**Tabell 4.2.1** Inkluderade studier som har undersökt reliabilitet och systematiska fel vid tryck—flödesmätning. Fullständig tabell i Bilaga 1.

Author, year reference country	Study quality Number	Inclusion criteria	Exclusion criteria	Reproducibility etc
Eri et al, 2001 [9] Norway	Moderate 84 men	Randomised study, moderate to severe symptoms, prostate volume >30 ml, Q <sub>max</sub> <12 ml/s, residual urine <300 ml, PdetQ <sub>max</sub> >45 cm H <sub>2</sub> O, mean age 69.8 years SD 5.8	Not stated	Within session AG- number 10.7 cm H <sub>2</sub> O and 19.2% lower at 2nd measurement. Long term no change
Hansen et al, 1997 [15] Denmark	Moderate 110 men	Men submitted due to LUTS, urodynamic study, 43–88 years	Not stated	SD $Q_{max}$ 3.3, Pdet $Q_{max}$ 13.1, 2nd measurement $Q_{max}$ ns lower, Pdet $Q_{max}$ sign 2.8 cm $H_2O$ lower
Hansen et al, 1999 [10] Denmark	Moderate 22 men	Men with LUTS, 58–81 years	Not stated	$PdetQ_{max}$ 9 and 6 cm $H_2O$ lower within session, $Q_{max}$ and between sessions ns
Hashim et al, 2007 [11] Multina- tional	Moderate 114 men	Drug trial, LUTS suggestive of BOO, IPSS >11, Q <sub>max</sub> <12 ml/s, prostate volume >30 ml, 51–84 years	Residual urine >250 ml, PSA <1.5 or >10.0, previous surgery, acute urinary retention, urethral manipulation or drug treatment short time before study	Intraclass Correlation Coefficient BOOI 0.76, BCI 0.75. BOOI 4.6 and BCI 8.0 lower at 2nd measurement
Kortmann et al, 2000 [20] Multi- national	Moderate 200 men	Pretreatment pressure-flow studies	Not stated	SD AG-number intraexam 10.0, interexamin 3.7, combined 10.7 cm H <sub>2</sub> O

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## Tabell 4.2.1 fortsättning

Author, year reference country	Study quality Number	Inclusion criteria	Exclusion criteria	Reproducibility etc
Kranse et al, 2003 [17] The Netherlands	Moderate 131 men	Unselected males performing pressure-flow studies	Not stated	SD Q <sub>max</sub> 2.0 ml/s, PdetQ <sub>max</sub> 8.9, BOOI 9.7, W20 1.85
Madsen et al, 1995 [18] USA	Moderate 25 men	Symptoms of BPH, screening for drug trial	Not stated	SD Q <sub>max</sub> 1.44, PdetQ <sub>max</sub> 8.84
Rosier et al, 1995 [19] The Netherlands	Moderate 91 men	Untreated BPH patients or evaluation after treatment	Not stated	Mean absolute diff $Q_{max}$ 1.2; $PdetQ_{max}$ 10.2; URA 5.8
Sonke et al, 2000 [16] The Netherlands	Moderate 89 men	LUTS suggestive of BOO, living in neighborhood	Medication, severe problems during first examination	AG-number intraindividual SD 14, URA 7, $PdetQ_{max}$ 12 $cmH_2O$ and $Q_{max}$ 2 $ml/s$
Tammela et al, 1999 [13] Multi- national	Moderate 216 men	LUTS due to benign prostatic enlargement	Previous LUT disease except BPE, previous treatment	SD PdetQ <sub>max</sub> 10.6; 12.5; 14.5%. 2nd and 3rd measu- rement sign lower PdetQ <sub>max</sub> . Interobser- ver 0.92; 0.94; 0.96
Witjes et al, 1996 [12] The Netherlands	Moderate 178 men	Consecutive patients with LUTS and BPH managed with watchful waiting, 64 years SD 8	Not stated	Mean absolute difference $Q_{max}$ 2.3, Pdet $Q_{max}$ 15.6, URA 7. Pdet $Q_{max}$ sign lower at 2nd measurement, 3.7 cm $H_2O$ , $Q_{max}$ and URA ns
Valentini et al, 2005 [14] France, Canada, USA	Moderate 71 men	BPH, TURP or drug trial, 45–86 years	Voided volume <100 ml, Q <sub>max</sub> <2 ml/s, urethral cathe- ter falling out	AG-number 3 cm H <sub>2</sub> O lower at 2nd measurement. SD 13.7 cm H <sub>2</sub> O

BCI = bladder contractility index; BOO = bladder outlet obstruction; BPE = benign prostatic enlargement; BPH = benign prostatic hyperplasia; IPSS = international prostate symptom score; LUTS = lower urinary tract symptoms; PSA = prostate-specific antigen;  $Q_{max}$  = maximum flow rate; TURP = transurethral resection of the prostate; URA = urethral resistance factor

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**Tabell 4.2.2** Inkluderade studier avseende förmågan att förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Pressure-flow study	Reference test	Results	Study quality Comments
Ball et al, 1986 [30] UK	84 men  TURP or open operation 5 years earlier, flow and pressure-flow measurements	1 man Not stated	Standard technique	Subjectively better after surgery	Significantly lower PdetQ <sub>max</sub> in men with poor result, 53 vs 101 cm H <sub>2</sub> O	Moderate
Gotoh et al, 1999 [22] Japan	74 men  TURP, subjective symptoms, Q <sub>max</sub> <15 ml/s, 50–86 years	Not stated  Neurogenic bladder	Transurethral, 6+8 Ch catheter, rectal balloon, Menuet Urodynamic System, Dantec, Schäfer obstruction grade and contractility, values read manually	Subjective out- come 6–8 weeks after TURP	LR+ 0.74 LR- 0.85	Moderate Too short follow-up

Tabell 4.2.2 fortsättning

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Pressure-flow study	Reference test	Results	Study quality Comments
Ignjatovic, 1997 [31] Yugoslavia	48 men  Moderate-severe symptoms, enlarged prostate, TURP	Not stated Not stated	Transurethral 9 or 6 Ch catheter	IPSS <8 after TURP	With pressure-flow criteria as indication 90% success compared to 86% with IPSS+Q <sub>max</sub> and 63% with conventional criteria	Moderate  Obstruction not defined
Javlé et al, 1998 [23] UK	55 men  TURP, IPSS >12, Q <sub>max</sub> <13 ml/s, residual urine 60–300 ml, 55–85 years	2 men  Prostate cancer, PSA >4, previous surgery, neuro- genic bladder	5 + 8 Ch urethral catheters, rectal balloon catheter, Schäfer obstruction grade and contractility	Improvement after TURP: IPSS <50% and/ or <7, Q <sub>max</sub> >50% and >15 ml/s, PVR >50% and <60 ml	LR+ 3.12 LR- 0.38	Moderate Short follow-up
Knutson et al, 2001 [24] Sweden	37 men  Patients with low resistans accepting watchful waiting and patients with moderate—severe obstruction electing watchful waiting	0 men Not stated	Classification with DAMPF, otherwise not described	No new treatment during watchful waiting	DAMPF >42 LR+ 2.6 LR- 0.37 DAMPF >65 LR+ 4.9 LR- 0.70	Moderate
Kuo et al, 1993 [25] Taiwan	Diagnosis of BPH and operated, with and without a catheter, 45–96 years (TURP 335, Open op 16, TUIP 49) (202 cystometry, 146 voiding pressure)	Not stated Not stated	Infusion rate 50 ml/s, included Urethral Pres- sure Profile	Outcome of surgery; patient satisfied with voiding condition, improved irritative symptoms and $Q_{max} > 15 \text{ ml/s}$	LR+ 1.20 LR- 0.57	Moderate Wide definition of obstruction and high preva- lence
Radomski et al, 1995 [32] Canada	50 men  Acute urinary retention, 50–85 years	O men  Chronic retention, neurologic disease, suspicion of prostate cancer, previous prostatic surgery	Within 2 weeks after retention	Voiding without catheter post- operatively after TURP	LR+ 1.4 LR- 0.59	Moderate

Tabell 4.2.2 fortsättning

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Pressure-flow study	Reference test	Results	Study quality Comments
Rodrigues et al, 2001 [29] Brazil	277 men  TURP, symptoms suggestive of obstruction, worsening at clinical follow-up or following drug treatment, 51–91 years	40 men  Not stated	Transurethral with peridural catheter, groups according to PdetQ <sub>max</sub> performed day before surgery without influencing treatment decision	Change in IPSS and bother question after TURP	Correlation 0,9 calculated on group means	Moderate  Almost no improvement if $PdetQ_{max}$ < 40 cm $H_2O$
Tanaka et al, 2006 [28] Japan	92 men  LUTS/PH considered appropriate candidates for TURP, age >50 years	Not stated  Prostate cancer, urinary retention, previous prostatic surgery	18 gauge suprapubic catheter, rectal baloon catheter, filling with Foley catheter	Outcome of TURP according to Homma; symptom, bother question and $\mathbf{Q}_{\text{max}}$	LR+ 1.02-1.83 LR- 0.38-0.88	Moderate
Tubaro et al, 1995 [26] Europe	100 men  Low-effect TUMT, Madsen-Iversen score >7, Q <sub>max</sub> <15 ml/s, residual urine <300 ml, bilobar prostatic enlargement, >45 years	Prostate or bladder cancer, neurogenic bladder, pelvic metallic implant, pace-maker, bladder stone, stricture, prostate length <35 mm, pelvic surgery, hemostatic disorder	Curves read manually by two examiners	Improvement after TUMT: Madsen-Iversen score >50%; Q <sub>max</sub> >3 ml/s	Evaluation with IPSS LR+ 3,3 LR- 0,45  Evaluation with Q <sub>max</sub> LR+ 14,8 LR- 0,15	Moderate  Cut-off was constrictive vs compressive obstruction which selects low Q <sub>max</sub> . Diagnostic accuracy with Q <sub>max</sub> is therefore overestimated
Turner et al, 1998 [27] USA	50 men  Alfa-blocker treatment, LUTS presumed to be caused by BPH, IPSS >9	6 men  Previous surgery, prostate cancer, stricture, finasteride within 6 months, alpha-blocker within 1 month	Transurethral 8 Ch catheter, 14 Ch rectal catheter, AG-number	Outcome of doxazosin treatment: IPSS >50% improvement	LR+ 0.88 LR- 1.4	Moderate  Treatment with low effect

BPH = benign prostatic hyperplasia; IPSS = international prostate symptom score; PSA = prostate-specific antigen;  $Q_{max}$  = maximum flow rate; TUMT = transurethral microwave thermotherapy; TURP = transurethral resection of the prostate

**Tabell 4.3.1** Inkluderade studier som har undersökt reliabilitet. Fullständig tabell i Bilaga 1.

Author, Study Incl year, quality reference Number country		Inclusion criteria	Exclusion criteria	Reproducibility etc	
Barry et al, 1995, [6] USA	Moderate Placebo group of finasteride study, LUTS, enlarged prostate, Q <sub>max</sub> <15 ml/s, voided volume >150 ml, residual urine <350 ml		SD <sub>intraind</sub> 2.8 ml/s		
Folkestad et al, 2004, [7] Sweden	Moderate			<55 years all vol SD 4.0 same vol 3.2, non-parame- tric -9.0 to 7.0; -6.2 to 5.0. >55 years 2.8; 2.2; -6.5 to 5.0; -4.3 to 4.3	
Itoh et al, 2006, [8] Japan	Moderate 13 men of 206 + 13	50–88 years, LUTS, completed examinations	Prostate cancer, stricture, other lower urinary tract diseases	r=0,812 Spearman rank correlation	
Jepsen et al, 1998 [9] USA	Moderate 300 men	6		Difference between two measurements Range about -5 to 6 ml/s	
Matzkin et al, 1993 [10] USA	Moderate 26 men	Placebo group in drug trial, 56–79 years, prostat- ism, prostate size >30 g, Q <sub>max</sub> <15 ml/s	Prostate cancer, serious neuro- logical disease, stricture	SD <sub>intraind</sub> 2.0 ml/s	

