

# Implementing Virtual Pelvic Floor Physiotherapy Training in the Prostate Cancer Supportive Care (PCSC) Program

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## Background

The PCSC Program offers eight educational modules addressing issues from initial diagnosis onwards. The pelvic floor physiotherapy (PFP) module starts with a group education session followed by two to four complimentary one-on-one appointments to help patients manage urinary incontinence (UI) after therapy. In 2020, PFP was offered virtually in response to COVID-19 safety measures.

To assess the effectiveness of delivering virtual pelvic floor physio sessions, we compared changes in patient-reported outcomes (PROs) at baseline and end of treatment. To minimize confounding factors, we looked only at the results of patients treated by a single clinician.

## Methods

### Subjects:

Patients at the Vancouver Prostate Centre who attended the PFP module and had only virtual one-on-one appointments

### Date range:

Between April 30, 2020, to November 30, 2022.

### Measures and Analyses:

- ICIQ-LUTSqol and ICIQ-UI SF are robust psychometric PROs questionnaires developed by the International Consultation on Incontinence Questionnaire for evaluating the quality of life (QoL) affected by UI.
- All virtual patients were invited to complete the ICIQ-LUTSqol and ICIQ-UI SF before the first (baseline) and at the discharge appointments.
- Part (a) of each question in ICIQ-LUTSqol evaluates the impact of UI on activities of daily living. Part (b) rates the level of bother for part (a).
- ICIQ-LUTSqol score is the sum of part (a), whereas part (b) informs the bother score.
- A pair-wise comparison was performed to compare the differences in ICIQ-LUTSqol score, ICIQ-LUTSqol bother score and ICIQ-UI SF at baseline and discharge.

