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(54) Title: KITS AND IMPROVED COMPOSITIONS FOR TREATING LOWER URINARY TRACT DISORDERS

(57) Abstract: Superior buffered formulations and their kits for treating lower urinary tract symptoms and disorders are provided in the invention. In particular superior buffered formulations have demonstrated improvement for treating lower urinary tract symptoms of patients experiencing severe pain and/or urgency of the bladder and associated areas of the lower urinary tract.

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**KITS AND IMPROVED COMPOSITIONS FOR
TREATING LOWER URINARY TRACT DISORDERS**

CROSS-REFERENCES

[0001] This application claims priority from PCT Application Serial No. PCT/US2006/001388 by Flashner et al., entitled "Kits and Improved Compositions for Treating Lower Urinary Tract Disorders" filed January 13, 2006, which is hereby incorporated in its entirety by this reference. This application further claims priority from United States Provisional Application Serial No. 60/752,287, by Flashner et al., entitled "Formulations for Treating Lower Urinary Tract Disorders," filed December 19, 2005, and also incorporated herein in its entirety by this reference.

BACKGROUND OF THE INVENTION

[0002] This invention is directed to superior buffered formulations and kits including the superior buffered formulations for treating lower urinary tract symptoms and disorders. In particular superior buffered formulations have demonstrated improvement for treating lower urinary tract symptoms of patients experiencing severe pain and/or urgency of the bladder and associated areas of the lower urinary tract. In particular improved treatment methods involve novel intravesicular formulations for bladder instillations for treating, ameliorating, or preventing any one or more pelvic symptoms of pain, urinary urge, urinary frequency, or incontinence.

[0003] A large number of diseases and conditions occur in the lower urinary tract and are associated with one or more pelvic symptoms of pain, urge, frequency, or incontinence. In gynecologic patients, pelvic pain is referred to as chronic pelvic pain and may be of unknown origin or may be related to bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, endometriosis.

Regardless of the perceived source of pelvic pain, in many cases the actual source of pain may be the bladder and/or the lower urinary tract. Frequency and urge together encompass the symptoms of overactive bladder. Overactive bladder may also be associated with incontinence, particularly urge incontinence.

[0004] In both male and female patients that are treated with cytotoxic therapies for cancer, this may result in any one or more lower urinary tract symptoms of pelvic pain, urge, frequency or incontinence. Localized radiation therapy to the pelvis which occurs due to bladder, cervical, ovarian, rectum, colon, vagina/vulva or prostate cancer therapy, may result in damaging the epithelium of the bladder wall leading to one or more of lower urinary tract symptoms of pain, urge, and/or frequency. Cytotoxic cancer chemotherapy, most notably cyclophosphamide and ifosfamide treatment for breast cancer patients (male and female) may also lead to the same series of symptoms.

[0005] In male patients, any one or more lower urinary tract pelvic symptoms of pelvic pain, urge, frequency or incontinence is observed in patients with prostatitis, chronic pelvic pain syndrome, urethral syndrome, or overactive bladder.

[0006] There are no specific treatments for lower urinary tract pelvic pain and instead patients are prescribed oral NSAIDS such as aspirin or acetaminophen. For severe chronic pain, some subjects rely on oral and/or transdermal narcotics which typically results in an irreversible worsening of symptoms.

[0007] For the symptoms of urinary urge and frequency, also termed overactive bladder, oral anticholinergic drugs such as detroloxybutynin chloride (Ditropan XL®) and tolterodine (Detrusitol®, Detrol LA®) reduce the contraction of the smooth muscle of the bladder wall. However, these drugs do not treat the underlying cause of the problem. Additionally, these drugs may result in side effects such as dry mouth, constipation, headache, blurred vision, hypertension, drowsiness, and urinary retention in approximately 50%. The benefits of these drugs do not appear to overcome their risks/detriments since only 20% of patients refill their prescriptions.

[0008] There is one agent, Mesnex® (mesna) that is used for the prevention of hemorrhagic cystitis due to ifosfamide treatment in cancer patients. This agent is a detoxifying agent and binds and detoxifies the cancer drug. The drug does not treat acute pain and actually results in very high frequency of adverse events (all AEs for IV = 85%, for oral = 89%), most notable adverse events are nausea, vomiting, and constipation.

[0009] Although heparinoid-based therapy (heparin; the oral agent pentosan polysulfate sodium [PPS]) is an effective treatment for interstitial cystitis (IC), patients may require several months of therapy or more before they experience relief of pain and urgency/frequency. (P.M. Hanno, "Analysis of Long-Term Elmiron Therapy for Interstitial Cystitis," Urology 49(Suppl 5A): 93-99 (1997)) Heparinoids, which are believed to augment the dysfunctional epithelium that is present in many cases of the disease, take time to reach full effectiveness in reversing the disease process and thereby reducing symptoms. (C. L. Parsons, "Epithelial Coating Techniques in the Treatment of Interstitial Cystitis," Urology 49(Suppl 5A):100-104 (1997)). In addition, particularly in severe or long-standing cases of IC, there is significant upregulation of the sensory nerves in the bladder. (T.J. Christmas et al., "Nerve Fibre Proliferation in Interstitial Cystitis," Virchows Archiv. A Pathol. Anat. 416: 447-451 (1990); X. Pang et al., "Increased Number of Substance P Positive Nerve Fibres in Interstitial Cystitis," Br. J. Urol. 75:744-750 (1995); C.A. Buffington & S.A. Wolfe, Jr., "High Affinity Binding Sites for [³H]Substance P in Urinary Bladders of Cats with Interstitial Cystitis," J. Urol. 160:605-611 (1998)). Heparinoids allow natural downregulation of the nerves over time by gradually restoring the barrier function of the mucus and thus preventing further irritation by urinary constituents such as potassium (J.C. Nickel et al., "Randomized, Double-Blind, Dose-Ranging Study of Pentosan Polysulfate Sodium (PPS) for Interstitial Cystitis (IC)," J. Urol. 165(5 Suppl): 67 (2001); C.L. Parsons et al., "Effect of Pentosan Polysulfate Therapy on Intravesical Potassium Sensitivity," Urology 59: 329-333 (2002)) No currently available IC therapy achieves immediate symptom relief without destroying the nerve endings (T.W. Cannon & M.B. Chancellor, "Pharmacotherapy of the Overactive Bladder and Advances in Drug Delivery," Clin. Obstet. Gynecol. 45: 205-17 (2002); M.B. Chancellor & N. Yoshimura, "Treatment of Interstitial Cystitis," Urology 63(3 Suppl 1): 85-89 (2004); M. Lazzeri et al., "Intravesical Infusion of Resiniferatoxin by a

Temporary in Situ Drug Delivery System to Treat Interstitial Cystitis: A Pilot Study,” Eur. Urol. 45: 98-102 (2004)) or employing narcotics. Thus there continues to be a need for an IC treatment that offers immediate relief of symptoms and operates directly to downregulate the bladder sensory nerves without any rebound effect.

[0010] Intravesical agents have been used for many years as adjuncts to oral treatment regimens or as second-line therapies for IC. One of the most widely used is heparin, which is effective in approximately 50% of patients treated. Heparin is a sulfated polysaccharide that is believed to augment the protective effect of the natural bladder surface mucus. Intravesical heparinoid agents alone, however, do not produce immediate and sustained relief of IC symptoms. Like the oral heparinoids, they take several months to produce symptom relief.

[0011] Other treatments have also been tried, with limited success. For example, treatments with dimethylsulfoxide (DMSO), approved for IC in 1977 on the basis of data from uncontrolled trials, can be useful with weekly intravesical instillations for 6 to 8 weeks then every two weeks for 3-12 months for maintenance. However DMSO therapy results in benefit for approximately only 50% of IC patients treated and the treatment takes a long time to reduce symptoms. Furthermore, this therapy causes pain that is unrelieved by local anesthetics by themselves due to their lack of absorption into the bladder wall. Narcotics are given for immediate relief of symptoms however they are only minimally effective. The use of narcotics, of course, carries a significant risk of tolerance and addiction. Some patients benefit from formal 8- to 12-week, one-on-one course of behavior modification. Patients are also advised to avoid potassium-rich foods, particularly citrus fruits, tomatoes, chocolate, and coffee.

[0012] Many urologists treat interstitial cystitis patients with their own “home-brew” of drugs by administering the drug(s) or mixtures thereof into the lumen of the bladder. As these procedures are typically done in the office without any quantitative assessment of severity of initial symptoms prior to or subsequent to treatment, there is no scientific rigor in assessing the benefit of these treatments. Consequently, patients are treated with drugs in their non-approved indications with no real scientific guidance as to whether the patient will benefit from the treatment or not.

[0013] Consequently, there is a tremendous need for scientifically-validated and improved treatments that provide immediate relief for treating lower urinary tract symptoms and disorders, particularly those with severe interstitial cystitis. Additionally, these treatments should be based on validated quantitative assessment of benefit, not on wishful thinking which has been the basis of urologists "home-brew" treatments that are not assessed quantitatively. There is a particular need for improved treatments and compositions for use in those treatments that provide immediate relief and do not require several months until the patients experience relief.

[0014] Previously, Parsons (Parsons, CL "Evidence-based strategies for recognizing and managing IC" Contemporary Urology, February, pps. 22-35, 2003) published a recipe of three FDA-approved drug components for the treatment of interstitial cystitis, which is a painful bladder disorder of unknown etiology. The components were 80 mg lidocaine (8 ml 1% lidocaine), 40,000 units heparin (4 ml of 10,000 units/ml heparin sodium), and 252 mg bicarbonate (3ml of 8.4% sodium bicarbonate) in a total aqueous volume of 15ml.

[0015] An additional limitation of the Parsons approach is that components have to be measured out immediately before use from three separate solutions. In many treatment settings such as clinics or doctor's offices there are neither the pharmaceutical personnel resources qualified to measure out these components from stock solutions or the possibility exists of accidental mis-measurement leading to the potential for incorrect treatment or lidocaine overdose. Additionally, this mixing in a non-sterile environment may result in contamination with an infectious agent or other detrimental component that would be directly instilled in a compromised bladder. Consequently, this invention provides for pre-measured kits and prefilled vials of the formulation of the invention that prevents these point-of-care problems.

[0016] An aspect of the previous formulation by Parsons is that it contained multiple components and with any solution or equation with multiple variables, it cannot be clear what portion of the each component contributes to the effect.

Accordingly, there is a need for an improvement in the formulation that would maximize the effect of each component.

SUMMARY OF THE INVENTION

[0017] The present invention embodies kits and improved compositions for treating pelvic disorders. The kits embody premeasured vials and/or prefilled syringe/vials for ease of use in the home, clinic, hospital, or physician's office. The improved intravesicular formulations for pelvic disorders are usable for treating, ameliorating, or preventing any one or more pelvic symptoms of pain, urinary urge, urinary frequency, or incontinence. In the preferred embodiment, these pelvic disorders include: bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, or urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, or overactive bladder in men or women. Alternatively, the disorder may be undiagnosed but the patient must exhibit at least one of the symptoms of pelvic pain, urinary urge, urinary frequency or incontinence.

[0018] In general, a composition according to the present invention comprises:

- (1) an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
- (2) an acute-acting anesthetic in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
- (3) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;
- (4) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and

(5) optionally, an additional component comprising one or more of the following in any combination:

(a) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(b) an antibacterial agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(c) an antifungal agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; and

(d) a vasoconstrictor in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder.

[0019] Typically, the anionic polysaccharide is a glycosaminoglycan. Preferably, the glycosaminoglycan is selected from the group consisting of hyaluronic acid, hyaluronan, chondroitin sulfate, pentosan polysulfate, dermatan sulfates, heparin, heparan sulfates, keratan sulfates, dextran sulfates, and carrageenan. Particularly preferred anionic polysaccharides include heparin, heparan sulfate, and pentosan polysulfate. Alternatively, the glycosaminoglycan can be dextran sulfate or carrageenan.

[0020] Typically, the at least one acute-acting anesthetic is selected from the group consisting of benzocaine, lidocaine, tetracaine, bupivacaine, articaine, cocaine, etidocaine, flecainide, mepivacaine, pramoxine, prilocaine, procaine, chlorprocaine, oxyprocaine, proparacaine, ropivacaine, dyclonine, dibucaine, propoxycaine, chloroxylonol, cinchocaine, dexivacaine, diamocaine, hexylcaine, levobupivacaine, propoxycaine, pyrrocaine, risocaine, rodocaine, pharmaceutically acceptable derivatives and bioisosteres thereof, and mixtures thereof. Preferably, the acute-acting anesthetic is selected from the group consisting of lidocaine, bupivacaine, benzocaine, tetracaine, etidocaine, flecainide, prilocaine, and dibucaine. More preferably, the acute-acting anesthetic is lidocaine. In another alternative, the acute-acting anesthetic is a eutectic mixture of lidocaine and prilocaine.

