

Whitepaper

Urological Conditions

This whitepaper compares three campaigns in gender-related urological categories to compare the results, as well as demonstrate our model's effectiveness in patient outreach.



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Very high interest in learning about new options (ranging from 70% for men with BPH to 96% for women with SUI)



Overview

At 83bar, clients often ask if the responses to our Patient Activation campaigns are significantly different in women and men.

To address this question, this report compares three campaigns in gender-related urological categories to compare the results, as well as demonstrate our model's effectiveness in patient outreach.

Summary

Relevant similarities between Urological conditions affecting men (BPH) or women (UTI and SUI)

In a market test in **Benign Prostatic Hypertrophy (BPH)**, 83bar collected profile information from males, with more than 70% experiencing moderate to severe BPH symptoms, while fewer than one-third had a formal diagnosis. Among those who are treating their BPH symptoms, seven out of ten are not satisfied with the results. Most respondents are motivated to seek other options that could make them candidates for a minimally invasive procedure.

In a separate test in recurrent **Urinary Tract Infection (UTI)**, 70% of respondents had a UTI diagnosis, yet only 35% said they are currently receiving medical treatment. The majority report feeling very unhappy, and most are willing to receive a second opinion.

In the test in **Stress Urinary Incontinence (SUI)**, a vast majority of respondents said they experience leakage which also caused other painful complaints affecting quality of life. Most had been experiencing symptoms for more than a year, and nearly all were frustrated with their incontinence symptoms – yet 6 out of 10 have NOT tried medication for their symptoms, and of those who have, 77% say they did not successfully treat their symptoms.

Background

How gender influences seeking health solutions

Men and women have different health and healthcare concerns. In fact, findings show that 68% of men, compared to 81% of women, identified a clinician they see for routine care. Whereas women were more likely than men to have seen a provider in the past two years (91% vs. 75%). And yet, men and women reported fair and poor health at similar rates (17% vs. 15%). [*The Henry J. Kaiser Family Foundation. Gender Differences in Health Care, Status, and Use. March 31, 2015.*]

Many previous studies have shown the relationship between health-seeking practices and gender, including social status, marital status, and family influence.
- [*Das M, et al. Int J Equity Health. 2018; 17: 24.*]

To help determine if these differences were relevant to our efforts, we reviewed market feasibility tests conducted in three urological disease categories. Our objectives for these tests were to locate and identify patients, and then determine their eligibility and interest in participating in clinical trials.

These findings would be meaningful to the many companies and research centers which are testing new diagnostic tests and new treatments for the prevention, detection, and management of these conditions.

Men with Benign Prostatic Hyperplasia (BPH)

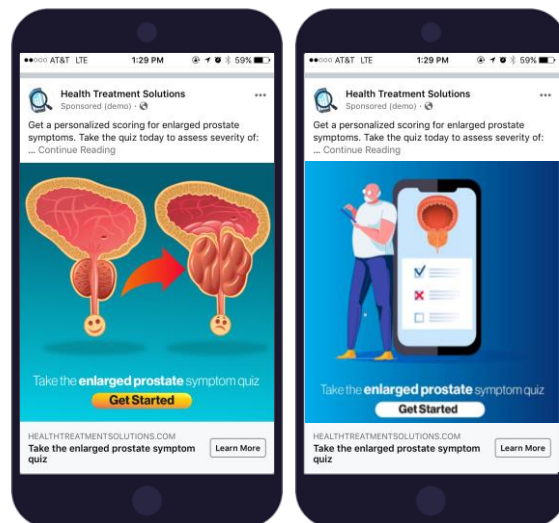
We conducted a market test to locate patients with BPH or BPH-like symptoms in order to determine their eligibility and interest in a minimally invasive procedure. **Enlarged prostate, or Benign Prostatic Hyperplasia (BPH), is one of the most common diseases of aging men.** There are a variety of medication therapies, but many men are non-responsive or unwilling to deal with the side effects. When surgery is the best option, the most common technique is a "transurethral resection of the prostate" (TURP), which involves removing some of the extra tissue of the prostate gland. Even though TURP is a good treatment, some men are reluctant to undergo an invasive surgical procedure because of concerns for complications and costs.

Campaign, Method, and Targeting

For this test, a qualified lead is a male diagnosed with BPH, along with men who might have symptoms but not a formal diagnosis yet. Ultimately, a qualified respondent must express intent to take action to explore new treatment, including a minimally invasive procedure to treat BPH symptoms. These men must opt-in to be contacted by an 83bar telehealth nurse to discuss symptoms and evaluate options.

