Oral phenazopyridine versus intravesical lidocaine for office onabotulinumtoxinA analgesia: a randomized controlled trial

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OBJECTIVES: To compare pain scores in women undergoing intradetrusor onabotulinumtoxinA for idiopathic overactive bladder (OAB) between women randomized to pre-procedure oral phenazopyridine versus intravesical lidocaine.

MATERIALS AND METHODS: Non-pregnant adult females scheduled for office injection of 100 units intradetrusor onabotulinumtoxinA were randomized to either 200mg of oral phenazopyridine taken 1-2 hours preprocedure versus a 20 minute preprocedure intravesical instillation of 50mL 2% lidocaine. We excluded patients with neurogenic bladder, and those who had received intradetrusor onabotulinumtoxinA injections in the previous 12 months. The primary outcome was pain measured by a 100mm visual analog scale (VAS). Demographic characteristics and overall satisfaction with the procedure were also collected. Providers answered questions about cystoscopic visualization, ease of procedure, and perception of patient comfort. In order to detect a difference of 14 (SD 25) or greater on the VAS with 80% power and a significance level of 0.05, we planned to obtain complete data for 100 patients, 50 in each treatment arm. We performed an intention to treat analysis and compared variables by T-test or Fisher’s exact test.

RESULTS: 111 patients were enrolled; complete data was obtained for 100 participants. 47 patients were randomized to phenazopyridine and 53 to lidocaine. Baseline characteristics did not differ between groups. 19.6% and 20.8% in the phenazopyridine and lidocaine groups, respectively, had previously undergone intradetrusor onabotulinumtoxinA injections. Pre-procedure pain scores did not differ between groups. The mean post-procedure pain score was not significantly different between groups, with a mean of 24 (28) in the phenazopyridine group compared to 28 (31) in the lidocaine group (p=0.52). A post-hoc power analysis with 47 and 53 patients per treatment arm showed similar power.

Greater than 90% of patients in both groups stated the pain was tolerable. Slightly more patients reported being “very satisfied” in the lidocaine group, although this was not statistically different (50.0% vs 40.4%, p = 0.34). Providers reported clear visualization in 89.4% of patients in the phenazopyridine group versus 100% in the lidocaine group (p=0.02). Provider perception of patient comfort and overall ease of procedure was not different between groups. Length of time in the exam room was significantly shorter in the phenazopyridine versus the lidocaine group (44.4 vs 57.5 minutes, p=0.0003).

CONCLUSION: In women receiving intradetrusor onabotulinumtoxinA injections for idiopathic OAB, there was no difference in pain scores when comparing oral phenazopyridine versus intravesical lidocaine. Phenazopyridine is well-tolerated by patients, allows for the procedure to be performed with similar ease, and is associated with shorter appointment times.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Moiuri Siddique: Nothing to disclose; Lauren Stewart: Nothing to disclose; Kristin M. Jacobs: Nothing to disclose; Christina A. Raker: Nothing to disclose; Vivian Sung: Nothing to disclose.

02 Considering surgical menopause in breast cancer: the role of oophorectomy

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OBJECTIVES: While utility of ovarian suppression in prevention of hormone receptor positive (HR+) breast cancer recurrence is well established, debate exists regarding methods of suppression. The two most utilized methods in premenopausal women are bilateral salpingo-oophorectomy (BSO) or gonadotropin hormone releasing (GnRH) agonist, both in combination with aromatase inhibitor (AI) or tamoxifen. These patients are often referred to gynecologic surgeons for discussion of GnRH or BSO, but there is scant data to guide counseling. Few studies have examined this question, and those that have are underpowered to detect a significant effect. The goal of this study is to evaluate whether BSO is associated with increased cancer-free or overall survival in treatment of HR+ breast cancers when compared with GnRH agonist.

MATERIALS AND METHODS: To examine this hypothesis, a retrospective database review was performed of a large breast cancer registry. Exclusion criteria included hormone receptor negative breast cancer,