[0021] Typically, the buffer is selected from the group consisting of bicarbonate buffer, Tris (Tris(hydroxymethyl)aminomethane) buffer, MOPS buffer (3-(N-morpholino)propanesulfonic acid), HEPES (N-(2-hydroxyethyl)piperazine-N'-(2-ethanesulfonic acid) buffer, ACES (2-[(2-amino-2-oxoethyl)amino]ethanesulfonic acid) buffer, ADA (N-(2-acetamido)2-iminodiacetic acid) buffer, AMPSO (3-[(1,1-dimethyl-2-hydroxyethyl)amino]-2-propanesulfonic acid) buffer, BES (N,N-bis(2-hydroxyethyl)-2-aminoethanesulfonic acid buffer, Bicine (N,N-bis(2-hydroxyethyl)glycine) buffer, Bis-Tris (bis-(2-hydroxyethyl)imino-tris(hydroxymethyl)methane buffer, CAPS (3-(cyclohexylamino)-1-propanesulfonic acid) buffer, CAPSO (3-(cyclohexylamino)-2-hydroxy-1-propanesulfonic acid) buffer, CHES (2-(N-cyclohexylamino)ethanesulfonic acid) buffer, DIPSO (3-[N,N-bis(2-hydroxyethyl)amino]-2-hydroxy-propanesulfonic acid) buffer, HEPPS (N-(2-hydroxyethyl)piperazine)-N'-(3-propanesulfonic acid) buffer, HEPPSO (N-(2-hydroxyethyl)piperazine-N'-(2-hydroxypropanesulfonic acid) buffer, MES (2-(N-morpholino)ethanesulfonic acid) buffer, triethanolamine buffer, imidazole buffer, glycine buffer, ethanolamine buffer, phosphate buffer, MOPSO (3-(N-morpholino)-2-hydroxypropanesulfonic acid) buffer, PIPES (piperazine-N,N'-bis(2-ethanesulfonic acid) buffer, POPSO (piperazine-N,N'-bis(2-hydroxypropaneulfonic acid) buffer, TAPS (N-tris[hydroxymethyl)methyl-3-aminopropanesulfonic acid) buffer, TAPSO (3-[N-tris(hydroxymethyl)methylamino]-2-hydroxy-propanesulfonic acid) buffer, TES (N-tris(hydroxymethyl)methyl-2-aminoethanesulfonic acid) buffer, tricine (N-tris(hydroxymethyl)methylglycine buffer), 2-amino-2-methyl-1,3-propanediol buffer, and 2-amino-2-methyl-1-propanol buffer. Preferably, the buffer is bicarbonate buffer, Tris buffer, phosphate buffer, MOPS buffer, or HEPES buffer. More preferably, the buffer is bicarbonate buffer; most preferably, the buffer is sodium bicarbonate buffer.

[0022] Typically the osmolar component, if present, is selected from the group consisting of sodium chloride, dextrose, dextran 40, dextran 60, starch, and mannitol, or is a combination of two or more of these components. More typically, the osmolar component is sodium chloride. It should be obvious to those skilled in the art that all components of the composition contribute to the osmolarity of the solution but to achieve an isotonic or near-isotonic solution with respect to urine, the contributions of these components should be taken into account to ensure that the

proper osmolar component is added and not added in excess which would result in a hypertonic solution.

[0023] Typically, the pH of the composition is from about 7.4 to about 8.2. Preferably, the pH of the composition is from about 7.6 to about 8.0. More preferably, the pH of the composition is about 7.8.

[0024] Typically, when the acute-acting anesthetic is lidocaine, the quantity of lidocaine in the composition is such that a unit dose contains from about 120 mg to the maximum safely tolerated dose of lidocaine. More typically, the quantity of lidocaine in the composition is such that a unit dose contains about 160 mg to about 240 mg of lidocaine.

[0025] The composition can include an antibacterial agent. The antibacterial agent can be selected from the group consisting of a sulfonamide, a penicillin, a combination of trimethoprim plus sulfamethoxazole, a quinolone, methenamine, nitrofurantoin, a cephalosporin, a carbapenem, an aminoglycoside, a tetracycline, and a macrolide.

[0026] Alternatively, the composition can include an antifungal agent. The antifungal agent can be selected from the group consisting of amphotericin B, itraconazole, ketoconazole, fluconazole, miconazole, and flucytosine.

[0027] The use of an antibacterial or antifungal agent is intended to treat bacterial or fungal cystitis together with the pelvic condition, as they may occur simultaneously.

[0028] The composition can also further include a vasoconstrictor to constrict the blood vessels locally at or near the site of administration to ensure that the composition has its maximum effect at or near the site of administration. A particularly preferred vasoconstrictor is epinephrine.

[0029] In another alternative, the composition can also further include a compound that enables persistence of the composition to the surface of the bladder

wall, such as an activatable gelling agent. The activatable gelling agent is typically a thermoreversible gelling agent. The thermoreversible gelling agent can be selected from the group consisting of Pluronic F127 gel, Lutrol gel, N-isopropylacrylamide, ethylmethacrylate, N-acryloxysuccinimide, xyloglucan sols of 1-2%, graft copolymers of pluronic and poly(acrylic acid), pluronic-chitosan hydrogels, and a [Poly(ethylene glycol)-Poly[lactic acid-co-glycolic acid]-Poly(ethylene glycol)] (PEG-PLGA-PEG) polymer.

[0030] The lower urinary tract disorder can be selected from the group consisting of bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, and urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, interstitial cystitis, and overactive bladder in men or women. Typically, the lower urinary tract disorder is interstitial cystitis; alternatively, the lower urinary tract disorder is radiation-induced cystitis.

[0031] In another alternative, compositions according to the present invention can be used to provide anesthesia to tissues of the lower urinary tract and ancillary structures in advance of a surgical or diagnostic procedure such as a prostatic biopsy or prostatic resection in men or bladder or urethral surgery in men or women. In general, when a composition according to the present invention is used to provide anesthesia to a tissue selected from the group consisting of a tissue of the lower urinary tract and an ancillary structure, the composition comprises:

- (1) an anionic polysaccharide in a quantity sufficient to potentiate an anesthetic effect exerted on the tissue;
- (2) at least one acute-acting anesthetic in a quantity sufficient to provide an anesthetic effect to the tissue;
- (3) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;

(4) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and

(5) optionally, an additional component comprising one or more of the following in any combination:

(a) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to potentiate the anesthetic effect;

(b) an antibacterial agent;

(c) an antifungal agent; and

(d) a vasoconstrictor in a quantity sufficient to potentiate the anesthetic effect.

[0032] In one preferred alternative, the composition comprises:

(1) 160 mg lidocaine per unit dose;

(2) 40,000 units of heparin per unit dose;

(3) 336 mg sodium bicarbonate per unit dose; and

(4) 20 mg sodium chloride per unit dose;

such that, in a final unit dose volume of 12 ml, lidocaine is present at 46 mM, heparin is present at 3333 units/ml, sodium bicarbonate is present at 0.33 M, and sodium chloride is present at about 28.5 mM.

[0033] In another preferred alternative, the composition comprises:

(1) 200 mg lidocaine per unit dose;

(2) 40,000 units of heparin per unit dose;

(3) 336 mg sodium bicarbonate per unit dose; and

(4) 20 mg sodium chloride per unit dose;

such that, in a final dose volume of 13 ml, lidocaine is present at 53 mM, heparin is present at 3077 units/ml, sodium bicarbonate is present at 0.305 M, and sodium chloride is present at 26.3 mM.

[0034] In still another preferred alternative, the composition comprises:

(1) 240 mg lidocaine per unit dose;

(2) 40,000 units of heparin per unit dose;

- (3) 336 mg sodium bicarbonate per unit dose; and
- (4) 20 mg sodium chloride per unit dose;

such that, in a final dose volume of 14 ml, lidocaine is present at 64 mM, heparin is present at 2857 units/ml, sodium bicarbonate is present at 0.28 M, and sodium chloride is present at 24.4 mM.

[0035] In still another preferred alternative, the composition comprises: 40,000 units of heparin (in 4 ml), 8 ml of 2% lidocaine (160 mg), and 3 ml of 8.4% (w/v) sodium bicarbonate suspended in a total fluid volume of 15 ml.

[0036] In pharmaceutical compositions according to the present invention, the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered. Also, in pharmaceutical compositions according to the present invention, the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered.

[0037] Another aspect of the composition is a multipart kit of two or more separate premeasured components comprising:

- (1) a first component that comprises a pharmaceutical composition comprising a solution or dry powder comprising an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder;
- (2) a second component that comprises an acute-acting anesthetic as a solution or dry powder in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder; and
- (3) a third component that comprises a buffer either as a solution or as a dry powder that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, wherein the third component can optionally be combined with the second component as either a solution or dry powder, and wherein the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the

sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M; and;

(4) optionally, when the first, second, and third components are all dry powder, a fourth component that comprises a premeasured component of liquid diluent;

(5) optionally, a fifth premeasured component comprising an osmolar component; wherein the fifth premeasured component can optionally be combined with any of the other components if stable; and

(6) optionally, a sixth premeasured component comprising one or more of the following in any combination:

(a) a compound that enables persistence of the composition to the surface of the bladder epithelium;

(b) an antibacterial agent;

(c) an antifungal agent; and

(d) a vasoconstrictor; wherein the sixth premeasured component can optionally be combined with any of the other components if stable.

[0038] It is obvious to those skilled in the art that components can only be combined together in the kit if they are stable and do not react with each other.

[0039] The kit can be composed of premeasured components in 2 or more separate compartments. Alternatively the premeasured components may be packaged in a prefilled syringe in combination with one or more prefilled vials or a prefilled syringe with two compartments that can be mixed together just prior to bladder instillation. In one embodiment, components are in one compartment and a second compartment of sterile water is provided for point-of-care dissolution. In another embodiment one or more components of the composition are dissolved in the water in one compartment and the remaining components are dry in another compartment and are combined together prior to use. In one embodiment the prefilled syringe has two compartments separated by a nonpermeable membrane in between that is broken just prior to instillation allowing all the components to mix. For ease of use, the kit may also contain a syringe and/or a catheter. It should be obvious to those skilled in the art that only components that are stable in solution or as dry components should be combined with each other in the kit.

[0040] Another aspect of the present invention is a method of treating, ameliorating, or preventing a pelvic disorder that comprises the step of administering to a subject with a diagnosed pelvic disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence a quantity of the composition of the present invention as described above sufficient to treat, ameliorate, or prevent the pelvic disorder.

[0041] Another aspect of the present invention is a method of treating, ameliorating, or preventing a pelvic disorder comprising the steps of:

(1) combining the premeasured components of a kit according to the present invention as described above; and;

(2) administering to a subject with a diagnosed pelvic disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence a quantity of the combined premeasured components of the kit sufficient to treat, ameliorate, or prevent the pelvic disorder.

[0042] The method can further comprise the step of simultaneously separately administering a compound that enables persistence of the composition to the surface of the bladder epithelium. The compound that enables persistence of the composition to the surface of the bladder epithelium can be an activatable gelling agent, such as a thermoreversible gelling agent, as described above. The composition and the thermoreversible gelling agent are typically packaged in a prefilled syringe with two compartments and a nonpermeable membrane in between that is broken just prior to instillation allowing all the components to mix.

[0043] The method can further comprise the administration of an additional oral agent that acts to reduce abnormal permeability of bladder epithelium. The additional oral agent is typically pentosan polysulfate.

BRIEF DESCRIPTION OF THE DRAWINGS

[0044] The following invention will become better understood with reference to the specification, appended claims, and accompanying drawings, where:

[0045] Figure 1 is the validated PORIS questionnaire, "Patient Overall Improvement of Symptoms" that has been used for the approval of oral Elmiron® (pentosan polysulfate sodium) with the U.S. FDA. The primary endpoint for that approval and for the study in the current invention was "Moderately improved"; i.e., 50% or greater improvement in overall change in combined symptoms of pain and/or urgency since the start of therapy.

[0046] Figure 2 is a graph comparing the PORIS results on a preferred composition according to the present invention, with 160 mg of lidocaine per unit dose and 0.33 M sodium bicarbonate as buffer ("HB-160 mg"), a superior buffered formulation, versus a low buffer formulation (sodium bicarbonate at 0.2 M) with 160 mg lidocaine ("LB-160 mg") and low buffer with 80 mg lidocaine ("LB-80 mg"). 26 patients were treated with HB-160 mg, 35 were treated with LB-160 mg and 47 were treated with LB-80 mg. A positive result was if a patient exhibited "moderately improved" combined symptoms of pain and urgency – PORIS question 3. Furthermore, 6 patients were on chronic narcotic use for greater than 6 months, and 4/6 of these patients experienced 100% relief on PORIS scale and the remaining 2/6 experienced 75% relief on PORIS scale. Additionally, the patients treated with HB-160 mg had fairly severe symptoms of pain and/or urge with 15/26 (58%) had PUF scores >20. All patients had greater than 15 PUF score.

[0047] Figure 3 is a graph comparing the relative distribution of PORIS scores between patients administered the study drug of the current invention, HB-160 mg versus LB-160 mg. More patients experienced a 100% improvement in symptoms (>75% of patients) versus the older formulation, LB-160 mg in which only about 40% of patients experienced a 100% improvement in combined symptoms of pain and urgency. Furthermore, with the HB-160 mg formulation patients had >25% improvement in symptoms of pain and urgency whereas with the LB-160 mg, a small group of patients was essentially unresponsive (0-25% improvement in symptoms). Consequently, validated PORIS patient responses clearly demonstrate superiority of the formulation of the present invention over LB-160 mg with a statistically significant P value of 0.009.

[0048] Figure 4 is a graph of the duration of relief of combined symptoms of pain and urgency of the formulation according to the present invention, HB-160 mg. Study patients were followed up 24 hr after treatment in the clinic with study drug and asked how long of a benefit from the treatment they received. The half-life of lidocaine when used for its anesthetic effect alone is 1.5 hr. For the patients treated with the HB-160 mg formulation, the distribution of time was much longer and median duration was 7 hours, significantly longer than predicted than the half-life of lidocaine. In comparison, the median duration of benefit of LB-160 mg was only 4 hours.

