LOW INCIDENCE OF CLEAN INTERMITTENT CATHETERIZATION WITH ONABOTULINUMTOXINA IN DIVERSE AGE GROUPS OF OVERACTIVE BLADDER PATIENTS WITH SUBSTANTIAL IMPROVEMENTS IN TREATMENT RESPONSE

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Objective: To determine clean intermittent catheterization (CIC) risk and onabotulinumtoxinA treatment response in diverse age groups of OAB patients.
Materials/Methods: Pooled data from onabotulinumtoxinA-treated patients in three randomized, controlled trials (N=1177) were analyzed (post-hoc) by age: <40, 40-49, 50-59, 60-69 and ≥70 years. Week 12 assessments post-treatment included CIC incidence and duration, %change from baseline in urinary incontinence (UI) episodes/day, proportions of patients with ≥50%UI reduction, positive response (urinary symptoms 'improved'/'greatly improved') on treatment benefit scale, change from baseline in Kings Health Questionnaire (KHQ) domains, and AEs.
Results: The <40 group had the lowest CIC rate (1.1%) after onabotulinumtoxinA treatment, which increased slightly with age (3.2%, 5.3%, 5.3%, 7.2% in 40-49, 50-59, 60-69, and ≥70

groups). Mean CIC duration was 3 days in the <40 group and 44-88 days in all other groups. All groups showed substantial %UI reduction (-46.8% to -64.4%). High proportions of patients achieved ≥50%UI reduction and treatment benefit. Improvements in KHQ domains were ~3-6x the minimally important difference. Urinary tract infection was the most common AE.
Conclusions: CIC risk in onabotulinumtoxinA-treated OAB patients was low in all groups, increasing slightly with age. All groups showed substantial UI reductions, QOL improvements and treatment benefit. OnabotulinumtoxinA was well-tolerated.