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Tabell 4.3.1 fortsättning

Author, year, reference country	Study quality Number	Inclusion criteria	Exclusion criteria	Reproducibility etc
Sonke et al, 1999 [11] The Netherlands	Moderate 212 men, 2 544 flows	LUTS suggestive of BOO or bladder dysfunction, mean age 62.1 SD 8.7 years	Previous treat- ment, not able to handle the portable flowmeter	SD <sub>intraind</sub> 2.4 ml/s at Q <sub>max</sub> 10 ml/s
Sonke et al, 2002 [12] The Netherlands	High 208 men	Men with LUTS examined with home flowmeter	None	SD <sub>intraind</sub> 1.5 ml/s
van de Beek et al, 1997 [14] The Netherlands	High 21 men + 4 dupicates	21 randomly selected flow curves	Not relevant	Normal? Interobserver kappa 0.41 Intraobserver 79% same eva- luation
Witjes et al, 2002 [13] The Netherlands	High 223 men, 1 147 flows	Randomly chosen patients from a randomised trial	None	SD <sub>interobs</sub> 2.1–3.0 ml/s

BOO = bladder outlet obstruction; LUTS = lower urinary tract symptoms;  $Q_{max}$  = maximum flow rate; SD = standard deviation

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**Tabell 4.3.2** Inkluderade studier avseende flödesmätnings ( $Q_{max}$ ) förmåga att diagnostisera avflödeshinder och förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year, reference	Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
country	Number	Number				Comments
•	Criteria	Criteria				
Abrams, 1977 [35] Great Britain	53 (33+20) men  TURP or retropubic prostatectomy, benign histology	Not stated  Prostate cancer, stricture, previous urological or pelvic surgery	E.M.T. 435, Elema- Schönander, M. 81 Mingograf recor- der, Voided volume not stated, visual inspection	Subjective outcome, symptom score, $Q_{max}$ postoperatively	Mean $Q_{max}$ preop: All 8.0 ml/s Unimproved symptom score 11.0 ml/s Unimproved $Q_{max}$ 10.5 ml/s differences sign	Moderate
Boci et al, 1999 [15] Sweden	25 men Symptomatic BPH, 54–82 years	1 no pressure-flow  Prostate cancer, stricture, previous urological or pelvic surgery	Office UFS 1005, NEC, portable flowmeter PUFS 2000, MMS, manu- ally read curves	Pressure-flow, 5 Ch urethral and 12 Ch rectal catheters, Lin- PURR. Unobstructed DAMPF <56 cm H <sub>2</sub> O	10 ml/s LR+ infinit LR- 0.59 14 ml/s LR+ 3.50 LR- 0.00 Correlation -0,62	Moderate Mean Q <sub>max</sub> of home flow rates analysed Pearson correla- tion coefficient
Botker-Rasmussen et al, 1999 [16] Denmark	Volunteers, no LUTS when interviewed carefully, age 51–85	Not stated  Past or present urological complaints	Urodyn 1000, Dantec, standing	5 Ch transurethral catheter, saline, 50 ml/ min, Menuet or DISA URO-system 21F16 2100, Dantec or Urodyn 1000, Dantec, Abrams- Griffiths nomogram	10 ml/s LR+ infinite LR- 0.67 15 ml/s LR+ 1.05 LR- 0.53	Moderate
Caffarel et al, 2008 [17] Great Britain	Pressure-flow study, attendees at a LUTS clinic, performed flow measurement and at least 2 of IPSS, IPSS bother question, PSA and postvoid residual urine	Voided volume at flow measurement <150 ml, performed less than 2 IPSS, IPSS bother question, PSA and PVR	Voided volume >150 ml	According to Good Urodynamic Practise	BOOI 20 cm H <sub>2</sub> O LR+ 1.5 LR- 0.27 BOOI 40 cm H <sub>2</sub> O LR+ 2.8 LR- 0.37	Moderate
Comiter et al, 1996 [18] USA	Adult men with LUTS performing multiple video-urodynamics, Q <sub>max</sub> , piso or MUPP gradient not missing, mean age 68.3 years	Not stated  Bladder cancer, hematuria, spinal cord injury, Parkinson's disease, multiple sclerosis	Standing, cut-off value 12 ml/s	Filling with radiocont- rast, micturitional urethral pressure pro- file, 10 Ch triple lumen catheter, gradient >10 cm H <sub>2</sub> O obstructed	LR+ 3.0 LR- 0.30 -0.48 Pearson correlation coefficient	Moderate

Tabell 4.3.2 fortsättning

Author, year, reference	Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
country	Number Criteria	Number Criteria				Comments
D'Ancona et al, 1999 [36] The Netherlands	247 men  Treatment with TUMT, >45 years, PV >30 ml, Madsen SS >7, Q <sub>max</sub> <15 ml/s, PVR <350 ml	At least 26 men  Neurogenic disorders, prostatic cancer, earlier surgery, indwelling catheter, median lobe	Voided volume >100 ml, other- wise not described	Improvement after TUMT in either IPSS, Q <sub>max</sub> or LinPURR	OR 1.14 for poor $Q_{max}$ response, ns. Multiple regr $Q_{max}$ only prognostic for flow rate response and not when Lin-PURR is included in analysis	Moderate
Dib et al, 2008 [19] Brazil	50 LUTS, diabetes, age 47–86 years	Prostate cancer, bladder stones or tumour, previous surgery, renal failure, pelvic radiation, neurological disease	Q <sub>max</sub> , method not described	Pressure-flow study, according to ICS, Schäfer grade >=2 obstructed	10 ml/s LR+ 5.2 LR- 0.48 12 ml/s LR+ 4.7 LR- 0.35 15 ml/s LR+ 1.7 LR- 0.33	Moderate Wide definition of obstruction, only diabetics
Dorflinger et al, 1986 [37] USA	84 men TURP, indication om non-urody- namic data, 50–91 years	30 men  Prostate cancer, prostatic or pelvic surgery, serious neurologic or psychiatric disease. Stricture and infection temporarily excluded	Not described	8.3 Ch urethral and 18 Ch rectal catheter, water, resistance = Pdet/Q <sub>max</sub> <sup>2</sup> . Subjective outcome graded 1–5	No sign difference in outcomes, 100 (<7) and 84% (>7) better or much better	Moderate  Why not cut-off at 10.5 ml/s?
DuBeau et al, 1998 [20] USA	111 men  LUTS patients, community- dwelling or institutional older men, >51 years	12 incomplete data  Gross hematuria, urinary retention, inability to void, prostate or bladder cancer, stricture, neurologic disorder, dementia	Not described, Q <sub>max</sub> was read manually	Micturitional urethral pressure profile (>10 cm H <sub>2</sub> O pressure drop obstructed) corroborated by pressure-flow	10 ml/s LR+ 1.96 LR- 0.62	Moderate  An algoritm with Q <sub>max</sub> , age and PVR much better
Hansen et al, 1997 [38] Sweden	172 men Treatment with TURP (110) or TUMT (62)	Not stated None	Dantec Urodyn 2000, patients not voiding >100 ml excluded, manual reading not stated	Outcome after TURP or TUMT 2 questions: much better-much worse, treatment still needed	Correlation 0.07	Moderate  Spearman corre- lation coefficient

Tabell 4.3.2 fortsättning

Author, year, reference	Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
country	Number	Number				Comments
	Criteria	Criteria				
Hong et al, 2003 [39] South Korea	437	Not stated	Q <sub>max</sub> , Dantec Urodyn 1000	Not satisfied with continuing medical therapy,	Multivariate Hazard ratio 0.97 ns	Moderate
	LUTS, diagnosis of BPH, medication at least 3 months	Prostate cancer, previous surgery, other condition affecting urinary tract, severe disease		surgery		Age, IPSS and prostate volume sign
Ignjatovic, 1997 [40] Yugoslavia	48	Not stated	Strong desire to void, 2 measure-	Transurethral examination with a 9 Ch double	Low $Q_{max}$ sign better outcome	Moderate
	LUTS, enlarged prostate, candidate for TURP	Not stated	ments and the hig- hest value selected	lumen catheter or two 6 Ch catheters, Schäfer nomogram		
Ko et al, 1995 [28] Canada	121	18	Q <sub>max</sub> , method not described	Pressure-flow study, 8 Ch transurethral cat-	0.17 Pearson correlation	Moderate
	Symptoms of prostatism, 67.9 years	Not stated		heter, manual reading, Schäfer grade	coefficient	
Kranse et al, 2002 [32] The Netherlands	131 men	42 no free flow	Dantec 1000 with 5 Hz low pass filter	Pressure-flow, same flowmeter, 0,6 s time	Cut-off 15.1 ml/s 21% of pressure-flow	Moderate
	Performed pressure-flow study and had a free flow rate perfor- med before	None	·	lag, obstruction according to ICS	studies can be avoi- ded, 5% of obstruc- tion may be missed	
Kuo et al, 1993 [34] Taiwan	400	Not stated	Q <sub>max</sub> and flow pattern were	Patient satisfied with voiding condition,	10 ml/s LR+ 2.18	Moderate
	Diagnosis of BPH and operated, with and without a catheter,	Not stated	evaluated	improved irritative symptoms and Q <sub>max</sub> >15	LR- 0.39	
	45–96 years (TURP 335, Open op 16, TUIP 49) (flow measurement 217)			mI/s	15 ml/s LR+ ; 1.35 LR- 0.12	
Kuo, 1999 [21] Taiwan	324 men	Not stated	Highest of free flow rate and flow	Pressure-flow, first 7 Ch transurethral catheter	10 ml/s LR+ 1.62	Moderate
[]	LUTS, 45-88 years, prostate volume <60 ml	Acute urinary retention, neuropathy, diabetes, acute	rate during pres- sure-flow study.	which was changed to suprapubic, 10 Ch	LR- 0.60	Wide definition of obstruction.
		infection, previous TURP	Not described	rectal baloon, video,	15 ml/s	Pearson correla-
				EMG, 20% urographin	LR+ 1.26	tion coefficient
				in saline. Obstruction if $PdetQ_{max}$	LR- 0.47	
				>50 cm H <sub>2</sub> O and Q <sub>max</sub>	Correlation	
				<15 ml/s, if low pressure and low $Q_{max}$ video	-0.28	
				and low Q <sub>max</sub> video	<del></del>	

Tabell 4.3.2 fortsättning

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Author, year, reference	Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
country	Number	Number				Comments
	Criteria	Criteria				
Marya et al, 1992 [33] India	500  Men scheduled for abdominal,	0 Not stated	DISA 2100 Uro- system, voided volume >150 ml	Postoperative (scro- tal, lower abdomen) retention	6 ml/s LR+ infinite LR- 0.88	Moderate
	perineal or scrotal surgery, 51–76 years				10 ml/s LR+ 5.6	
					LR- 0.71	
					15 ml/s LR+ 1.25 LR- 0.15	
Reynard et al, 1996 [22] Great Britain	165 men	8 no pressure-flow	Dantec Urodyn 1000, visual inspec-	Pressure-flow, Dantec Menuet or Dantec 5500,	8 ml/s LR+ 11.09	Moderate Calculations for
[]	LUTS suggestive of BPO, 50–84 years	Diabetes, infection, Previous surgery, evidence of prostate	tion, 4 flows, 17 patients only 3	1.1 mm outer diameter urethral catheter, saline	LR- 0.83	best Q <sub>max</sub> of 3 flows. Figures for
	/ Gui 5	cancer, medication	patients only s	ICS normal + equivocal	10 ml/s	best of 1, 3 or 4
				= unobstructed	LR+ 6.04 LR- 0.65	in paper. Mean $Q_{max}$ increased for every flow
					12 ml/s	,
					LR+ 4.32	
					LR- 0.51	
					15 ml/s LR+ 2.07 LR- 0.37	
Reynard et al, 1998	1 272 men	81 no flow, 339 no pressure-	0–3 flows, not	Pressure-flow, not	10 ml/s	Moderate
[23] Europe and Asia	LUTS, BPE, >45 (45-88) years	flow  Prostate cancer, neurological	described	described, Schäfer grade 0–2 unobstructed	LR+ 1.56 LR- 0.76	Spearman corre- lation coefficient
		disease, diabetes, previous			15 ml/s	
		surgery, medication			LR+ 1.32	
					LR- 0.49	
					Correlation –0.3, age- corrected –0.29, volume-corrected	
					-0.2 to -0.25	