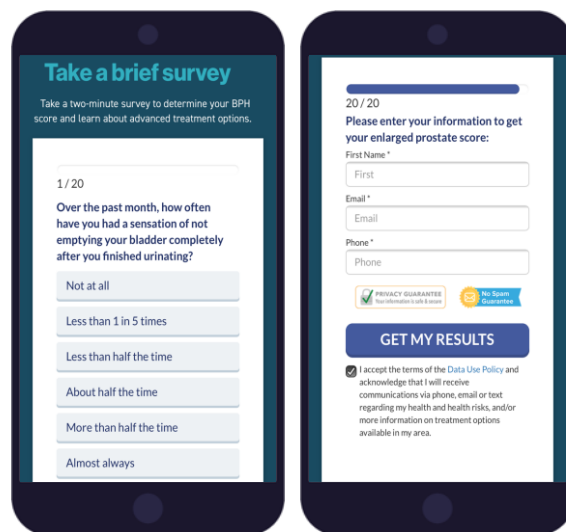
Campaign Outreach Creative

We developed six different graphics with two copy variants: one, "take the enlarged prostate symptom quiz," and two, "treat enlarged prostate without pills." A significant segment of our demographic targets would be using alpha blockers as first-line therapy for BPH. Plus, we're looking for patients who would be interested in a minimally invasive procedure.



Respondent Engagement Experience

All ad clicks lead to the same landing page with the embedded health risk assessment. Our health risk assessment was structured based on the clinically validated International Prostate Symptom Score (IPSS). Other questions were geared specifically to gauge frustration levels and intent to take action towards a new treatment.



The user experience is optimized for mobile use because 90% of our traffic, including those age 65 and older, comes through on a mobile device.

Highlights of Results

(Benign Prostatic Hyperplasia)

During this two-day outreach test, we had 317 male healthcare consumers submit surveys through the online platform, of which 53 were diagnosed with BPH and interested in moving forward towards a solution.

- 81% were age 50 and over
- 71% of men experience moderate to severe BPH symptoms based on their IPSS score
- 72% who are/were treating symptoms are not satisfied
- 72% are very or somewhat interested in a minimally invasive procedure to treat BPH

Women with Urinary Tract Infection (UTI)

We conducted a market test to locate patients with recurrent urinary tract infections in order to determine their eligibility and interest in a clinical trial related to their condition.

Urinary tract infection (UTI) is one of the most frequent clinical bacterial infections in women, accounting for nearly 25% of all infections. Around 50–60% of women will develop UTIs in their lifetimes. Recurrent UTIs (RUTI) are mainly caused by reinfection by the same pathogen.

Although the initial treatment is antimicrobial therapy, use of different prophylactic regimens and alternative strategies are available to reduce exposure to antibiotics. Relevant to this market test, new diagnostic tests (including at-home sample collection) and novel treatment approaches are being studied to improve treatment success.

Defining the Trial Candidate

For this campaign, we wanted to locate women suffering from recurrent urinary tract infections (UTI) or bladder infections. The profile defined “recurrent” as three episodes of a UTI in the previous 12 months or two episodes within the previous 6 months. Further screening questions were developed based on various clinical study protocols’ inclusion and exclusion criteria.

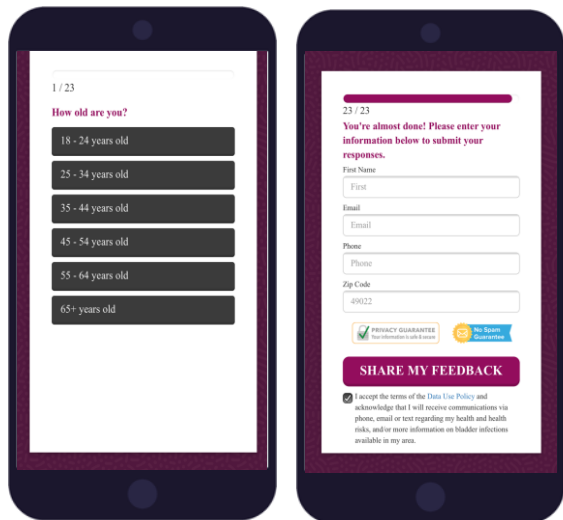
Developing a Creative Strategy

Our creative team designed Facebook ads to gain the attention of women with recurrent UTI, and then direct them to a unique landing page with an embedded health assessment survey.



Optimizing the Prospects' Mobile Experience

The 83bar UX goals are to first generate clicks with illustrated ads that stand out in the social newsfeed and then optimize the percentage of users who complete the survey.