[0049] Figure 5 is a graph of the effect of urine on the pH of the HB-160 mg formulation. 12 ml of the HB-160 mg formulation was placed in a beaker and its pH measured. Urine was added sequentially and pH was measured to monitor the effect of urine on the pH of the formulation as a surrogate for the bladder with normal diuresis.

[0050] Figure 6 is a graph of the comparison of PORIS Scores for patients treated with HB-160 mg containing bicarbonate buffer (horizontal lines) versus Tris (THAM) buffer (vertical lines).

[0051] Figure 7 is a graph of the comparison of hours of relief patients derived from HB-160 mg containing bicarbonate buffer (horizontal lines) versus Tham buffer (vertical lines).

DETAILED DESCRIPTION OF THE INVENTION

[0052] One aspect of the invention is a pharmaceutical composition for treating, ameliorating, or preventing a lower urinary tract disorder. In general, an improved composition according to the present invention has as its basis a composition comprising:

(1) an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(2) at least one acute-acting anesthetic in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(3) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes; and

(4) optionally, an osmolar component that provides an isotonic or nearly isotonic solution compatible with human cells and blood.

[0053] One aspect of the invention is a significant improvement of the formulation containing:

(1) an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(2) at least one acute-acting anesthetic in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(3) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;

(4) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and

(5) optionally, an additional component comprising one or more of the following in any combination:

(a) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(b) an antibacterial agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;

(c) an antifungal agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; and

(d) a vasoconstrictor in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder.

[0054] The lower urinary tract disorder can be any lower urinary tract disorder characterized by the occurrence of one or more symptoms of symptoms of pain, urinary urge, urinary frequency, or incontinence, regardless of the etiology of the pelvic disorder. Specifically, the lower urinary tract disorder can be, but is not limited to, bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, or urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, or overactive bladder in men or women. A significant lower urinary tract disorder treatable by the use of compositions according to the present invention is interstitial cystitis (IC), which is more frequently diagnosed in women, but is now being diagnosed more frequently in men as well. Another significant lower urinary tract disorder treatable by the use of compositions according to the present invention is radiation-induced cystitis.

[0055] Additionally, compositions and methods according to the present invention can be used to provide anesthesia to tissues of the lower urinary tract and ancillary structures in advance of a surgical or diagnostic procedure such as a prostatic biopsy or prostatic resection in men or bladder or urethral surgery in men or women. When compositions and methods according to the present invention are used to provide anesthesia to the prostate, other tissues of the lower urinary tract, or ancillary structures, the quantity of anesthetic in the composition and the anesthetic used can be adjusted to provide a suitable duration of anesthesia. This duration typically is from about 24 hours to about 108 hours (4 days) per dose, but the quantity of anesthetic and the anesthetic used can be adjusted to provide duration of anesthesia that is shorter or longer. The desired duration depends on the extent and invasiveness of the operation or biopsy and the degree of inflammation or other tissue damage resulting, and can be selected by one of ordinary skill in the art depending on these and other variables. In this use of the composition, the ingredients other than the anesthetic act to potentiate the anesthetic effect.

[0056] In general, when a composition according to the present invention is used to provide anesthesia to a tissue selected from the group consisting of a tissue of the lower urinary tract and an ancillary structure, the composition comprises:

- (1) an anionic polysaccharide in a quantity sufficient to potentiate an anesthetic effect exerted on the tissue;
- (2) at least one acute-acting anesthetic in a quantity sufficient to provide an anesthetic effect to the tissue;
- (3) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;
- (4) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and
- (5) optionally, an additional component comprising one or more of the following in any combination:
 - (a) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to potentiate the anesthetic effect;
 - (b) an antibacterial agent;
 - (c) an antifungal agent; and
 - (d) a vasoconstrictor in a quantity sufficient to potentiate the anesthetic effect.

[0057] In this alternative, the anionic polysaccharide is typically heparin, as described below. The acute-acting anesthetic is typically lidocaine, as described below. The buffer is typically sodium bicarbonate, as described below. The osmolar component, if present, is typically sodium chloride. Typically, the tissue is a tissue of the lower urinary tract, such as, but not limited to, the prostate.

[0058] In this alternative, the antibacterial agent or antifungal agent, if present, can be present in a quantity that is sufficient to treat a secondary infection or to provide prophylaxis against the possibility of a secondary infection.

[0059] The acute-acting anesthetic is typically lidocaine. Other acute-acting anesthetics are described below.

[0060] When the acute-acting anesthetic is lidocaine, typically the quantity of lidocaine in the composition is such that a unit dose contains from about 120 mg to the maximum safely tolerated dose of lidocaine. Preferably, the quantity of lidocaine in the composition is such that a unit dose contains about 160 mg to about 240 mg of lidocaine. More preferably, the quantity of lidocaine in the composition is such that a unit dose contains about 160 mg of lidocaine. Alternatively, the quantity of lidocaine in the composition is such that a unit dose contains about 200 mg of lidocaine or about 240 mg of lidocaine.

[0061] However, when the composition includes one or more of: (1) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; (2) an antibacterial agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; (3) an antifungal agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; or (4) a vasoconstrictor in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder, as described below, and the acute-acting anesthetic is lidocaine, typically, the quantity of lidocaine is such that a unit dose contains from about 80 mg to the maximum safely tolerated dose of lidocaine. In this alternative, when one or more additional components are included, the quantity of lidocaine per unit dose can be, but is not limited to, 80 mg, 120 mg, 160 mg, 200 mg, or 240 mg.

[0062] The anionic polysaccharide is typically a heparinoid. Preferably, the heparinoid is heparin. Other anionic polysaccharides are described below.

[0063] Typically, the buffer is present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium

bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of at least about 0.20 M. Preferably, the buffer is present in a quantity such that the buffer has a buffering capacity equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.33 M.

[0064] Typically, the buffer is bicarbonate buffer; preferably, the bicarbonate buffer is sodium bicarbonate, although other counterions can be used, as described below. Typically, the sodium bicarbonate is present in a quantity such that when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M. Preferably, the sodium bicarbonate is present in a quantity such that when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.30 M to about 0.45 M. More preferably, the sodium bicarbonate is present in a quantity such that when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.33 M. Typically, the pH of the composition is from about 7.4 to about 8.2. Preferably, the pH of the composition is from about 7.6 to about 8.0. More preferably, the pH of the composition is about 7.8.

[0065] Typically, when the anionic polysaccharide is heparin, the heparin is present at a concentration of from about 2500 U/ml to 4166 U/ml. Preferably, when the anionic polysaccharide is heparin, the heparin is present at a concentration of from about 3000 U/ml to about 3666 U/ml. More preferably, when the anionic polysaccharide is heparin, the heparin is present at a concentration of about 3333 U/ml. These concentrations are determined based on a volume of about 12 ml per unit dose and can be adjusted if the volume of the unit dose is changed.

[0066] Typically, when the acute-acting anesthetic is lidocaine, the lidocaine is present at a concentration of from about 34.5 mM to about 64 mM. Preferably, when the acute-acting anesthetic is lidocaine, the lidocaine is present at a concentration of from about 41.4 mM to about 50.6 mM. More preferably, when the acute-acting anesthetic is lidocaine, the lidocaine is present at a concentration of

about 46 mM. These concentrations are determined based on a volume of about 12 ml per unit dose and can be adjusted if the volume of the unit dose is changed.

When the acute-acting anesthetic is other than lidocaine, appropriate concentrations can be determined by one of ordinary skill in the art by determining concentrations of the other acute-acting anesthetic that are equieffective to the appropriate lidocaine concentration, based on the potency of the other acute-acting anesthetic. The potencies of these acute-acting anesthetics are well known in the art.

[0067] Typically, when the osmolar component is sodium chloride, the sodium chloride is present at a concentration of from about 21.4 mM to about 150.0 mM. Preferably, when the osmolar component is sodium chloride, the sodium chloride is present at a concentration of from about 25.6 mM to about 31.4 mM. More preferably, when the osmolar component is sodium chloride, the sodium chloride is present at a concentration of about 28.5 mM. These concentrations are determined based on a volume of about 12 ml per unit dose and can be adjusted if the volume of the unit dose is changed.

[0068] For one particularly preferred composition according to the present invention, comprising lidocaine, heparin, sodium bicarbonate, and sodium chloride, particularly preferred amounts and concentrations, as well as the resulting molarities where appropriate, are shown below in Table 1.

TABLE 1
COMPONENTS OF PREFERRED COMPOSITION

Component	Amount	Conc.	Molarity
Lidocaine	160 mg	1.33%	46 mM
Heparin	40,000 U	3,333 U/ml	
Sodium Bicarbonate	336 mg	2.8%	0.33 M
Sodium Chloride	20 mg	0.2%	28.5 mM
Total Volume	12 ml		

[0069] For another particularly preferred composition according to the present invention, comprising lidocaine, heparin, sodium bicarbonate, and sodium

chloride, particularly preferred amounts and concentrations, as well as the resulting molarities where appropriate, are shown below in Table 2.

TABLE 2
COMPONENTS OF PREFERRED COMPOSITION

Component	Amount	Conc.	Molarity
Lidocaine	200 mg	1.53%	53 mM
Heparin	40,000 U	3,077 U/ml	
Sodium Bicarbonate	336 mg	2.58%	0.305 M
Sodium Chloride	20 mg	0.185%	26.3 mM
Total Volume	13 ml		

[0070] For yet another particularly preferred composition according to the present invention, comprising lidocaine, heparin, sodium bicarbonate, and sodium chloride, particularly preferred amounts and concentrations, as well as the resulting molarities where appropriate, are shown below in Table 3.

TABLE 3
COMPONENTS OF PREFERRED COMPOSITION

Component	Amount	Conc.	Molarity
Lidocaine	240 mg	1.71%	64 mM
Heparin	40,000 U	2,857 U/ml	
Sodium Bicarbonate	336 mg	2.4%	0.28 M
Sodium Chloride	20 mg	0.17%	24.4 mM
Total Volume	14 ml		

[0071] The lower urinary tract disorder can be any pelvic disorder characterized by the occurrence of one or more symptoms of pain, urinary urge, urinary frequency, or incontinence, regardless of the etiology of the pelvic disorder. Specifically, the lower urinary tract disorder can be, but is not limited to, bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, or urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, or

overactive bladder in men or women. A significant lower urinary tract disorder treatable by the use of compositions and methods according to the present invention is interstitial cystitis (IC), which is more frequently diagnosed in women, but is now being diagnosed more frequently in men as well. Another significant lower urinary tract disorder treatable by the use of compositions and methods according to the present invention is radiation-induced cystitis.

[0072] Alternatively, as described above, compositions and methods according to the present invention can be used to provide anesthesia to tissues of the lower urinary tract and ancillary structures in advance of a surgical or diagnostic procedure such as a prostatic biopsy or prostatic resection in men or bladder or urethral surgery in men or women.

[0073] The anionic polysaccharide is typically a glycosaminoglycan. Glycosaminoglycans are abundant naturally occurring polysaccharides that have a net negative charge due to carboxylic acid or sulfate groups or both. Although Applicants are not bound by this theory, these polysaccharides are believed to have protective effects on the epithelium and to counteract the abnormal permeability of the epithelium to potassium that is characteristic of this condition. Preferred anionic polysaccharides include, but are not limited to, hyaluronic acid, hyaluronan, chondroitin sulfate, pentosan polysulfate, dermatan sulfates, heparin, heparan sulfates, keratan sulfates, dextran sulfates, and carrageenan. Heparin exists in a variety of forms characterized by different degrees of sulfation. Typically, heparin has a molecular weight of from about 2 kDa to about 40 kDa. Heparin and heparan sulfate are both characterized by repeating units of disaccharides containing a uronic acid (glucuronic acid or iduronic acid) and glucosamine, which is either N-sulfated or N-acetylated. The sugar residues can be further O-sulfated at the C-6 and C-3 positions and the C-2 position of the uronic acid. There are at least 32 potential unique disaccharide units in this class of compounds. Five examples of sugars occurring in heparin are: (1) α -L-iduronic acid 2-sulfate; (2) 2-deoxy-2-sulfamino- α -D-glucose 6-sulfate; (3) β -D-glucuronic acid, (4) 2-acetamido-2-deoxy- α -D-glucose, and (5) α -L-iduronic acid. Heparin is measured by its specific anticoagulation activity in units. As used herein, the term "units" refers to specific activity in International