Tabell 4.3.2 fortsättning

Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
Number Criteria	Number Criteria				Comments
134 men	Not stated	Not described	Micturitional urethral pressure profile, <10 cm	10 ml/s LR+ 3.25	Moderate
Adult males referred for urodynamics	Neurological disease		H <sub>2</sub> O unobstructed	LR- 0.47	Pearson correlation coefficient
				15 ml/s LR+ 1.60 LR- 0.24	
				Correlation -0.45	
54	4	Q <sub>max</sub> , method not described	Pressure-flow study, Dantec Urodyn 5500,	10 ml/s LR+ 3.29	Moderate
Referral for BPH, urodynamic investigation, 38–88 years	Diagnosis of other disease than BPH		3.5 Ch suprapubic cather, rectal bal-	LR- 0.43	
			loon, Abrams-Griffiths diagram	15 ml/s LR+ 1.61 LR- 0.31	
4 325	Not stated	Q <sub>max</sub> , method not described	Acute urinary retention or BPH-related surgery	Multivariate Hazard ratio 0.60 (0,50–0,73)	Moderate
3 randomised dutasteride trials, moderate—severe LUTS, prostate volume >30 ml, PSA 1.5–10 ng/ml, >50 years	Not stated		3 /	sign	IPSS ns, BII, ear- lier alfablocker, PV, PSA, Q <sub>max</sub> , dutasteride sign i multivariatana- lys. Q <sub>max</sub> most important
204 men	Not stated	Not described	Pressure-flow, transu- rethral catheter 7 Ch.	10 ml/s LR+ 1.83	Moderate
Men with LUTS, mean age 66.7, SD 7.5 years	Previous treatment, neurologic history, co-morbid disease, stricture, prostate cancer		ICS criteria, equivocal classified by slope	LR- 0.45	
211	4 + 20%	Q <sub>max</sub> , voided volume >150 ml	Pressure-flow, 5 Ch transurethral and 14 Ch	10 ml/s LR+ 1.14	Values calculated from figure.
BPH symptoms, urodynamic study, 45–86 years	Not stated		rectal catheters, Schäfer grade, >1 obstructed	LR- 0.90	Wide definition of obstruction
				LR+ 1.47	
				15 ml/s LR+ 1.37 LR- 0.43	
	Number Criteria  134 men  Adult males referred for urodynamics  54  Referral for BPH, urodynamic investigation, 38–88 years  4 325  3 randomised dutasteride trials, moderate—severe LUTS, prostate volume >30 ml, PSA 1.5–10 ng/ml, >50 years  204 men  Men with LUTS, mean age 66.7, SD 7.5 years  211  BPH symptoms, urodynamic	Number Criteria  134 men  Adult males referred for urodynamics  Neurological disease  Neurological disease  Neurological disease  4  Referral for BPH, urodynamic investigation, 38–88 years  Diagnosis of other disease than BPH  Not stated  Not stated	Number Criteria       Number Criteria       measurement Criteria         134 men       Not stated       Not described         Adult males referred for urodynamics       Neurological disease       Punaction of the disease         54       4       Qmax. method not described         Referral for BPH, urodynamic investigation, 38–88 years       Diagnosis of other disease than BPH         4 325       Not stated       Qmax. method not described         3 randomised dutasteride trials, moderate—severe LUTS, prostate volume >30 ml, PSA 1.5–10 ng/ml, >50 years       Not stated       Not stated         204 men       Not stated       Not described         Men with LUTS, mean age 66.7, SD 7.5 years       Previous treatment, neurologic history, co-morbid disease, stricture, prostate cancer       Not stated       Qmax. voided volume >150 ml         211       4 + 20%       Qmax. voided volume >150 ml         BPH symptoms, urodynamic       Not stated       Not stated	Number Criteria         Number Criteria           134 men         Not stated         Not described pressure profile, <10 cm H₂O unobstructed	Number Criteria Number Criteria Criteria Number Criteria Number Criteria Not stated Not alses referred for urodynamics Part of the pressure profile, 410 cm pressure profil

Tabell 4.3.2 fortsättning

Author, year, reference	Inclusion:	Exclusion:	Flow measurement	Reference test	Results	Study quality
country	Number	Number				Comments
	Criteria	Criteria				
van Venrooij et al, 1996 [29] The Netherlands	196 men	Not stated	Not described, voided volume	Pressure-flow , 5 Ch urethral and 14 Ch	Correlation Pearson –0.37	Moderate
[27] The Netherlands	Men with prostatism, >50 years, pressure-flow study performed when evaluation suggested BOO, reliable pressure-flow relation, Flow with VV >150 ml	Cystometric bladder capacity, PVR, TRUL not performed	>150 ml	rectal catheter, saline	Kendall –0.22	Kendall correla- tion coefficient
van Venrooij et al, 2004 [30] The Netherlands	160 men	Not stated	Not described	Obstruction according to AG-number, URA	Correlation AG-number –0,41	Moderate Kendall correla-
	LUTS, 50-85 years, all examina-	According to International		and Schäfer grade.	URA -0,48	tion coefficient
	tions, voided volume >150 ml, reliable pressure-flow relation- ship	Consensus Commitee		Execution not described	Schäfer grade –0,43	
Vesely et al, 2003 [31] Sweden	153 men	Not stated	Not described Mean Q <sub>max</sub> of	Pressure-flow, UroDyn UD2000, MMS, obstruc-	Correlation -0.41	Moderate
	LUTS and suspected BOO	Neurogenic bladder, positive ice water test	home flow rates analysed	tion according to DAMPF. Execution not described		Pearson correla- tion coefficient

BOO = bladder outlet obstruction; BPH = benign prostatic hyperplasia; Hz = herz; IPSS = international prostate symptom score; LinPURR = linear passive urethral resistance relation; LR = likelihood ratio; LUTS = lower urinary tract symptoms; MUPP = micturitional urethral pressure profile; PVR = post-void residual urine;  $Q_{max}$  = maximum flow rate; TRUL = transurethral microwave thermotherapy of lower urinary tract symptoms; TUMT = transurethral microwave thermotherapy; TURP = transurethral resection of the prostate

**Tabell 4.4.1** Inkluderade studier som har undersökt reliabilitet. Fullständig tabell i Bilaga 1.

Author, year, reference country	Study quality Number	Inclusion criteria	Exclusion criteria	Reproducibility etc
Folkestad et al, 2004 [2] Sweden	Moderate	Random sample from general population, 26–76 years	Voiding prob- lems, practical difficulties to perform home flow measure- ments	<55 years all vol SD 2.0 same vol 2.0, non-parametric -2.4 to 5.3; -2.4 to 5.0. >55 years 3.5; 2.9; -4.0 to 9.7; -4.0 to 6.5

SD = standard deviation

**Tabell 4.4.2** Inkluderade studier avseende tidsmiktions förmåga att diagnostisera lågt flöde och förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Timed micturition	Reference test	Results	Study quality Comments
Hansen et al, 1997 [5] Sweden	172 men	Not stated	Asked to perform 10 measurements,	Flow measurement, Urodyn 2000 Dantec,	Correlation	Moderate
	110 TURP 62 TUMT	Voided volume <100 ml	mean used	voided volume >100 ml, visual inspection not	Qmax 0.41	Correlation with $Q_{max}$ should probably be negative
				stated	Outcome 0.04	Q <sub>max</sub> Pearson Outcome Spearman
				Subjective outcome		·
Zdanowski et al, 1995 [4] Sweden	421 men	92 no timed micturition, 262 or 189 no flow rate	Asked to perform 10 measurements,	Flow measurement, not described	Correlation -0.36	Moderate Pearson correlation coefficient
	Prostatism	Neurologic disease, severe heart disease, suspicion prostate cancer, indwelling catheter	mean used			

TURP = transurethral resection of the prostate; TUMT = transurethral microwave thermotherapy;  $Q_{max}$  = maximum flow rate

**Tabell 4.5.1** Inkluderade studier som har undersökt reliabilitet för parametrar beräknade från miktionslista. Fullständig tabell i Bilaga 1.

Author, year, reference	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc
country	Number			
Homma et al, 2002 [3] Japan	Moderate 80	Frequency and/ or incontinence, mentally fit, stable symp- toms, 14 men and 60 women, 63.5 ± 11.3 years	Urinary tract infection, obstruction, bladder tumor, bladder stone	Number of micturitions day: SD 1.35 Nocturnal micturitions and incontinence episodes: SD square root of number of events (Poisson distribution)

SD = standard deviation

**Tabell 4.5.2** Inkluderade studier avseende förmågan för miktionslista att diagnostisera avflödeshinder. Fullständig tabell i Bilaga 1.

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Frequency- volume chart	Reference test	Results	Study quality Comments
van Venrooij et al, 2004 [6], The Netherlands	160 men	Not stated	At least 24 h voiding diary	Pressure-flow study analysed accord-	Correlation mean voided volume	Moderate
	LUTS suggestive of BPH, performed all examinations, 65.3 years SD 7.7	Exclusion criteria accord- ing to International Con- sensus Committee on BPH	• ,	ing to ICS, urethral resistance factor and Schäfer grade	ICS –0.23 URA –0.25 Schäfer grade –0.23	Kendall and Gibbons correlation coef- ficient

BPH = benign prostatic hyperplasia; ICS = international continence society; LUTS = lower urinary tract symptoms

**Tabell 4.6.1** Inkluderade studier som har undersökt reliabilitet och systematiska fel vid mätning av resturin. Fullständig tabell finns i Bilaga 1.

Author, year, reference country	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc	
,	Number				
Beacock et al, 1985	Moderate	Investigation for BOO, 55–80	Not stated	US 8 ml less, SD difference 23 ml	
[6] Great Britain	15, 25 examinations	years			
Birch et al,	Moderate	TURP patients	Not stated	1/3 small varia- tion 2/3 large	
[7] Great Britain	30			variation, single measurement not useful	
Dunsmuir et al, 1996	Moderate	Volunteers, BPH according to	Anticho- linergics,	Between indi- viduals 57%,	
[8] Great Britain	40	DRE and PSA, 55–82 years	urinary tract infection	CI 93–252 ml, within individuals 42%, CI 55–228 ml	
Kjeldsen-Kragh, 1988	Moderate	Neurogenic bladder	Not stated	Mean difference 28, 11, 16%	
[9] Denmark	20, 107 examinations				

BOO = bladder outlet obstruction; BPH = benign prostatic hyperplasia; CI = confidence interval; DRE = digital rectal examination; PSA = prostate-specific antigen; SD = standard deviation; TURP = transurethral resection of the prostate

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**Tabell 4.6.2** Inkluderade studier avseende förmågan för resturin att förutsäga lågt maximalt flöde, avflödeshinder och/eller behandlingsresultat. Fullständig tabell finns i Bilaga 1.

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Residual urine	Reference test	Results	Study quality Comments
Botker-Rasmussen et al, 1999 [13] Denmark	29 Volunteers, no LUTS when interviewed carefully, age 51–85	Not stated  Past or present urological complaints	With 5 Ch catheter before urody- namic study	5 Ch transurethral catheter, saline, 50 ml/min, Menuet or DISA URO-system 21F16 2100, Dantec or Urodyn 1000, Dantec, Abrams-Griffiths nomogram	LR+ 0.00 LR-1.17	Moderate
Bruskewitz et al, 1997 [21] USA	249 men TURP arm of randomised study TURP vs WW, clinical BPH	Not stated  <55 years, previous surgery or radiation, nonambulatory status, ongoing infection, prostate or bladder cancer, PVR >350 ml, neurogenic bladder, serious medical condition	Not described	Improvement in IPSS or bother score after TURP	Improvement IPSS: <100 ml 10.6 >100 ml 9.5 ns  Improvement bother score <100 ml 36 >100 ml 26 sign	Moderate IPSS 10.6 vs 9.5 ns, bother 36 vs 26 sign
Caffarel et al, 2008 [20] Great Britain	Pressure-flow study, attendees at a LUTS clinic, performed flow measurement and at least two of IPSS, IPSS bother question, PSA and postvoid residual urine	Voided volume at flow measure- ment <150 ml, performed less than two IPSS, IPSS bother question, PSA and PVR	Method not described	Q <sub>max</sub> , voided volume >150 ml	0.37	Moderate  Pearson correlation coefficient
D'Ancona et al, 1999 [22] The Nether- lands	Treatment with TUMT, >45 years, PV >30 ml, Madsen SS >7, Q <sub>max</sub> <15 ml/s, PVR <350 ml	At least 26  Neurogenic disorders, prostatic cancer, earlier surgery, indwelling catheter, median lobe	Residual urine, method not described	IPSS, Q <sub>max</sub> or resistance after TUMT	OR, evaluation with IPSS 1.0; Q <sub>max</sub> 1.0; LinPURR 1.0 Multivariate analysis ns x 3	Moderate
Ding et al, 1997 [12] Singapore	126 Persisting LUTS after correction of infection and obstipation, age >65 years	Not stated Previous surgery, aphasia, urethral stricture	Method not described	10 Ch + epidural urethral catheters, rectal balloon catheter, Dantec Menuet, obstruction = slope >2 ml/s cm $H_2O$ or pmuo >40 cm $H_2O$	LR+ 0.92 LR- 1.05	Moderate  Many patients had cerbro-vascular disease or Parkinson's disease

