INVESTIGATE-1 Clinician Survey 2

While completing the questionnaire, please bear in mind that for each question we are 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.*

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

- Generalist Obstetrician and Gynaecologist or Urologist
- Consultant with interest in Urogynaecology / Female Urology
- Subspecialist in Urogynaecology/ Female Urology
- Specialist (Other) NB we are only seeking consultant/specialist opinion at this stage in our study

(please specify)

The research question underlying our studies is:

'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**?'

*2. 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, videourodynamics or ambulatory urodynamics), with subsequent treatment dictated by the investigation results

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

1 = not at all willing	2	3	4	5	6	7	8	9	10 = totally willing
○	○	○	○	○	○	○	○	○	○

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Our currently proposed primary outcome for the trial is a patient reported outcome measure, the combined symptom score of the International Consultation on Incontinence female lower urinary tract symptoms questionnaire (ICIQ-FLUTS) http://www.iciq.net/ICIQ.FLUTS.html) at six months after treatment.

4. Do you feel this is an appropriate outcome to use?

- ○ Yes
- ○ No
- ○ No opinion

5. What alternative primary outcome would you suggest?

6. The ICIQ-FLUTS questionnaire is scored between 0 and 48. What do you consider is the minimum difference in ICIQ-FLUTS combined symptom score that you would consider to be clinically important (as opposed to statistically significant)?

1-4	5-8	9-12	13-16	17-20	21-24	>24	No opinion
○	○	○	○	○	○	○	○

7. Please feel free to enter any other comments about outcomes or other aspects of the proposed trial in the box below:

8. If we were to proceed to a mulitcentre trial of this design, and you would be interested in participating, please add your name and email address below:

Name

Email

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 anonymously as part of any study dissemination.

Paul Hilton
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Newcastle upon Tyne

Malcolm Lucas
Urologist
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Doug Tincello
Urogynaecologist
Leicester

Chris Chapple
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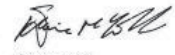
Foundation



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