Units (IU) and/or United States Pharmacopoeia (USP) units. As used herein, the term "USP unit" refers to the quantity of heparin that prevents 1.0 ml of citrated sheep plasma from clotting for 1 hour after the addition of 0.2 ml of 1% CaCl_2 at 20°C when compared to a USP reference standard (defined as units/ml). As used herein, the term "International Unit" or "IU" refers to the quantity of heparin that is active in assays as established by the Fifth International standard for Unfractionated Heparin (WHO-5) (defined as International Units/ml) (Linhardt, R. J. & Gunay, N. S. (1999) *Semin Thromb Hemost* 25, 5-16.). In some embodiments, heparin is a higher molecular weight species ranging from 8,000 to 40,000 daltons. As used herein, "low-molecular-weight heparins" refers to a lower molecular weight (LMW) species ranging from 2,000 to 8,000 daltons. Also included as glycosaminoglycans within the scope of the invention are pentosan polysulfate sodium of molecular weight ranging from 4,000 to 6,000 daltons, dalteparin, enoxaparin and the like. LMW heparins are made by enzymatic or chemical controlled hydrolysis of unfractionated heparin and have very similar chemical structure to unfractionated heparin except for some changes that may have been introduced due to the enzymatic or chemical treatment. While not intending to limit the mechanism of action of the invention's compositions, it is the inventors' view that mechanism of action of these drugs is similar to that of full-length heparin. LMW heparins are usually isolated from bulk heparin. Because of the negative charge of these polysaccharides due to the occurrence of sulfate groups and/or carboxylic acid groups in them, they are administered in the form of salts, with an appropriate cation to neutralize the negative charges on the acid groups. Typically, the cation is sodium. However, other physiologically tolerable counterions that do not induce urinary tract dysfunctions such as magnesium and aluminum, as well as salts made from physiologically acceptable organic bases such as, but not limited to, trimethylamine, triethylamine, morpholine, pyridine, piperidine, picoline, dicyclohexylamine, N,N'-dibenzylethylenediamine, 2-hydroxyethylamine, bis-(2-hydroxyethyl)amine, tri-(2-hydroxyethyl)amine, dibenzylpiperidine, N-benzyl- β -phenethylamine, dehydroabietylamine, N,N'-bisdehydroabietylamine, glucamine, N-methylglucamine, collidine, quinine, quinoline, and basic amino acids such as lysine and arginine, can be used. These cationic counterions can alternatively be used as the counterions with anionic buffers such as bicarbonate, as well. These salts may be prepared by

methods known to those skilled in the art. However, it is generally undesirable to use potassium as a counterion due to its role in the etiology of the conditions and syndromes being treated. Other polysaccharides that have the required activity include, but are not limited, to dextran sulfate and carrageenan. Other glycosaminoglycans can be used in methods according to the invention, including low molecular weight (LMW) glycosaminoglycans, naturally derived glycosaminoglycans, biotechnologically prepared glycosaminoglycans, chemically modified glycosaminoglycans, and synthetic glycosaminoglycans. As detailed below in the Examples, the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered. The anionic polysaccharide also, as described in the Examples, prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered or to whom a solution produced by dissolving the ingredients of a kit according to the present invention as described below in an aqueous liquid is administered.

[0074] Typically, if heparin is administered, the quantity of heparin is from about 10,000 units to about 100,000 units per dose in the composition. Preferably, the quantity of heparin in the composition is from about 25,000 units to about 60,000 units per dose. More preferably, the quantity of heparin in the composition is about 40,000 units per dose. Heparin is typically quantitated by its activity; for purified heparin, there are approximately 170 units/mg. Therefore, the preferable dose of 40,000 units is about 235.3 mg of heparin.

[0075] Other anionic polysaccharides suitable for use in compositions according to the present invention include dextran sulfate. Still other anionic polysaccharides suitable for use in compositions according to the present invention are known in the art.

[0076] The quantities for other polysaccharides can be chosen according to their activity by one of ordinary skill in the art, as described further below.

[0077] The at least one acute-acting anesthetic is typically a sodium channel blocker, such as, but not limited to, the drugs referred to commonly as the "caine"

drugs, as well as other sodium channel blockers. The acute-acting anesthetic can be one of benzocaine, lidocaine, tetracaine, bupivacaine, articaine, cocaine, etidocaine, flecainide, mepivacaine, pramoxine, prilocaine, procaine, chloroprocaine, oxyprocaine, proparacaine, ropivacaine, dyclonine, dibucaine, propoxycaine, chloroxylenol, cinchocaine, dexivacaine, diamocaine, hexylcaine, levobupivacaine, propoxycaine, pyrrocaine, risocaine, rodocaine, pharmaceutically acceptable derivatives and bioisosteres thereof, and mixtures thereof. Typically, the acute-acting anesthetic is one of lidocaine, bupivacaine, benzocaine, tetracaine, etidocaine, flecainide, prilocaine, or dibucaine. A particularly preferred acute-acting anesthetic is lidocaine. Other suitable acute-acting anesthetics are known in the art and can be used. As used herein, the recitation of an acute-acting anesthetic includes all salts of that anesthetic that are compatible with the desired pH and any counterions present; the recitation of an acute-acting anesthetic is not intended to limit the salt form or counterion used. In addition, the composition can include more than one acute-acting anesthetic in any suitable combination, such as the eutectic mixture of lidocaine and prilocaine together with a thermoreversible gel described herein in U.S. Patent No. 6,031,007 to Brodin et al., which is incorporated herein by this reference.

[0078] The effect of the use of an acute-acting anesthetic is not only to provide topical anesthesia. The use of these agents is believed to desensitize the nerves involved past the duration of their anesthetic activity. The desensitization may reverse the hypersensitization that occurs in the condition being treated. The hypersensitization may be due to peripheral nerve stimulation, inflammation and/or injury from potassium, nerve regeneration and growth of new nerve fibers, and/or central activation of the sacral reflex arc. In addition, this cascade may be promoted by interactions with mast cells.

[0079] For the acute-acting anesthetic to function properly, it typically needs to be in a pH environment that enables the chemical form of the drug to be neutral thereby allowing the molecule to traverse the membranes and gain access to the neurons underlying the bladder epithelium. To achieve this pH, a buffer must be provided so that the pH is sufficiently near to the isoelectric point of the chosen anesthetic to ensure that a sufficient portion of the acute-acting anesthetic is present

in an uncharged state. A sufficient portion can minimally be 20% up to 100% in its uncharged state and those skilled in the art can use the drug's isoelectric point and the Henderson-Hasselbalch equation to calculate the minimal pH of the solution to achieve the 20% minimal uncharged amount. Preferably, the pH of the solution is such that at least about 40% of the acute-acting anesthetic is present in an uncharged state. In the case of lidocaine, whose pKa is 7.9, a buffered pH that would be effective can range from 7.4-8.0 or slightly greater. For lidocaine, using the Henderson-Hasselbalch equation provides that 5% of the lidocaine is uncharged at pH 6.6, 10% of the lidocaine is uncharged at pH 7.0, 20% of the lidocaine is uncharged at pH 7.2, 30% of the lidocaine is uncharged at pH 7.5, 40% of the lidocaine is uncharged at pH 7.7, and 50% of the lidocaine is uncharged at pH 7.9. This buffering can be achieved by the addition of bicarbonate buffer, Tris (Tris(hydroxymethyl)aminomethane) buffer (also known in the art as THAM), MOPS buffer (3-(N-morpholino)propanesulfonic acid), HEPES buffer (N-(2-hydroxyethyl)piperazine-N'-(2-ethanesulfonic acid)), ACES (2-[(2-amino-2-oxoethyl)amino]ethanesulfonic acid) buffer, ADA (N-(2-acetamido)2-iminodiacetic acid) buffer, AMPSO (3-[(1,1-dimethyl-2-hydroxyethyl)amino]-2-propanesulfonic acid) buffer, BES (N,N-bis(2-hydroxyethyl)-2-aminoethanesulfonic acid buffer, Bicine (N,N-bis(2-hydroxyethyl)glycine) buffer, Bis-Tris (bis-(2-hydroxyethyl)imino-tris(hydroxymethyl)methane buffer, CAPS (3-(cyclohexylamino)-1-propanesulfonic acid) buffer, CAPSO (3-(cyclohexylamino)-2-hydroxy-1-propanesulfonic acid) buffer, CHES (2-(N-cyclohexylamino)ethanesulfonic acid) buffer, DIPSO (3-[N,N-bis(2-hydroxyethyl)amino]-2-hydroxy-propanesulfonic acid) buffer, HEPPS (N-(2-hydroxyethyl)piperazine)-N'-(3-propanesulfonic acid) buffer, HEPPSO (N-(2-hydroxyethyl)piperazine-N'-(2-hydroxypropanesulfonic acid) buffer, MES (2-(N-morpholino)ethanesulfonic acid) buffer, triethanolamine buffer, imidazole buffer, glycine buffer, ethanolamine buffer, phosphate buffer, MOPSO (3-(N-morpholino)-2-hydroxypropanesulfonic acid) buffer, PIPES (piperazine-N,N'-bis(2-ethanesulfonic acid) buffer, POPSO (piperazine-N,N'-bis(2-hydroxypropaneulfonic acid) buffer; TAPS (N-tris(hydroxymethyl)methyl-3-aminopropanesulfonic acid) buffer, TAPSO (3-[N-tris(hydroxymethyl)methylamino]-2-hydroxy-propanesulfonic acid) buffer, TES (N-tris(hydroxymethyl)methyl-2-aminoethanesulfonic acid) buffer, tricine (N-tris(hydroxymethyl)methylglycine buffer), 2-amino-2-methyl-1,3-propanediol buffer, 2-

amino-2-methyl-1-propanol buffer, or another buffer that can buffer the composition to be administered at the appropriate pH value. The buffer to be selected, and the concentration of the buffer to be used, can be chosen by one of ordinary skill in the art to buffer the composition to be administered at a pH value that is close to the isoelectric point of the local anesthetic. For lidocaine, this pH value is 7.9. For bupivacaine, it is 8.1. For etidocaine, it is 7.7. For flecainide, it is 9.3. Typically, the pH achieved by the use of the buffer is between about 7.0 and about 12.0. More typically, the pH achieved by the use of the buffer is between about 7.0 and about 9.5. Typically, when bicarbonate buffer is used, it is sodium bicarbonate buffer; however, other counterions can be used as described above.

[0080] Due to the inflamed, permeable nature of the urothelium, a preferred solution would be isotonic or near isotonic with respect to urine. Serum osmolality or is typically in the range of from about 280 to 300 mOsm, while the osmolality of urine is much higher, about 500-800 mOsm/kg water. The osmolality of a preferred solution according to the present invention is about 800 mOsm/kg water (± 50 mOsm), which is in the range for urine and thus is particularly appropriate to the bladder than would be a solution matched to serum osmolality. A solution matched to serum osmolality would be viewed by the bladder as hypotonic, as the bladder is accustomed to a much higher tonicity. Hypotonic solutions are known to result in cell lysis, particularly of red blood cells, but other cells may also be damaged leading to increased cell damage in the bladder and accessible underlying layers. Hypertonic solutions may result in cell shrinkage which may enlarge pores or other junctions allowing urinary solutes more access to underlying cell layers leading to further damage, pain and inflammation. The addition of an osmolar component to the composition to form an isotonic or near isotonic solution ensures that neither of these two possibilities occurs. Typically, the osmolar component is 0.9% sodium chloride, or somewhat less as the other components in the solution also contribute to the solution's osmolality and thus should be taken into account. Typically the osmolar component is a salt, such as sodium chloride, or a sugar or a combination of two or more of these components. The sugar may be a monosaccharide such as dextrose, a disaccharide such as sucrose or lactose, a polysaccharide such as dextran 40, dextran 60, or starch, or a sugar alcohol such as mannitol. It should be obvious to those skilled in the art that all components of the composition, including the buffer,

contribute to the osmolarity of the solution but to achieve an isotonic or near-isotonic solution, the contributions of these components should be taken into account to ensure that the proper osmolar component is added and not added in excess which would result in a hypertonic solution. The solution is compatible with human cells and blood.

[0081] As indicated above, compositions according to the present invention can include other ingredients. It is possible to include a compound that enables persistence of the composition to the surface of the bladder wall in the composition. A suitable compound that enables persistence of the composition to the surface of the bladder wall is an activatable gelling agent. The addition of an activatable gelling agent that would result in the formation of a gel on the bladder epithelial surface would ensure improved transference of the active drugs (the anesthetic and the bladder coating anionic polysaccharide) to the areas most needing them. In one instance the gelling agent is liquid at room temperature and then upon bladder instillation, would gel at body temperature; in other words, the activatable gelling agent is a thermoreversible gelling agent. This feature of thermoreversible gelation has been observed for Pluronic F127 gel, Lutrol gel (T. Beynon et al., "Lutrol Gel: A Potential Role in Wounds?," J. Pain Symptom Manage. 26: 776-780 (2003)), NASI-containing polymers (N-isopropylacrylamide, ethylmethacrylate, N-acryloxysuccinimide) (T.J. Gao et al., "Synthetic Thermoreversible Polymers Are Compatible with Osteoinductive Activity of Recombinant Human Bone Morphogenetic Protein 2," Tissue Eng. 8: 429-440 (2002); T. Gao & U.H. Uludag, "Effect of Molecular Weight of Thermoreversible Polymer on in Vivo Retention of rhBMP-2," J. Biomed. Mater. Res. 57: 92-100 (2001)), xyloglucan sols of 1-2% (S. Miyazaki et al., "Thermally Reversible Xyloglucan Gels as Vehicles for Rectal Drug Delivery," J. Control Release 4: 75-83 (1998)), graft copolymers of pluronic and poly(acrylic acid), pluronic-chitosan hydrogels, and a [Poly(ethylene glycol)-Poly(lactic acid-co-glycolic acid)-Poly(ethylene glycol)] (PEG-PLGA-PEG) polymer (P. Tyagi et al., "Sustained Intravesical Drug Delivery Using Thermosensitive Hydrogel," Pharm. Res. 21: 832-837 (2004)). In general, these polymers are sols at room temperature but form gels at body temperature, about 37°C. Other activatable gelling agents are known in the art.

