



## Chronic Prostatitis at AUA 2014

The 2014 offerings on chronic prostatitis/chronic pelvic pain (CP/CPPS) were again few at the American Urological Association meeting in Orlando last May, with only about 15 presentations that could apply to men with CP/CPPS and only 9 aimed specifically at CP/CPPS. Funding for studies in North America is now mostly through the National Institute of Diabetes and Digestive and Kidney Diseases-funded Multi-Disciplinary Approach to the Study of Chronic Pelvic Pain (MAPP) Research Network, with results only beginning to trickle in. Of the 5 North American studies concerning CP/CPPS specifically, 3 were from MAPP study sites.

J. Quentin Clemens, MD, from the University of Michigan gave the audience at a general plenary session an update on that program. Amidst the details was a heartening comment that some of the research helping to define who does and doesn't have urinary tract pelvic pain is "where we can start taking these conditions from syndromes and defining them more as diseases." That was in reference to neuroimaging (mainly brain imaging) and pain testing, studies that sometimes fuel the perception that CP/CPPS and interstitial cystitis/bladder pain syndrome (IC/BPS) are "in their heads." Doing these studies longitudinally (over a long period of time) as Dr. Clemens mentioned should change that mindset when they show neuroimages and pain test results change with effective therapy.

The MAPP studies have focused on a fairly limited group of men and women with these pelvic pain conditions—those who have had symptoms for less than two years. That may limit what could be applied to treatment for men who have had CP/CPPS for a long time but should tell us more about how the problem develops and what might cause it. Interestingly, though, MAPP studies so far imply that how long symptoms have gone on has little bearing on how bad the symptoms are. Rather, the key seems to be whether a men or women with these urologic pelvic pain conditions have other pain conditions as well, such as fibromyalgia or irritable bowel syndrome. Unfortunately, the pelvic pain seems to be worse in those patients.

Another hopeful note from Dr. Clemens was that two of MAPP's aims are to "do a better job of coordinating clinical and basic science activities involving disciplines outside of urology," and to incorporate more and better-quality patient-recorded data.

In the next phase of MAPP studies, the network researchers aim for longer follow-up, more research on the group of biomarkers their earlier research targeted, longitudinal neuroimaging, and quantitative pain testing. They also aim to get better data about treatments and about which patients respond to which therapies, said Dr. Clemens.

## TREATMENT

Some Men Do Feel "Cured," Even When a Few Symptoms Remain

*"Getting to Zero": Phenotype, Symptom Severity and Treatment in Chronic Prostatitis/Chronic Pelvic Pain Syndrome Patients Who Self Report Symptom Resolution*

*Chad Reichard, Irene Makovey, Daniel Shoskes, Cleveland, OH*

Of the 220 men treated for chronic prostatitis/chronic pelvic pain syndrome at the Cleveland Clinic in Cleveland Ohio, 27 said they felt they had been cured. Their scores on the Chronic Prostatitis Symptom Index (CPSI) told an interesting story about what "cure" means and also about which men treatment can get to a "cure." The men, who were from 22 to 58 years old, had an average score on the CPSI of 21.4. They were followed up from as short a time as just under a year to as long as about 6 years. Although they all felt cured, treatment took only 5 of them to a score of 0. The average total score after treatment was 6.7. Specifically, pain scores went from an average of 9.7 to 3.0, urinary scores from 3.6 to 1.2, and quality of life scores from 8.1 to 2.4. These men who said they felt cured tended to have somewhat lower starting total scores and pain scores than those typical of most men with CP/CPPS.

## Few Pelvic Pain Patients Abuse Pain Drugs

*I-STOP/PMP: A Tool for Monitoring Prescription Drug Abuse in Patients with Chronic Pain Syndromes*

*Sonia Bahlani, New Hyde Park, NY, Sandeep Mehta, Dallas, TX, Meredith Akerman, Robert Moldwin, New Hyde Park, NY*