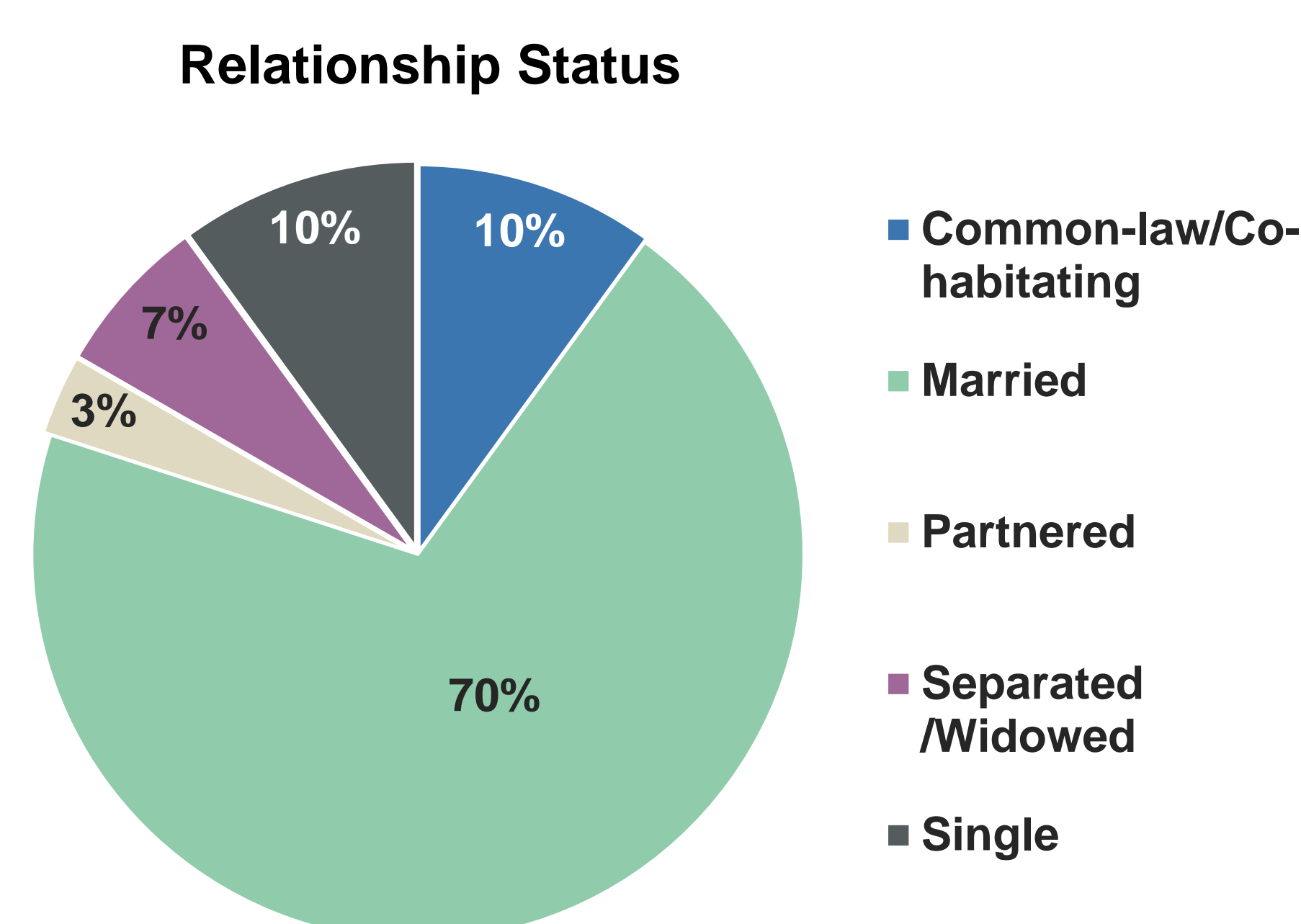
