INVESTIGATE-I Clinician Survey

Dear Colleague

As part of a NETSCC-HTA funded study, we are seeking the views of members of BSUG and BAUS-SFNUU about urodynamic investigation in the context of assessment prior to surgery for female stress urinary incontinence. The initial study (INVESTIGATE-I) is a mixed methods feasibility study that includes a pilot RCT, qualitative interview study of patients, and a national survey of relevant clinicians. Further details of the study can be found at: http://www.hta.ac.uk/project/2272.asp or at the study website: http://www.investigate-trial.com
We appreciate the many demands on your time, but would be grateful if you would complete a brief set of questions regarding your experience and attitudes to urodynamic investigation and to research on that topic. Please bear in mind that for each question we interested in your views about INVASIVE urodynamic tests (by which we mean any urodynamic test that requires catheterisation – e.g. cystometry, videourodynamics, ambulatory bladder pressure monitoring), and their application prior to SURGICAL treatment for stress urinary incontinence in women. The questionnaire should take you less than 10 minutes to complete.

ABOUT YOU

We need this information to help us to interpret your responses to the remaining questions and to investigate whether attitudes vary by demographic characteristics.

*1. What is your current grade?

- Trainee
- Specialty doctor or Associate Specialist (SAS/NCCG)
- Consultant

*2. How would you describe your current clinical role?

- General Obstetrician and Gynaecologist
- Obstetrician and Gynaecologist with interest in Urogynaecology
- Subspecialist in Urogynaecology (RCOG accredited)
- Subspecialist in Urogynaecology (de facto)
- General Urologist
- Urologist with interest in Female Urology
- Subspecialist in Female Urology
- Other

*3. Your gender

- Female
- Male

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***4. How long is it since you graduated from Medical School**

- 0-5 years
- 6-10 years
- 11-15 years
- 16-20 years
- 21-30 years
- 31-40 years

ABOUT YOUR URODYNAMIC FACILITIES

***5. Do you currently undertake urodynamic investigations yourself?**

- Yes
- No

***6. Do you currently have access to urodynamic investigations for your patients?**

- Yes
- No

***7. Approximately how many female patients do you operate on per year with stress or stress predominant mixed urinary incontinence (in the absence of significant pelvic organ prolapse)?**

- 0-10
- 11-50
- 51-100
- 101-200
- >200

***8. Do you currently arrange invasive urodynamic tests (cystometry) for most (say, >75%) of your female patients presenting with stress or stress predominant mixed incontinence?`**

- Yes
- No

STRENGTHS OF VIEW ABOUT THE NECESSITY FOR INVASIVE URODYNAMIC TESTING (IUT)

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Below we will present you with 6 scenarios; for each scenario we would like you to rate the strength of your view about the necessity for invasive urodynamic testing (IUT) before undertaking surgical treatment. In each case the details relate to a 45 year old woman with 2 children, who has been sterilised; she has previously undergone pelvic floor muscle training and possibly other conservative treatments, without benefit; she has not had any previous continence surgery. We would like you to respond on the basis of your own opinion, regardless of your current practices, and regardless of what you might have read in recent literature or current guidelines.

9. Complains of stress incontinence, but no frequency, nocturia, urgency or urgency incontinence; no symptoms of voiding difficulty; stress incontinence IS demonstrated on clinical examination.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

10. Complains of stress incontinence, but no frequency, nocturia, urgency or urgency incontinence; no symptoms of voiding difficulty; stress incontinence NOT demonstrated on clinical examination.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

11. Complains of stress incontinence, mild frequency, urgency and urgency incontinence, but describes the stress as the more significant problem; no symptoms of voiding difficulty.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

12. Complains of stress incontinence, frequency x10, nocturia x2, urgency and urgency incontinence, with stress and urge of similar magnitude; no symptoms of voiding difficulty.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

13. Complains of stress incontinence, frequency x15, nocturia x2, urgency and urgency incontinence, but describes the urge as the more significant problem; no symptoms of voiding difficulty.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

14. Complains of stress incontinence, but no frequency, nocturia, urgency or urgency incontinence; also reports hesitancy, poor flow, and feeling of incomplete emptying.

	IUT essential					Undecided					IUT unnecessary
My opinion	○	○	○	○	○	○	○	○	○	○	○

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INVESTIGATE-1: RESEARCH QUESTIONS

"Does invasive urodynamic testing prior to surgical treatment of stress or stress predominant mixed urinary incontinence improve the clinical- and cost-effectiveness of treatment compared to clinical assessment with non-invasive testing?"

***15. How important is this research question in your opinion?**

- ○ Not at all important
- ○ Somewhat important
- ○ Very important
- ○ Extremely important

If our initial pilot studies indicate that a larger definitive trial is indeed feasible, we will be seeking further funds to undertake this on a multicentre basis. Clearly the success of such a trial would be entirely dependent on having sufficient clinicians agreeable to randomising their patients. The design of such a study is anticipated to be similar to that of our pilot study, i.e. a pragmatic multicentre RCT, randomising women with stress or stress predominant mixed incontinence, who fail to respond to pelvic floor muscle training, to receive either:

• no further assessment prior to surgical treatment (over and above the basic clinical assessment and non-invasive tests that they would have previously undergone)

or

• invasive urodynamic tests (conventional cystometry, video urodynamics or ambulatory urodynamics), with subsequent treatment dictated by the investigation results.

***16. How willing would you be to allow your patients to be entered into a randomised trial of this design?**

	Not at all willing									Totally willing
My opinion	○	○	○	○	○	○	○	○	○	○

17. If you do not feel able to enter patients into a randomised trial, would you please try to indicate your main reasons below.

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***18. Would you be willing to enrol your patients in a non-randomised study to address the question of the effectiveness of IUT prior to intervention in women with stress or stress predominant mixed incontinence, who fail to respond to pelvic floor muscle training?**

- ○ Yes
- ○ No

19. What study design would you feel comfortable with to address this research question?

ONE FURTHER REQUEST

As part of our studies, HTA specifically asked that we interview a small group of clinicians to explore whether and how they use the results of urodynamic investigations to inform their clinical decisions, and to contextualise the questionnaire responses; this part of the study will be led by Dr Natalie Armstrong from Leicester University, with interviews undertaken by an expert qualitative interviewer. If you agree to being contacted by telephone to undergo a short (approximately 15 minute) interview we would be grateful if you would enter your contact details below, including the most appropriate telephone number, and the most convenient time for you to take a call.

***20. I am happy to be contacted by the research team for interview**

- ○ Yes (please provide contact details on the next page)
- ○ No (there are no more questions for you, thank you for your responses)

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21. Contact details:

Name:	
Position:	
Tel. STD Code:	
Tel. Number:	
Tel. Ext:	
Email:	
Most convenient time for a phone call e.g. Monday or Wednesday, 12.00-14.00 hrs.	

THANK YOU FOR COMPLETING THIS SURVEY

The results of this survey will be presented at scientific meetings prior to our undertaking any further definitive trial; they will also be published as part of our final HTA report, and possibly elsewhere in the scientific literature. We are most grateful for the time you have given to completing the questionnaire; your contribution will be acknowledged as part of any study dissemination.

Paul Hilton
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Newcastle upon Tyne

Malcolm Lucas
Urologist
Swansea

Doug Tincello
Urogynaecologist
Leicester

Chris Chapple
Urologist
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