Some doctors worry about giving patients with chronic pelvic pain medications with abuse potential, especially opioids (such as the acetaminophen-hydrocodone combination Vicodin) and benzodiazepines (muscle relaxant and anxiety medications such as diazepam or Valium). But this look at how pelvic patients use these medications using the new internet-based Prescription Monitoring Program (PMP) database shows that evidence pointing to abuse is very low. This database was established under the Internet System for Tracking Over-Prescribing (I-STOP) law in New York State. The clinicians entered records for 397 patients who had CP/CPPS, interstitial cystitis/bladder pain syndrome (IC/BPS), or pelvic floor dysfunction into the PMP database over 6 months. Only 14 patients (3.5%) got duplicate medications prescribed by more than one doctor. Nine of those patients had IC/BPS and three had pelvic floor dysfunction. Significantly more patients with pelvic floor dysfunction used benzodiazepines and had been to an average of two appointments within 6 months, but that was not taken as an indication of potential abuse. A system like this, noted the investigators, can help practitioners monitor their patients use of pain drugs and allow patients to get the pain drugs they need.

## Acupuncture Helps Ease CP/CPPS and Other Urologic Problems

*Pins and Needles: Acupuncture and its Impact on Urology*

*Wai Lee, Bennet Hong, Howard Adler, Stony Brook, NY*

This historical perspective on acupuncture in the West focused on how acupuncture has been used in urology and its potential for the future. In 1983, researchers found that using transcutaneous electrical nerve stimulation (TENS) at two specific acupuncture points could inhibit bladder activity, which gave rise to posterior tibial nerve stimulation.

Particularly notable was the study in 2008 demonstrating that real acupuncture was twice as likely to improve CP/CPPS symptoms as with sham acupuncture. Acupuncture has also been found to significantly improve bedwetting, erectile dysfunction that has a psychologic cause, premature ejaculation, and hot flashes in men with advanced prostate cancer. Understanding acupuncture better has potential to give more patients effective treatments with few side effects and to lead to important innovations, said these urologists.

### **Pelvic Floor Physical Therapy Helps Below the Belt Pelvic-floor based Physical Therapy Treatment for Chronic Orchalgia**

*Erin Glace, Virginia Beach, VA, Courtney Anderson, Jack Zuckerman, Kurt McCammon, Norfolk, VA*

Chronic testicular pain isn't the same thing as CP/CPPS, but this study showing pelvic floor physical therapy helps this condition is an indication that this kind of therapy has potential for many kinds of below-the-belt pain. At this physical therapy practice, 61 men with testicular pain got treatments for their individual musculoskeletal problems, including approaches such as pelvic alignment exercises, therapeutic stretching and strengthening, manual therapy, and biofeedback. At an average of 5 months after therapy, 87% of the men said their pain was better. Of the 32 patients who were surveyed an average of 7 months later, 88% were still better.

### **Herbal Product Offers as Much Help as Rye Pollen Extract**

*Eviprostat has an identical effect compared to pollen extract (Cernilton) in patients with chronic prostatitis/chronic pelvic pain syndrome: A randomized, prospective study*

*Atsushi Imai, Shingo Hatakeyama, Takahiro Yoneyama, Yasuhiro Hashimoto, Takuya Koie, Chikara Ohyama, Atsushi Kyan, Nobuyoshi Takahashi, Toshiaki Kawaguchi, Shinya Takahashi, Yuji Yagihashi, Keiya Miki, Hiroasaki-shi, Japan*

Used widely in Japan (where these authors are from) and Germany, the herbal product Eviprostat proved to be as effective for CP/CPPS as the previously studied rye pollen extract Cernilton, which showed positive results in a placebo-controlled, randomized, double-blind—albeit small—study. In this randomized comparative trial (apparently not blinded), 100 men took two capsules every 8 hours of either Eviprostat or Cernilton for 8 weeks. In the Eviprostat group 88% of the men had a response to treatment, defined as a 25% decrease in the Chronic Prostatitis Symptom Index (CPSI) score, and in the Cernilton group 78% of the men did. Differences between the improved scores in both groups—whether total, pain, urination, or quality of life scores—were insignificant.

### **Immunostimulating Bacterial Extract Doesn't Best Placebo**

*Immunostimulation in Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS). A one-year prospective, double-blind, placebo-controlled study*

*Florian Wagenlehner, Giessen, Germany, Stefania Ballarini, Geneva, Switzerland, Kurt Naber, Munich, Germany*

OM-90 is a bacterial extract that may help prevent urinary tract infections. Because it serves as an immune stimulating agent and because CP/CPPS may have its origin in immune dysfunction and inflammation, these researchers tried it in 94 men with CP/CPPS and compared it with placebo in 91 men with CP/CPPS. Neither the patients nor the

researchers knew who got which treatment. After 9 months, 67% of the men who got OM-89 responded to the therapy, but so did 64% of the men who got the placebo. The Chronic Prostatitis Symptom Index (CPSI) scores dropped about 40% in the OM-89 group and 43% in the placebo group. Deeming the number of men in the study too small, the researchers said they could draw no conclusions about the value of the bacterial extract in CP/CPPS.