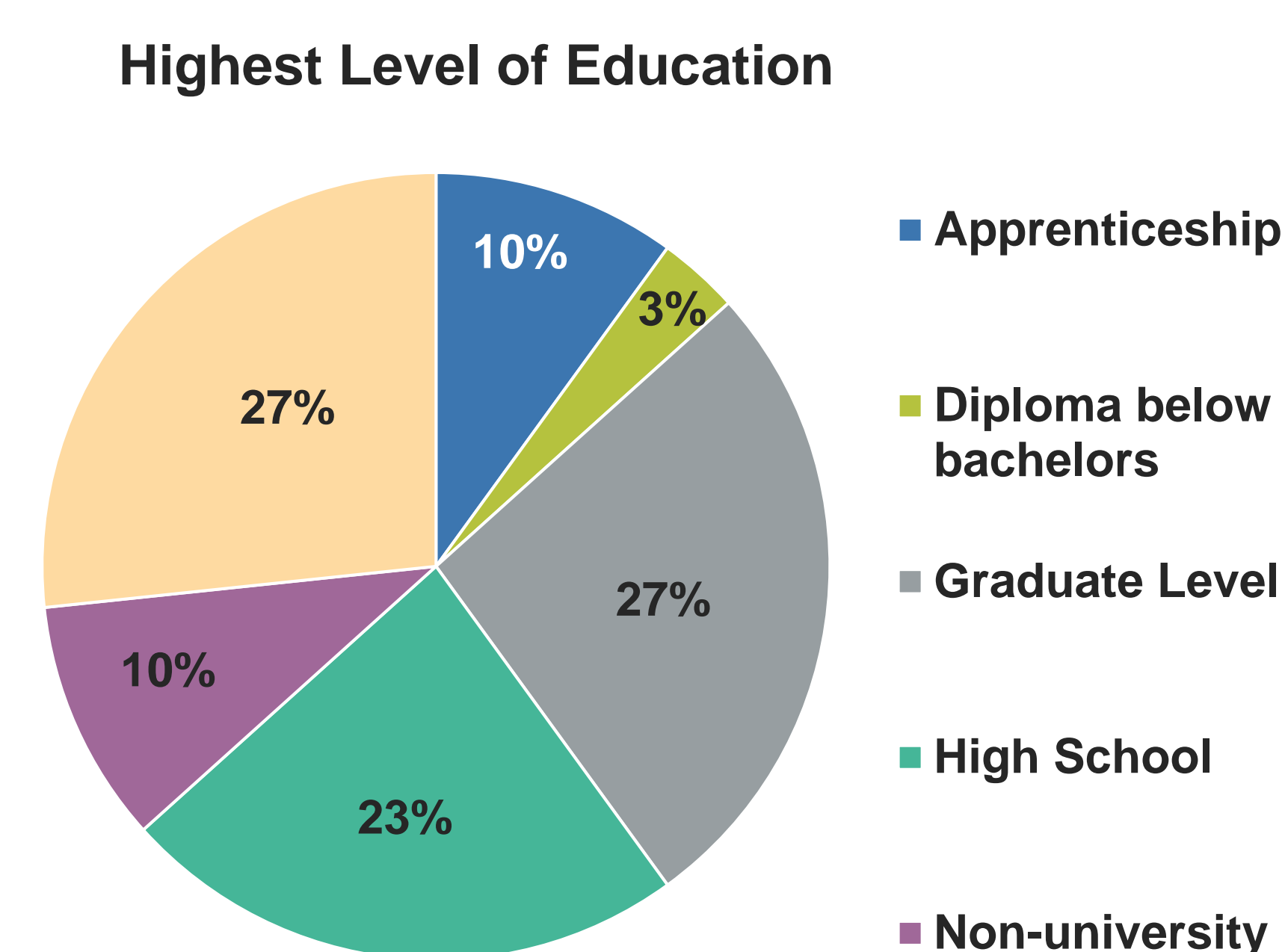