[0082] In yet another alternative, the composition can further comprise an antibacterial agent or an antifungal agent to treat bacterial or fungal cystitis. Suitable antibacterial agents include, but are not limited to: (1) sulfonamides such as sulfanilamide, sulfadiazine, sulfamethoxazole, sulfisoxazole, sulfamethizole, sulfadoxine, and sulfacetamide; (2) penicillins such as methicillin, nafcillin, oxacillin, cloxacillin, dicloxacillin, ampicillin, amoxicillin, bacampicillin, carbenicillin, ticarcillin, mezlocillin, and piperacillin; (3) a combination of trimethoprim plus sulfamethoxazole; (4) quinolones such as nalidixic acid, cinoxacin, norfloxacin, ciprofloxacin, ofloxacin, sparfloxacin, lomefloxacin, fleroxacin, pefloxacin, and amifloxacin; (5) methenamine; (6) nitrofurantoin; (7) cephalosporins such as cephalothin, cephazolin, cephalixin, cefadroxil, cefamandole, cefoxatin, cefaclor, cefuroxime, loracarbef, cefonicid, cefotetan; ceforanide, cefotaxime, cefpodoxime proxetil, ceftizoxime, ceftriaxone, cefoperazone, ceftazidime, and cefepime; (8) carbapenems such as imipenem, meropenem, and aztreonam; (9) aminoglycosides such as netilmycin and gentamicin; (10) tetracyclines such as tetracycline, oxytetracycline, demeclocycline, minocycline, doxycycline, and chlortetracycline; and (11) macrolides such as erythromycin, clarithromycin, and azithromycin. Antifungal agents include amphotericin B, itraconazole, ketoconazole, fluconazole, miconazole, and flucytosine. Other suitable antibacterial agents and antifungal agents are known in the art.

[0083] In yet another alternative, the compositions according to the present invention can include a vasoconstrictor. The purpose of a vasoconstrictor is to constrict the blood vessels locally at or near the site of administration to ensure that the composition has its maximum effect at or near the site of administration. A particularly preferred vasoconstrictor is epinephrine. Typically, if the anesthetic is lidocaine, the ratio of epinephrine to lidocaine is from about 1:1000 to about 1:200,000. Preferably, if the anesthetic is lidocaine, the ratio of epinephrine to lidocaine is about 1:100,000.

[0084] Preferred amounts and concentrations are as described above. Particularly preferred amounts and concentrations are described in Table 1, Table 2, and Table 3.

[0085] Accordingly, a particularly preferred composition according to the present invention comprises:

- (1) 160 mg lidocaine per unit dose;
- (2) 40,000 units of heparin per unit dose;
- (3) 336 mg sodium bicarbonate per unit dose; and
- (4) 20 mg sodium chloride per unit dose;

such that, in a final dose volume of 12 ml, lidocaine is present at 46 mM, heparin is present at 3333 units/ml, sodium bicarbonate is present at 0.33 M, and sodium chloride is present at about 28.5 mM.

[0086] Accordingly, another particularly preferred composition according to the present invention comprises:

- (1) 200 mg lidocaine per unit dose;
- (2) 40,000 units of heparin per unit dose;
- (3) 336 mg sodium bicarbonate per unit dose; and
- (4) 20 mg sodium chloride per unit dose;

such that, in a final dose volume of 13 ml, lidocaine is present at 53 mM, heparin is present at 3077 units/ml, sodium bicarbonate is present at 0.305 M, and sodium chloride is present at 26.3 mM.

[0087] Accordingly, yet another particularly preferred composition according to the present invention comprises:

- (1) 240 mg lidocaine per unit dose;
- (2) 40,000 units of heparin per unit dose;
- (3) 336 mg sodium bicarbonate per unit dose; and
- (4) 20 mg sodium chloride per unit dose;

such that, in a final dose volume of 14 ml, lidocaine is present at 64 mM, heparin is present at 2857 units/ml, sodium bicarbonate is present at 0.28 M, and sodium chloride is present at 24.4 mM.

[0088] Typically, compositions according to the present invention are instilled into the bladder, a route of administration that is referred to as intravesical administration. Typically, this is performed by catheterization. Suitable catheters,

and methods for installing the catheters, delivering the composition, and removing the catheters are known in the art and need not be described further here. Typical catheters are made of elastic, elastic web, rubber, glass, metal, or plastic.

[0089] Typically, compositions according to the present invention are administered 3-7 times weekly for three weeks or more or on an "as-needed" basis to control acute symptoms of pain and urgency of the lower urinary tract. The treating physician can adjust the frequency and duration of treatment according to the response of the patient, the severity of the symptoms, the degree of pain and discomfort subjectively experienced by the patient, and other factors such as the results of histological tests.

[0090] Additionally, still other ingredients can be included in compositions according to the present invention. Such ingredients can include, for example, a coloring agent, a preservative, an antioxidant, a chelating agent, and other ingredients typically used in pharmaceutical formulations. For example, a non-toxic, non-allergenic, non-sensitizing coloring agent can be added for convenience in dispensing and administering the composition. Such coloring agents are well known in the art and are used in many liquid pharmaceutical compositions. Suitable examples of preservatives include, for example, parabens, chlorobutanol, phenol, sorbic acid, or thimerosal.

[0091] If sterilization of the composition is required, it is typically performed by filtration. Other sterilization methods are known in the art.

[0092] The exact formulation and dosage can be chosen by the individual physician in view of the patient's condition. (See e.g. Fingl et al., in *The Pharmacological Basis of Therapeutics*, 1975, Ch. 1 p. 1). It should be noted that the attending physician would know how to and when to terminate, interrupt, or adjust administration due to toxicity, or to organ dysfunctions. Conversely, the attending physician would also know to adjust treatment to higher levels if the clinical response were not adequate (precluding toxicity). The magnitude of an administered dose in the management of the disorder of interest will vary with the severity of the condition to be treated, the general condition of the urinary tract, including the bladder and

urethra, and the existence of other conditions affecting the urinary tract, such as infections, inflammation, or allergic reactions. The severity of the condition may, for example, be evaluated, in part, by standard prognostic evaluation methods, including the ones described below. Further, the dose, and perhaps the dose frequency, will also vary according to the age, body weight, and response of the individual patient. A program comparable to that discussed above may be used in veterinary medicine.

[0093] One prognostic evaluation method is the Pelvic Pain and Urgency/Frequency Patient Symptom Scale (PUF Scale) (Parsons, et al. *Urology* 60:573-578 (2002)). The PUF Scale is a self-administered questionnaire that can be completed by the patient in less than 5 minutes. It contains questions that elicit and quantify urinary frequency and/or urgency (if any), pelvic pain, and/or pain associated with sexual activity. The result is a single numeric score from 0 through 35. The higher the PUF score, the greater the likelihood that the individual has interstitial cystitis, one of the conditions referred to above (Parsons, et al. *Urology* 60:573-578 (2002)); for this reason, the PUF can be useful in distinguishing interstitial cystitis from other disorders during the process of diagnosis.

[0094] Another prognostic test that is useful is the Potassium Sensitivity Test (PST). Bladder epithelial permeability and urinary potassium appear to play a key role in the development of many cases of the disease [Parsons, et al. *J Urol* 159:1862-1867 (1998)]. In the healthy bladder, a mucus layer containing glycosaminoglycans (GAGs) forms a barrier that prevents urine and its contents from leaking through the urothelium and damaging the underlying nerves and muscle [Lilly and Parsons, *Surg Gynecol Obstet* 171:493-496 (1990)]. Most individuals with IC have an epithelial dysfunction that renders the urothelium abnormally permeable. As a result, potentially harmful substances in urine are allowed to leak through the epithelium and penetrate the bladder muscle. Potassium, which occurs in high concentrations in normal urine, does not damage or penetrate a healthy urothelium but is highly toxic to tissues such as the bladder musculature. The depolarization of sensory nerves in the bladder muscle by potassium could produce the symptoms of IC as well as cause its progression. A growing body of data supports this hypothesis. On the basis of this model of IC pathogenesis, the Potassium Sensitivity Test (PST) was developed to test for the presence of abnormal bladder epithelial

permeability. The use of the PST is described, for example in Parsons, et al. Urology 57:428-33 (2001), Parsons and Albo, J Urol 168:1054-1057 (2002); Koziol, Urol Clin North Am 21:7-71 (1994). The PST has been positive in 78% of those IC patients tested, providing considerable evidence most IC patients have a urothelial permeability defect, and that a positive PST is a valid indicator of the presence of IC [Parsons, et al. Urology 57:428-33 (2001); Parsons and Albo, J Urol 168:1054-1057 (2002)].

[0095] Other prognostic tests can be used to determine the existence and severity of the conditions described above. These tests are known to clinicians and others of ordinary skill in the art.

[0096] Another aspect of the composition is a multipart kit of two or more separate premeasured components comprising:

- (1) a first component that comprises a pharmaceutical composition comprising a solution or dry powder comprising an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder;
- (2) a second component that comprises an acute-acting anesthetic as a solution or dry powder in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder; and
- (3) a third component that comprises a buffer either as a solution or as a dry powder that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, wherein the third component can optionally be combined with the second component as either a solution or dry powder, and wherein the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M; and;
- (4) optionally, when the first, second, and third components are all dry powder, a fourth component that comprises a premeasured component of liquid diluent;

(5) optionally, a fifth premeasured component comprising an osmolar component; wherein the fifth premeasured component can optionally be combined with any of the other components if stable; and

(6) optionally, a sixth premeasured component comprising one or more of the following in any combination:

(a) a compound that enables persistence of the composition to the surface of the bladder epithelium;

(b) an antibacterial agent;

(c) an antifungal agent; and

(d) a vasoconstrictor; wherein the sixth premeasured component can optionally be combined with any of the other components if stable.

[0097] The third component may also be combined with the second component as either a solution or dry powder. If all components are dry powder, then an additional premeasured component of liquid diluent (e.g. sterile water) will be provided for immediate point-of-care reconstitution.

[0098] The fifth component (osmolar component) may also be combined with the first, second, or third component as either a solution or dry powder. If all components are dry powder, then an additional premeasured component of liquid diluent (e.g. sterile water) will be provided for immediate point-of-care reconstitution.

[0099] Similarly, the sixth component, if present, may also be combined with the first, second, or third component as either a solution or dry powder. If all components are dry powder, then an additional premeasured component of liquid diluent (e.g. sterile water) will be provided for immediate point-of-care reconstitution.

[0100] In another aspect of the invention, the multipart kit will contain components of the formulations described above, either as new separate components or combined with pre-existing components. It is obvious to those skilled in the art that components can only be combined together in the kit if they are stable and do not react with each other.

[0101] Concentrations and quantities of components of the multipart kit are as described above when the elements comprising the multipart kit are dissolved in water or another aqueous fluid for administration. Also, the quantity of acute-acting anesthetic such as lidocaine that is present in a unit dose is as described above. Similarly, the quantity of anionic polysaccharide such as heparin that is present in a unit dose is as described above. Also similarly, the quantity of buffer such as sodium bicarbonate buffer that is present in a unit dose is as described above. If the osmolar component is present, the quantity of the osmolar component such as sodium chloride that is present in a unit dose is as described above.

[0102] In a kit according to the present invention, components are typically provided as sodium or calcium salts, if the components are salts, such as heparin sodium or the osmolar component as sodium chloride. Sodium is compatible with tissues and will serve to displace or partially displace bound potassium which is very noxious to tissues causing smooth muscle contractions, and trigger neurons causing the sensations of pain and urgency if access to underlying bladder tissues occurs. Notwithstanding theory, potassium salts of components are counter to the invention due to the noxious nature of potassium on damaged bladder tissues and subsidiary layers.

[0103] The kit can be composed of premeasured components in two or more separate vials. Alternatively the premeasured components may be packaged in a prefilled syringe in combination with one or more prefilled vials or a prefilled syringe with two compartments that can be mixed together just prior to bladder instillation. In one embodiment, components are in one compartment and a second compartment of sterile water is provided for point-of-care dissolution. In another embodiment one or more components of the composition are dissolved in the water in one compartment and the remaining components are dry in another compartment and are combined together prior to use. In one embodiment the prefilled syringe has two compartments separated by a nonpermeable membrane in between that is broken just prior to instillation allowing all the components to mix. For ease of use, the kit may also contain a syringe and/or a catheter. It should be obvious to those skilled in the art that only components that are stable in solution or as dry components should be combined with each other in the kit.

[0104] In this kit, the compound that enables persistence of the composition to the surface of the bladder epithelium is typically an activatable gelling agent. The activatable gelling agent is as described above. Particularly preferred activatable gelling agents are thermoreversible gelling agents. These include Pluronic F127 gel, Lutrol gel, NASI-containing polymers (N-isopropylacrylamide, ethylmethacrylate, N-acryloxysuccinimide), xyloglucan sols of 1-2%, graft copolymers of pluronic and poly(acrylic acid), pluronic-chitosan hydrogels, and a [Poly(ethylene glycol)-Poly(lactic acid-co-glycolic acid)-Poly(ethylene glycol)] (PEG-PLGA-PEG) polymer.

[0105] Similarly, the antibacterial agent, the antifungal agent, and the vasoconstrictor are as described above.

[0106] The kit can be composed of premeasured components in two or more separate vials. Alternatively the premeasured components may be packaged in a prefilled syringe in combination with one or more prefilled vials or a prefilled syringe with two compartments that can be mixed together just prior to bladder instillation. In one embodiment, components are in one compartment and a second compartment of sterile water is provided for point-of-care dissolution. In another embodiment one or more components of the composition are dissolved in the water in one compartment and the remaining components are dry in another compartment and are combined together prior to use. In one embodiment the prefilled syringe has two compartments separated by a nonpermeable membrane in between that is broken just prior to instillation allowing all the components to mix. For ease of use, the kit may also contain a syringe and/or a catheter. It should be obvious to those skilled in the art that only components that are stable in solution or as dry components should be combined with each other in the kit.

