

***The Mapp Research Network needs a few more male volunteers.***

A few who have had chronic prostatitis/chronic pelvic syndrome for less than two years and a few who have had chronic prostatitis/pelvic pain syndrome for more than two years. If you are in either of those categories please contact them and see if you can qualify. It would help to fill those groups so they could soon end recruitment and do a data lock. At that point all the data collected can be utilized.

You can see where the closest site to you would be located by going to their website at www.Mappnetwork.org

Prostatitis Foundation Seeks Board Member Applications

We are looking for qualified individuals to serve on the board of directors and officers. Experience with prostatitis/pelvic pain or having a family member suffering with prostatitis is an advantage. Also, medical personnel involved in support or treatment of these patients might qualify.

The Prostatitis Foundation was founded in 1995 and operates mostly by patients working on a volunteer basis. Our mission is to educate the general public about the prevalence of prostatitis and encourage research to find its cause and cure. That passion for finding a cure for prostatitis is what drives us. Officers and directors intercommunicate via the internet so there is no location requirement. Express your interest and brief qualifications to: info@prostatitis.org.

AUA Abstract Information

Research on chronic prostatitis was thinly represented in 2012 at the American Urological Association's annual meeting. Nevertheless, the presentations were intriguing and even

surprising, especially one concluding that interstitial cystitis (IC) as well as chronic prostatitis/chronic pelvic pain (CP/CPPS) may be far more common in men than we used to think. And interestingly, a pilot phase 3 trial of an autoimmune drug in CP/CPPS's sister disease, IC, may ultimately have implications for CP/CPPS. Here are the studies we heard about this year and what they may mean for you:

EPIDEMIOLOGY AND NATURAL HISTORY***IC in Men, CP/CPPS Could Be Far More Common than Thought***

The prevalence of interstitial cystitis/ bladder pain syndrome (IC/BPS) and chronic prostatitis/ chronic pelvic pain syndrome (CP/CPPS) in men; results of the RAND Interstitial Cystitis Epidemiology (RICE) male study

Anne M. Suskind, Sandra H. Berry, Brett A. Ewing, Marc N. Elliott, Marika J. Suttorp, J. Quentin Clemens, Ann Arbor, MI

The big epidemiologic surprise came from the RAND Interstitial Cystitis Epidemiology (RICE) male study. Analysis of a random, nationwide telephone survey, in which respondents were asked about their IC and CP/CPPS symptoms, concluded that nearly as many men as women have IC and that CP/CPPS is much more common than previously thought. The authors estimated that from 1.9% to 4.2% of men have IC symptoms (depending on how strict the symptom definition is), which means some 1.8 to 4.2 million men in the United States may have IC. The estimate of the prevalence of CP/CPPS symptoms was 1.8% of men in the United States, translating to 2.1 million men, and there wasn't much overlap between the two groups. Only 149 respondents completed the survey about these symptoms in an adult male member of the household. That prompted a lot of scepticism, especially since people with

a health condition are known to be more likely to answer a survey about their condition than those who don't have it. But the presenters told the audience that the symptom questions were an add-on to a political survey and that most of those willing to answer the political questions were willing to answer the medical ones. In addition, the analysts were able to determine that those who didn't want to answer the survey were demographically similar to those who did answer. There is more study to be done to confirm the figures, but at least they imply that many men who have pelvic pain and bladder symptoms may be getting a diagnosis of CP/CPPS or even a benign prostatic hyperplasia (BPH or prostate enlargement) when they might have IC (or IC in addition) and could really get some relief from additional bladder-based therapies. Urologists might not think about offering those simply because the patient is a man. Furthermore, a man might be offered only BPH treatment when he could benefit from CP/CPPS-oriented therapy.

Urinary CP/CPPS Symptoms Correlate with Immune, Inflammatory Biomarkers

Significant marker for lower urinary tract symptoms in chronic prostatitis

Minori Matsumoto, Katsumi Shigemura, Kazushi Tanaka, Yuzo Nakano, Soichi Arakawa, Masato Fujisawa, Kobe, Japan

This research team looked at expression of the inflammatory and immune system markers TGF-beta, interleukin-6, CD3-decorating T-lymphocytes and CD163-decorating macrophages in prostate biopsy specimens from men with CP/CPPS. The men who had voiding symptoms, such as intermittent stream, poor flow, and straining, had more immune system and inflammatory markers in their tissues than other men. The correlation was especially strong with the markers CD3 and CD163.