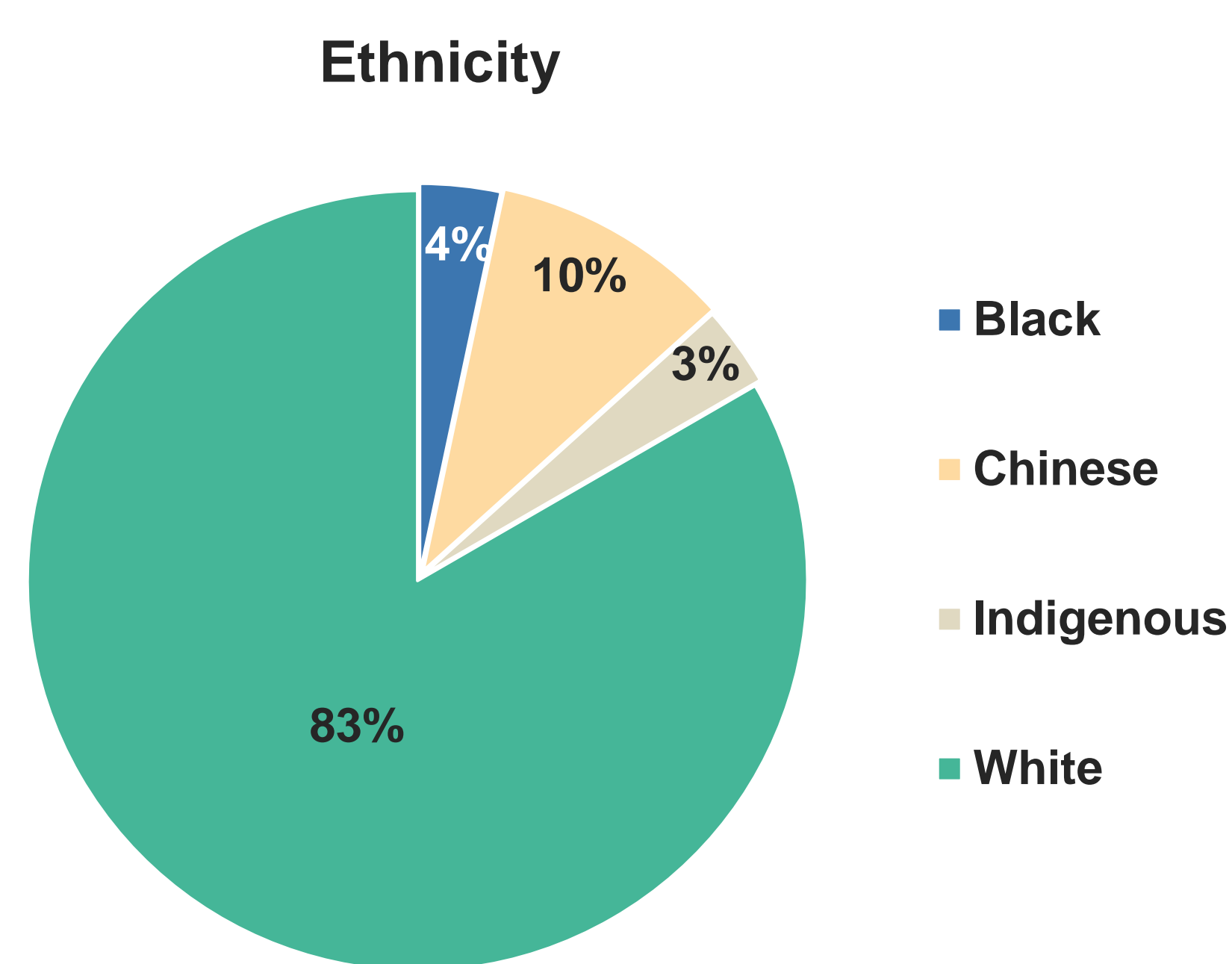
