



ICA Professional Perspectives

Spring 2005

A Newsletter for Healthcare Professionals
Interested in the Research and Treatment of Interstitial Cystitis

The Interstitial Cystitis Association / Patients, Researchers, Caregivers ~ Putting the Pieces Together

International Urogynecology Journal Features IC Supplement



The inaugural meeting of the Multinational Interstitial Cystitis Association (MICA) was held in Rome on September 21-22nd, 2004 and chaired by Dr. Mauro Cervigni, Professor of Urogynecology, San Carlo-IDI Hospital, and Professor of Urogynecology at Tor Vergata University in Rome, and Dr. Vicki Ratner, President and Founder of the ICA-USA.

Prior to the official start of the meeting, over 20 internationally recognized leaders in the field of interstitial cystitis met to continue a dialogue with a view toward reaching a consensus on this syndrome that will ultimately contribute to a standardization of nomenclature, diagnosis, and a treatment algorithm for this condition.

It is hoped that international consensus on IC will benefit patients, pharmaceutical companies looking to bring new and desperately needed treatments to this patient population, and researchers around the world, much as the initial, though now outmoded, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) criteria helped to standardize definitions and promote advances in the field.

Proceedings from these two very important meetings are now being published by the *International Urogynecology Journal* in the supplement to their April/May 2005 edition.

The *International Urogynecology Journal* focuses on the clinical approach to urogynecology and pelvic floor disorders emphasizing clinically relevant material that will be immediately applicable for clinical medicine. This publication covers all aspects of the field in an interdisciplinary fashion.

The *International Urogynecology Journal* is published by Springer-Verlag - www.springerlink.com

Clinical Trial of BCG Shows Equivocal Results:

Not Recommended for Treatment of IC



Although preliminary studies suggested that bacillus Calmette-Guérin (BCG) instillation might be helpful for IC, results were equivocal in the randomized, double-blind, placebo controlled trial of the Interstitial Cystitis Clinical Trials Group (ICCTG), published in the April 2005 issue of the *Journal of Urology*.

Despite concern over BCG toxicity, it did prove to be safe when compared with placebo. About the same number of patients in the placebo and treatment groups had adverse events. Hematuria was the only event that occurred more often in the BCG group than in the placebo group, and muscle and joint pain occurred more frequently in

the placebo group than in the treatment group. Only two serious adverse events were thought to be related to treatment—one case of urinary tract infection and presumed prostatitis in a placebo patient and one hypersensitivity reaction to BCG.

Although 21 percent of BCG patients showed improvement on the major outcome measure compared with 12 percent of placebo patients, that difference was not statistically significant (P=.062). The major outcome measure was the global

In this Issue of *ICA Professional Perspectives*:

<i>International Urogynecology Jnl. Features IC Supplement</i>	1
Clinical Trial of BCG Shows Equivocal Results: Not Recommended for Treatment of IC	1
New Study Tests Amitriptyline for Painful Bladder Syndrome	2
Researcher Is Confident He'll Find Clues to IC Cause	4
RICE Study Underway Research Funding Available	5
International Clinician and Researcher Strong Supporter of IC Patients	5
Latest IC-Related Published Research	6
Upcoming Events	7



New Study Tests Amitriptyline for Painful Bladder Syndrome

As many IC practitioners are aware, low doses of amitriptyline (Elavil – a tricyclic antidepressant) have been found anecdotally to be a helpful treatment for IC pain and urinary frequency/urgency. This medication, one of the first tricyclic antidepressants ever developed (in the 1930s), has been used "off label" to treat IC for many years with just a handful of small studies that have indicated its value. It has unique properties that are unlike those of the newer antidepressants that are currently on the market, such as the selective serotonin reuptake inhibitors (SSRIs) and the selective norepinephrine reuptake inhibitors (SNRIs), as well as several other novel variations.

Yet Elavil has never been tested for the treatment of IC via any large scale, double-blind, placebo-controlled clinical trial. In fact, it was only last summer that, for the first time ever, a double-blind, placebo-controlled study was conducted using amitriptyline to treat IC. This study from Germany used the medication to treat IC in 50 patients and the study was reported on in the August 2004 issue of the *Journal of Urology* (van Ophoven et al).