### **Roxithromycin Gives Results Equal to NSAID and Common Antibiotic**

*Clinical efficacy of roxithromycin in men with chronic prostatitis/chronic pelvic pain syndrome in comparison with ciprofloxacin and aceclofenac: A prospective, randomized, multicenter pilot trial*

*Hyun-Sop Choe, Hee-Youn Kim, Dong-Sup Lee, Seung-Ju Lee, Suwon, Korea, Republic of, Chang-Hee Han, Uijeongbu, Korea, Republic of, Bong-Suk Shim, Yong-Hyun Cho, Seoul, Korea, Republic of*

nonsteroidal anti-inflammatory drug also not available in the United States but similar to diclofenac. The men were treated for a month and followed up for 12 weeks. The CPSI scores in the different groups decreased to a similar degree (dropping from about 20 to about 10). Because the study was small and not blinded, it is hard to draw firm conclusions about the value of the therapy. The authors' conclusion that the immunomodulatory action of roxithromycin in CP/CPPS needs to be investigated reflects the idea that if antibiotics are helpful in CP/CPPS it may be for some reason other than antimicrobial activity, since diligent searching for an infectious cause has not brought definitive results. Over the long term, neither antibiotics nor NSAIDs are thought to be helpful. Ciprofloxacin, commonly used in urinary tract infections, is a fluoroquinolone type of antibiotic that carries a risk of tendon rupture, so if an antibiotic is used, an alternative to a fluoroquinolone might be safer.

### **DIAGNOSIS AND FOLLOW-UP Sensitive Inflammation Response May Spell Additional Pain Conditions**

*Inflammatory Biomarkers are Associated with Co-Morbid Pain Conditions in UCPPS Patients: a MAPP Study*

*Catherine Bradley, Andrew Schrepf, Susan Lutgendorf, Michael O'Donnell, Yi Luo, Karl Kreder, Iowa City, IA*

Men and women with CP/CPPS or IC/BPS who also have other pain syndromes, such as irritable bowel syndrome, may have higher levels of inflammation and a greater tendency toward inflammation. This team found that levels of the immune system signaling protein IL6 were higher in the men and women who had additional pain conditions than in those who had CP/CPPS or IC/BPS alone. (The other conditions included irritable bowel syndrome, temporomandibular joint dysfunction, vulvodynia, chronic fatigue syndrome, and fibromyalgia.) The researchers also used toll-like receptors to stimulate immune cells, and the cells from men and women who had additional pain syndromes produced more IL1-beta than cells from those who didn't. The higher level of inflammation and greater inflammatory responsiveness may play a role in the development of broader pain syndromes, suggested the researchers.

### **Chemokine Marker in BPH Holds Out Hope for Similar in CP/CPPS**

*Upregulated Chemokine Expression Associated With BPH is Replicated in Rat Model Of Nonbacterial Prostatitis*

*Mahendra Kashyap, Zhou Wang, Naoki Kawamorita, Pittsburgh, PA, Yasuhito Funahashi, Nagoya, Japan, Kenichi Mori, Naoki Yoshimura, Pradeep Tyagi, Pittsburgh, PA*

Certain immune signaling proteins or chemokines are elevated in the prostate tissue of men with benign prostate enlargement (BPH). Levels of these same chemokines are also elevated, these researchers found, in the prostate tissue of rats that have nonbacterial prostatitis, simulated by injecting an irritant into the prostate tissues. Chemokine levels were also elevated in the bladder. Only one of the chemokines, however, was elevated in the urine of the rats, possibly because the others are bound up in tissues. The chemokine that remained elevated in urine, MIP-1a, might serve as a BPH biomarker. Although this study was aimed at BPH, it suggests the possibility of a similar biomarker for CP/CPPS.