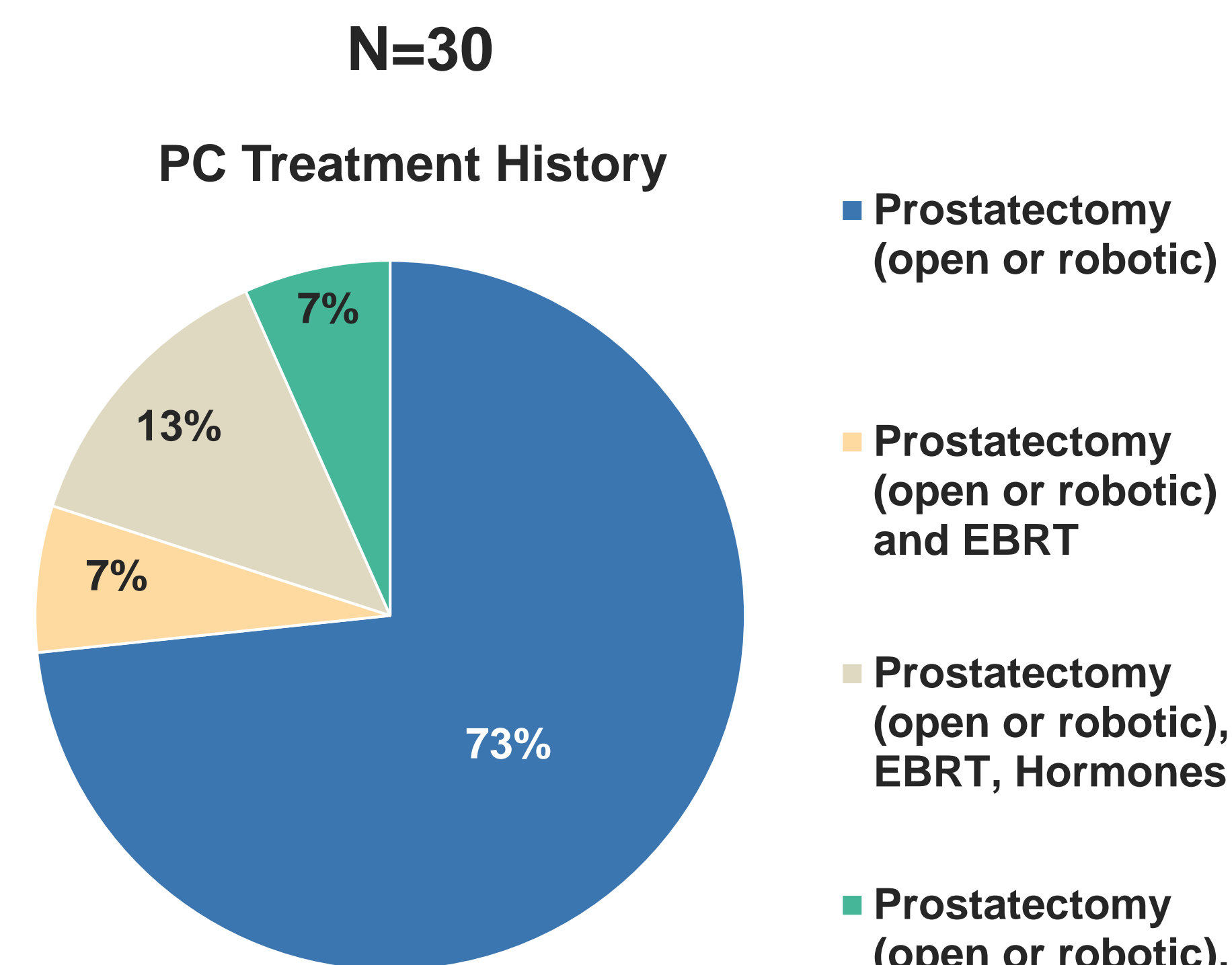
## Results

