

FINAL SCOPING DOCUMENT

TERMINOLOGY FOR FEMALE LOWER URINARY TRACT, PELVIC FLOOR FUNCTION AND DYSFUNCTION

A: AIMS and OBJECTIVES

 ) Academic societies throughout the world should use the same words and definitions for the same meaning. Only congruent terminology will guarantee a homogeneous language, the same understanding of the clinical situation and, ultimately, further scientific development.

 ) The leading societies for (female) lower urinary tract (LUT) and pelvic floor (PF) dysfunction are the International Continence Society (ICS), International Urogynecological Association (IUGA), American Urogynecological Society (AUGS) as well as the Society of Urodynamics, Female Pelvic Medicine and Urogenital Reconstruction (SUFU). Although independent from each other, a homogeneous terminology and cooperation is warranted.

 ) The existing terminology for LUT/PF dysfunction in women, incl. pelvic organ prolapse, anorectal dysfunction and sexual health, needs regular updates in a female-specific approach and clinically-based consensus reports. The original ICS/IUGA report was already published 10 years ago (January 2010) [1].

 ) Due to the increasing scientific knowledge and also complexity of the topic, several ICS/IUGA reports have been published since 2010, highlighting specific topics and problems in (female) LUT/PF dysfunction [2-13]. These reports have added and modified several original definitions. Consequently, several inconsistent definitions of the same symptom/sign/observation exist in earlier vs. later reports.

 ) Seven combined IUGA/ICS female terminology reports [2 – 6 and 7 - 9] and five ICS terminology reports [6, 10 - 13] have meanwhile followed the female LUT/PF report of 2010. These included reports on different surgical and conservative managements, pelvic organ prolapse (POP), prosthetic and native tissue complications, anorectal dysfunction and sexual health as well as chronic pelvic pain syndromes, underactive bladder (UAB), neurogenic lower urinary tract dysfunction (ANLUTD) and nocturia. These documents need to be reviewed and adopted for the (core) female terminology of LUT/PF dysfunction.

 ) The male LUT/PF terminology was updated and published in 2019 [12]. This report contains in total 390 definitions, of which 211 (54%) were new and 71 (18%) had to be changed from the last mixed male/female report published in 2002 [14]. Many of these definitions involved in the consensus process are also applicable to women. These definitions are spread across the different categories of symptoms, signs, investigations and diagnoses. Imaging definitions will also need updating. Therefore, there is a need to incorporate these definitions into a revised female (core) terminology document.

 ) Whilst there are similarities in much of the terminology used in both sexes, it is difficult for a combined male/female report to outline the different emphasis that should be placed on male and female symptomatology and diagnoses: e.g. the principal emphasis would be on voiding symptoms/dysfunction in men vs. storage symptoms/dysfunction and pelvic organ prolapse (POP) in women.

 ) An updated core report on female LUT/PF dysfunction is therefore required to; (i) incorporate all changes in LUT/PF knowledge and practice obtained in the last 10-12 years; (ii) achieve and exceed the overall clarity, specificity and coverage of the equivalent reports; (iii) prompt the development of follow-on reports.

B: OUTLINE of PROPOSAL

 ) The female report on LUT/PF dysfunction should be clinically based, concise, clear and also user-friendly.

 ) The structure of the report should have the following components, similar to the male LUT/PF report: (i) an introduction and sections on (ii) symptoms; (ii) signs; (iii) investigations; (iv) LUT/PF imaging; and (v) main diagnoses (prevalence $\geq 10\%$ in women presenting with LUT/PF dysfunction).

) The report should be definitional with necessary explanations or descriptions included as footnotes. It would be appropriately referenced (120 - 150 references anticipated).

) The report would give a numeric coding to each of approximately 300 - 350 definitions (anticipated).

) The report would be contemporary. Any relatively new concepts in the literature that offer promise but may need further validation and research may be included and defined in the Appendix.

) The report would be subject to multiple rounds of internal working group members reviews (14 - 18 anticipated), external review (4 - 6 reviewers) and ICS, IUGA, AUGS and SUFU membership (website) review.

