recognised that CP/CPPS patients may suffer from acute inflammatory flares, once chronicity is evident, the route of pain is unlikely to be nociceptive in nature. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice with respect to offering NSAIDS.

*14. Please rate the treatment statement below using the answer options provided.

NSAIDs should only be offered to patients in the early stages of CP/CPPS, whose symptoms are confirmed to be due to an inflammatory process, or those judged to be suffering the effects of an inflammatory flare and should be under regular review by a GP.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with prostatic massage

Background information: Little RCT evidence is available to support the use of repetitive prostatic massage to significantly reduce patient symptoms. However, it is recognised this is may still be offered as a treatment option. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to offering prostatic massage as a treatment option.

***15. Please rate the treatment statement below using the answer options provided.**

In a specialist setting, weekly repetitive prostatic massage (3 minute treatment) for up to six weeks can be offered as an option to later-stage CP/CPPS patients who are refractory to earlier lines of pharmacotherapy or physical therapy; however, the patient should be informed that there is little robust evidence to support the efficacy of this intervention.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***16. Please rate the treatment statement below using the answer options provided.**

In a specialist setting, prostatic massage under general anaesthetic can be offered as an option to later-stage CP/CPPS patients who are refractory to earlier lines of pharmacotherapy or physical therapy; however, the patient should be informed that there is little robust evidence to support the efficacy of this intervention.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with physiotherapy

Background information: In CP/CPPS patients who are refractory to initial pharmacotherapy, the symptoms may be caused by, or associated with, pelvic floor muscle dysfunction and other physical routes. While there is published evidence to support that physiotherapy can improve symptoms (including pain, urinary and quality of life), little is reported on best practice approaches. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to physiotherapy as a treatment option for those with CP/CPPS.

***17. Please rate the treatment statement below using the answer options provided.**

Specialist physiotherapy may be considered as a treatment option only in CP/CPPS patients, in whom other non-physical causative routes of symptoms (eg, bacterial cause) have been excluded.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

*18. Please rate the treatment statement below using the answer options provided.

In addition to local pelvic floor relaxation, pelvic floor re-education, biofeedback, general relaxation, trigger point release, myofascial release, stretches and bladder retraining, other physiotherapy treatment of CP/CPPS patients may include:

	Agree	Neutral (neither agree nor disagree)	Disagree	Not relevant to my expertise or do not know the answer	Do not wish to answer
Core stability training to encourage co-ordinated use of the pelvic floor muscles, abdominal muscles and the diaphragm and multifidus	○	○	○	○	○
Diaphragmatic breathing exercises	○	○	○	○	○
Acupuncture for trigger point release and pain management	○	○	○	○	○
Acupuncture for urgency	○	○	○	○	○
Daily exercise for pain management	○	○	○	○	○
Transcutaneous electrical nerve stimulation (TENS)	○	○	○	○	○
Deep relaxation/mindfulness	○	○	○	○	○
Abdominal massage for constipation and defecation techniques	○	○	○	○	○

Suggest alternative statement or comments:

***19. Please rate the treatment statement below using the answer options provided.**

If a patient presents with psychosocial symptoms once referred to physiotherapy, a planned therapeutic strategy involving the introduction of stress management (including an explanation of the chronic pain cycle) should be considered. In addition, advice should be sought from a patient's GP or urologist with respect to potential onward referral to a psychosocial specialist.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

***20. Please rate the treatment statement below using the answer options provided.**

Before referral to specialist physiotherapy, a number of diagnostic tests should be completed to confirm a physical causative route and to exclude other non-physical causative routes for CP/CPPS symptoms, such as: a sexually transmitted infection screen, a culture/microscopy of voided bladder urine, a urethral smear, a nucleic acid amplification test and relevant pelvic physical examinations.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Additional recommendations

21. Do you have any other comments or feedback associated with the diagnosis and/or treatment of CP/CPPS?

Required information

***22. Please enter the county/region you primarily practice in (eg, Cambrigeshire):**

Finish

We would like to thank you for completing this Delphi panel questionnaire.

If a consensus is not reached, the next round of questionnaires will be available on 5 May 2014.

Introduction and instructions

Summary

This online survey is the **third** round of the Prostatitis Expert Reference Group (PERG) Delphi panel. The PERG is a collection of healthcare professionals that has been set up under the instruction of Prostate Cancer UK to devise clinical guidelines to inform the diagnosis and treatment of chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS). These guidelines will be designed to support existing guidance and documentation in this therapy area.

Please note, many of the treatment statements that you were invited to rate in the previous survey are no longer included, since a consensus was reached based on Delphi panellists' responses. For those questions where a consensus was not achieved, the wording of the treatment statements and/or answer options have been amended using the suggestions received from Delphi panellists, along with input from the technical team, an independent moderator and two members of PERG.

Your role

As a Delphi panellist, we kindly request that you review the following treatment statements. Throughout the questionnaire, you will be asked to rate the appropriateness of each statement according to your agreement with it (using the answer options provided), or to choose from a provided set of quantitative responses, depending upon the type of question. For each treatment statement, you will have the option to provide a free text response. The purpose of the free text response is to capture your thoughts on how each treatment statement could be refined, should panellists disagree with the current wording. At the end of each treatment topic, we will also invite you to provide any other comments/statements via a free text response, should you wish to make further suggestions. Please note, responses will be kept anonymous.

It is recognised that not every question will be fully applicable you, due to your area of speciality. Should you feel you are not in a position to offer a response to a particular statement, please select the option: ‘Not relevant to my expertise or do not know the answer’.