### **MRI May Help Distinguish Chronic Prostatitis from Prostate Cancer**

*MRI imaging features differentiating prostate cancer from chronic prostatitis*

*Karen Buch, Ariel Hirsch, Muhammad M. Qureshi, Ashali Jain, Carl Jaffe, David Wang, Richard Babayan, Mark Katz, Joel Henderson, Chris Andry, B. Nicolas Bloch, Boston, MA*

Both prostate cancer and chronic prostatitis can both lead to high prostate-specific antigen (PSA) readings. And high PSA readings can lead doctors to suspect prostate cancer and begin what may be unnecessary and uncomfortable tests, such as prostate biopsy. If men have both conditions, it's still important not to confuse chronic prostatitis and prostate cancer, since that might lead doctors to think the prostate cancer is much worse than it actually is and to treat it when that may not be necessary. The high resolution and fine details of magnetic resonance imaging (MRI) can help solve that problem, say these urologists and radiologists. They used MRI to look at the prostates of men who had prostate cancer and were scheduled to undergo a radical prostatectomy. The researchers then compared these results with those of the examination of prostate tissue under the microscope. The two methods gave nearly the same results, implying that MRI could indeed help distinguish prostate cancer from chronic prostatitis and help determine what stage the prostate cancer is in—maybe even without doing a biopsy.

### **Ultrasound Studies Uninformative in CP/CPPS**

*TRUS Characteristics Of Chronic Prostatitis/Chronic Pelvic Pain Syndrome: Comparison With Age-Matched Controls*  
*Dorit Zilberman, Ramat-Gan, Israel, Matvet Tsivian, Durham, NC, Yoram Mor, Gil Raviv, Ramat Gan, Israel*

Transrectal ultrasonography (TRUS) is usually used today to help guide a biopsy of prostate tissue. It is sometimes used to assess the size of the prostate or to visualize tumors, although that is less common today in North America. But is it useful for CP/CPPS? No, say these investigators from Israel who used TRUS in men with CP/CPPS to measure the size of different portions of the prostate, to look for dilation of the vas deferens or the ejaculatory duct, and to look at the amount of urine remaining in the bladder after urination. There were some differences in the results for these men and men undergoing TRUS for other reasons. Among them were smaller prostates (expected if TRUS was used in men with prostate enlargement), less ejaculatory duct dilation, more vas deferens dilation, and more calcifications in the men with CP/CPPS. Nevertheless, said the researchers,

TRUS shows nothing pathognomonic, that is, distinctively characteristic of any disease, so the procedure yields very little information.

### **PCA3 May Not Help Diagnose Prostate Cancer in Men with Prostate Inflammation**

*Extremely High levels of PCA-3 Is Associated with Prostatic Inflammation*

*Thamir Alkasab, Girish Kulkarni, Rob Hamilton, Alexander Zlotta, Antonio Finelli, Neil Fleshner, Toronto, Canada*

Men with CP/CPPS may already have high levels of PSA, making prostate cancer a worry for them. But studies of a new test for PSA3 indicated it wasn't sensitive to inflammation, implying that it might be a helpful prostate cancer test for men with CP/CPPS. But this study showed that a majority of the men with extremely high PCA3 (a ratio greater than 100) levels but no prostate cancer had acute prostate inflammation.

### **EPIDEMIOLOGY**

#### **Prostate Inflammation Common in Men with BPH**

*Prevalence of Prostatitis in men treated with prostatectomy (open prostatectomy, transurethral resection of prostate) for benign prostatic hyperplasia induced bladder outlet obstruction*

*Hosni Salem, Hani El Fayoumy, Hosam Shaker, Amr Lotfi, Hesham Fathi, Elia Anis, Cairo, Egypt*

In a large group (nearly 2,300) of men who underwent surgery for benign prostate enlargement (BPH), 76% of the men showed prostatitis in their prostate tissue. The rate was even higher in the men who also had urinary retention (86%) and in men discovered to have prostate cancer (92%). To say what this means, however, requires more study, said the investigators.