### Attendance:

- 257 men participated in 28 virtual group education sessions and 348 one-on-one appointments
- 147 of 257 received one-on-one PFP sessions via virtual health.
- 66 of the 147 patients were treated by the same pelvic floor physiotherapist, 30 had completed all PROs

## Results, cont'd

### Demographics:



## Results, cont'd

Figure 1. ICIQ-LUTSqol scores of virtual PCSC PFP patients from baseline to discharge (n=30). Lower values designate a lower impact on QoL.

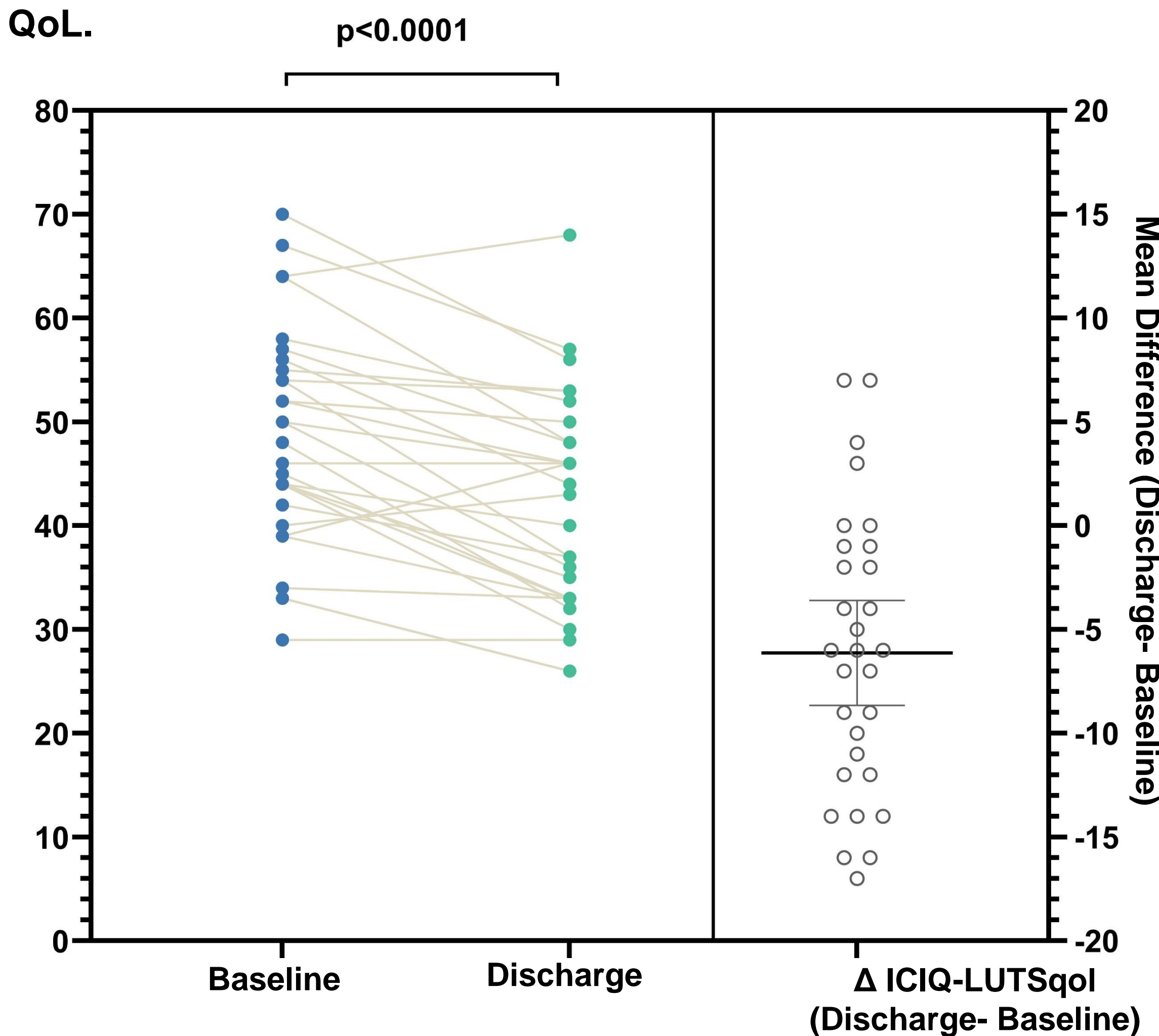


Figure 2. Bother scores of virtual PCSC PFP patients at baseline and discharge (n=30). Lower scores indicate less bother.