Now, a new study will test amitriptyline for its potential to alleviate bladder pain for which there is no known cause and no uniformly effective therapy. Thousands, if not millions, of patients may benefit. The study is funded by the National Institutes of Health (NIH).

Ten medical centers in the United States and Canada are recruiting adults newly diagnosed with either painful bladder syndrome (PBS) or IC to learn if the oral drug amitriptyline will reduce the pain and frequent urination that are hallmarks of these conditions. These centers make up the Interstitial Cystitis Clinical Research Network (ICCRN) sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) at the NIH.

The 270 participants will be randomly assigned to take up to 75 milligrams of amitriptyline or a placebo each day for 14 to 26 weeks. All will practice suppressing the urge to urinate for increasingly longer stretches until they can wait 3 or 4 hours before going to the bathroom. Participants will also regulate when and how much they drink and avoid bladder irritants such as alcohol, acidic foods and carbonated or caffeinated drinks. Staff and patients will find out who received the

response assessment (a seven-question scale of the patient's impression of change in condition) at week 34. (Treatment consisted of a weekly bladder instillation for the first 6 weeks.) Patients were considered to be responders if symptoms were markedly or moderately improved and they needed no increase in their usual IC medications or new therapy. For responders in both the treatment and placebo arms, most of the change occurred during the treatment period, with little further change.

Secondary outcomes included voiding diary parameters, pain and urgency scores, scores on the O'Leary-Sant IC Symptom and Problem Indexes and the University of Wisconsin Symptom Inventory. Differences in some of these measures reached the borderline of statistical significance but were small and of limited clinical significance, said the researchers.

Fifteen patients who noted marked improvement with BCG (versus five who had placebo) accounted for most of the difference between the two groups, the ICCTG researchers pointed out. It was not clear how these patients differed from nonresponders.

Overall, however, the 265 patients in this study had severe IC symptoms. Most (95 percent) had had symptoms for more than one year, and most had had multiple therapies fail. That may mean, speculated the investigators, that neuroplasticity and centralization of pain thought to occur with time might have made local therapy ineffective, but too few patients with milder symptoms enrolled in the study for there to be an effective comparison.

The ICA publicized the study and encouraged patients to participate. Enrollment was high and the dropout rate was low, testaments to patients' determination to finding a cure and to their need for more effective treatment. Unfortunately, "effective medical treatment with moderate to severe interstitial cystitis remains elusive." Until it is clear which patients might respond to BCG, the researchers said they could not recommend BCG therapy for IC.

**Please be Sure to
Visit the ICA's Booth at the
AUA Annual Meeting
in San Antonio, TX**

**May 21-26, 2005
HALL C - Booth # 107**

amitriptyline when the study is finished. Medications and tests are free to participants.

"Like so many potential treatments tried before it, amitriptyline looks promising. And we are desperate to find a safe and effective treatment for patients. But until the drug is rigorously tested we won't know its true value in these syndromes," said Leroy M. Nyberg, MD, PhD, who oversees IC research sponsored by the NIDDK. "And we'll never know if we are raising false hopes for patients, and unnecessarily spending health care dollars on prescriptions, if we don't do this study. It's critical to base our treatment decisions on evidence."

Eligibility criteria for the amitriptyline trial mark a major departure from two prior IC studies supported by the NIDDK. The current trial is enlisting newly diagnosed adults and only those who have not yet received treatment.

Following up on earlier promising research supported by the NIDDK, participants' urine will be checked for substances that may, ultimately, lead to a definitive test for diagnosing IC and for measuring the effectiveness of potential treatments.

The following is a list of clinical sites across the country that are participating in this study:

ICCRN Clinical Centers and Investigators

CALIFORNIA, Stanford
Stanford University Medical Center
Christopher Payne, MD
Rodney Anderson, MD
Rajesh Shinghal, MD
Contact: Debra Clay, RN - Research Coordinator
(650) 724-1753

CANADA, Kingston, Ontario
Queen's University
J. Curtis Nickel, MD
Laurel Emerson, RN, CCRP
Contact: Joe Downey, MSc, CCRP - Research
Coordinator
(613) 533-2894
Sylvia Robb, RN - Research Associate
(613) 549-6666, Ext 4778

ILLINOIS, Maywood
Loyola University Medical Center
Marypat Fitzgerald, MD
Linda Brubaker, MD
Contact: Judith Senka, RN - Research Coordinator
(708) 216-8495