[0107] Yet another aspect of the invention is a method of treating, ameliorating, or preventing a lower urinary tract disorder. The lower urinary tract disorder can be any lower urinary tract disorder characterized by the occurrence of one or more symptoms of symptoms of pain, urinary urge, urinary frequency, or incontinence, regardless of the etiology of the lower urinary tract disorder, as described above.

[0108] One method according to the present invention comprises the step of administering a composition as described above to a subject with a diagnosed lower urinary tract disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder.

[0109] As used herein, the terms “treat, ameliorate, or prevent” refer to any detectable improvement, whether subjective or objective, in the lower urinary tract disorder of the subject to whom the composition is administered. For example, the terms “treat, ameliorate, or prevent” can refer to an improvement as determined by the PORIS scale, PUF scale, or any component of those scales; reduction of pain; reduction of urinary frequency; reduction of urinary urgency; reduction of requirement for narcotic administration; reduction of incontinence; reduction of abnormal permeability of the urothelium to potassium; or improvement in more than one of these parameters. The terms “treat, ameliorate, or prevent” do not state or imply a cure for the underlying lower urinary tract condition.

[0110] In general, when a composition according to the present invention is used in treatment methods, the method comprises the step of administering the composition according to the present invention to a subject with a diagnosed lower urinary tract disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder. In these methods, the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered. Also, in these methods, the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered.

[0111] Another method according to the present invention is a method of anesthetizing a tissue selected from the group consisting of a tissue of the lower urinary tract and a tissue that is an ancillary structure comprising the step of administering a composition as described above to a subject in need of anesthesia of the tissue. The tissue can be, for example, prostatic tissue. The method can

provide anesthesia in advance of a surgical or diagnostic procedure such as a prostatic biopsy.

[0112] In general, when a multipart kit according to the present invention is used in treatment methods, the method of treating, ameliorating, or preventing a lower urinary tract disorder comprises the steps of combining the premeasured components of the kit and then administering to a subject with a diagnosed lower urinary tract disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence a quantity of the composition produced by the step of combining the premeasured components of the kit sufficient to treat, ameliorate, or prevent the lower urinary tract disorder. The premeasured kit and its components and their composition are as described above.

[0113] The method can further comprise the administration of a compound that enables persistence of the composition to the surface of the bladder epithelium, as described above. This additional compound can be administered together with the composition described above in a single composition. Alternatively, and preferably, this additional compound can be administered separately. In that case, the method further comprises the step of simultaneously separately administering a compound that enables persistence of the composition to the surface of the bladder epithelium. One example of a class of compounds that enable persistence of the drug to the surface of the bladder epithelium is an activatable gelling agent. The addition of an activatable gelling agent that would result in the formation of a gel on the bladder epithelial surface would ensure improved transference of the active drugs (the anesthetic and the bladder coating anionic polysaccharide) to the areas most needing them. Suitable activatable gelling agents are thermoreversible polymers. Suitable examples of activatable gelling agents are described above.

[0114] The method can further comprise the administration of an additional oral agent that acts to reduce abnormal permeability of bladder epithelium, so that subjects can be weaned off the intravesicular treatment over several weeks. A suitable oral agent is pentosan polysulfate. Typically, when pentosan polysulfate is administered, the quantity used is from about 100 mg/day to about 600 mg/day; more typically, the quantity used is from about 100 mg/day to about 300 mg/day.

[0115] In another alternative, the method can further comprise the administration of another agent such as a steroidal anti-inflammatory agent. Steroidal anti-inflammatory agents include, but are not limited to, alclometasone, amcinonide, beclomethasone, betamethasone, budesonide, clobetasol, clocortolone, hydrocortisone, cortisone, desonide, desoximetasone, dexamethasone, diflorasone, fludrocortisone, flunisolide, fluocinolone, fluocinonide, fluorometholone, flurandrenolide, halcinonide, medrysone, methylprednisolone, mometasone, prednisolone, prednisone, and triamcinolone, and their salt forms.

[0116] In another alternative, the method can further comprise the administration of other pain agents in place of or in addition to lidocaine, such as calcium T-type channel blockers which include, but are not limited to neurontin (gabapentin) and pregabalin; non-steroidal anti-inflammatory drugs (NSAIDs) which include, but are not limited to ketoprofen, ibuprofen, and ketorolac; or NMDA antagonists which include, but are not limited to ketamine.

[0117] Methods according to the present invention are suitable for use in human patients or in non-human animal species that develop similar symptoms or conditions. For example, a cat model of interstitial cystitis exists. Such methods can be used in socially or economically important animals such as dogs, cats, horses, cattle, goats, sheep, or pigs. Methods according to the present invention, and compositions and kits suitable for practicing such methods, are not limited to the treatment of humans.

[0118] The invention is illustrated by the following Examples. These Examples are included for illustrative purposes only, and are not intended to limit the invention.

EXAMPLE 1

[0119] Two studies were undertaken on patients with symptoms of pelvic pain and urgency. Patient symptom severity was determined by the PUF questionnaire, Pelvic Pain, Urgency/Frequency questionnaire. Patients were treated

with an intravesical instillation of formulations described below and then therapeutic efficacy was assessed within 30 min to 1 hour by the PORIS questionnaire as shown in Figure 1, Patient Overall Rating of Improvement of Symptoms. Patients were followed up 24 hr after treatment and asked about the duration of benefit, if any, of the treatment.

[0120] The composition of the formulations is provided in Table 4 below. The HB-160 mg and the LB-160 mg formulations are provided as part of the current invention.

Table 4

Component	HB-160 mg	LB-160 mg	LB-80 mg
Lidocaine HCl	46 mM (160 mg)	37 mM (160 mg)	18.5 mM (80 mg)
Heparin Sodium	3,333 u/ml	2,666 u/ml	2,666 u/ml
Sodium Bicarbonate	0.33 M	0.20M	0.20 M
Sodium Chloride**	28.5 mM	77.5 mM	77.5 mM
Total Volume	12 ml	15 ml	15 ml

** The sodium chloride is provided as a separate component, however, please note that additional sodium ions are also supplied by the sodium salts of bicarbonate and heparin and additional chloride ions are provided by the anion salt of lidocaine and this additional "sodium chloride" is not corrected for in the table.

[0121] In the first study, two groups of patients were treated with two different formulations. One designated here low buffer with 80 mg lidocaine, LB-80 mg, and the other low buffer with 160 mg lidocaine, LB-160 mg that is provided by this invention. After one instillation of LB-80 mg, 35 of 47 patients, 75% experienced significant immediate relief of both pain and urgency as defined by a 50% or greater improvement "moderately improved" on the PORIS scale. In another arm of this study 33 of 35 patients, 94%, experienced significant immediate relief of both pain and urgency as defined by a 50% or greater improvement "moderately improved" on the PORIS scale. A followup phone call was used to monitor duration of effect in

patients that had received one instillation of LB-160 mg, and 50% of these patients experienced at least 4 hours of symptom relief.

[0122] In the second study, the formulation, HB-160 mg provided by this invention was tested on 26 patients. Of the patients treated with HB-160 mg, most had fairly severe symptoms of pain and/or urge with 15/26 (58%) having PUF scores >20; all patients had PUF scores greater than 15. As shown in Figure 2, 100% of patients experienced significant immediate relief of both pain and urgency as defined by a 50% or greater improvement “moderately improved” on the PORIS scale. Notably, 6 patients were on chronic narcotic use for greater than 6 months, and 4/6 of these patients experienced 100% relief on PORIS scale and the remaining 2/6 experienced 75% relief on PORIS scale. In contrast, the LB-160 mg formulation has only provided limited to no benefit to this severe class of patients experiencing severe chronic pelvic pain, urgency and frequency.

[0123] Seemingly, the difference between 94% of patients experiencing “moderate improvement” with the LB-160 mg formulation versus the 100% of patients experiencing “moderate improvement” with the HB-160 mg may seem to be a minor increase in efficacy. However, as shown in Figure 3 the distribution of PORIS scores is significantly shifted to the right with statistically significant P value of 0.009, with nearly 80% of patients treated with HB-160 mg experiencing a 100% improvement in symptoms meaning that their symptoms were gone. In contrast, only a little over 40% of patients treated with LB-160 mg had their “symptoms gone” demonstrating that HB-160 mg had doubled the proportion of patients in the 100% improvement symptom class. Additionally, all patients treated, even those severe interstitial cystitis (IC) patients, experienced some benefit as there were no patients in the “worse”, “no better” or “slightly improved” class of symptoms with “slightly improved” equivalent to up to 25% improvement of combined symptoms of pain and urgency.

[0124] Another significant difference between HB-160 mg and LB-160 mg was in the duration of relief experienced by patients. Patients were followed up 24-48 hr after their treatment and asked about the duration of relief from symptoms of pain and/or urgency. As previously mentioned, the average duration of relief for

patients treated with LB-160 mg was 4 hours, however, the distribution of relief of the patients is graphed in Figure 3 and approximately 50% of patients treated with LB-160 mg only experienced 1-4 hours of relief which is not dramatically longer than the half-life of the anesthetic component lidocaine which has a half-life of 1.5 hr. In contrast, patients treated with HB-160 mg experienced a significant longer average duration of benefit of 7 hours. Only a minority of these patients, approximately 15% experienced 1-4 hours of relief which is very different from the 50% of patients treated with the LB-160 mg.

EXAMPLE 2

[0125] A small study was undertaken on another modification of the formulation designated HB-200 mg. The total lidocaine dose per treatment was increased to 200 mg and the total amount of the other components was altered as shown in the following table 5. A total of 15 patients known to have significant symptoms of pelvic pain and urgency were administered the HB-200 mg solution via an intravesical instillation. All 15 patients experienced a significant reduction in their symptoms of pain and urgency however, one patient did experience a slight headache which is a side-effect of elevated systemic levels of lidocaine. This was not severe and was readily reversible by lowering the lidocaine dosage.

Table 5

Component	HB-200 mg	HB-160 mg	LB-160 mg	LB-80 mg
Lidocaine HCl	53 mM (200 mg)	46 mM (160 mg)	37 mM (160 mg)	18.5 mM (80 mg)
Heparin Sodium	3,076 u/ml	3,333 u/ml	2,666 u/ml	2,666 u/ml
Sodium Bicarbonate	0.30 M	0.33 M	0.20M	0.20 M
Sodium Chloride**	26.3 mM	28.5 mM	77.5 mM	77.5 mM
Total Volume	13 ml	12 ml	15 ml	15 ml

EXAMPLE 3

[0126] In order to gauge how effective the buffering agents sodium

bicarbonate or Tham (Tris) were an experiment was performed by adding measured amounts of patient urine to the formulation in a beaker as a surrogate for the bladder. When the lidocaine (4 ml of 4%, 40 mg/ml) was added to the heparin (4 ml of 5,000 units per ml), the measured pH of the solution was 6.9 and the solution was clear. The addition of 4 ml of 8.4% bicarbonate increased the volume to 12 ml and altered the pH to 7.6 which is very close to the pKa of lidocaine. Human urine of pH 6.1, which is a typical pH, was added slowly to this solution to monitor the effect of buffering as shown in Figure 5. Minimal changes in pH were observed when up to 20 ml of urine was added. As the urine acidifies the solution, the availability of the lidocaine drops since the proportion of uncharged lidocaine will decrease and the proportion of protonated, charged lidocaine will correspondingly increase.

[0127] A similar buffering effect was also observed when the Tham (Tris) buffer was used in place of the sodium bicarbonate. The solution was able to maintain a pH of 7.6 even with the addition of 30 ml of human urine at pH 6.1.

EXAMPLE 4

[0128] When the heparin is not added to the HB-160 mg formulation, the solution is turbid. However sequential addition of heparin, 1 ml at a time, actually serves to clear the solution demonstrating that heparin in HB-160 mg, in addition to its pharmacologic role of augmenting glycosaminoglycan deficiency of the urothelium in patients with interstitial cystitis, it acts to help maintain the clarity of the solution by keeping the lidocaine soluble.

Table 6

Heparin Maintains Solution Clarity

Formula Number	Components	Solution Clarity
1	Lidocaine 4 ml Bicarbonate 4 ml	turbid
2	Lidocaine 4 ml Bicarbonate 4 ml Heparin 1 ml	turbid

3	Lidocaine 4 ml Bicarbonate 4 ml Heparin 2 ml	minimally turbid
4	Lidocaine 4 ml Bicarbonate 4 ml Heparin 3 ml	clear
5	Lidocaine 4 ml Bicarbonate 4 ml Heparin 4 ml	clear

EXAMPLE 5

[0129] Another human study was undertaken on another modification of the formulation designated HB-160 mg in which the 4 ml of sodium bicarbonate was replaced with 4 ml of Tham (Tris). The Tham is from a stock solution of 0.3M tromethamine, or 2-amino-2-(hydroxymethyl)-1,3-propanediol, of pH 8.6 (range 8.4-8.7). Consequently, the Tham is present at a final concentration of 0.1M in the 12 ml formulation.