MEMBERSHIP of WORKING GROUP

) Chair – Chair as appointed by ICS in accordance with the role of ICS as the sponsoring organisation – 1 position

) Deputy Chairs – Chairs or members of IUGA, AUGS and SUFU Terminology & Standardization Committees – 3 positions

) Members – 3 nominated from each society/association on the basis of their internal nomination processes (in total 12 working group members, possibly members of two or more societies)

) Nationality of members: working group members should represent different geographical areas with at least one member from (i) Europe; (ii) Americas; (iii) Asia; (iv) Australia/New Zealand; (v) Africa/Middle East

DURATION (anticipated)

) 18 – 24 months, max. 30 months

) Report finished and ready for publication in late 2022/early 2023

REFERENCES

1. Haylen BT, de Ridder D, Freeman RM, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Neurourol Urodyn*. 2010; 29: 4-20 (also *Int Urogynecol J*. 2010; 21: 5-26).
2. Haylen BT, Freeman RM, Swift SE, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint terminology and classification of complications related directly to the insertion of prostheses (meshes, implants, tapes) and grafts in female pelvic floor surgery. *Neurourol Urodyn*. 2011; 30: 2-12 (also *Int Urogynecol J*. 2011; 22:3-15).
3. Haylen BT, Freeman RM, Lee J, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint terminology and classification of the complications related to native tissue female pelvic floor surgery. *Neurourol Urodyn*. 2012; 31: 406-414 (also *Int Urogynecol* 2012; 23: 515-526).
4. Toozs-Hobson P, Freeman R, Barber M, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for reporting outcomes of surgical procedures for pelvic organ prolapse. *Neurourol Urodyn*. 2012; 31: 415-426 (also *Int Urogynecol J*. 2012; 23: 527-535).
5. Haylen BT, Maher CF, Barber MD, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for pelvic organ prolapse. *Neurourol Urodyn*. 2016; 35: 137-168 (also *Int Urogynecol J*. 2016; 27: 165-194).
6. Doggweiler R, Whitmore KE, Meijlink JM, et al. A standard for terminology in chronic pelvic pain syndromes: a report from the chronic pelvic pain working group of the International Continence Society. *Neurourol Urodyn*. 2017; 36: 984-1008.
7. Sultan A, Monga A, Berghmans B, et al. An International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for female anorectal dysfunction in women. *Neurourol Urodyn*. 2017; 36: 10-34 (also *Int Urogynecol J*. 2017; 28: 5-32).
8. Bo K, Frawley H, Haylen BT, et al. International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for the conservative management of pelvic floor dysfunction. *Neurourol Urodyn*. 2017; 37: 877-888 (also *Int Urogynecol J*. 2017; 28: 1269-1270).
9. Rogers R, Pauls R, Thakar R, et al. International Urogynecological Association (IUGA) / International Continence Society (ICS) joint report on the terminology for sexual health in women with pelvic floor dysfunction. *Neurourol Urodyn*. 2018; 37: 1220-1240 (also *Int Urogynecol J*. 2018; 29: 647-666).
10. Chapple CR, Osman NI, Birder L, et al. Terminology report from the International Continence Society (ICS) working group on underactive bladder (UAB). *Neurourol Urodyn*. 2018; 37: 2928-2931.
11. Gajewski JB, Schurch B, Hamid R, et al. An International Continence Society (ICS) report on the terminology for adult neurogenic lower urinary tract dysfunction (ANLUTD). *Neurourol Urodyn*. 2018; 37: 1152-1161.
12. D'Ancona C, BT Haylen BT, M Oelke M, et al. The International Continence Society (ICS) report on the terminology for adult male lower urinary tract and pelvic floor symptoms and dysfunction. *Neurourol Urodyn*. 2019; 38: 433-477.
13. Hashim H, Blanker MH, Drake MJ, et al. (2019) International Continence Society (ICS) report on the terminology for nocturia and nocturnal lower urinary tract function. *Neurourol Urodyn*. 2019; 38: 499-508.
14. Abrams P, Cardozo L, Fall M, et al. The standardisation of terminology of lower urinary tract function. Report from the standardisation subcommittee of the International Continence Society. *Neurourol Urodyn*. 2002; 21: 167-178.