IOWA, Iowa City
University of Iowa Hospitals and Clinic
Karl Kreder, MD
Michael O'Donnell, MD
Contact: Mary Eno, RN - Research Coordinator
(319) 384-9265
Kelley O'Berry - Recruitment Coordinator
(319) 384-5064

MARYLAND, Baltimore
University of Maryland
Toby Chai, MD
Susan Keay, MD
Contact: Judith Murray, CCRC - Research Coordinator
(410) 328-5784

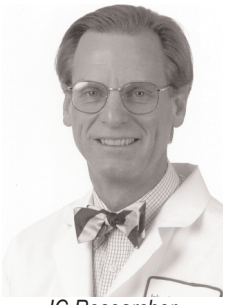
MICHIGAN, Detroit
Henry Ford Hospital
David Burks, MD
Contact: Jill Sullivan, RN, BSN - Research Coordinator
(313) 916-3140
Michelle Peabody, RN - Research Coordinator
(313) 916-8265

MICHIGAN, Royal Oak
William Beaumont Hospital
Kenneth Peters, MD
Contact: Eleanor Anton, RN - Research Coordinator
(248) 551-0885

NEW YORK, Rochester
University of Rochester Medical Center
Robert Mayer, MD
Edward M. Messing, MD
Contact: Elizabeth Smith, BS - Research Coordinator
(585) 275-0989
Kay Rust, RN, MSN, FNP - Research Coordinator
(585) 275-0133

PENNSYLVANIA, Philadelphia
University of Pennsylvania
Philip Hanno, MD
Diane Newman, RNC, MSN, CRNP
Contact: Lilliam Ribeiro, BS - Research Coordinator
(215) 615-3780

WASHINGTON, Seattle
University of Washington
Richard E. Berger, MD
Jane Miller, MD
Elizabeth A. Miller, MD
Contact: Sharon Downing, RN - Research Coordinator
(206) 598-0850



*IC Researcher,
John W. Warren, MD*

Researcher Is Confident He'll Find Clues to IC Cause

In the five years that IC researcher and ICA Medical Advisory Board member John W. Warren, MD, headed the Interstitial Cystitis Clinical Trials Group researchers at the University of Maryland, he got to know hundreds of IC patients. And what was the question those patients asked him the most?

"What causes it?"

Dr. Warren aims to find some answers with an epidemiologic study called Events Preceding Interstitial Cystitis, or EPIC, which is funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), which is a division of the National Institutes of Health (NIH). This case-control study will look for risk factors by trying to find out what's different about women who have developed IC symptoms within the past year from women who are similar but who don't have urinary symptoms.

It's the kind of study that's typically done early on in the study of a disease, but it hasn't been done for IC, comments Dr. Warren. Case-control studies for common diseases were done in the 1950s and 1960s in the post-WWII boom in medical research. "So, I think in a way, IC is 50 years behind in our understanding some basic epidemiologic features." Dr. Warren and his team are determined to catch up.

Today, not many risk factors are known for IC, Dr. Warren pointed out, just a few simple demographic facts: Women are more at risk than men, and adults are more at risk than children. Also, his earlier work with the ICA and the Fishbein Family IC Research Foundation suggests that a family history of IC is a risk factor for the disease.

He's confident that this study will teach us something new. "I'd be very surprised if, through this study of risk factors, we don't find heretofore unknown clues to the cause of the disease, because this is the way it's worked in virtually every other disease where case-control studies have been done," Dr. Warren said.

He and his team will be looking for the things that happen before IC symptoms start because those could be things that bring on IC symptoms. Because it's easier to recall things that have happened recently, the team is interested in talking to people who have had symptoms for no more than 12 months.

The researchers will be investigating everything from occupations to toxin exposure to leisure activities, as well as reproductive and medical history.

Researching which potentially related conditions are truly linked to IC will also be an important part of the study. The 1997 ICA study, led by Madhu Alagiri, MD, pointed to allergy, irritable bowel syndrome, sensitive skin, vulvodynia, fibromyalgia, and seven more conditions that seem to occur more often in IC patients than in the general population. This study should bring more definite answers, Dr. Warren explained, by asking controls the same questions as IC patients, and therefore giving a definite comparison between the medical histories of women with and without IC.