Tabell 4.6.2 fortsättning

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Residual urine	Reference test	Results	Study quality Comments
Hong et al, 2003 [24] South Korea	437 LUTS, diagnosis of BPH, medication at least 3 months	Not stated  Prostate cancer, previous surgery, other condition affecting urinary tract, severe disease	Residual urine, diagnostic ultrasound bladder scan, BVI 3000 (Diagnostic Ultrasound Corp)	Not satisfied with continuing medical therapy, surgery	Multivariate Hazard ratio 1.00 ns Age, IPSS and prostate volume sign	Moderate
Ignjatovic, 1997 [23] Yugoslavia	48 men  LUTS, enlarged prostate, candidate for TURP	Not stated Not stated	Catheter- ized before pressure-flow study	IPSS after TURP	Improvement IPSS: >100 ml 10 <100 ml 8 ns	Moderate
Kuo, 1999 [10] Taiwan	324 men  LUTS, prostate volume <60 ml, 45–88 years	Not stated  Acute urinary retention, neuropathy, diabetes, acute urinary infection, previous TURP	The least of catheterized after free flow and calculated after pressureflow	Video pressure-flow study, suprapubic epidural catheter, 10 Ch rectal balloon catheter, PdetQ <sub>max</sub> >50 cm H <sub>2</sub> O obstructed, low pressure and Q <sub>max</sub> <15 ml/s obstruction decided by video	LR+ 1.7 LR- 0.11	Moderate  Wide definition of obstruction
Mochtar et al, 2006 [14] The Nether- lands	942 men  Clinical BPH, watchful waiting or alfa-blocker, PSA <10, residual urine 200 ml or less	28 men Prostate or bladder cancer, neurogenic bladder	Transabdomi- nal US, ellipsoi- dal formula	TRUL; Q <sub>max</sub> , Urodyn 1000; Schäfer grade; Invasive treatment during 5 years follow- up	Correlation Prostate vol <±0.15; Qmax <±0.15; Schäfer grade 0.15  Hazard ratio 1.9–4.1	Moderate Spearman correlation coefficient HR ns in multivariate analysis but sign in univariate
Ockrim et al, 2001 [15] Multinational	384 men Interventional therapy considered, 64 years SD 12.3	Not stated  Neurological disease, previous treatment, insufficient data documentation	Transabdomi- nal US	Q <sub>max</sub> ; Pressure-flow study, best of 2 voids, VV >100 ml; 8 Ch trans- urethral catheter, BOOII	Correlation  Qmax -0.26 BOOI 0.30	Moderate  Probably Pearson correlation coefficient
Oelke et al, 2007 [11] Multinational	168 men >40 years, LUTS or prostate volume >25 ml	8 men  BPH-treatment, previous pelvic surgery, neurogenic deficit, prostate cancer, PSA >4	SonoDIAG- NOST360, Philips, 3.5 MHz	Pressure-flow, Ellipse, Andromeda, according to good urodynamic practise, CHESS clas- sification, A1–2, B1 non-obstructed, expe- rienced residents	LR+ 1.25 LR- 0.66	High

Tabell 4.6.2 fortsättning

Author, year, reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Residual urine	Reference test	Results	Study quality Comments
Roehrborn et al, 1999	3 040 men	Not stated	Not described	Acute urinary retention or surgical therapy	AUROC 0.52-0.60	Moderate
[25] USA	Randomised study, moderate—severe LUTS, Q <sub>max</sub> <15 ml/s, voided volume >150 ml, enlarged prostate, negative biopsy if PSA 4–10, 64 years SD 7	Prostate and bladder cancer, PSA <10, BPH treatment, chronic prostatitis, recurrent urinary tract infections		7/		
Schacterle et al, 1996 [19] USA	134 men  Referral urodynamic study, mean age 68 years	Not stated  Overt neurological disease	Catheteriza- tion	Micturitional ure- thral pressure profile, gradient >9 cm H <sub>2</sub> O obstruction	Obstruction 145 ml no obstruction 90 ml, sign	Moderate
van Venrooij et al,	196 men	Not stated	Residual urine, method not	Q <sub>max</sub> not described; pressure-flow study, 5	Q <sub>max</sub> -0.21 Schäfer grade 0.13	Moderate
[17] The Nether- lands	LUTS, clinical judgement suggests bladder outlet obstruction, >50 years	According to International Consensus Committee on BPH, voided volume <150 ml, missing examinations	described	Ch transurethral catheter, Schäfer grade	ns	Pearson correlation coefficient, Schäfer grade 2–6 = obstruction
Vesely et al, 2003 [16] Sweden	153 men	Not stated	UA 1082, Buel & Kjaer,	Q <sub>max</sub> ; Pressure-flow study,	Correlation	Moderate
	LUTS and suspected BOO, no neurological disease	Positive ice water test	formula not stated	UroDyn UD 2000, MMS, DAMPF	Qmax -0.22; DAMPF 0.18	Pearson correlation coefficient
Walden et al, 1995 [18] Sweden	70 men	Not stated	Transabdomi- nal US	Pressure-flow, Uro Gyn UD2000, MMS,	No correlation	Moderate
	Candidate for TURP or TUMT, Madsen-Iversen score >8, Q <sub>max</sub> <15 ml/s, ASA calss 1–3, 46–86 years	Neurologic or mental disorder, indwelling catheter, PVR >350 ml, prostate or bladder cancer, infection, previous BPH treatment		suprapubic catheter, rectal balloon catheter, Schäfer grade		

BOO = bladder outlet obstruction; BPH = benign prostatic hyperplasia; IPSS = international prostate symptom score; LR = likelihood ratio; LUTS = lower urinary tract symptoms; PSA = prostate-specific antigen; PVR = post-void residual urine;  $Q_{max}$  = maximum flow rate; TUMT = transurethral microwave thermotherapy; TURP = transurethral resection of the prostate; US = ultrasound; WW = watchful waiting

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**Tabell 4.7.1** Inkluderade studier som har undersökt reliabilitet och systematiska fel vid storleksmätning av prostata med ultraljud. Fullständig tabell i Bilaga 1.

Author, year, reference	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc					
country	Number	Number							
Aarnink et al,	Moderate	Consecutive	None	Best formulas in					
1996 [2] The Netherlands	247	examinations		decreasing order: h^2*w, (h*w*I)/3, h*w*I, ((h+I)/2)^3					
Aarnink et al,	High	Men with LUTS,	None	Pearson r=0.99.					
1996 [14] The Netherlands	30	38-83 years		Mean variation 3,4 and 3.5%, 3,6 and 3.2 ml. Maximum varia- tion 11,1 resp 10.0%, 30 resp 21 ml					
al-Rimawi et al, 1994	Moderate	Symptoms of obstruction,	Not stated	TRUS underesti- mate 23%, variation					
[8] Canada	21	enlarged prostate at DRE, Q <sub>max</sub> <15 ml/s, randomised finasteride trial		between sessions 10–12%, combining simplicity and correlation with MRI usual ellipsoid formula best r=0.81					
Cabello Benavente et al,	Moderate	Radical prostatec- tomy or retropubic	Previous prostatic	Correlation US vs specimen weight:					
2006 [18] Spain	33+37	prostatectomy, no tertiary lobe, good delimitation of prostate and transition zone with US	surgery	Total volume 0.79; Transition zone volume 0.84					
Elliot et al, 1996 [11] Canada	Moderate	Cadaver prostates, 25–100 ml	Not stated	SD 0.43 ml or 1.7%. Error >4 ml compa-					
	6			red to reference					
Eri et al, 2002 [3] Norway	High	Placebo group of BPH trial	Not stated	Ellipsoidal formula SD 6.04					
	41			Planimetry SD 5.14 Ellipsoidal formula 5.7 ml smaller					

Tabell 4.7.1 fortsättning

Author, year, reference	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc
country	Number			
Griffiths et al, 2007 [16] Australia	Moderate	Healthy men without prostatic disease, 54–64 years	Not stated	ICC för TRUS: total volume 0.96; central volume 0.73; transperineal US similar
Hendrikx et al, 1991	Moderate	Cadavers and patients	Not stated	Planimetry SD 1.61 ml
[10] The Netherlands	9, 20			
Huang Foen Chung et al, 2004 [17] The Netherlands	Moderate 100	From screening study PC or longi- tudinal urodynamic study of volunteers	Not stated	TRUS, correlation coefficient for 2 measurements 0.84
Kimura et al, 1995 [4] Japan	Moderate 5+5+5+5	Prostate cancer, BPH + surgery, BPH + hormonal therapy, hemato- spermia or bladder tumor	Not stated	Ellipsoidal formula with 3 axes at right angles best, angles are important, rotational ellipsoid formula worse
Littrup et al, 1991 [5] USA	Moderate 20, 100	In vitro models and consecutive patients	Not stated	Ellipsoid formula better than rotating ellips
Miyazaki et al, 1983 [9] Japan	Moderate 19, 226, 14	Healthy men, TURP patients, open prostatec- tomy patients	Not stated	Regression analysis US vs specimen weight. Open pros- tatectomi r=0.83 slope=0.72 TURP r=0.83 slope=0.53
Passas et al, 1994 [6] Spain	Moderate 40	Open prostatectomy for BPH, 55–82 years	Not stated	US overestimate weight 17 g Best formula is ((T+AP)/2)^3
Rahmouni et al, 1992 [12] USA	Moderate 48	Radical prostat- ectomy, cancer stage A or B	Previous TURP	TRUS underestimate specimen weight. Mean 35.5 vs 50.6 ml. SD 16.8 assuming weight is correct

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Tabell 4.7.1 fortsättning

Author, year, reference	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc					
country	Number	Number							
Sajadi et al, 2007 [15] USA	Moderate 1 309	SEARCH database, radical prostat- ectomy after 1995	Androgen depriva- tion, radiation therapy, T1a, T1b, missing data	TRUS correlation coefficient 0.69. Mean difference 9.6 ml SDdiff 11.4. Relative difference 22.9% SD 20.6 median rel error 41% for TRUS vol <20 ml, 17–21% for vol >20 ml. Absolute error 12 ml for vol <20 ml and 18 ml for vol >20 ml					
Tewari et al, 1996 [13] USA	Moderate 36, 48	LUTS, Q <sub>max</sub> <15 ml/s, PVR <300 ml, PSA <40, randomised finas- teride study	Prostate cancer, neurogenic bladder	US vs MRI SD 6.8 ml, 19.9%, US vs speci- men weight SD 28 ml, 34.6%					
Tong et al, 1998 [20] Canada	High 15, 4+4 observers	Images from patients	Not stated	SD intra obs 9.5 ml, relative 11.5%, inter obs 11.6, relative 13.5%					
Yip et al, 1991 [7] Hong Kong	Moderate 61	Autopsy specimens without prostatic pathology	Not stated	Regression with lon- gitudinal and antero- posterior diameter best and better than ellipsoid formula					
Yuen et al, 2002 [21] Singapore	Moderate 22	TURP, retention or severe symptoms, 56–79 years	Not stated	Prostate volume 2.7 and 9.2 ml smaller at bladder volumes 400 and 500 ml					

BPH = benign prostatic hyperplasia; DRE = digital rectal examination; ICC = intraclass correlation coefficient; LUTS = lower urinary tract symptoms;  $Q_{max}$  = maximum flow rate; TRUS = transrectal ultrasound; TURP = transurethral resection of the prostate