### **ETIOLOGY (CAUSES AND ORIGINS)**

#### **T-cells May Play Key Role in Causing CP/CPPS**

*IL7, a primary mediator of T-cell differentiation, is correlated with pain in both CPPS patients and experimental autoimmune prostatitis (EAP) in mice.*

*Stephen Murphy, Joseph Done, Praveen Thumbikat, Anthony Schaeffer, Chicago, IL*

Levels of various immune system signaling proteins or cytokines are known to correlate with CPSI scores, implicating inflammation and autoimmune processes in CP/CPPS. This group of researchers has zeroed in on one of the cytokines, interleukin 7 (IL7), as an indicator of a possible cause of CP/CPPS. This cytokine is fundamental to the development of T cells general and specifically to the rogue T cells that lead to autoimmunity. This team found that increases in levels of IL7 tracked right along with increases in total CPSI scores as well as scores for pain, urinary symptoms, and quality of life. The investigators also found that levels of IL7 and the other cytokines they measured changed similarly in mice that had an experimental form of autoimmune prostatitis. T-cell development, the team concluded, plays a fundamental role in causing pain in CP/CPPS.

### **High-tech Search for Bacterial Cause Yields No Culprits**

*Search for Microorganisms in Men with Urologic Chronic Pelvic Pain Syndrome: A Culture-Independent Analysis of Cases and Controls Enrolled in the trans-MAPP Epidemiology/Phenotyping (EP) Study*

J. Curtis Nickel, Kingston, Canada, Alisa Stephens, Philadelphia, PA, Jun Chen, Boston, MA, Richard Landis, Philadelphia, PA, Christopher Mullins, Bethesda, MD, Garth Ehrlich, Philadelphia, PA, The MAPP Research Network, Bethesda, MD

Are the bacteria in the lower urinary tracts of men with CP/CPPS different from those of healthy men, and could the bacteria be causing the problem? Many researchers have tried and failed to find a bacterial cause, so these researchers tried to answer that question using new and highly sensitive analytic technology to detect and identify all bacterial species present. The technology is based on that developed for the Department of Defense to look for disease-causing organisms. It uses polymerase chain reaction (PCR) amplification to boost the quantity of signature regions of disease organisms' genetic material, which can then be detected with mass spectrometry. The team hunted for bacteria in initial and midstream urine from 110 men with CP/CPPS and 115 matched controls and in post-prostatic massage urine from 67 men with CP/CPPS and 62 matched controls. The team detected 78 bacterial species in the initial stream urine samples, 73 in the midstream samples, and 54 in the post-prostatic massage samples. The overall bacterial populations differed between the men with CP/CPPS and controls only in the initial urine stream samples. The differences were minor, making it difficult to implicate that initial stream bacterial population in causing CP/CPPS, said the investigators. But they added that further research is needed to determine if the mix of microbes or the fluctuations in their patterns influence the pattern of symptoms over time.

Roxithromycin, which is not available in the United States, is an antibiotic effective against genitourinary infections such as chlamydia and mycoplasma and has some anti-inflammatory and immunomodulatory effects. In a moderate-sized, open-label study with 75 CP/CPPS patients, these Korean researchers compared it with ciprofloxacin and aceclofenac, a strong nonsteroidal anti-inflammatory drug also not available in the United States but similar to diclofenac. The men were treated for a month and followed up for 12 weeks. The CPSI scores in the different groups decreased to a similar degree (dropping from about 20 to about 10). Because the study was small and not blinded, it is hard to draw firm conclusions about the value of the therapy. The authors' conclusion that the immunomodulatory action of roxithromycin in CP/CPPS needs to be investigated reflects the idea that if antibiotics are helpful in CP/CPPS it may be for some reason other than antimicrobial activity, since diligent searching for an infectious cause has not brought definitive results. Over the long term, neither antibiotics nor NSAIDs are thought to be helpful. Ciprofloxacin, commonly used in urinary tract infections, is a fluoroquinolone type of antibiotic that carries a risk of tendon rupture, so if an antibiotic is used, an alternative to a fluoroquinolone might be safer.

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*Take a stand: The less you sit at work, the better — but how to do it?*

*By Joe Payne*

They say that "sitting is the new smoking," which got me thinking that perhaps the six to seven hours I had spent sitting at work each day for the past 28 years had not done

me any favors.

"They," of course, are various and numerous health professionals. One of them, Marc Hamilton, is a leading researcher on inactivity physiology at the Pennington Biomedical Research Center in Louisiana. "Sitting is hazardous," he said during an interview with The Washington Post. "We are on the cusp of a major revolution about what we think of as healthy behavior in the workplace."