And, Dr. Warren pointed out, if any of these conditions occur before the onset of IC symptoms, "We can exploit the knowledge of that other disease to better understand IC, and it may give us clues to the pathogenesis of IC."

The EPIC study, planned for four years, is in its first year, and the researchers will keep interviewing until they reach 400 patients and 400 controls. Today, the team is actually ahead of their goal in recruitment. Dr. Warren isn't sure why. "It may mean," he said, "that we're getting the types of IC patients who can be diagnosed quickly or maybe we're getting the ones who are more distressed—the ones who have more pain, urgency, frequency, or it may mean that primary care doctors and gynecologists know more about the disease now and think about it earlier in the disease process than they did in the past."

The EPIC study should be complete in 2008, so we should have some important medical news about IC then. But, Dr. Warren noted, he and his team may be uncovering interesting things about IC along the way and may publish some related findings before 2008. He said he'll definitely keep the IC community posted.

That reflects Dr. Warren's close relationship with so many IC patients. In the course of doing IC studies at the University of Maryland, he said he's gotten to know hundreds of IC patients one-on-one, "and I've become aware in a way that somebody who doesn't have it can be aware of the distress of having the disease. I became very empathetic with these folks dealing with this chronic pain syndrome that was invisible to everybody else and very distressing for them. In my dealing with them, I began to appreciate how distressing it was and began to see that so little is known about IC, I thought my colleagues and I could really have an effect upon this disease. Going into a medical career one rarely has the opportunity to have an effect of some substance."

RICE Study Underway

A new study that will investigate the epidemiology of IC is currently being conducted by the nonprofit global research and development group, RAND Corporation.

The RAND Interstitial Cystitis Epidemiology study (RICE) will be undertaken nationally over the next several years.

This study is being funded by the National Institutes of Health.

ATTENTION IC RESEARCHERS!

Research Funding Available

Fishbein Family IC Research Foundation
The ICA Pilot Research Program

Deadline for Both Grant Programs is
SEPTEMBER 15, 2005

1. THE FISHBEIN FAMILY IC RESEARCH FOUNDATION GRANT PROGRAM

Areas of inquiry:

GENETICS OF IC
IMMUNOLOGY OF IC
NOVEL THERAPIES FOR IC
TREATMENT OF IC PAIN
HUMAN CLINICAL STUDIES

2. THE ICA PILOT RESEARCH PROGRAM

Areas of inquiry:

ETIOLOGY OF IC
NEUROPHYSIOLOGY
SERUM / URINE MARKERS
POTENTIAL IC TREATMENT MODALITIES
HORMONES AND IC
PREGNANCY AND IC
PAIN MANAGEMENT

To learn more about these two grant programs, including grant submission instructions, please visit:

<http://www.ichelp.org/research/TheFishbeinFamilyICResearchFoundationGrantApplication.html>
(Fishbein Family IC Research Foundation Grant Program)

<http://www.ichelp.org/research/TheICAPilotResearchProgramGrantApplication.html>
(ICA Pilot Research Program)

International Clinician and Researcher Strong Supporter of IC Patients



Tomohiro Ueda, MD, PhD

Tomohiro Ueda, MD, PhD, is Director and Chief Urologist at the Department of Urology in Kouga Public Hospital, Shiga, Japan. He has extensive clinical experience in urinary incontinence and interstitial cystitis and has been studying the pathophysiology of interstitial cystitis using novel oral agents, including IPD-1151T, since 1997, and has also

coordinated the clinical IC projects done in Japan. Dr. Ueda served as President of the first meeting of the International Consultation on Interstitial Cystitis, Japan (ICICJ), held in March 2003 in Kyoto, Japan, in collaboration with Grannum R. Sant, MD, Philip M. Hanno, MD, and Naoki Yoshimura, MD, from the United States. The ICICJ meeting took the first step in the process of establishing internationally approved criteria for diagnosing IC.

What is the driving force of progress against IC? "Patients!" said Dr. Ueda. This clinical researcher doesn't just focus on academics. He recognizes that without the activism of patients, IC awareness and research would never have come this far. Not only does he conduct research on IC, overactive bladder, and incontinence, he also helped organize Japan's first interstitial cystitis patient group, Tomo-no-ki. That's because he understands how important peer support is for patients and how influential patients can be in focusing attention on IC and motivating research. Awareness of IC and IC research in Japan is growing as a result. The Japanese IC professional society now has a membership of more than 100 IC researchers and 10 companies.