Population Study Shows ED Difficulties for Men with CP/CPPS

Association Between Chronic Prostatitis / Chronic Pelvic Pain Syndrome and Erectile Dysfunction: A Population-Based Study

Wi-Che Wu, Shiu-Dong Chung, Heng-Ching Lin, New Taipei City, Taiwan

CP/CPPS is known to have a negative effect on erectile function, but studies have never assessed how big the problem is. Now, a population study in Taiwan has shown that men with erectile dysfunction (ED) are more likely to have had CP/CPPS than men without ED. Among the 19,164 men in the study (both with and without ED), 3.5% (667) had CP/CPPS. However, prior CP/CPPS was much more common (8.6% or 276 cases) in the 3,194 men with ED than in the 15,970 controls (2.5% or 391 cases). (Those figures were adjusted for demographic characteristics and health problems.) Urologists should be alert to that relationship between ED and CP/CPPS and assess erectile function in men with the condition, said the researchers.

Pain Drags Down Quality of Life the Most in Men with CP/CPPS

National Institute of Health Chronic Prostatitis Symptom Index (CPSI) symptom evaluation in patients with chronic prostatitis / chronic pelvic pain syndrome—A multinational study in 1,563 patients.

Florian Wagenlehner, Olivier van Till, Vittorio Magri, Gianpaolo Perletti, Jos Houbiers, Wolfgang Weidner, Curtis Nickel, Giessen, Germany

This joint North American and European study of 1,563 men with CP/CPPS showed that the pain of CP/CPPS has the biggest impact on quality of life—more than urinary symptoms. In addition, this large set of data tells us more about the nature of CP/CPPS pain. The most common location for pain or discomfort was the perineum (63%), followed by the testicles (58%), pubic area (42%), and penis (32%). Forty-five percent of the men reported pain during ejaculation and 43% during voiding. Men who had more frequent pain had more

severe pain, but there was no relationship between the severity of pain and its location or type. Pain frequency and severity had more impact on quality of life than the location. European patients had a significantly higher number of pain locations and symptoms than North-American patients, which might mean that they delay seeking a doctor's help longer than American men do.

Clusters of CP/CPPS Symptoms May Help Target Treatment

Relative Contribution of UPOINT Domains to Symptom Severity and Phenotype Clustering in Men with Chronic Prostatitis/Chronic Pelvic Pain Syndrome

Daniel Shoskes, Mary Samplaski, Jianbo Li, Cleveland, OH

Men with CP/CPPS have fairly consistent symptoms, but sometimes certain groups of symptoms seem to go together and may point to two different types of the disease with different causes and requiring different treatments. Based on the UPOINT system of characterizing urologic pelvic pain conditions, prostate, urinary, and muscle tenderness symptoms (O.prostate, U, and T) tend to go together and psychosocial symptoms (depression or feeling helpless or hopeless about the condition), infection, and neurologic symptoms (usually pain outside the pelvic area) (P, I, and N) form the other group. The primary drivers of pain, said the researchers, are pelvic floor tenderness, psychological depression, and "catastrophizing" (feeling helpless or hopeless)

More Men than Women Have Short Pelvic Pain Flares

Frequency and duration spectrum of urologic chronic pelvic pain symptom flares

Siobhan Sutcliffe, Graham Colditz, Ratna Pakpahan, David Song, Rebecca Bristol, Vivien Gardner, Gerald Andriole, H. Henry Lai, St. Louis, MO

Men and women who have CP/CPPS or IC are known to have flares in their symptoms, but they turn out to be rather different in men and women, found this study which was part of the NIH-funded Multidisciplinary Approach to Pelvic Pain research program. Men and women participating in the study at one site filled out questionnaires about the frequency and duration of their flares—which were defined as times when their symptoms were much worse than usual. The 24 women were much more likely to have days-long flares than the 16 men in the study (92% versus 50%). In addition, about 12% of the men had never had a flare, whereas no woman had gone without experiencing one. More men than women had flares that were relatively short—only minutes to hours long. Further research should investigate the types of symptoms involved in flares and how bothersome they are, said the investigators.

ETIOLOGY (CAUSES AND ORIGINS)

Markers May Identify Prostatitis Types, Point to Autoimmune Cause of CP/CPPS

Heat-shock protein 70 expression in the seminal plasma of patients with chronic bacterial prostatitis and chronic prostatitis/chronic pelvic pain syndrome

Hui Guo, Yuemin Xu, Zhangqun Ye, Shanghai, People's Republic of China

A heat-shock protein, known as HSP70, and two cytokines, tumor necrosis factor-alpha (TNF-alpha) and interleukin 1beta (IL-1beta), may be able to distinguish chronic bacterial prostatitis from CP/CPPS (nonbacterial) and two types of CP/CPPS (IIIA and IIIB). These researchers found that men with bacterial prostatitis had much higher levels of TNF-alpha, IL-1beta, and HSP70 than CP/CPPS patients or healthy men. Men with CP/CPPS IIIA, the inflammatory type, had higher levels of IL-1beta than men with the noninflammatory type or controls. Higher levels of HSP70 (which protects cells from stress) correlated with better

scores on the NIH Chronic Prostatitis Symptom Index (CPSI) for men with chronic bacterial prostatitis, but there was no correlation for men with CP/CPPS. IL-1beta and HSP70 could be useful for discriminating chronic prostatitis types. The researchers believe these results indicate CP/CPPS is a kind of immune disease, and that HSP70, or treatments that enhance its expression, might be treatments for CP/CPPS.