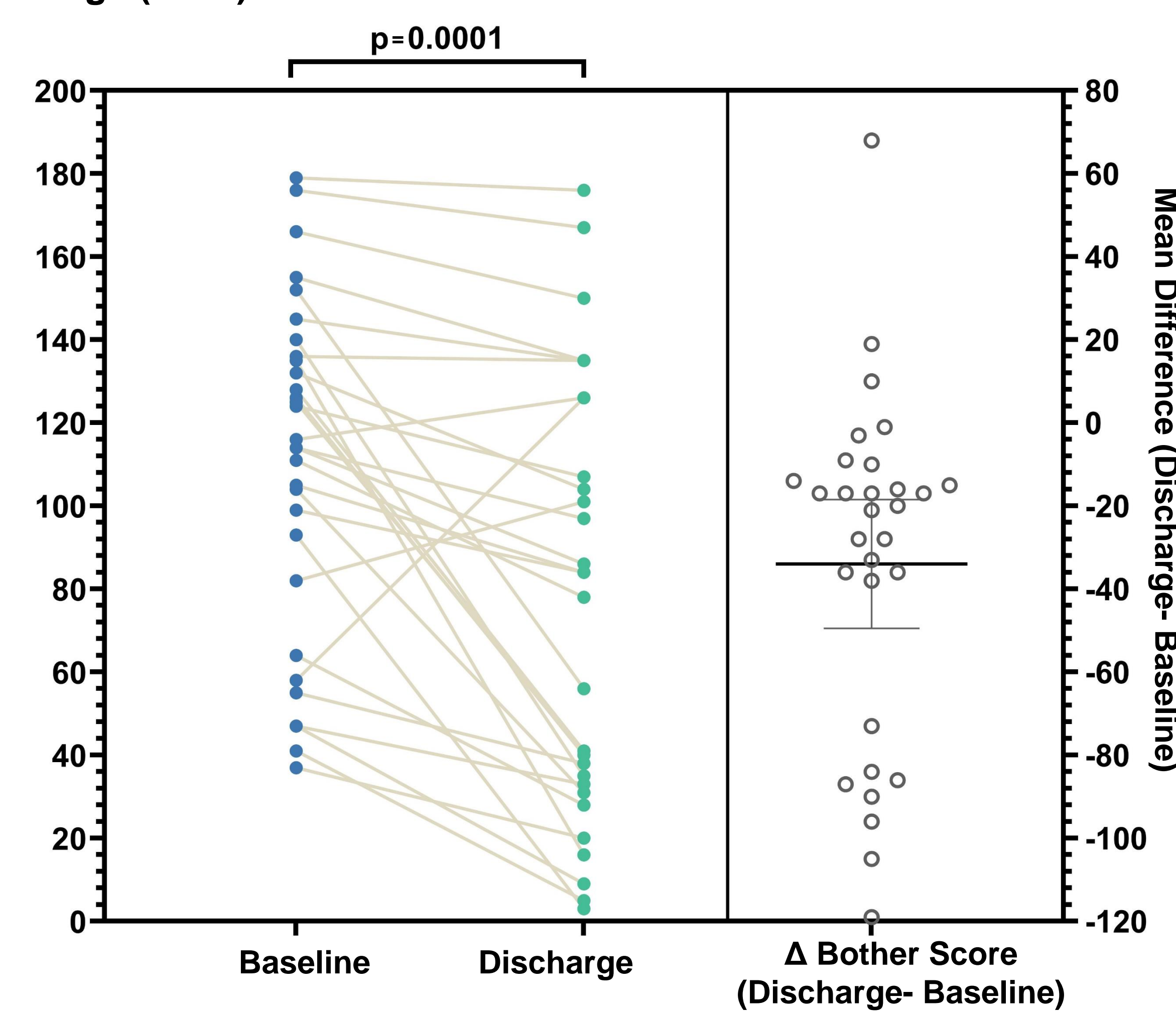
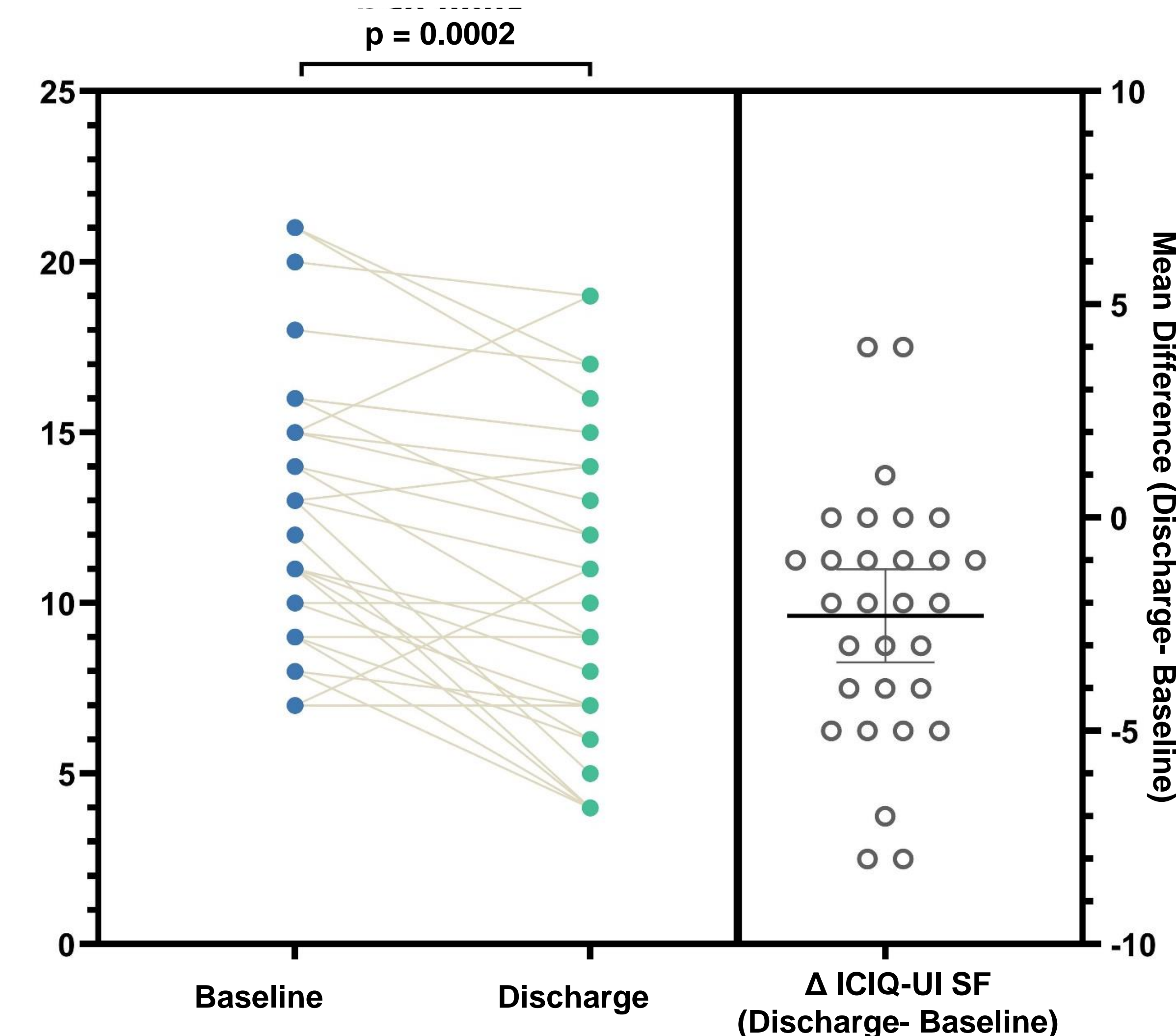