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**Tabell 4.7.2** Inkluderade studier avseende TRUL:s (prostatavolymen) förmåga att diagnostisera avflödeshinder och förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	TRUS	Reference test	Results	Study quality Comments
Agrawal et al, 2008 [31] Nepal	100 men	Not stated	Abdominal US	Q <sub>max</sub> , flow measurement not	-0.419	Moderate
[] · · · · · ·	Diagnosis of BPH, age 67.5 years, SD 8.5, range 48–85 years	Previous surgery, prostate cancer, urethral stricture, neuropathic bladder		described		Pearson correlation coefficient
Elliot et al, 1996 [11] Canada	6 Cadaver prostates, 25–100 ml	Not stated  Not stated	5 MHz side- firing probe, ATL UM-9, Advanced Technology Laboratories, fixed probe holder recording 2D images at different angles, own computer program for 3D reconstruction, planimetry of slices	Water displace- ment in graduated cylinder.	1,00	Moderate
Girman et al, 1995 [32] USA	471 men	Not stated	Ellipsoidal formula	Q <sub>max</sub> , portable flowmeter	Correlation -0.21	Moderate
[02] 03/	Men 40–79 years, 55% response rate, 25% invited for examination	Prostate cancer, prostatic surgery, conditions interfering with voiding except BPH		nowneter	··-	Spearman correlation coefficient
Kaplan et al, 1995 [25] USA	61 men	Not stated	Bruel & Kjaer 1846 with 1850 radial and	Pressure-flow, 10 Ch transurethral	Correlation Q <sub>max</sub> -0.20,	Moderate Transision zone
	Symptomatic prostatism	Prostate cancer, neurogenic bladder, previous therapy	8537 longitudinal probes, ellipsoidal for-	catheter, Lifetech Janus system,	PdetQ <sub>max</sub> 0.13	volume better
			mula, one examiner	Dantec 1000 flow- meter		Pearson correlation coefficient
Kojima et al, 1997 [29] Japan	85 men	Not stated	Chair-type scanner, SSD 520, Aloka, 5.0	Q <sub>max</sub> not described, 5 Ch transurethral	Q <sub>max</sub> 0.11, PdetQ <sub>max</sub> 0.35,	Moderate
	Moderate to severe symptoms according to IPSS, performed TRUS and pressure-flow study, 51–89 years	Neurogenic bladder, prostate cancer, urethral stricture	MHz, planimertry with 5 mm intervals, Finetec Image Measuring System	catheter, rectal catheter, polygraph system, Nihon Koden	AG-number 0.36, Schäfer grade 0.35	PCAR better sensitivity 0.77 and specificity 0.75

Tabell 4.7.2 fortsättning

Author, year reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	TRUS	Reference test	Results	Study quality Comments
Kuo et al, 1993 [42] Taiwan	400 men  Diagnosis of BPH and operated, with and without a catheter, 45–96 years (TURP 335, Open op 16, TUIP 49)	10 without TRUS  Not stated	Prostatic size and intravesical groth were evaluated	Patient satisfied with voiding condition, improved irritative symptoms and Q <sub>max</sub> >15 ml/s	Between large and small adenoma LR+ 5.07 LR- 0.69 Between small and no adenoma LR+ 1.19 LR- 0.49	Moderate
Kurita et al, 1996 [35] Japan	64 men  BPH diagnosed from history, symptoms, physical examination, TRUS, biopsy if elevated PSA, treatment with tamulosine, 55–88 years	4 men  Prostate cancer, prostatitis, bladder stones, stricture, diabetic neuropathy, urinary retention, previous surgery, severe disease	One examiner, 5 MHz, Aloka UST-670P-5 with SSD-2000 us system, formula for ellipsoid	Q <sub>max</sub> , voided volume >150 ml, Dantec UD 5500	Correlation 0.05	Moderate Pearson or Spear- man correlation coefficient
Kurita et al, 1996 [34] Japan	43 men  BPH diagnosed from history, symptoms, physical examination, TRUS or X-ray, treatment with TUMT	0 men  Prostate cancer, urinary retention, neurogenic bladder, infection, stricture, previous therapy	TRUS, one examiner, Aloka SSD-650CL with UST-665P-5 transdu- cer, 5 MHz, ellipsoidal formula	Q <sub>max</sub> , Dantec UD 5500, voided volume >150 ml	Correlation 0.12	Moderate Spearman correla- tion coefficient
Kurita et al, 1997 [33] Japan	BPH diagnosed from history, symptoms, physical findings, TRUS or X-ray, 51–80 years, IPSS >13 or Q <sub>max</sub> <15 ml/s, biopsy if elevated PSA or suspicious DRE, randomised drug trial	7 men  Prostate cancer, prostatitis, stricture, diabetic neuropathy, urinary retention, previous therapy	Aloka SSD-2000 with UST-670P-5, ellipsoid formula, one examiner	Q <sub>max</sub> , Dantec UD 5500	Correlation -0.04	Moderate Spearman correla- tion coefficient
Kurita et al, 1998 [36] Japan	331 (64 AUR)  Symptomatic BPH, with and without acute urinary retention, IPSS >7, 51–84 years	14 with prostate cancer  Prostate cancer, prostatitis, stricture, neurogenic bladder, chronic urinary retention, TURP or drug treatment for BPH	One examiner, SSD 2000, Aloka, UST- 670P-5 probe, 5 MHz, ellipsoidal formula	Q <sub>max</sub> , UD 5500, Dantec	-0.37	Moderate  Pearson correlation coefficient, PCAR worse

Tabell 4.7.2 fortsättning

Author, year reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	TRUS	Reference test	Results	Study quality Comments
Lepor et al, 1997 [37] USA	93 men Referral for BPH, elevated PSA	Not stated	TRUS, Bruel & Kjaer 1846 with B551	Q <sub>max</sub> , not described	Correlation -0.40	Moderate Spearman correla-
	or abnormal DRE, biopsy if elevated PSA, abnormal DRE and life expectancy >10 years	Prostate cancer	transducer, 7.5 MHz, ellipsoidal formula			tion coefficient
Lim et al, 2006 [22] Singapore	114 men	19 incomplete data	Transabdominal, not described otherwise,	According to ICS, AG-number, not	Between 0.31 and 0.51	Moderate
	LUTS suggestive of BPE, >50 years	Previous pelvic surgery, previous pelvic trauma, radiation therapy, diabetic cystopathy, neurogenic bladder, high PSA had biopsy before inclusion	reference to previous paper	described otherwise		IPP and PSA are also evaluated. IPP best, PSA second best
Marberger et al, 2000 [44] Multinational	4 222, 2 785 with TRUS	Not stated	Not stated	Acute urinary retention assessed	LR+ 1.52 LR- 0.65	Moderate
	Patients from 3 randomised finasteride trials, at least two moderate but no more than two severe symptoms, enlarged prostate, PSA <10 ng/ml, PVR <151 ml, Q <sub>max</sub> 5–15 ml/s and voided volume >150 ml	Prostate cancer		by investigator and an independent end- point committee		
Mariappan et al, 2007 [46] Great Britain	57 of 121 men	0 men	Machine not stated, 7 MHz, ellipsoidal	Successful trial without catheter	LR+ 2.45 LR- 0.41	Moderate
	Men with AUR, >50 years, clinically benign prostate, retention volume <1 500 ml	Prostate cancer, neurological disease, severe disease, prostatic surgery, stricture, renal insufficiency, anticholinergics, previously failed TWOC, did not receive alpha-blocker	formula, PV and IPP measured			Sensitivity estima- ted from graph
Milonas et al, 2003 [38] Lithuania	Patients with BPH, mean age 68.3 years	Neurogenic bladder, prostate cancer	Siemens Sonoline SI-250, 5–7.5 MHz, ellipsoidal formula	Acute urinary retention	LR+ 1.63 LR- 0.61	Moderate  Values from graph

Tabell 4.7.2 fortsättning

Author, year reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	TRUS	Reference test	Results	Study quality Comments
Ockrim et al, 2001 [26] Great Britain, Italy	384 men  Consecutive patients, 64 years (SD 12.3), interventional treatment considered	<10% with missing data  Neurologic disease, previous therapy	TRUL, Sonoline SI 250, Siemens, ellipsoidal formula	Pressure-flow, 8 Ch transurethral catheter, Q <sub>max</sub> , best of two voidings, BOOI	Correlation using log volumes, total vol 0.40. Transition zone 0.43, transition zone index 0.42	Moderate Pearson? Prostate volume combined with Q <sub>max</sub> and residual urine is also given
Ohtani et al, 1999 [43] Japan	56 men TURP, 53–84 years	Not stated  Previous treatment, neurogenic bladder, prostate and bladder cancer	Aloka SSD-1200 with UST 671, 5/7.5 MHz, ellipsoid formula	$Q_{\rm max}$ , flowmetry not described; Improvement in IPSS, bother and $Q_{\rm max}$	Correlation Qmax 0.05; Change in: IPSS 0.22 Bother 0.11 Qmax 0.35	Moderate  Pearson correlation coefficient TZV and TZI better than prostate volume
Rathaus et al, 1991 [19] Israel	Patients with BPH undergoing suprapubic prostatectomy	Not stated	Transperineal US, 5 MHz, ellipsoid formula	Suprapubic prosta- tectomy, specimen weight	0.89	Correlation coef- ficient not stated, large prostates underestimated
Reis et al, 2008 [24] Brazil	LUTS, normal urinalysis, age 64.9 years (56–73)	Previous surgery, neoplasia, bladder stone, neurological abnormality, alpha-blocker, anticholinergics, antiandrogens	Abdominal US, Toshiba Powervision 6000, 3–6 MHz, >100 ml in bladder	Pressure-flow study according to Goos Urodynamic Prac- tise, BOOI	LR+ 2.23 LR- 0.45	Area under ROC 0.72, values from figure
Rosier et al, 1995 [27] The Netherlands	521 men  Men with LUTS who per- formed pressure-flow studies	Not stated  Not stated	Kretz Combison 330, 7.5 MHz, planimetry with 4 mm intervals	Pressure-flow, transuretral, 8 Ch catheters, microtip, MMS UD 2000 system, URA, pmuo, Atheo, Schäfer class Q <sub>max</sub> , pressure-flow	Correlation Qmax –0.20 PdetQmax 0.29 pmuo 0.32 Atheo –0.19 URA 0.32	Moderate  PPV: Schäfer grade 2–6 0.80 URA 0.69
Slawin et al, 2006 [45] USA	3 randomised trials, >50 years, PSA 1.5–10, enlarged prostate, IPSS >7	Not stated in this paper	Prostate volume, method not described	Acute urinary retention or surgical intervention	Hazard ratio 1.29 sign	Moderate
Steele et al, 2000 [23] USA	LUTS, 66.7 years (SD 7.5)	Prostate cancer, stricture, previous therapy, neurologic history, significant disease	TRUS, 7.5 MHz	Pressur-flow, 7 Ch urethral catheter, 8 Ch rectal catheter, ICS diagram	LR+ 1.94 LR- 0.53	Moderate

Tabell 4.7.2 fortsättning

Author, year reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	TRUS	Reference test	Results	Study quality Comments
Tan et al, 2003 [47] Singapore	100 men  Acute urinary retention, 50–90 years	O  Prostatic cancer, recurrent or chronic retention, infection, hydronephrosis, renal impairment, neurologic disease	Transabdominal US, 3.5 MHz, not described otherwise	Trial without catheter, successful if Q <sub>max</sub> >10 ml/s and PVR <100 ml	Same mean prostate volume in both groups	Moderate
Terris et al, 1998 [39] USA	42 men  TRUS + biopsy, no BPH, infection or prostate cancer diagnosis	Not stated  Androgen and radiation therapy, incomplete data, no consent	Ellipsoid formula, T^2*AP and T^3 used as diameters för PV <80 and >80 ml respectively	Q <sub>max</sub> , not described	Correlation -0.33	Moderate TZ better Pearson correlation coefficient
Tewari et al, 1995 [48] USA	Symptoms of BPH, $Q_{max}$ <15 ml/s, PVR <300 ml, randomized finasteride trial	Prostate cancer, PSA >40, high creatinine or liver function tests	Siemens SI-200, 5, 6 and 7.5 MHz, ellipsoidal formula, one examiner	Change in $Q_{\text{max}}$ , not described	42.4 vs 36.7 ml	Moderate  TZI better
Tsukamoto et al, 2007 [40] Japan	LUTS, 2 measurements of prostate volume, 69.5 years SD 6.5	Prostate cancer, surgery or hormonal treatment between visits	TRUS, Bruel & Kjaer type 2002, ellipsoidal formula	Q <sub>max</sub> , method not described	-0.03	Moderate  Spearman correlation coefficient
Vesely, 2003 [30] Sweden	153 men LUTS and suspected BOO without neurological disease, 48–86 years	Not stated Not stated	Brüel & Kjaer UA 1082, ellipsoidal formula	Pressure-flow study, Uro Dyn 2000, MMS, DAMPF	Correlation Qmax –0.16 DAMPF 0.36	Moderate  Pearson correlation coefficient
Vesely et al, 2003 [41] Sweden	946 men  LUTS suggestive of BPE referred to dept of urology	592 men  Biopsy if suspicion of cancer, prostate cancer excluded, incomplete investigations	Brüel & Kjaer UA1082r, ellipsoidal formula	Uro Dyn 2000, MMS, voided volume >125 ml, visual inspection not stated Q <sub>max</sub>	Correlation -0.18	Moderate  Spearman correlation coefficient
Watanabe et al, 2002 [28] Japan	51 men LUTS, men 49–84 years	0 men Stricture, bladder neck stenosis	Abdominal US, Toshiba SSA-2604, 3,75 MHz, ellipsoid formula	Pressure-flow, Dantec UD5500, transurethral 8 Ch and rectal balloon, URA and Schäfer grade	Correlation 0.69	Moderate Pearson?