[0130] A single intravesical treatment of the solution into the bladders of symptomatic interstitial cystitis patients (n=15) resulted in 100% of patients having improvement within a short time period of about 15-30 minutes with improvement being defined as $\geq 50\%$ improvement on the PORIS scale. The distribution of PORIS scores was similar to that observed for the original, sodium bicarbonate as shown in Figure 6. The patients were followed up 24 hours after treatment and were asked how long was their relief. Results are presented in Figure 7; for the bicarbonate HB-160 mg median duration of relief was 7 hours and for the Tham HB-160 mg the duration of relief ranged from 5-15 hours which is similar.

EXAMPLE 6

(COMPARATIVE EXAMPLE)

[0131] In order to evaluate the role of the heparin in the formulation, the heparin was left out of the HB-160 mg formulation and replaced with appropriate

amount of saline (2 ml of 0.9% sodium chloride) and 2 ml water to result in a solution with identical volume (12 ml) with identical amounts and concentrations of lidocaine, bicarbonate, and sodium chloride as compared to the original HB-160 mg formulation as shown in Table 7.

Table 7

Component	HB-160 mg	HB-160 mg No Heparin
Lidocaine HCl	46 mM (160 mg)	46 mM (160 mg)
Heparin Sodium	3,333 u/ml	--
Sodium Bicarbonate	0.33 M	0.33M
Sodium Chloride	28.5 mM	28.5 mM
Total Volume	12 ml	12 ml

[0132] A single dose of the “HB-160 mg/No Heparin” formulation was administered intravesically to seven naïve patients experiencing pelvic pain and urgency. All seven patients achieved a 50% or greater improvement as measured on the PORIS scale at 30 minutes after treatment. However, the median duration of relief was only 3 hrs which is approximately equal to the duration of effect of the lidocaine as an anesthetic. In contrast, the heparin-containing formulation resulted in an over two fold longer median duration of effect of 7 hours. Consequently, this study showed that the heparin served to increase the longevity of action of the formulation beyond the anesthetic effect of lidocaine.

[0133] A second study was undertaken on patients that were being treated on an ongoing basis with the original HB-160 mg (with Heparin) formulation 3 times a week. All patients were stable on this treatment and were doing well. Consistent with this observation, all patients (n=11; 8 females, 3 males) rated themselves on the PORIS scale as “improved” which is 50-75% improvement in symptom relief since the start of their ongoing therapy. In a single-blind manner, patients were crossed-over to the “No Heparin” formulation to determine if they would have equivalent control of their symptoms of bladder pain and urgency or if, as hypothesized, they would exhibit a relapse or worsening of their symptomatology with heparin removed

from the formulation.

[0134] After one week of treatment (3 treatments), 5 of the 11 patients had no change in their symptoms and were essentially “stable”. However, 6 patients withdrew due to symptom flares and their PORIS scores were worse. One patient dropped out after one treatment, 4 patients dropped out after two treatments and one dropped out after 3 treatments. The formulation provided immediate symptom relief but by the next day their symptoms were worse. The withdrawn patients were put back on the heparin-containing formulation. Consequently, this study demonstrates that heparin contributes to the efficacy of the formulation for multiple dosing.

[0135] Taken together, these two small studies demonstrate that the glycosaminoglycan heparin extends the duration of relief for both single and multiple dosing.

ADVANTAGES OF THE INVENTION

[0136] Kits and improved compositions and methods according to the present invention provide an improved way of treating a number of chronic, hard-to-treat lower urinary tract conditions that affect a large number of people, many of whom have not been diagnosed properly. These kits, improved compositions, and methods are directed towards resolving the pathophysiological basis of the conditions by reducing the abnormal permeability of the bladder epithelium and also desensitizing the activity of the nerves involved in the condition. They can be used together with other therapies for symptoms such as pain, if desired, do not cause significant side effects, and are well tolerated. Compositions and methods according to the present invention can also be used to provide pre-procedure anesthesia for such procedures as prostate biopsy.

[0137] Moreover, the use of kits and improved compositions, and methods according to the present invention provide rapid relief and do not require extended periods of time, such as several months, to provide relief. This is particularly important and provides a clear advantage over previous treatment methods.

[0138] In particular, the use of glycosaminoglycans such as heparin and other heparinoids in compositions and kits according to the present invention increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered. The use of glycosaminoglycans such as heparin and other heparinoids in compositions and kits according to the present invention also prevents relapses or exacerbations of symptoms experienced by patients to whom the composition or a solution produced by dissolving the ingredients of the kit in an aqueous liquid is administered.

[0139] The inventions illustratively described herein can suitably be practiced in the absence of any element or elements, limitation or limitations, not specifically disclosed herein. Thus, for example, the terms “comprising,” “including,” “containing,” etc. shall be read expansively and without limitation. Additionally, the terms and expressions employed herein have been used as terms of description and not of limitation, and there is no intention in the use of such terms and expressions of excluding any equivalents of the future shown and described or any portion thereof, and it is recognized that various modifications are possible within the scope of the invention claimed. Thus, it should be understood that although the present invention has been specifically disclosed by preferred embodiments and optional features, modification and variation of the inventions herein disclosed can be resorted by those skilled in the art, and that such modifications and variations are considered to be within the scope of the inventions disclosed herein. The inventions have been described broadly and generically herein. Each of the narrower species and subgeneric groupings falling within the scope of the generic disclosure also form part of these inventions. This includes the generic description of each invention with a proviso or negative limitation removing any subject matter from the genus, regardless of whether or not the excised materials specifically resided therein.

[0140] In addition, where features or aspects of an invention are described in terms of the Markush group, those schooled in the art will recognize that the invention is also thereby described in terms of any individual member or subgroup of members of the Markush group. It is also to be understood that the above description is intended to be illustrative and not restrictive. Many embodiments will be apparent to those of in the art upon reviewing the above description. The scope of

the invention should therefore be determined not with reference to the above description, but should instead be determined with reference to the appended claims, along with the full scope of equivalents to which such claims are entitled. The disclosures of all articles and references, including patent publications, are incorporated herein by reference.

We claim:

1. A pharmaceutical composition for treating, ameliorating, or preventing a lower urinary tract disorder comprising:
 - (a) an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
 - (b) at least one acute-acting anesthetic in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
 - (c) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;
 - (d) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and
 - (e) optionally, an additional component comprising one or more of the following in any combination:
 - (i) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
 - (ii) an antibacterial agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder;
 - (iii) an antifungal agent in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder; and
 - (iv) a vasoconstrictor in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder.
2. The pharmaceutical composition of claim 1 wherein the anionic polysaccharide is a glycosaminoglycan.

3. The pharmaceutical composition of claim 2 wherein the glycosaminoglycan is selected from the group consisting of hyaluronic acid, hyaluronan, chondroitin sulfate, pentosan polysulfate, dermatan sulfates, heparin, heparan sulfates, keratan sulfates, dextran sulfates, and carrageenan.
4. The pharmaceutical composition of claim 3 wherein the glycosaminoglycan is heparin.
5. The pharmaceutical composition of claim 4 wherein the heparin has a molecular weight of from about 8,000 daltons to about 40,000 daltons.
6. The pharmaceutical composition of claim 4 wherein the heparin has a molecular weight of from about 2,000 daltons to about 8,000 daltons.
7. The pharmaceutical composition of claim 4 wherein the composition comprises from about 10,000 to about 100,000 units of heparin per unit dose.
8. The pharmaceutical composition of claim 7 wherein the composition comprises from about 25,000 to about 60,000 units of heparin per unit dose.
9. The pharmaceutical composition of claim 8 wherein the composition comprises about 40,000 units of heparin per unit dose.
10. The pharmaceutical composition of claim 3 wherein the glycosaminoglycan is pentosan polysulfate.
11. The pharmaceutical composition of claim 3 wherein the glycosaminoglycan is heparan sulfate.
12. The pharmaceutical composition of claim 1 wherein the at least one acute-acting anesthetic is selected from the group consisting of benzocaine, lidocaine, tetracaine, bupivacaine, articaine, cocaine, etidocaine, flecainide,

mepivacaine, pramoxine, prilocaine, procaine, chloroprocaine, oxyprocaine, proparacaine, ropivacaine, dyclonine, dibucaine, propoxycaine, chloroxylenol, cinchocaine, dexivacaine, diamocaine, hexylcaine, levobupivacaine, propoxycaine, pyrrocaine, risocaine, rodocaine, pharmaceutically acceptable derivatives and bioisosteres thereof, and mixtures thereof.

13. The pharmaceutical composition of claim 12 wherein the at least one acute-acting anesthetic is selected from the group consisting of lidocaine, bupivacaine, benzocaine, tetracaine, etidocaine, flecainide, prilocaine, and dibucaine.

14. The pharmaceutical composition of claim 13 wherein the acute-acting anesthetic is lidocaine.

15. The pharmaceutical composition of claim 12 wherein the at least one acute-acting anesthetic is a eutectic mixture of lidocaine and prilocaine.

16. The pharmaceutical composition of claim 1 wherein the buffer is selected from the group consisting of bicarbonate buffer, Tris (Tris(hydroxymethyl)aminomethane) buffer, MOPS buffer (3-(N-morpholino)propanesulfonic acid), HEPES (N-(2-hydroxyethyl)piperazine-N'-(2-ethanesulfonic acid) buffer, ACES (2-[(2-amino-2-oxoethyl)amino]ethanesulfonic acid) buffer, ADA (N-(2-acetamido)2-iminodiacetic acid) buffer, AMPSO (3-[(1,1-dimethyl-2-hydroxyethyl)amino]-2-propanesulfonic acid) buffer, BES (N,N-bis(2-hydroxyethyl)-2-aminoethanesulfonic acid buffer, Bicine (N,N-bis(2-hydroxyethyl)glycine) buffer, Bis-Tris (bis-(2-hydroxyethyl)imino-tris(hydroxymethyl)methane buffer, CAPS (3-(cyclohexylamino)-1-propanesulfonic acid) buffer, CAPSO (3-(cyclohexylamino)-2-hydroxy-1-propanesulfonic acid) buffer, CHES (2-(N-cyclohexylamino)ethanesulfonic acid) buffer, DIPSO (3-[N,N-bis(2-hydroxyethyl)amino]-2-hydroxy-propanesulfonic acid) buffer, HEPPS (N-(2-hydroxyethyl)piperazine)-N'-(3-propanesulfonic acid) buffer, HEPPSO (N-(2-hydroxyethyl)piperazine-N'-(2-hydroxypropanesulfonic acid) buffer, MES (2-(N-morpholino)ethanesulfonic acid) buffer, triethanolamine buffer, imidazole buffer,

glycine buffer, ethanolamine buffer, phosphate buffer, MOPSO (3-(N-morpholino)-2-hydroxypropanesulfonic acid) buffer, PIPES (piperazine-N,N'-bis(2-ethanesulfonic acid) buffer, POPSO (piperazine-N,N'-bis(2-hydroxypropaneulfonic acid) buffer, TAPS (N-tris[hydroxymethyl)methyl-3-aminopropanesulfonic acid) buffer, TAPSO (3-[N-tris(hydroxymethyl)methylamino]-2-hydroxy-propanesulfonic acid) buffer, TES (N-tris(hydroxymethyl)methyl-2-aminoethanesulfonic acid) buffer, tricine (N-tris(hydroxymethyl)methylglycine buffer), 2-amino-2-methyl-1,3-propanediol buffer, and 2-amino-2-methyl-1-propanol buffer.

17. The pharmaceutical composition of claim 16 wherein the buffer is bicarbonate buffer.

18. The pharmaceutical composition of claim 17 wherein the bicarbonate buffer is sodium bicarbonate.

19. The pharmaceutical composition of claim 16 wherein the buffer is Tris buffer.

20. The pharmaceutical composition of claim 16 wherein the buffer is selected from the group consisting of phosphate buffer, MOPS buffer, and HEPES buffer.

21. The pharmaceutical composition of claim 1 wherein the composition comprises the osmolar component.

22. The pharmaceutical composition of claim 21 wherein the osmolar component is selected from the group consisting of sodium chloride, dextrose, dextran 40, dextran 60, starch, and mannitol.

23. The pharmaceutical composition of claim 22 wherein the osmolar component is sodium chloride.

24. The pharmaceutical composition of claim 1 wherein the buffer is

present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration or dispersed in the lower urinary tract, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M.

25. The pharmaceutical composition of claim 24 wherein the buffer is present in a quantity such that the buffer has a buffering capacity equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration or dispersed in the lower urinary tract, the sodium bicarbonate is present at a concentration of about 0.33 M.

26. The pharmaceutical composition of claim 18 wherein the sodium bicarbonate is present in a quantity such that when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.30 M to about 0.45 M.

27. The pharmaceutical composition of claim 26 wherein the sodium bicarbonate is present in a quantity such that when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.33 M.

28. The pharmaceutical composition of claim 1 wherein the pH of the composition is from about 7.4 to about 8.2.

29. The pharmaceutical composition of claim 28 wherein the pH of the composition is from about 7.6 to about 8.0.

30. The pharmaceutical composition of claim 29 wherein the pH of the composition is about 7.8.

31. The pharmaceutical composition of claim 14 wherein the quantity of lidocaine in the composition is such that a unit dose contains from about

120 mg to the maximum safely tolerated dose of lidocaine.

32. The pharmaceutical composition of claim 31 wherein the quantity of lidocaine in the composition is such that a unit dose contains about 160 mg to about 240 mg of lidocaine.

33. The pharmaceutical composition of claim 32 wherein the quantity of lidocaine in the composition is such that a unit dose contains about 160 mg of lidocaine.