Highlights of Results (Urinary Tract Infection)

- **Regardless of diagnosis, respondents were most likely to report pain;**
 - 26% in the bladder region
 - 25% in the kidney region (lower back),
 - 21% when urinating
- **> 2/3** said their symptoms are continuous
- **77%** are either frequently or occasionally unable to complete daily responsibilities
- **Majority diagnosed by their PCP** but a significant number were diagnosed in an urgent care setting
- **65%** were not currently receiving medical treatment
- **7 out of 10** are willing to receive a second opinion

Women with Stress Urinary Incontinence (SUI)

In this test case, 83bar evaluated our process to reach women who might be seeking either non-surgical or surgical options to treat their SUI. **Stress urinary incontinence (SUI) is a leakage of urine during moments of physical activity that increases abdominal pressure.** SUI can happen when pelvic tissues and muscles, which support the bladder and urethra, become weak and allow the bladder "neck" (where the bladder and urethra intersect) to descend during bursts of physical activity.

This descent can prevent the urethra from working properly to control the flow of urine. SUI can also occur when the sphincter muscle that controls the urethra weakens. The weakened sphincter muscle is not able to stop the flow of urine under normal circumstances and when there is an increase in abdominal pressure. Weakness may occur from pregnancy, childbirth, aging, or prior pelvic surgery. Other risk factors for SUI include chronic coughing or straining, obesity and smoking.

Attracting Patients in-need

These market tests were geo-targeted in four cities in the central United States. It was designed to reach women ages 34-65+ who are experiencing SUI symptoms, including delayed or slow urinary stream, difficulty making bowel movements, and pain or discomfort during intercourse.

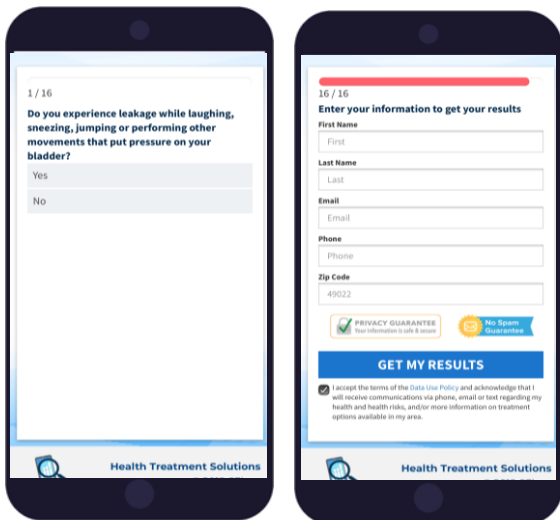
Developing a Creative Strategy

Graphic imagery portraying everyday experiences of symptoms proved more engaging than stock photos of women in daily activities.



Optimizing the Prospects' Mobile Experience

The 83bar UX goals are to first generate clicks with illustrated ads that stand out in the social newsfeed and then optimize the percentage of users who complete the survey. Some questions in the health assessment were based on protocol inclusion and exclusion criteria of clinical trials.



What we Discovered (About gender from these Campaigns)

Overall, there were more relevant similarities among patients from both male and female genders who suffered with urological conditions.

What was the same included:

- Relative incidence of symptoms reported for each disease
- Low utilization of existing medical treatments
- High dissatisfaction results of current medications

What stands out as a difference is:

- Men with BPH symptoms were much less likely to have a formal diagnosis from a doctor

Most important, was a similar report of:

- Very high interest in learning about new options (ranging from 70% for men with BPH to 96% for women with SUI)

Implications of Findings (For future campaigns targeting by gender)

The 83bar process and campaign system has proven to be an effective and efficient way to find and qualify both men and women with urological symptoms – and who are also highly interested in learning about new treatment options.

These findings can be applied in many ways. At the onset, creative teams can expect medical and/or graphic imagery to be more engaging than stock photos of patients, thereby driving more leads to a landing page. Further, market research screening or health assessments survey should go beyond simple symptom reporting to allow measures of frustration, impact on quality of life, and other emotional factors. Finally, communications to men should assume less previous interaction with a physician and explore the reasons why.

Finally, these findings are consistent with dozens of market tests in a full range of acute and chronic conditions in an important area: the high level of interest in learning about new diagnostic and treatment options.

Highlights of Results (Stress Urinary Incontinence)

A vast majority of respondents said they experience leakage

- 91% when laughing, sneezing, or performing movements that put pressure on the bladder
- 91% have trouble holding urine
- 82% frequently experience a sudden and immediate urge to urinate
- 82% wear pads or liners to protect against unplanned leaks

87% have been experiencing incontinence symptoms for more than a year

95% said they were interested in learning about the latest incontinence treatments Majority diagnosed by their PCP

How can we help?



We want to help every medical company achieve their required outcomes. Patient health is our number 1 priority. This whitepaper, and many more like it, prove that our patient-centric solutions deliver results – often in less time and reduced costs.

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