Process

This questionnaire will take you no more than 15 minutes to complete. We require you to complete the survey by **18:00 GMT on Tuesday 20 May 2014.**

Should you have any queries about this Delphi approach or difficulties with accessing the survey, please contact Jennifer Lee or Kirsty Haves

Thank you in advance for your time and contribution.

Dr Jon Rees – GP, Chair of the Prostatitis Expert Reference Group (PERG)

Topic: Delphi panellist occupation

***1. In what capacity have you experienced the diagnosis and/or treatment of adult males with chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS)?**

- Urologist
- Pain consultant/specialist
- Nurse specialist
- Nurse practitioner
- Physiotherapist
- GP
- Cognitive behavioural/psychological therapist
- Sexual health specialist
- Other (please specify)

Topic: Patient assessment and diagnosis

Background information: While there is no single, definitive diagnostic test to confirm if a patient has CP/CPPS, several lines of inquiry are available to a healthcare professional. The importance/usefulness of individual assessment measures and how diagnostic results are conveyed to the patient is currently not clearly defined in the published literature – this Delphi approach seeks to reach a consensus on best practice with respect to several considerations during the assessment and diagnosis of the patient.

*2. Please rate the treatment statement below using the answer options provided.

Psychosocial symptoms should be assessed both in the early and late stages of CP/CPPS. If there is a significant suspicion of psychological factors contributing to a patient's condition, these should be screened for.

- ○ Agree
- ○ Neutral (neither agree nor disagree)
- ○ Disagree
- ○ Not relevant to my expertise or do not know the answer
- ○ Do not wish to answer
- ○ Suggest alternative statement or comments:

Topic: Treatment with alpha-blockers

Background information: While there is evidence from randomised controlled trials (RCTs) that alpha-blockers provide an improvement in clinical outcomes, as assessed by responses to the National Institute of Health Chronic Prostatitis Symptom Index (NIH-CPSI) questionnaire, there is a lack of evidence to inform best practice with respect to alpha-blocker treatment first-line versus second-line options. This Delphi approach seeks to reach a consensus on what is considered to be best practice with respect to offering alpha-blockers to CP/CPPS patients.

*3. Please rate the treatment statement below using the answer options provided.

Due to the side effect profiles of alpha-blockers, consider offering uro-selective alpha-blockers as first-line in CP/CPPS patients who present with voiding lower urinary tract symptoms (LUTS).

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with multimodal/combination pharmacotherapy

Background information: Limited head-to-head RCT data are available to conclusively support which multimodal/combination pharmacotherapy represents the best approach, with RCT data providing evidence both against and in support of multimodal/combination pharmacotherapy. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice.

***4. Please rate the treatment statement below using the answer options provided.**

In CP/CPPS patients, multimodal/combination pharmacotherapy with an antibiotic plus a 5-alpha reductase inhibitor may be considered as a treatment option, predominantly for patients with co-existing benign prostatic enlargement (BPE).

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with non-steroidal anti-inflammatory drugs (NSAIDS)

Background information: RCT data to support the use of NSAIDs in the CP/CPPS population are limited. While it is recognised that CP/CPPS patients may suffer from acute inflammatory flares, once chronicity is evident, the route of pain is unlikely to be nociceptive in nature. This Delphi approach seeks to reach a consensus from expert experiences on what is considered to be best practice with respect to offering NSAIDS.

*** 5. Please rate the treatment statement below using the answer options provided.**

NSAIDs should only be offered, for the short-term treatment of pain, to patients in the early stages of CP/CPPS, whose symptoms are suspected to be due to an inflammatory process, or those judged to be suffering the effects of an inflammatory flare and should be under regular review by a GP.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with prostatic massage

Background information: Little RCT evidence is available to support the use of repetitive prostatic massage to significantly reduce patient symptoms. However, it is recognised this is may still be offered as a treatment option. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to offering prostatic massage as a treatment option.

***6. Please rate the treatment statement below using the answer options provided.**

Only consider weekly repetitive prostatic massage (3 minute treatment for up to six weeks) or prostatic massage, under general anaesthetic, as an option in later-stage CP/CPPS patients, who are refractory to earlier lines of pharmacotherapy or physical therapy, under exceptional clinical circumstances or in the context of a clinical trial setting; however, the patient should be informed that there is little robust evidence to support the efficacy of this intervention and therefore should be actively consulted with about this procedure.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Treatment with physiotherapy

Background information: In CP/CPPS patients who are refractory to initial pharmacotherapy, the symptoms may be caused by, or associated with, pelvic floor muscle dysfunction and other physical routes. While there is published evidence to support that physiotherapy can improve symptoms (including pain, urinary and quality of life), little is reported on best practice approaches. This Delphi process seeks to reach a consensus on what is considered to be best practice with respect to physiotherapy as a treatment option for those with CP/CPPS.

*7. Please rate the treatment statement below using the answer options provided.

Although core stability training, diaphragmatic breathing exercises, acupuncture for urgency and abdominal massage for constipation, and defacation techniques are not typically part of the standard approach used in specialist physiotherapy for the treatment of CP/CPPS, they may represent valid treatment options for certain patient groups.

- Agree
- Neutral (neither agree nor disagree)
- Disagree
- Not relevant to my expertise or do not know the answer
- Do not wish to answer

Suggest alternative statement or comments:

Topic: Additional recommendations

8. Do you have any other comments or feedback associated with the diagnosis and/or treatment of CP/CPPS?

Required information

*9. Please enter the county/region you primarily practice in (eg, Cambrigeshire):

Finish

We would like to thank you for completing this Delphi panel questionnaire.