AG-number = Abrams-Griffiths number; AP = anterior-posterior diameter; AUR = acute urinary retention; BOO = bladder outlet obstruction; BPH = benign prostatic hyperplasia; DAMPF = adjusted mean PURR factor; DRE = digital rectal examination; ICS = International Continence Society; IPP = intravesical prostatic protrusion; IPSS = international prostate symptom score; LUTS = lower urinary tract symptoms; LR = likelihood ratio; PCAR = presumed circle area ratio; PPV = positive predictive value; PVR = post-void residual urine;  $Q_{max}$  = maximum flow rate; ROC = receiver operating characteristic; SD = stan-

dard deviation; TRUL = transurethral microwave thermotherapy of lower urinary tract symptoms; TRUS = transrectal ultrasound; TUIP = transurethral incision of the prostate; TUMT = transurethral microwave thermotherapy; TURP = transurethral resection of the prostate; TWOC = trial without catheter; TZI = transition zone index; TZV = transition zone volume; URA = urethral resistance factor; US = ultrasound

**Tabell 4.8.1** Inkluderade studier som har undersökt reliabilitet. Fullständig tabell i Bilaga 1.

Author Year Reference Country	Study quality Number	Inclusion criteria	Exclusion criteria	Reproducibility etc
Cheng et al, 2004 [3] China	High	Consecutive patients with acute urinary retention	Not stated	Correlation between examiners 0.57, 0.54 and 0.64 Underestimations are larger than overestimations
Pinsky et al, 2006 [2] USA	Moderate	One arm of screening study, men 55–74 years	Prostate, pulmo- nary, colorectal cancer, finas- teride	SDinterobserver 11.1 ml SDintraobserver 11.3 ml Average error: 1 measurement 13 ml, 47% Average of 3–4 measurements and same observer 5 ml, 12%

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Tabell 4.8.1 fortsättning

Author Year Reference	Study quality	Inclusion criteria	Exclusion criteria	Reproducibility etc
Country	Number			
Roehrborn et al, 1997	Moderate	471 men	74 men	Underestimation 48–59% for different
[4] ÚSA		Subsample from Olm- sted county epidemio- logical study, 40–79 years. Previous surgery, prostate cancer urinary tract disease other than BPH excluded	Not stated	sizes
	Moderate	480 men	Not stated	Small prostates overestimation 3–18%
		Subsample from epidemiological study, 40–79 years, moderate–severe symptoms, Q <sub>max</sub> <15 ml/s or unable to void 150 ml		Underestimation. 30–39 ml 9–12% 40–49 ml 25–34% >50 ml 25–34%
	Moderate	1 222 men	Not stated	The variablity varied between examiners
		Randomised drug trial, 45–80 years, moder- ate–severe symptoms, Q <sub>max</sub> <15 ml/s		
	Moderate	100	Not stated	_
		50–75 years, moder- ate–severe symptoms, Q <sub>max</sub> <15 ml/s		

Q<sub>max</sub> = maximum flow rate

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**Tabell 4.8.2** Inkluderade studier avseende rektalpalpationens (prostatavolymen) förmåga att diagnostisera avflödeshinder och förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Digital rectal examination	Reference test	Results	Study quality Comments
Bohnen et al, 2007 [5] The Netherlands	1 524 men  All men 50–75 years in the population	50% + 164 men  Prostate or bladder cancer, neurogenic disorder	Estimates in incre- ments of 5 ml	Transrectal ultra- sound, Bruel & Kjaer, 7 MHz, planimetry	Area under ROC curve: 30 ml 0.69 40 ml 0.74 50 ml 0.82	Moderate
Kumar et al, 2000 [7] Great Britain	40 men AUR, men	0 men Prostate cancer, urethral or penile disease, pelvic colon cancer, neurogenic bladder, high PSA	One urologist	Successful trial without catheter and follow-up up to 20 months	27.5 vs 15.9 ml sign	Moderate
McNeill et al, 2004 [8] Great Britain	34 men Successful TWOC	0 men None	Admitting urologist, 3 cathegories: <20, 21–50 and >50 ml	No new AUR and no surgery	20 ml LR+ 1.77 LR- 0.23 50 ml LR+ 3.08 LR- 0.70	Moderate
Meyhoff et al, 1981 [6] Denmark	75 men, 32 open op  Moderately enlarged prostate, benign at DRE, randomized trial TURP vs open operation, 53–87 years	0 men None	Urologic residents or specialists	Specimen weight at open operation	Correlation 0.27	High  Spearman correlation coefficient
Pinsky et al, 2006 [2] USA	DRE 35323, TRUS 653 One arm of screening study, men 55–74 years	Not stated  Prostate, pulmonary, colo- rectal cancer, finasteride	Nurses, >100 examinations, length and width estimated in 0.5 cm increments, ellipsoid formula	TRUS, ellipsoid formula	Correlation Single measurement 0.30 Corrected for examiner 0.41 Average error 13 ml, with correction for examiner 5 ml	Moderate

Tabell 4.8.2 fortsättning

Author, year reference country	Inclusion: Number Criteria	Exclusion: Number Criteria	Digital rectal examination	Reference test	Results	Study quality Comments
Roehrborn et al, 1997 [4] USA	471 men	74 men	One especially trained nurse	TRUS, Bruel & Kjaer, 7,5 MHz, radiologists	Correlation 0.40	Moderate Pearson correlation
	Subsample from Olmsted county epidemiological study, 40–79 years. Previous surgery, prostate cancer urinary tract disease other than BPH excluded	Not stated	One urologist TRUS, Bruel &		coefficient. Underes- timation of volume	
	480 men	Not stated	One urologist	TRUS, Bruel & Kjaer 7,5 MHz, one	Area under ROC curve:	Moderate
	Subsample from epidemio- logical study, 40–79 years,			urologist	30 ml 0.78 40 ml 0.83	Pearson correlation coefficient. Under-
	moderate-severe symptoms, $Q_{max}$ <15 ml/s or unable to void 150 ml				LR+1.60 LR- 0.32	estimation of large prostates, overesti- mation of small ones
					Correlation 0.56	
	1 222 men	Not stated	Several urologists	TRUS, Bruel & Kjaer 7.5 MHz,	Area under ROC curve:	Moderate Pearson correlation
	Randomised drug trial, 45–80 years, moderate-severe symp-			several urologists	30 ml 0.74 40 ml 0.74	coefficient. Under- estimation of large
	toms, Q <sub>max</sub> <15 ml/s				Correlation 0.48	prostates, overesti- mation of small ones
	100	Not stated	One urologist	TRUS, Dornier Performa 7.5 MHz,	Area under ROC curve:	Moderate
	50–75 years, moderate–severe symptoms, $Q_{max}$ <15 ml/s			one urologist	30 ml 0.97 40 ml 0.96	Pearson correlation coefficient. Underestimation of large
					LR+1.52 LR- 0.00	prostates, overesti- mation of small ones
					Correlation 0.90	

AUR = acute urinary retention; BPH = benign prostatic hyperplasia; DRE = digital rectal examination; LR = likelihood ratio;  $Q_{max}$  = maximum flow rate; ROC = receiver operating characteristic; TRUS = transrectal ultrasound; TURP = transurethral resection of the prostate; TWOC = trial without catheter

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**Tabell 4.9.1** Inkluderad studie som har undersökt reliabilitet för PSA. Fullständig tabell i Bilaga 1.

Author, year reference country	Study quality	Inclusion criteria	Exclusion criteria	Reproduc- ibility etc
,	Number			
Barry et al, 1995	Moderate	Placebo group, moderate-severe	Voided volume <150 ml, resirual urine	SD 0.88
[5] USA	300	symptoms, enlarged prostate, Q <sub>max</sub> <15 ml/s	>350 ml, prostate cancer, neurogenic bladder, prostatitis, urinary infection	

 $Q_{max}$  = maximum flow rate; SD = standard deviation

**Tabell 4.9.2** Inkluderade studier avseende förmågan för PSA att diagnostisera prostataförstoring, lågt flöde eller obstruktion och att predicera behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Bo et al, 2003 [11] Italy	569 men	Not stated	Immulite 2000, before DRE	TRUS, 5 MHZ, radiologists, ellipsoid formula	Correlation 0.54	Moderate
,	60–90 years, admitted to geratric or urologic ward, if PSA >4 negative biopsy	Prostate cancer, drug that could influence PSA, prostatic phlogosis	and TRUS			Pearson correlation coefficient
Bohnen et al, 2007 [9] The Netherlands	The Netherlands  Men 50–75 years in one Prostate cancer, biopsy if method with 5 mm municipality  PSA >4  THE Netherlands  7 MHz, planimetric LR+ 2.45; LR– 0.41 method with 5 mm intervals 40 ml TRUS, 30; 40; 50 ml LR+ 3.76; LR– 0.27	LR+ 2.45; LR- 0.41 40 ml	Moderate			
					50 ml LR+ 5.25; LR- 0.19	
Bosch et al, 1995 [12] The Netherlands	502 men	3 men	Hybritech assay	TRUS, Bruel & Kjaer, 7 MHz, planimery 5 mm intervals	Correlation 0.58	Moderate
[]	Prostate cancer screening, response rate 35%, one half randomised to screening	Prostate cancer, PSA >10, previous surgery, refusal of TRUS	,			Spearman correlation coefficient
Caffarel et al, 2008 [7] Great Britain	95 men	45 men	Method not described	Q <sub>max</sub> , voided volume >150 ml	Correlation 0.22	Moderate
[,]	Pressure-flow study, attendees at a LUTS clinic, performed flow measure- ment and at least two of IPSS, IPSS bother question, prostate specific antigen and postvoid residual urine	Voided volume at flow measurement <150 ml, per- formed less than two IPSS, IPSS bother question, PSA and PVR			·-	Pearson correlation coefficient
Chung et al, 2006 [3] South Korea	5 716 men	Not stated	Elecsys, Architect or	TRUS, 7.5 MHz, ellipsoid formula	Area under ROC curve: 30 ml 0.76	Moderate
[5] 55441110104	LUTS, IPSS>8, Q <sub>max</sub> <15 ml/s, 50–80 years, biopsy if PSA >4	Acute prostatitis, infection, 5-ARI, PSA >10	Immulite, cali- bration against Stanford 90:10 PSA Calibrator		40 ml 0.81 50 ml 0.83	Results for age- groups in paper

Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Clements et al, 1992 [13] Great Britain	50 men  Benign digital rectal examination, benign transrectal ultrasound, benign histology at TURP, 53–86 years	Not stated Not stated	Immuno-radio- metric assay, Hybritech	TRUS, Bruel & Kjaer 1846, 4 or 7 MHz, planimetric method, 0.5 cm intervals	Correlation 0.62	Moderate Pearson correla- tion coefficient
D'Ancona et al, 1999 [32] The Netherlands	247 men  Treatment with TUMT, >45 years, PV >30 ml, Madsen SS >7, Q <sub>max</sub> <15 ml/s, PVR <350 ml	At least 26 men  Neurogenic disorders, prostatic cancer, earlier surgery, indwelling catheter, median lobe	PSA, method not described	IPSS, Q <sub>max</sub> or resistance after TUMT	Odds ratio Univariate analysis: IPSS 0.88 sign Q <sub>max</sub> 1.01 ns pQ 0.91 sign Multivariate analysis: all 3 ns	Moderate
Dutkiewicz et al, 1995 [14] Poland	112 men  Diagnosed with BPH, 48–85 years	Not stated Not stated	Enzyme immu- noassay PSA Beckmann kit	Abdominal ultrasound, ellipsoid formula	Correlation 0.34	Moderate  Correlation coefficient not stated
Fukatsu et al, 2003 [27] Japan	122 men TURP because pf BPH, 53–87 years	0 men Prostate cancer	Immulyze-PSA kit, no pros- tatic manipula- tion	SSD-520, Aloka, 5 MHz, ellipsoid formula	0.51	Moderate  Pearson  correlation  coefficient
Furuya et al, 2000 [15] Japan	204 men TURP or open operation, 52–92 years	11 men  Urinary retention, prostatitis, androgen deprivation, testosteron treatment	Tandem-R kit, Eiken kit converted to Tandem-R values, before DRE or ure- thral manipula- tion	TRUS, ellipsoid formula	Correlation 0.50	Moderate
Furuya et al, 2001 [1] Japan	218 men LUTS, high PSA or abnormal DRE, BPH at biopsy	Not stated Not stated	Tandem-R kit, before DRE or other prostatic manipulation	TRUS, ellipsoid formula	Correlation 0.40	Moderate  Pearson correlation coefficient, odd population

Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Hong et al, 2003 [35] South Korea	437 men	Not stated	Not described	Change from drug therapy to surgery	Multivariate analysis PSA ns	Moderate
	LUTS, diagnosis of BPH, medication at least 3 months	Prostate cancer, previous surgery, other condition affecting urinary tract, severe disease				Age, IPSS and prostate volume sign
Hosseini et al, 2005 [28] Iran	104 men	18 men	Microwell Eliza kit	TRUS, ellipsoid formula	0.70	Moderate
	Referral for BPH surgery, urinary retention, gross heamturia, failed medical therapy, age >50 years	Malignancy, liver disease, previous prostatic surgery, antiandrogen therapy, post-operative death, prostate cancer				Pearson correlation coefficient
Kirschenbaum et al, 1996 [16] USA	55 men	0 men	Tandem-R, Hybritech	TRUS, 3.5 MHz, Aloka chair mounted scanner,	Correlation 0.57	Moderate
	Moderate symptoms, clinical diagnosis of BPH, finasteride treatment, 59–88 years, biopsy if PSA >4 or suspicious DRE	None	<b>,</b> ,	planimetry		Pearson correlation coefficient
aguna et al, 2002 [31] The Netherlands	404 men	16 men	Tandem-R kit	IPSS. Bother question and Q <sub>max</sub> after TUMT	Area under ROC curve: IPSS <8 0.56	Moderate
	TUMT, mean age 66, range 44–89 years, follow-up 1 year	Previous treatment, neurogenic disorder			Bother question 1 or 2 0.59 Q <sub>max</sub> >12 ml/s 0.57	
Lepor et al, 1994 [17] USA	42 men	21 men	Not stated	TRUS, Bruel & Kjaer 1846 with transducer	Correlation 0.53	Moderate
[11] 031	PSA >4 or suspicious digital rectal examination, 50–79 years	Prostate cancer		8551, 7.5 MHz, ellipsoid formula		Pearson correlation coefficient
Lim et al, 2006 [6] Singapore	114 men	19 men	Not stated	Pressure-flow study according to ICS	>1.5 μg/l: LR+ 1.67	Moderate
	LUTS suggestive of BPE, 52–88 years, biopsy if high	Previous surgery, radiation, neurogenic bladder disorder		ū	LR- 0.44	
	PSA				>4 µg/l: LR+ 2.14 LR- 0.78	

Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Liu et al, 2007 [30] Taiwan	148 men  Free health screening, mean age 59.8 years, quartiles 54, 61 and 66 years	Not stated  Malignancy, liver cirrhosis, men takeing hormons, anti- androgens, antifungal agents, steroides, surgical or medical therapy for BPH	Immulite 2000	TRUS, 7 MHz, type 2001 medical Ultra- sound Scanner, B&K Medical, probe 8551, ellipsoid formula	0.464	Moderate  Pearson  correlation  coefficient
Marberger et al, 2000 [34] Multinational	4 222, 4 198 with PSA  Patients from 3 randomised finasteride trials, at least 2 moderate but no more than 2 severe symptoms, enlarged prostate, PSA <10 ng/ml, PVR <151 ml, Q <sub>max</sub> 5–15 ml/s and voided volume >150 ml	326 men Prostate cancer	Not stated	Acute urinary retention assessed by investigator and an independent endpoint committee	LR+ 1.41 LR- 0.25	Moderate Low cut-off, ≥1.4 μg/l
Milonas et al, 2003 [18] Lithuania	68 men  LUTS suggestive of BPO, age 67.3 SD 7.35	Not stated  Acute urinary retention, prostate cancer, neurogenic bladder disorder	Not described	TRUS, Siemens Sono- line SI.250, 5–7.5 MHz, ellipsoid formula, two examiners	Correlation 0.62	Moderate  Pearson correlation coefficient
Ojea Calvo et al, 1994 [19] Spain	44 men  Patients with histologically confirmed BPH, age not stated	Not stated Not stated	IRMA 1125, before manipu- lation	Abdominal ultrasound, ellipsoid formula	Correlation 0.13	Moderate  Pearson correlation coefficient
Roehrborn et al, 1999 [26] USA	3 040 men  Moderate—severe symptoms, enlarged prostate, Q <sub>max</sub> <15 ml/s, biopsy if PSA 4–10	Prostate or bladder cancer, previous surgery, prostatitis, recurrent infections, alphablocker or antiandrogen treatment, PSA >10	Hybritech assay	Acute urinary retention or surgery during finasteride or placebo treatment	Area under ROC curve 0.53–0.70	Moderate

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Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Roehrborn et al, 2000 [2] USA	Subset of placebo group, moderate—severe symp- toms, enlarged prostate, Q <sub>max</sub> <15 ml/s, biopsy if PSA 4–10	Prostate or bladder cancer, PSA >10, prostatitis, recur- rent infections, previous surgery	Hybritech assay	Change in volume measured by MRI; pretreatment MRI	Area under ROC curve 0.79. PSA better than prostate volume	Moderate
Roehrborn et al, 2001 [36] USA	3 798 men  Placebo group of 4 finasteride trials, moderate or severe symptoms, enlarged prostate, Q <sub>max</sub> <15 ml/s, biopsy if PSA 4–10	8% PSA >10	Hybritech assay	Spontaneous acute uri- nary retention during placebo treatment	Area under ROC curve 0.72	Moderate  Prostate volume better than PSA
Romics et al, 1997 [20] Hungary	131 men 49–90 years, histologically proven BPH at operation	Not stated None	Hybritech kit	Suprapubic US, Kretz- Combison 310	Correlation 0.63	Moderate  Correlation coefficient not stated
Sanchez Sanchez et al, 1995 [21] Spain	163 men  Prostatectomy, histology benign, 50–90 years	Not stated Not stated	Immunoen- zymatic assay with monoclo- nal antibodies	Abdominal ultrasound, 3.5 MHz, ellipsoid formula	Correlation 0.61	Moderate  Pearson correlation coefficient
Scattoni et al, 1999 [29] Italy	Waiting list for open surgery of BPH	Suspicion of prostate cancer	Prostatus Free/Total assay, Delfia Reagents, 2 weeks prior to prostatic manipulation	TRUS with Ansaldo AU 560, multiplanar transducer, 5–7 MHz, ellipsoidal formula	Correlation 0.57	Moderate
Shim et al, 2007 [10] South Korea	3 566 men  LUTS, 50–80 years, negative biopsy if PSA >10	135 men  Surgery or radiation, 5-AR, prostate cancer, indwelling catheter, infection, acute urinary retentionl	Izotop, before examination, blood stored <1 week at -70 C	TRUS, Ultramake 9, 7.0 MHz, radiologist, esti- mation not described	Area under ROC curve 30 ml 0.80 40 ml 0.86 50 ml 0.90	Moderate

Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Slawin et al, 2006 [33] USA	4 325 men	Not stated	Not stated	Acute urinary retention or surgical intervention	Multivariate analysis Hazard ratio 1.35	Moderate
[33] 037	3 randomised trials, >50 years, PSA 1.5–10, enlarged prostate, IPSS >7	Not stated in this paper		during dutasteride or placebo treatment	Hazaru rauo 1.33	BII, prostate volume, Q <sub>max</sub> , previous alphablocker, on-going dutasteride were also sign
Stephan et al, 1997 [22] Germany	54; 36; 44	Not stated	Immulite PSA kit	TRUS, Combison 330	Correlation 0.66	Moderate
	Healthy men; men with prostatic cancer; BPH patients, 32 benign surgical specimen, 12 clinical diagnosis	Not stated				Spearman correlation coefficient
Svindland et al, 1996 [23] Norway	55 men	14 men	Enzyme immunoassay,	TRUS, Bruel & Kjaer 1846 and transducer	Correlation 0.66	Moderate
	Randomised study of lueprolide in BPH	Not stated	Abbott labora- tories, Frozen at -20, 2-4 weeks after biopsy	8531, mean of two planimetries, one examiner	0.00	Correlation coefficient not stated
Tan et al, 2003 [37] Singapore	Acute urinary retention, mean age 71, range 50–90	Prostate cancer, recurrent or chronic retention, UTI, bilateral hydronephrosis, renal impairment, neurological disease	Method not described	Successful voiding with Q <sub>max</sub> >10 ml/s and residual urine <100 ml	Successful 12 μg/l Unsuccessful 17.7 μg/l	Moderate
Terris et al, 1998 [24] USA	42 men	(18)	Not stated	TRUS, one examiner, ellipsoid formula, T^2 *	Correlation 0.41	Moderate
[21] 00/	Referral for biopsies, 50–82 years	Prostate cancer, treatment for BPH, LUTS, infections		AP om <80 ml other- wise T^3		Pearson correlation coefficient
Tsukamoto et al, 2007 [8] Japan	67 men	PSA 7, Q <sub>max</sub> 25	Not described	TRUS, Bruel & Kjaer, type 2002, ellipsoid	Correlation	Moderate
[o] Jahan	LUTS, 2 prostate volume measurements, 55–82 years	Prostate cancer, surgery or hormonal treatment between measurements		formula, 5 examiners Q <sub>max</sub> , not described	Prostate volume 0.65 Q <sub>max</sub> -0.03	Spearman correlation coefficient

Tabell 4.9.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	PSA	Reference test	Results	Study quality Comments
Vesely et al, 2003 [25] Sweden	946 men	592 men	Not described	TRUS, Bruel & Kjaer UA 1082r, ellipsoid	Correlation 0.54	Moderate
	LUTS, 45-91 years, biopsy if suspected malignancy	Prostate cancer, not complete examinaations		formula .		Spearman correlation coefficient

BII = BPH Impact Index; BPH = benign prostatic hyperplasia; DRE = digital rectal examination; IPSS = international prostate symptom score; PSA = prostate-specific antigen; ROC = receiver operating characteristic; TRUS = transrectal ultrasound; TURP = transurethral resection of the prostate

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**Tabell 4.10.1** Inkluderade studier som har undersökt reliabilitet. Fullständig tabell i Bilaga 1.

Author Year Reference Country	Study quality Number	Inclusion criteria	Exclusion criteria	Repro- ducibility etc
Badia et al, 1998 [12] Spain	Moderate 59	Diagnosis of BPH made by urologist, >50 years, able to understand and answer questions; 18–49 years, same centers, men without current problems and history or present diagnosis of urinary tract symptoms	Prostata cancer, diabetes, neu-rologic disease, current prostatitis, urinary infection, kidney stones, psychiatric disorder, pelvic trauma or surgery, catheter, drugs affecting bladder function	ICC 0.87 Pearson 0.92
Barry et al, 1992 [13] USA	Moderate 76+59	Believed to have defi- nite clinical BPH; non- urologic complaints in general medical practise	Previous surgery	Pearson 0.92
Barry et al, 1993 [14] USA	Moderate 219	Symptoms suggesting BPH	Prostate or bladder cancer, urethral stricture, previous surgery, less likely to return for follow-up, drug treatment	ICC 0.82 (n=185)
Barry et al, 1995 [10] USA	Moderate 274	Patients considered to have BPH of a urolo- gist after a standard- ized evaluation	Not stated	Mean difference -1.0 SD 2.69
Barry et al, 1995 [15] USA	Moderate 1 229	Randomised study, diagnosis of BPH, Q <sub>max</sub> 4–15 ml/s, voided volume 125–500 ml, IPSS >7, no antihypertensive agent other than diuretics and ACE inhibitors, 45–80 years	Prostate cancer, stricture, pelvic irradiation, surgery, PSA >12, neurologic disease, urinary infection, drug treatment	ICC 0.74

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## Tabell 4.10.1 fortsättning

Author Year Reference Country	Study quality Number	Inclusion criteria	Exclusion criteria	Repro- ducibility etc
el Din et al, 1996 [11] The Nether- lands	High 71	LUTS, 44–83 years	Not stated	Mean dif- ference 1.6 SD 3,04
Lujan Galan et al, 1997 [17] Spain	Moderate 513	TURP or open operation, 50–86 years	Not stated	Pearson 0.76 Spearman 0.71 Kendall 0.50
Quek et al, 2001 [19] Malay- sia	Moderate 237	BPH, TURP, stable condition; renal stones, no or mild symptoms, freedom from major diseases, no LUTS treatment,	Analphabetism, major medical history, physical disability; treat- ment for urological problems	ICC 0.77
Quek et al, 2005 [18] Malaysia	Moderate 39; 29	BPH, TURP, stable condition; renal stones, no or mild symptoms, freedom from major diseases, no LUTS treatment,	Analphabetism, major medical history, physical disability; treat- ment for urological problems	ICC >0.93 in both groups
Stoevelaar et al, 1996 [16] The Nether- lands	Moderate 1 703; 58	Referral to urologic department, <50 years	Not stated	Spearman 0.67

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**Tabell 4.10.2** Inkluderade studier avseende symtomskalors förmåga att diagnostisera prostataförstoring, lågt  $Q_{max}$  och avflödeshinder, samt att förutsäga behandlingsresultat. Fullständig tabell i Bilaga 1.