Figure 3. ICIQ-UI SF scores of virtual PCSC PFP patients at baseline and discharge (n=30). Lower values designate a lower impact of UI.



## Results, cont'd

- Median age at diagnosis of prostate cancer 65 y/o (range = 51-76).
- Median age at baseline appointment 67 y/o (range= 52-88)

Between April 30, 2020 and November 30, 2022:

- There was a significant decrease in ICIQ-LUTSqol score between the baseline and discharge (p < 0.0001), with a mean difference of -6.355 (Figure 1).
- The overall bother score demonstrated a significant decrease from baseline to discharge (p=0.0001), with a mean difference of -33.97 (Figure 2).
- A significant decrease can be seen in the ICIQ-UI SF score between the baseline and discharge (p= 0.0002), with a mean difference of -2.300 (Figure 3).

## Summary & Conclusions

- These data provide preliminary evidence that the virtual delivery of PFP is feasible and effective when delivered by an experienced pelvic floor physiotherapist.
- Delivering PFP virtually requires that the therapist develop a different skill set. Specifically, our therapist used proprioceptive, motor control, and enteroceptive learning techniques.
- Standard PFP methodology may not be as successful.
- Conclusions about the virtual delivery of PFP should not be generalized until methodologies are compared.
- We are analyzing pad use, frequency of leakage, and clinician-reported outcomes to further evaluate the effectiveness of virtual PFP. In addition, we will compare the outcomes of those treated virtually to those treated in person.

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