Bacteria that Get Inside Prostate Cells May Be CP/CPPS Inflammation Culprits

Escherichia coli Strains from chronic prostatitis patients invade prostate epithelial cells and induce secretion of inflammatory mediators

Li-Lin Cheng, Laura E. Goeser, Alexandra E. Burleigh, Justin J. Lemke, Rodney A. Welch, Walter J. Hopkins, Madison, WI

In men with CP/CPPS, researchers can find no bacteria in urine or prostatic secretions. But the white blood cells evident in type IIIA CP/CPPS seem to indicate inflammation and hint at infection. What about inside cells themselves? In prostate epithelial cells from mice, at least, that seems like a possibility. This team looked at the ability of 24 different urinary tract infection-causing E coli strains from men with CP/CPPS to actually get into prostate epithelial cells. The more motile types of E coli were more likely to invade the prostate cells. In their initial study, eight of the bacterial types prompted prostate cells to produce inflammatory cytokines and chemokines, including IL-6, monocyte chemotactic protein (MCP-1), and granulocyte-macrophage colony stimulating factor (GM-CSF), which play roles in promoting chronic inflammation. Then, in another test, seven invasive strains induced the inflammatory mediators but a noninvasive strain did not.

Prostate-to-Bladder Crosstalk May Prompt Bladder Symptoms in CP/CPPS

Bladder overactivity induced by prostate-to-bladder afferent cross-sensitization in rats with

prostatic inflammation

Yasuhito Funahashi, Ryosuke Takahashi, Momokazu Gotoh, Naoki Yoshimura, Pittsburgh, PA

Pelvic organ “crosstalk” through nerve connections is thought to be one reason people with one type of pelvic pain have pain problems develop in another pelvic organ. There is some experimental evidence of that between the bladder and colon, possibly explaining the co-occurrence of IC and irritable bowel syndrome. Now there’s some experimental evidence that this kind of connection between the prostate and the bladder might be responsible for the bladder symptoms in some men with CP/CPPS. When the researchers induced a kind of prostatitis in rats, the animals also had their voiding volumes go down and had shorter times between bladder contractions than control rats. The rats showed areas of severe inflammation in their prostates but their bladders were not inflamed. Levels of inflammatory markers increased in the treated rats, and fluorescent dyes with affinities for nerves that were injected into the prostate and bladder wall showed up in neurons near the spinal cord that serve both the prostate and bladder.

Is Your Brain Really Maintaining Your Pain?

Chronic pelvic pain syndrome: Back to the brain

Livio Mordasini, Christian Weisstanner, George N. Thalmann, Roland Wiest, Thomas M. Kessler, Bern, Switzerland

These researchers did brain imaging on men with CP/CPPS who had high symptom scores and weren’t helped by alpha blockers, antibiotics (tetracyclines), or nonsteroidal anti-inflammatory drugs and compared their brain images with those of healthy men. The men with CP/CPPS had much lower gray and white matter volumes in the right anterior cingulate cortex, a region associated with pain processing and emotional responses. The researchers concluded that some problems

with brain processing may be responsible for the unsatisfactory results of conventional treatments. However, they did not compare these men with men who had had successful treatment. (Research in chronic back pain shows recovery from brain changes with successful treatment.) Moreover, antibiotics and nonsteroidal anti-inflammatory agents are not considered appropriate treatment for CP/CPPS by most experts, and alpha blockers are not necessarily effective. It would be helpful to see if these brain areas change when pain control is successful in men with CP/CPPS.

In light of that we want to call your attention to The National Association For Continence (NAFC) They have a couple consumer education brochures you might like to see.

One is titled: *Enlarged Prostate or Benign Prostatic Hyperplasia and the subtitle is What are The Treatment Options?*

The other is entitled: *What everyman should know, Including: Instructions for Pelvic Muscle Exercises.*

They touch upon retention and Over Active Bladder (OAB)

You cannot know too much about these urinary tract related issues. To see copies of their pamphlets go to www.nafc.org. In their search box put in enlarged prostate.

National Association for Continence,
PO Box 1019
Charleston , SC 29402
1 (800) 252-3337

The Prostatitis Foundation gets questions occasionally about prostate cancer and Benign Prostatic Hyperplasia. (BPH) WE try to concentrate on prostatitis and refer those information requests to other agencies who are more qualified than we are to handle them. They have been advocating for those problems for a longer time than we have been in business and doing a good job which we do not wish to try to duplicate.

The Prostatitis Foundation thanks Farr Labs LLC. for their support of this newsletter and our webpage. They are the makers of ProstaQ for Chronic Prostatitis. For more information visit ProstaQ.com or call 877-284-3976.

(please clip and mail)

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