Interstitial cystitis (IC) continues to be an enigmatic condition with protean manifestations. Recent epidemiologic data suggest that the prevalence of this disease is much higher than previously thought. Many women with chronic pelvic pain, men with nonbacterial prostatitis, and patients with overactive bladder who are unresponsive to anticholinergics may be suffering from IC. The goal of this supplement, *The Clinical Management of Interstitial Cystitis*, is to update clinicians and urologists regarding the current approach to diagnosis, treatment, management, and practice issues.

The articles are based on presentations from a recent meeting called “The Expert Conference on Interstitial Cystitis.” All of the authors are experts in IC, and their contributions are succinct, up-to-date, and scientifically valid. A careful reading of this supplement will update the urologist on current thinking regarding the epidemiology and pathogenesis of IC and familiarize readers with the current pharmacologic, complementary, and neuromodulation treatments for IC. The practice enhancement aspects of diagnosing and treating IC are also well described.
Introduction continued

The contributions are as follows:

• Phillip N. Hanno, MD, provides an update on the epidemiology of IC with particular reference to the use of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) criteria and clinical markers.

• Grannum R. Sant, MD, summarizes current thinking on the etiology, pathogenesis, and diagnosis of IC.

• Robert Evans, MD, beautifully summarizes multimodality treatments and outlines the rationale for such treatment.

• Joel M. Teichman, MD, reviews the role of sodium pentosan polysulfate in the treatment of IC.

• Kristene E. Whitmore, MD, provides a provocative summary of the role of complementary therapy in the management of IC.

• Kenneth M. Peters, MD, reviews recent data on the use of neuromodulation techniques for the management of IC.

• John D. Forrest, MD, provides an insightful summary of the financial reimbursement issues relating to the management of IC.

• C. Lowell Parsons, MD, reviews the role of epithelial dysfunction in the pathogenesis of lower urinary tract symptoms and pelvic pain.

The editors would like to thank the authors for taking time from their busy schedules to contribute to this supplement. We hope the reader finds the supplement to be enjoyable and useful.