ISSUE #7

ICA Research Digest: Translating Science, Empowering Patients

September 2025

A Note From Laura

When I was first diagnosed with IC/BPS, I quickly latched onto anything from the scientific literature for hope. While I was quick to learn that there were few definitive answers about the condition back then (more than 25 years ago!), I did find comfort that there were researchers committed to understanding IC/BPS and helping people like me. I was honestly desperate to learn anything I could!

For those like me, I hope you'll join the ICA for our upcoming virtual conference on **Saturday, September 27, 2025, from 12:30 to 4:30 p.m. Eastern Time—The IC Connection: Science, Strategies, & Support.**

Dr. Robert Moldwin, renowned IC expert and physician, will be our keynote speaker, providing an update on the current state of the science around IC/BPS. Check out our full conference agenda here. There are two ways to secure a ticket to the conference: purchase a ticket directly (click on "Register" at the top) or raise at least $200 (click on "Register" at the top) by September 25, 2025, to receive a complimentary ticket.

As always, I welcome feedback, questions, and ideas for topics or studies you might like to see summarized in the ICA Research Digest; you are welcome to reach out to me at laura.santurri@ichelp.org.

Sincerely,

Laura Santurri, Ph.D., MPH - Executive Director, ICA

Quick Tip!

It's always okay to ask someone for a source when they recommend a healthcare approach or treatment—credible information helps you make safe, informed decisions about your health. Asking for evidence isn't being rude or distrustful; it's a smart way to ensure that the advice is backed by reliable science.

Patient Question - How do I know if a source represents reliable science?

Our quick tip is about asking anyone—even your doctor—for a trusted source when they recommend something for your health. So, how can you tell if a source is reliable?

Good sources often come from government websites (ending in .gov), universities (.edu), or nonprofit organizations (.org). You can also look for information from peer-reviewed science journals. But remember, even these good sources aren't perfect—one study alone usually isn't enough to make big decisions.

If you'd like to learn more, check out the recorded webinar, Using Research to Make Informed Health Decisions (part of the ICA's Expert Speaker Series).

Definition Spotlight - "Meta-Analysis"

Related to both our quick tip and patient question, I'd like to highlight one of the highest forms of evidence in the scientific literature: the meta-analysis.

A meta-analysis is a type of systematic review, which is a type of research that carefully looks at all the studies on a specific question to see what the overall evidence shows. It helps find the best answers by checking many studies instead of just one.

A meta-analysis is a systematic review that involves a statistical technique to combine the results of multiple studies to come to a conclusion that you couldn't with one study alone. Importantly, this highlights the fact that *evidence-based decisions are informed by a body of literature, rather than just a single study.*

The remainder of this research digest is devoted to recently published articles on IC/BPS. Please reach out to me (laura.santurri@ichelp.org) if you'd like a full text copy of any of these articles.

The efficacy and safety of intravesical platelet-rich plasma injections into the bladder for the treatment of interstitial cystitis/bladder pain syndrome: A systematic review and meta-analysis

This study looks at how effective and safe platelet-rich plasma (PRP) injections are for treating IC/BPS, a chronic condition that causes pain and has limited treatment options. PRP may help reduce bladder inflammation and repair the bladder and urethra, which could ease symptoms and pain.

Researchers reviewed 11 studies with 391 patients, using data from major medical databases up to August 7, 2024. The results showed significant improvements, with symptom scores, problem scores, and pain levels all decreasing. Nearly half of the patients (48%) reported noticeable symptom relief, and the treatment had a low rate of side effects (2.9%). These findings suggest that PRP injections could be a safe and effective new option for managing IC/BPS.

Reference:

Li HR, Wang T, Shen SH, Peng L. The efficacy and safety of intravesical platelet-rich plasma injections into the bladder for the treatment of interstitial cystitis/bladder pain syndrome: a systematic review and meta-analysis. *Minerva Urol Nephrol*. Published online September 5, 2025. doi:10.23736/S2724-6051.25.06232-9. https://pubmed.ncbi.nlm.nih.gov/40910759/

Increased prevalence of type 2 diabetes mellitus in urologic chronic pelvic pain syndrome

This study examines the link between urologic chronic pelvic pain syndrome (UCPPS), which includes interstitial cystitis/bladder pain syndrome (IC/BPS) and chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS), and type 2 diabetes mellitus (T2DM). Both conditions involve inflammation and immune dysfunction, suggesting that they share common pathways.

Using a large database of over 150,000 individuals, researchers found that UCPPS patients have a higher prevalence of T2DM compared to controls, with males showing a stronger association than females. For instance, males with IC/BPS were 2.27 times more likely to have T2DM, and females were 1.54 times more likely. UCPPS was more common in White individuals and diagnosed at a younger age in females than in males.

The study suggests that inflammation and metabolic issues in T2DM may worsen UCPPS symptoms, but further research is needed to confirm this connection. Limitations include reliance on diagnostic codes and lack of symptom severity data. Still, the findings highlight the need for better screening and management of UCPPS in patients with T2DM. The study encourages a multidisciplinary approach, involving urologists and endocrinologists, to improve care and outcomes for these patients.

Reference:

Rubin BE, Bleau JI, Plante CA, Comiter CV. Increased prevalence of type 2 diabetes mellitus in urologic chronic pelvic pain syndrome. *Continence*. 2025;16:102281. doi:10.1016/j.cont.2025.102281. https://doi.org/10.1016/j.cont.2025.102281

Unstimulated inflammatory activity is associated with treatment response to cognitive-behavioral therapy for urologic chronic pelvic pain

This study explored how inflammation affects responses to cognitive-behavioral therapy (CBT) in women with interstitial cystitis/bladder pain syndrome (IC/BPS), a chronic condition with pelvic pain and urinary symptoms.

Participants were assigned to either an 8-week telemedicine CBT program or an attention control group. Researchers measured six inflammatory markers (e.g., IL-6, IL-1β, TNF-α) in blood plasma at baseline, after treatment, and five months later. While cytokine levels didn't change significantly over time, higher baseline levels of IL-1β were linked to worse pain symptoms and a stronger positive response to CBT. These results suggest that individuals with higher inflammation may gain more benefit from CBT's coping and pain management strategies.

Reference:

McKernan LC, Crofford LJ, Bruehl S, et al. Unstimulated inflammatory activity is associated with treatment response to cognitive-behavioral therapy for urologic chronic pelvic pain. *Front Pain Res*. 2025;6:1593807. doi:10.3389/fpain.2025.1593807. https://www.frontiersin.org/journals/pain-research/articles/10.3389/fpain.2025.1593807/abstract

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I acknowledge the use of GPT 4o to generate information for background research and in the drafting of language for this newsletter.

The ICA does not provide medical advice or consulting, nor do we recommend particular healthcare providers. In all cases, we recommend that patients communicate with their healthcare team before trying new treatment/management strategies. If you are currently in distress, please consider contacting the Suicide & Crisis Lifeline by dialing 988. If you are having a medical emergency, please dial 911.

The ICA provides advocacy, education, and connection throughout the IC/BPS community. If you find the free resources we provide to be helpful, please consider donating today!

Donate Today!

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Conquering IC. Changing Lives.
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