How bad might our excessive sitting — at work, on the couch, in the car — be for us? A number of studies connect time spent seated with increased risk of developing heart disease, obesity, diabetes, cancer and even early death. Furthermore, it appears not to matter if you're generally in good health or not, or if you regularly exercise or not. Nothing seems to cancel out the health risks of "over sitting."

Too much standing isn't good either, however, and can cause long-term back injuries and higher incidence of varicose veins in women.

So perhaps the best thing to do at work is sit AND stand, each in moderation. That's the tack I've taken in the past four months at my office, where I'm one of four people who stand or alternate standing and sitting at work.

Two of us stand all day and have built standing workstations from shelving and desk parts, constructed to their individual optimal height for their keyboard and monitor. My next-door coworker, Lori, and I alternate sitting and standing. Lori, who is considerably shorter than I, was able to create her workstation out of a drafting table and bar-height chair that allow her to stand or sit, with her keyboard and monitor remaining at the same height.

My solution was not so simple. Being 6 feet 4 inches tall, my optimal monitor and keyboard elevation differs drastically when I go from sitting to standing. So I researched a variety of online retailers' adjustable height workstations, including models by VariDesk, Ergotron, and others, before settling on the Kangaroo Pro Adjustable Height Desk by Ergo Desktop, which was sturdy, simple to operate, would accommodate my height and also allow me to further adjust the monitor and keyboard heights independently.

The sky is the limit on what you can pay for a decent standing or adjustable-height desk. Thanks to eBay, I found the \$500 model I wanted for \$200. I've been extremely happy with it. Its thin but sturdy base rests atop my existing desk, where I can work comfortably in a sitting position. To work standing up, I simply slide up the keyboard and monitor trays (via a pneumatic post) and lock them into position.

It took several weeks to work up my stamina, gradually increasing my standing time each week. If you follow in my footsteps, I suggest a really comfortable pair of shoes and also an anti-fatigue mat. I also found that a small step stool provides a good way to raise and rest one foot or the other to alter standing positions and relieve leg strain.

I now stand about four hours each day. The benefits include knowing my sitting is no longer killing me (literally), increased energy, concentration and even creativity (studies support this). Standing at work also has strengthened my core and lower back. As proof, I suffered no repercussions from some recent strenuous

yard work that in the past had always left me doubled over the following day.

The real health-in-the-workplace goal isn't standing, per se, but to increase activity during the day. Sitting less is a great way to start. You can also take occasional walks around the office, find a place to do some stretches, volunteer to run errands. Any way you do it, stand up for your health. Your body and mind will thank you for it.

This article has been reprinted with permission from Radish magazine, www.radishmagazine.com. For a comprehensive review of a variety of standing desks and workstations, read "The Best Standing Desks" by Mark Lukach at thewirecutter.com/reviews/the-best-standing-desks.

About the Prostatitis Foundation

Many men have been suffering in silence from this disease that has been largely ignored by the medical community. This disease is called prostatitis which is inflammation or infection of the prostate gland. Prostatitis can cause intense pain, urinary complications, sexual dysfunction, infertility, and a drastic reduction in the quality of life. Research is taking place to find diagnostic techniques and a cure. Research has been inadequate to determine if it will or will not lead to prostate cancer or BPH (Benign Prostatic Hyperplasia).

The last ten years have seen great strides in the treatment of prostate cancer and BPH (Benign Prostatic Hyperplasia), diseases which affect mostly older men. Prostatitis, a non-fatal but often disabling disease affecting young

men in their prime of life, has been overlooked, avoided, dismissed or ignored, treatments range from an on-again, off-again life-long course of antibiotics, and at worst, a state of constant agony and neglect.

Since the founding of The Prostatitis Foundation in 1995 to push for Prostatitis research, collect data on the disease, and provide information to men who are suffering from the disease, important steps have been taken. Four research conferences have been held to bring together prostatitis researchers. The conferences have been cosponsored by The Prostatitis Foundation and National Institutes of Health. Congress has appropriated some amounts of money to prostatitis research. Search the Mapp network website to follow those efforts. They often are seeking patients for clinical research. The unpaid officers and directors are asking you and your family to write your congressman and senators asking for additional research and for your support of the Prostatitis Foundation.

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