Dr. Ueda has been involved in research on a potential new treatment for IC, the oral drug suplatast tosilate (IPD-1151T), from the Japanese pharmaceutical companies Taiho and Yamanouchi. Phase 1 trials are planned for the United States, but phase 3 trials are finishing up in Japan.

This drug is already on the Japanese market and is indicated for asthma and allergies. It acts somewhat earlier in the allergic process than histamine or leukotriene blockers by affecting IgE. Suplatast tosilate actually helps suppress the production of IgE. The drug also helps block production of cytokines. In addition, suplatast tosilate suppresses allergy-related eosinophils.

Dr. Ueda also researches overactive bladder and is very involved in helping develop a new definition of IC that will make a distinction between overactive bladder and IC and help get IC researchers around the world on the "same page" with IC. In fact, Dr. Ueda said that establishing a definition of IC is the most important issue for future IC research.

Latest IC-Related Published Research [September 2004 - March 2005]

Williams RE, Hartmann KE, Sandler RS, Miller WC, Savitz LA, Steege JF. Recognition and treatment of irritable bowel syndrome among women with chronic pelvic pain. *Am J Obstet Gynecol*. 2005 Mar;192(3):761-7.

Theoharides TC, Sant GR. A pilot open label study of Cystoprotek in interstitial cystitis. *Int J Immunopathol Pharmacol*. 2005 January-March;18(1):183-188.

Heitkemper M, Jarrett M. Overlapping conditions in women with irritable bowel syndrome. *Urol Nurs*. 2005 Feb;25(1):25-30; quiz 31.

Rosberger J, Fall M, Peeker R. Critical appraisal of dimethyl sulfoxide treatment for interstitial cystitis discomfort, side-effects and treatment outcome. *Scand J Urol Nephrol*. 2005;39(1):73-7.

Smith NL. Serotonin mechanisms in pain and functional syndromes: management implications in comorbid fibromyalgia, headache, and irritable bowel syndrome-case study and discussion. *J Pain Palliat Care Pharmacother*. 2004;18(4):31-45.

Nickel JC, Forrest JB, Tomera K, Hernandez-Graulau J, Moon TD, Schaeffer AJ, Krieger JN, Zeitlin SI, Evans RJ, Lama DJ, Neal DE Jr, Sant GR. Pentosan polysulfate sodium therapy for men with chronic pelvic pain syndrome: a multicenter, randomized, placebo controlled study. *J Urol*. 2005 Apr;173(4):1252-5.

Mayer R, Propert KJ, Peters KM, Payne CK, Zhang Y, Burks D, Culkin DJ, Diokno A, Hanno P, Landis JR, Madigan R, Messing EM, Nickel JC, Sant GR, Warren J, Wein AJ, Kusek JW, Nyberg LM, Foster HE; Interstitial Cystitis Clinical Trials Group. A randomized controlled trial of intravesical bacillus Calmette-Guérin for treatment refractory interstitial cystitis. *J Urol*. 2005 Apr;173(4):1186-91.

Parsons CL, Greene RA, Chung M, Stanford EJ, Singh G. Abnormal urinary potassium metabolism in patients with interstitial cystitis. *J Urol*. 2005 Apr;173(4):1182-5.

Komura M, Kuroiwa M, Numazawa K, Yamada T, Hoka S. Anesthetic management of patients with interstitial cystitis during intravesical resiniferatoxin therapy [Article in Japanese]. *Masui*. 2005 Feb;54(2):149-52.

Rose AE, Payne CK, Azevedo K. Pilot study of the feasibility of in-office bladder distention using electromotive drug administration (EMDA). *Neurourol Urodyn*. 2005 Mar 3; [Epub ahead of print]

Daha LK, Riedl CR, Lazar D, Hohlbrugger G, Pfluger H. Do cystometric findings predict the results of intravesical hyaluronic acid in women with interstitial cystitis? *Eur Urol*. 2005 Mar;47(3):393-7; discussion 397. Epub 2004 Dec 18.

Gonzalez RR, Fong T, Belmar N, Saban M, Felsen D, Te A. Modulating bladder neuro-inflammation: RDP58, a novel anti-inflammatory peptide, decreases inflammation and nerve growth factor production in experimental cystitis. *J Urol*. 2005 Feb;173(2):630-4.