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Barry et al, 1993 [14] USA	219 Symptoms suggesting BPH	At least 21  Prostate or bladder cancer, ure- thral stricture, previous surgery, less likely to return for follow-up, drug treatment	IPSS	TRUS, prostate volume, ellipsoid formula* 1.05. Flow rate measured up to 3 times with local equipment. Voided volume >150 ml. Highest Q <sub>max</sub> used	Correlation Prostate volume -0.09 Q <sub>max</sub> -0.07	Moderate  Pearson correlation coefficient
Barry et al, 2000 [32] USA	1 229  Diagnosis of BPH, IPSS >7, Q <sub>max</sub> 4–15 ml/s, voided volume >125 ml, residual urine <300 ml, 45–80 years	Not stated  Not stated	IPSS, mean of 2	Prostate volume measured by TRUS, method not described. Flow rate, not described	Correlation Prostate volume -0.06 Q <sub>max</sub> -0.17	Moderate  Pearson  correlation  coefficient
Bosch et al, 1995 [34] The Nether- lands	554  Randomised community sample, 55–74 years	52, 35% participating PSA >10, prostate cancer, previous surgery, refusing TRUS	IPSS	TRUS, Bruel & Kjaer, 7 MHz, planimetry. Flow rate, Urodyn 1000, Dantec	Correlation Prostate volume 0.19 Q <sub>max</sub> –0.18	Moderate  Spearman correlation coefficient
Chuang et al, 2003 [46] Taiwan	99 TURP, 30% acute urinary retention	Not stated  Prostate cancer, previous prostatic surgery	IPSS	Improvement in IPSS after TURP	≥7 points LR+ 3.5 LR- 0.26 ≥10 points LR+ 2.6 LR- 0.33	Moderate Cut off selected at analysis, regres- sion towards the mean
D'Ancona et al, 1999 [30] The Nether- lands	Treatment with TUMT, >45 years, PV >30 ml, Madsen SS >7, Q <sub>max</sub> <15 ml/s, PVR <350 ml	At least 26  Neurogenic disorders, prostatic cancer, earlier surgery, indwelling catheter, median lobe	IPSS	Poor response after TUMT evaluated by IPSS, $Q_{\text{max}}$ or resistance (Schäfer grade and URA)	Univariate OR IPSS 0.80  Q <sub>max</sub> 0.96 pQ 0.97 multivariate analysis nsx3  Correlation Q <sub>max</sub> ns Schäfer grade ns URA ns	Moderate Regression towards the mean

Tabell 4.10.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Eckhardt et al, 2001 [25] The Nether-	565	5 %	IPSS	TRUS, not described Pressure-flow study, 5 Ch	Correlation Prostate volume ns	Moderate
lands		transurethral catheter	Schäfer grade ns	Kendall-Gibbons correlation coefficient		
Ezz el Din et al, 1996 [20] The Nether-	729	Not stated	IPSS	TRUS, planimetry; Q <sub>max</sub>	Correlation 0.03;	Moderate
lands	LUTS and/or BPH, 63.5 years SD 8.4	Voided volume <150 ml		TRUS, Kretz Combison, 7.5 MHz, planimetry; Dantec Urodyn 1000	-0.20	Spearman correlation coefficient
Girman et al, 1995 [35] USA	471	Not stated	Score similar to	TRUS, ellipsoid formula Flow rate, portable device	Correlation Prostate volume 0.18	Moderate
	Random sample, 40–79 years	Prostate surgery, prostate cancer, conditions interfering with voiding except BPH	IPSS	·	Q <sub>max</sub> -0.35	Pearson correlation coefficient
Hakenberg et al, 1997	112	7	IPSS	Result of TURP, improvement in IPSS. Flow rate	≥7 points LR+ 2.76	Moderate
[37] Australia TURP,	TURP, LUTS, 55–88 years	Previous surgery, prostate cancer			LR- 0.45 ≥10 points LR+ 3.03 LR- 0.18	Regression towards the mean Spearman correla- tion coefficient
					Correlation Q <sub>max</sub> ns	

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Tabell 4.10.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Hald et al, 1991 [6] Denmark	29 Uncomplicated BPH, waitinglist for surgery, 46–84 years	0 Not stated	Dan-PSS	Flow rate, method not described	$Q_{\rm max}$ <10ml/s Comb score >20 LR+ 1,1 LR- 0,91 Sympt score >13 LR+ 0.98 LR- 1.02 Both score >13 LR+ 0,81 LR- 1,22 Correlation $Q_{\rm max}$ -0.12	Moderate  Calculated from table Pearson correlation coefficient
Hong et al, 2003 [47] South Korea	437 LUTS, diagnosis of BPH, medication at least 3 months	Not stated  Prostate cancer, previous surgery, other condition affecting urinary tract, severe disease	IPSS	Not satisfied with continuing medical therapy, surgery	Multivariate hazard ratio 1.082	Moderate  Age, IPSS and prostate volume sign
Ko et al, 1995 [26] Canada	121 Symptoms of prostatism, 67.9 years	18 Not stated	IPSS	Flow rate methods not described. Pressure-flow study, 8 Ch transurethral catheter, manual reading	Correlation Q <sub>max</sub> 0.13 Schäfer grade 0.14	Moderate  Pearson correlation coefficient -0.13 is probably correct
Kojima et al, 1997 [42] Japan	929 Screening, >55 years	Not stated  Prostate cancer or stone, prostatitis	IPSS	TRUS, chair-type scanner, planimetry	Correlation Prostate volume 0.07	Moderate  Pearson correlation coefficient Partially same as Taneike [44]

Tabell 4.10.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Netto Junior et al, 1996 [21] Brazil	227 Urinary symptoms attributed to BPH, IPSS >7, 51–80 years	Prostate cancer, pelvic irradiation, neurogenic bladder, urinary infection, stricture, hydronephrosis, stone disease, drug treatment within 2 weeks	IPSS	Pressure-flow study, 6 and 8 Ch-catheters transurethrally, Urosystem-DS-5600. Own definition of obstruction: obstruction when PdetQ <sub>max</sub> >100 cm H <sub>2</sub> O or when Pde- tQ <sub>max</sub> >75 cm H <sub>2</sub> O and Q <sub>max</sub> <12 (age 46–55) or <9 ml/s (age >55)	LR+ 2.21 LR- 0.45	Moderate
Pannek et al, 1998 [31] Germany	TURP, symptomatic uncomplicated BPH, benign histology, 65.8 years	Not stated  Neurologic disease, bladder cancer, diabetes, acute urinary tract infection	IPSS, Dan- PSS	Pressure-flow study, suprapubic or 8 Ch transurethral catheter, Urodyn 8000, Wiest Co; AG-diagram, Schäfer grade and PdetQ <sub>max</sub> . Clinical outcome	Area under ROC curve <0.65  Correlation ns	Moderate
Schacterle et al, 1996 [22] USA	LUTS, performed urodynamic study, IPSS, flow rate and residual urine, 68.0 years SD 6.6 and 67.6 years SD 10.8	Not stated  Neurologic disease	IPSS	MUPP, >9 cm H <sub>2</sub> O obstructed. Flow rate standing	Obstruction LR+ 1.03 LR- 0.99 Correlation Q <sub>max</sub> 0.04	Moderate  Pearson  correlation  coefficient
Schou et al, 1993 [49] Denmark	54 Referral for BPH, urodynamic investigation, 38–88 years	4 Diagnosis of other disease than BPH	Dan-PSS	Pressure-flow study, Dantec Urodyn 5500, 3.5 Ch supra- pubic cather, rectal balloon, Abrams-Griffiths diagram	No sign difference	Moderate
Slawin et al, 2006 [48] USA	4 325 3 randomised trials, >50 years, PSA 1.5–10, enlarged prostate, IPSS >7	Not stated  Not stated in this paper	IPSS	Acute urinary retention or surgical intervention	Hazard ratio 1.17 ns	Moderate BPH Impact Index better
Steele et al, 2000 [27] USA	204 LUTS, 66.7 years SD 7.5	Not stated  Previous therapy for voiding dysfunction, neurological history significant co-morbid disease, history of urethral stricture or prostate cancer	IPSS	Pressure-flow study, 7 Ch transurethral and 8 Ch rectal catheters, visual inspection, ICS classification, slope <2 and Pdetmin <40 unobstructed, PdetQ <sub>max</sub>	Correlation 0.18	Moderate  Pearson  correlation  coefficient

Tabell 4.10.2 fortsättning

Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Taneike et al, 1997 [44] Japan	647 Screening, >55 years	Not stated  Prostate cancer or stone, prostatitis	IPSS	TRUS, chair-type scanner, planimetry	Correlation Prostate volume 0.08	Moderate Pearson correlation coefficient
Terris et al, 1998 [45] USA	TRUS + biopsy, no BPH, infection or prostate cancer diagnosis	Not stated  Androgen and radiation therapy, incomplete data, no consent	IPSS	TRUS, ellipsoid formula, T <sup>2*</sup> AP and T <sup>3</sup> used as diameters for PV <80 and >80 ml respectively	Correlation Prostate volume 0.21	Moderate  Pearson  correlation  coefficient
Tsukamoto et al, 2007 [38] Japan	67  LUTS, 2 measurements of prostate volume, 69.5 years SD 6.5	Prostate cancer, surgery or hormonal treatment between visits	IPSS	TRUS, Bruel & Kjaer type 2002, ellipsoid formula, Q <sub>max</sub>	Correlation Prostate volume -0.16 Q <sub>max</sub> -0.08	Moderate  Spearman correlation coefficient
van Venrooij et al, 1995 [29] The Netherlands	211 BPH symptoms, urodynamic study, 45–86 years	4 Not stated	IPSS	Pressure-flow study, 5 Ch transurethral and 14 Ch rectal catheters	Correlation Schäfer grade –0.02	Moderate  Pearson  correlation  coefficient
van Venrooij et al, 1996 [28] The Netherlands	196  LUTS, clinical judgement suggests bladder outlet obstruction, >50 years	Not stated  According to International Consensus Committee on BPH, voided volume <150 ml, missing examinations	IPSS	TRUS, prostate volume; Q <sub>max</sub> ; pressure-flow study, Schäfer grade. TRUS, not described Flow rate, not described Pressure-flow study, 5 Ch transurethral catheter	Correlation Prostate volume 0.03 Q <sub>max</sub> -0.12 Schäfer grade 0.02	Moderate Pearson correlation coefficient
Yalla et al, 1995 [23] USA	78 Prostatism, urodynamic study, 66.0 years SD 8.9	Not stated  Prostate cancer, previous surgery, neurologic disease	IPSS, self- adminis- terd, help if needed	Micturitional urethral pressure profile. Obstruction if pressure gradient >0 cm H <sub>2</sub> O	IPSS >7: LR+ 0.85 LR- infinity IPSS >19: LR+ 0.93 LR- 1.03 Correlation 0.25	Moderate  Pearson correlation coefficient

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Author, year, reference, country	Inclusion: Number Criteria	Exclusion: Number Criteria	Symp- tom score	Reference test	Results	Study quality Comments
Yano et al, 2004	59	Not stated	IPSS	TRUS, not described	Correlation	Moderate
[24] Japan				Flow rate, not described	Prostate volume	
	Flow rate suggestive of BPO,	Acute or chronic retention,		Pressure-flow study, 4.6 Ch	0.26	Spearman
	prostate volume >20 ml with	infection, bladder stone, renal		transurethral catheter	$Q_{max} - 0.38$	correlation
	adenoma, 51–80 years	impairment, prostate surgery,			Schäfer grade and	coefficient
	-	prostate cancer or other condi-			AG-number ns	
		tion interfering with voiding				

BPH = benign prostatic hyperplasia; IPSS = international prostate symptom score; MUPP = micturitional urethral pressure profile; PSA = prostate-specific antigen;  $Q_{max}$  = maximum flow rate; TRUS = transrectal ultrasound; TUMT = transurethral microwave thermotherapy; TURP = transurethral resection of the prostate; URA = urethral resistance factor

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