Nichtmedikamentöse locale verfahren zur behandlung des benignen prostatasyndroms - update [Non-drug local procedures for treatment of benign prostatic syndrome - Update - rapid report]

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Citation

Authors' conclusions
This assessment has provided no indication that new scientific findings not yet included in the final report N04-01 (Non-drug local procedures for treatment of benign prostatic hyperplasia) qualitatively alter the conclusion of the final report. As no pertinent new studies were identified, there are no changes compared to the final report N04-01 for the following procedures: CLAP, VLAP (including VLAP DB), HoBNI, hybrid laser therapy, ILC, TUMT, TUNA, WIT, TEAP. Despite newly identified studies, there were no assessments that qualitatively altered the conclusion of the final report N04-01 for: HoLAP The newly identified study on the comparison with PVP does not permit any conclusions on the (additional) benefit of the procedure, as the two procedures are not standard procedures and no advantage in favour of either of the two procedures could be identified. HoLEP The two newly identified studies did not provide any new conclusions beyond those found in the final report N04-01. HIFU The newly identified study did not permit any robust conclusions due to the major quality deficits. Furthermore, it is doubtful whether the results of this study from China can be transferred to the treatment context here. PVP The 3 studies included do not permit any robust conclusions on whether PVP is inferior, superior or equivalent compared with the standard procedure when considering the irritative and obstructive symptoms. As this is a prerequisite for a considered appraisal of the indications of an advantage in shorter hospital stays, shorter catheterization times and fewer occurrences of bleeding requiring treatment (serious adverse event) compared to the standard treatments, there is no fundamental change in the assessment. HoLRP Although no new study was identified on HoLRP, when it was considered together with TmLRP, there were increased indications of maximal irrelevant inferiority (therapeutic equivalence) compared to standard treatment, and the advantages in shorter hospital stays and catheterization times. However, indications of an advantage in quality of life are no longer sustainable. Resection using a thulium laser (TmLRP) was included initially as a new procedure in this rapid report. Assessing this procedure together with HoLRP seems justified; as a result, it provides no fundamental change in the conclusion of the final report N04-01, either.

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