Birder LA, Wolf-Johnston A, Buffington CA, Roppolo JR, de Groat WC, Kanai AJ. Altered inducible nitric oxide synthase expression and nitric oxide production in the bladder of cats with feline interstitial cystitis. *J Urol*. 2005 Feb;173(2):625-9.

Erickson DR, Tomaszewski JE, Kunselman AR, Bentley CM, Peters KM, Rovner ES, Demers LM, Wheeler MA, Keay SK. Do the National Institute of Diabetes and Digestive and Kidney Diseases cystoscopic criteria associate with other clinical and objective features of interstitial cystitis? *J Urol*. 2005 Jan;173(1):93-7.

Parsons CL, Rosenberg MT, Sassani P, Ebrahimi K, Koziol JA, Zupkas P. Quantifying symptoms in men with interstitial cystitis/prostatitis, and its correlation with potassium-sensitivity testing. *BJU Int*. 2005 Jan;95(1):86-90.

Tincello DG, Walker AC. Interstitial cystitis in the UK: results of a questionnaire survey of members of the Interstitial Cystitis Support Group. *Eur J Obstet Gynecol Reprod Biol*. 2005 Jan 10;118(1):91-5.

Clemens JQ, Meenan RT, Rosetti MC, Gao SY, Calhoun EA. Prevalence and incidence of interstitial cystitis in a managed care population. *J Urol*. 2005 Jan;173(1):98-102; discussion 102.

Nguan C, Franciosi LG, Butterfield NN, Macleod BA, Jens M, Fenster HN. A prospective, double-blind, randomized cross-over study evaluating changes in urinary pH for relieving the symptoms of interstitial cystitis. *BJU Int*. 2005 Jan;95(1):91-4.

Porru D, Tinelli C, Gerardini M, Giliberto GL, Stancati S, Rovereto B. Evaluation of urinary and general symptoms and correlation with other clinical parameters in interstitial cystitis patients. *Neurourol Urodyn*. 2005;24(1):69-73.

Dick ML. Chronic pelvic pain in women: assessment and management. *Aust Fam Physician*. 2004 Dec;33(12):971-6. University of Queensland, Brisbane.

Fall M, Baranowski AP, Fowler CJ, Lepinard V, Malone-Lee JG, Messelink EJ, Oberpenning F, Osborne JL, Schumacher S. EAU Guidelines on Chronic Pelvic Pain. *Eur Urol*. 2004 Dec;46(6):681-9.

Doggweiler-Wiygul R. Urologic myofascial pain syndromes. *Curr Pain Headache Rep*. 2004 Dec;8(6):445-51.

Forrest JB, Schmidt S. Interstitial cystitis, chronic nonbacterial prostatitis and chronic pelvic pain syndrome in men: a common and frequently identical clinical entity. *J Urol*. 2004 Dec;172(6 Pt 2):2561-2.

Klausner AP, Steers WD. Corticotropin releasing factor: a mediator of emotional influences on bladder function. *J Urol*. 2004 Dec;172(6 Pt 2):2570-3.

Jarrell J. Myofascial dysfunction in the pelvis. *Curr Pain Headache Rep*. 2004 Dec;8(6):452-6.

Nordling J. Interstitial cystitis: how should we diagnose it and treat it in 2004? *Curr Opin Urol*. 2004 Nov;14(6):323-7.

Pelaez E, Prieto Rodrigo MA, Munoz Zurdo MM, Sanchez Montero FJ, Santos Lamas J, Muriel Villoria C. Epidural spinal cord stimulation for interstitial cystitis. *Rev Esp Anestesiol Reanim*. 2004 Nov;51(9):549-52.

Oyama IA, Rejba A, Lukban JC, Fletcher E, Kellogg-Spadt S, Holzberg AS, Whitmore KE. Modified Thiele massage as therapeutic intervention for female patients with interstitial cystitis and high-tone pelvic floor dysfunction. *Urology*. 2004 Nov;64(5):862-5.

Hoebcke P, Laecke EV, Renson C, Raes A, Dehoorne J, Vermeiren P, Vande Walle J. Pelvic floor spasms in children: an unknown condition responding well to pelvic floor therapy. *Eur Urol*. 2004 Nov;46(5):651-4.

Chung MK. Interstitial cystitis in persistent posthysterectomy chronic pelvic pain. *JSL*. 2004 Oct-Dec;8(4):329-33.

Erickson DR, Kunselman AR, Bentley CM, Peters KM, Rovner ES, Demers LM, Tomaszewski JE. Is urine methylhistamine a useful marker for interstitial cystitis? *J Urol*. 2004 Dec;172(6, Part 1 of 2):2256-2260.

Smith CP, Radziszewski P, Borkowski A, Somogyi GT, Boone TB, Chancellor MB. Botulinum toxin A has antinociceptive effects in treating interstitial cystitis. *Urology*. 2004 Nov;64(5):871-5; discussion 875.

Zaslau S, Riggs DR, Jackson BJ, Adkins FC, John CC, Kandzari SJ, McFadden DW. In vitro effects of pentosan polysulfate against malignant breast cells. *Am J Surg*. 2004 Nov;188(5):589-92.

Parsons CL, Tatsis V. Prevalence of interstitial cystitis in young women. *Urology*. 2004 Nov;64(5):866-70.

Kempuraj D, Papadopoulou N, Stanford EJ, Christodoulou S, Madhappan B, Sant GR, Solage K, Adams T, Theoharides TC. Increased numbers of activated mast cells in endometriosis lesions positive for corticotropin-releasing hormone and urocortin. *Am J Reprod Immunol*. 2004 Oct;52(4):267-75.

Turner KJ, Stewart LH. How do you stretch a bladder? A survey of UK practice, a literature review, and a recommendation of a standard approach. *Neurourol Urodyn*. 2004 Oct 14 [Epub ahead of print]

Bondavalli C, Dall'Oglio B, Schiavon L, Luciano M, Guatelli S, Parma P, Galletta V, De Luise E. Interstitial cystitis. *Arch Ital Urol Androl*. 2004 Sep;76(3):140-2.

Upcoming Events

THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS (ACOG) 53RD ANNUAL CLINICAL MEETING

May 7 - 11, 2005
San Francisco, CA
www.acog.org



2005 AMERICAN UROLOGICAL ASSOCIATION ANNUAL MEETING

May 21 - 26, 2005
San Antonio, TX
www.aa2005.org



NATIONAL ORGANIZATION FOR RARE DISORDERS

Annual Tribute Banquet
May 23, 2005
www.rarediseases.org/news/events


INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION
ANNUAL MEETING
Copenhagen, Denmark
August 9 - 12, 2005
www.iuga.org

12TH ANNUAL SCIENTIFIC MEETING ON CHRONIC PELVIC PAIN
IN CONJUNCTION WITH THE 11TH WORLD CONGRESS ON PAIN
August 20, 2005
Sydney, Australia
www.pelvicpain.org



35th ANNUAL MEETING OF
THE INTERNATIONAL
CONTINENCE SOCIETY
Montreal, Quebec, Canada
August 28 - September 2, 2005
www.continet.org

THE AMERICAN UROGYNOLOGIC SOCIETY
26TH ANNUAL AUGS SCIENTIFIC MEETING
September 15-17, 2005
Atlanta, GA
www.augs.org



CHECK OUT
CAFÉ ICA at www.ichelp.org
Café ICA is your monthly electronic
source for the most up-to-date information on IC
research, clinical trials, treatments, and other
late-breaking news.

To receive the e-mail edition of
ICA Professional Perspectives
and other special e-mail
announcements including research
funding opportunities, please send your
name and e-mail address to
ICAmail@ichelp.org

(subject line:
ICA Professional Perspectives)



The nonprofit
Interstitial Cystitis Association (ICA)
is the leading provider
of information and services assisting
people with IC
in the management
of their condition.

The ICA can be reached at
1 800 HELP ICA or www.ichelp.org



ICA Professional Perspectives
is published by the
Interstitial Cystitis Association
Rockville, MD

Tel: 301-610-5300
Fax: 301-610-5308
Website: <http://www.ichelp.org>
E-mail: ICAmail@ichelp.org

Copyright © 2005 by the
Interstitial Cystitis Association (ICA),
Rockville, MD.
ALL RIGHTS RESERVED.

Material herein contained may not be
reproduced in whole
or in part without special written
permission.

*This issue of ICA Professional Perspectives
is underwritten by an educational grant from Medtronic, Inc.*