34. The pharmaceutical composition of claim 32 wherein the quantity of lidocaine in the composition is such that a unit dose contains about 200 mg of lidocaine.

35. The pharmaceutical composition of claim 32 wherein the quantity of lidocaine in the composition is such that a unit dose contains about 240 mg of lidocaine.

36. The pharmaceutical composition of claim 1 wherein the buffer produces a pH at which at least about 40% of the acute-acting anesthetic is uncharged.

37. The pharmaceutical composition of claim 14 wherein the buffer produces a pH at which at least about 40% of the lidocaine is uncharged.

38. The pharmaceutical composition of claim 4 wherein the heparin is present at a concentration of from about 2500 U/ml to 4166 U/ml.

39. The pharmaceutical composition of claim 38 wherein the heparin is present at a concentration of from about 3000 U/ml to about 3666 U/ml.

40. The pharmaceutical composition of claim 39 wherein the heparin is present at a concentration of about 3333 U/ml.

41. The pharmaceutical composition of claim 14 wherein the lidocaine is present at a concentration of from about 34.5 mM to about 57.5 mM.
42. The pharmaceutical composition of claim 41 wherein the lidocaine is present at a concentration of from about 41.4 mM to about 50.6 mM.
43. The pharmaceutical composition of claim 42 wherein the lidocaine is present at a concentration of about 46 mM.
44. The pharmaceutical composition of claim 23 wherein the sodium chloride is present at a concentration of from about 21.4 mM to about 150 mM.
45. The pharmaceutical composition of claim 44 wherein the sodium chloride is present at a concentration of from about 25.6 mM to about 31.4 mM.
46. The pharmaceutical composition of claim 45 wherein the sodium chloride is present at a concentration of about 28.5 mM.
47. The pharmaceutical composition of claim 1 wherein the additional component includes a compound that enables persistence of the composition to the surface of the bladder wall.
48. The pharmaceutical composition of claim 47 wherein the compound that enables persistence of the composition to the surface of the bladder wall is an activatable gelling agent.
49. The pharmaceutical composition of claim 48 wherein the activatable gelling agent is selected from the group consisting of Pluronic F127 gel, Lutrol gel, NASI-containing polymers (N-isopropylacrylamide, ethylmethacrylate, N-acryloxysuccinimide), xyloglucan sols of 1-2%, graft copolymers of pluronic and poly(acrylic acid), pluronic-chitosan hydrogels, and a [Poly(ethylene glycol)-Poly(lactic acid-co-glycolic acid)-Poly(ethylene glycol)] (PEG-PLGA-PEG) polymer.
50. The pharmaceutical composition of claim 1 wherein the

additional component includes an antibacterial agent.

51. The pharmaceutical composition of claim 50 wherein the antibacterial agent is selected from the group consisting of a sulfonamide, a penicillin, a combination of trimethoprim plus sulfamethoxazole, a quinolone, methenamine, nitrofurantoin, a cephalosporin, a carbapenem, an aminoglycoside, a tetracycline, and a macrolide.

52. The pharmaceutical composition of claim 1 wherein the additional component includes an antifungal agent.

53. The pharmaceutical composition of claim 52 wherein the antifungal agent is selected from the group consisting of amphotericin B, itraconazole, ketoconazole, fluconazole, miconazole, and flucytosine.

54. The pharmaceutical composition of claim 1 wherein the additional component includes a vasoconstrictor.

55. The pharmaceutical composition of claim 54 wherein the vasoconstrictor is epinephrine.

56. The pharmaceutical composition of claim 14 wherein the additional component includes a vasoconstrictor, and the vasoconstrictor is epinephrine.

57. The pharmaceutical composition of claim 56 wherein the ratio of epinephrine to lidocaine is from about 1:1000 to about 1:200,000.

58. The pharmaceutical composition of claim 57 wherein the ratio of epinephrine to lidocaine is about 1:100,000.

59. The pharmaceutical composition of claim 1 wherein the composition further includes at least one ingredient selected from the group consisting of a coloring agent, a preservative, an antioxidant, and a chelating agent.

60. The pharmaceutical composition of claim 1 wherein the lower urinary tract disorder is selected from the group consisting of bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, and urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, interstitial cystitis, and overactive bladder in men or women.

61. The pharmaceutical composition of claim 60 wherein the lower urinary tract disorder is interstitial cystitis.

62. The pharmaceutical composition of claim 60 wherein the lower urinary tract disorder is radiation-induced cystitis.

63. The pharmaceutical composition of claim 1 wherein the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered.

64. The pharmaceutical composition of claim 1 wherein the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered.

65. A multipart kit of two or more separate premeasured components comprising:

(a) a first component that comprises a pharmaceutical composition comprising a solution or dry powder comprising an anionic polysaccharide in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder;

(b) a second component that comprises at least one acute-acting anesthetic as a solution or dry powder in a quantity sufficient to treat, ameliorate, or prevent a lower urinary tract disorder; and

(c) a third component that comprises a buffer either as a solution or as a dry powder that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, wherein the third component can

optionally be combined with the second component as either a solution or dry powder, and wherein the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M; and;

(d) optionally, when the first, second, and third components are all dry powder, a fourth component that comprises a premeasured component of liquid diluent;

(e) optionally, a fifth premeasured component comprising an osmolar component; wherein the fifth premeasured component can optionally be combined with any of the other components if stable; and

(f) optionally, a sixth premeasured component comprising one or more of the following in any combination:

(i) a compound that enables persistence of the composition to the surface of the bladder epithelium;

(ii) an antibacterial agent;

(iii) an antifungal agent; and

(iv) a vasoconstrictor; wherein the sixth premeasured component can optionally be combined with any of the other components if stable.

66. The multipart kit of claim 65 wherein the anionic polysaccharide is a glycosaminoglycan.

67. The multipart kit of claim 66 wherein the glycosaminoglycan is selected from the group consisting of hyaluronic acid, hyaluronan, chondroitin sulfate, pentosan polysulfate, dermatan sulfates, heparin, heparan sulfates, and keratan sulfates.

68. The multipart kit of claim 67 wherein the glycosaminoglycan is heparin.

69. The multipart kit of claim 68 wherein the heparin has a molecular weight of from about 8,000 daltons to about 40,000 daltons.

70. The multipart kit of claim 68 wherein the heparin has a molecular weight of from about 2,000 daltons to about 8,000 daltons.

71. The multipart kit of claim 68 wherein the pharmaceutical composition comprises from about 10,000 to about 100,000 units of heparin per dose.

72. The multipart kit of claim 71 wherein the pharmaceutical composition comprises from about 25,000 to about 60,000 units of heparin per dose.

73. The multipart kit of claim 71 wherein the pharmaceutical composition comprises about 40,000 units of heparin per dose.

74. The multipart kit of claim 66 wherein the glycosaminoglycan is pentosan polysulfate.

75. The multipart kit of claim 66 wherein the glycosaminoglycan is heparan sulfate.

76. The multipart kit of claim 65 wherein the at least one acute-acting anesthetic is selected from the group consisting of benzocaine, lidocaine, tetracaine, bupivacaine, articaine, cocaine, etidocaine, flecainide, mepivacaine, pramoxine, prilocaine, procaine, chloroprocaine, oxyprocaine, proparacaine, ropivacaine, dyclonine, dibucaine, propoxycaine, chloroxylenol, cinchocaine, dexivacaine, diamocaine, hexylcaine, levobupivacaine, propoxycaine, pyrrocaine, risocaine, rodocaine, pharmaceutically acceptable derivatives and bioisosteres thereof, and mixtures thereof.

77. The multipart kit of claim 76 wherein the acute-acting anesthetic is selected from the group consisting of lidocaine, bupivacaine, benzocaine, tetracaine, etidocaine, flecainide, prilocaine, and dibucaine.

78. The multipart kit of claim 77 wherein the acute-acting anesthetic is lidocaine.

79. The multipart kit of claim 76 wherein the at least one acute-acting anesthetic is a eutectic mixture of lidocaine and prilocaine.

80. The multipart kit of claim 65 wherein the buffer is selected from the group consisting of bicarbonate buffer, Tris (Tris(hydroxymethyl)aminomethane) buffer, MOPS buffer (3-(N-morpholino)propanesulfonic acid), HEPES (N-(2-hydroxyethyl)piperazine-N'-(2-ethanesulfonic acid) buffer, ACES (2-[(2-amino-2-oxoethyl)amino]ethanesulfonic acid) buffer, ADA (N-(2-acetamido)2-iminodiacetic acid) buffer, AMPSO (3-[(1,1-dimethyl-2-hydroxyethyl)amino]-2-propanesulfonic acid) buffer, BES (N,N-bis(2-hydroxyethyl)-2-aminoethanesulfonic acid buffer, Bicine (N,N-bis(2-hydroxyethylglycine) buffer, Bis-Tris (bis-(2-hydroxyethyl)imino-tris(hydroxymethyl)methane buffer, CAPS (3-(cyclohexylamino)-1-propanesulfonic acid) buffer, CAPSO (3-(cyclohexylamino)-2-hydroxy-1-propanesulfonic acid) buffer, CHES (2-(N-cyclohexylamino)ethanesulfonic acid) buffer, DIPSO (3-[N,N-bis(2-hydroxyethyl)amino]-2-hydroxy-propanesulfonic acid) buffer, HEPPS (N-(2-hydroxyethyl)piperazine)-N'-(3-propanesulfonic acid), buffer, HEPPSO (N-(2-hydroxyethyl)piperazine-N'-(2-hydroxypropanesulfonic acid) buffer, MES (2-(N-morpholino)ethanesulfonic acid) buffer, triethanolamine buffer, imidazole buffer, glycine buffer, ethanolamine buffer, phosphate buffer, MOPSO (3-(N-morpholino)-2-hydroxypropanesulfonic acid) buffer, PIPES (piperazine-N,N'-bis(2-ethanesulfonic acid) buffer, POPSO (piperazine-N,N'-bis(2-hydroxypropaneulfonic acid) buffer, TAPS (N-tris[hydroxymethyl)methyl-3-aminopropanesulfonic acid) buffer, TAPSO (3-[N-tris(hydroxymethyl)methylamino]-2-hydroxy-propanesulfonic acid) buffer, TES (N-tris(hydroxymethyl)methyl-2-aminoethanesulfonic acid) buffer, tricine (N-tris(hydroxymethyl)methylglycine buffer), 2-amino-2-methyl-1,3-propanediol buffer, and 2-amino-2-methyl-1-propanol buffer.

81. The multipart kit of claim 80 wherein the buffer is bicarbonate buffer.

82. The multipart kit of claim 81 wherein the bicarbonate buffer is sodium bicarbonate.

83. The multipart kit of claim 80 wherein the buffer is Tris buffer.

84. The multipart kit of claim 80 wherein the buffer is selected from the group consisting of phosphate buffer, MOPS buffer, and HEPES buffer.

85. The multipart kit of claim 65 wherein the multipart kit comprises the osmolar component.

86. The multipart kit of claim 85 wherein the quantity of the osmolar component is such that, when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the resulting solution is isotonic or nearly isotonic with respect to urine, the solution being compatible with human cells and blood.

87. The multipart kit of claim 85 wherein the osmolar component is selected from the group consisting of sodium chloride, dextrose, dextran 40, dextran 60, starch, and mannitol.

88. The multipart kit of claim 87 wherein the osmolar component is sodium chloride.

89. The multipart kit of claim 65 wherein the buffer is present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M.

90. The multipart kit of claim 89 wherein the buffer is present in a quantity such that the buffer has a buffering capacity equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the elements

comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.33 M.

91. The multipart kit of claim 89 wherein the sodium bicarbonate is present in a quantity such that when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of from about 0.20 M to about 0.45 M.

92. The multipart kit of claim 91 wherein the sodium bicarbonate is present in a quantity such that when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.33 M.

93. The multipart kit of claim 78 wherein the quantity of lidocaine in the multipart kit is such that a unit dose contains from about 120 mg to the maximum safely tolerated dose of lidocaine.

94. The multipart kit of claim 93 wherein the quantity of lidocaine in the multipart kit is such that a unit dose contains about 160 mg to about 240 mg of lidocaine.

95. The multipart kit of claim 94 wherein the quantity of lidocaine in the multipart kit is such that a unit dose contains about 160 mg of lidocaine.

96. The multipart kit of claim 94 wherein the quantity of lidocaine in the multipart kit is such that a unit dose contains about 200 mg of lidocaine.

97. The multipart kit of claim 94 wherein the quantity of lidocaine in the multipart kit is such that a unit dose contains about 240 mg of lidocaine.

98. The multipart kit of claim 95 wherein the buffer produces a pH at which at least about 40% of the acute-acting anesthetic is uncharged.

99. The multipart kit of claim 78 wherein the buffer produces a pH at

which at least about 40% of the lidocaine is uncharged.

100. The multipart kit of claim 68 wherein the heparin is present at a concentration of from about 2500 U/ml to 4166 U/ml when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

101. The multipart kit of claim 100 wherein the heparin is present at a concentration of from about 3000 U/ml to about 3666 U/ml when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

102. The multipart kit of claim 101 wherein the heparin is present at a concentration of about 3333 U/ml when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

103. The multipart kit of claim 78 wherein the lidocaine is present at a concentration of from about 34.5 mM to about 57.5 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

104. The multipart kit of claim 103 wherein the lidocaine is present at a concentration of from about 41.4 mM to about 50.6 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

105. The multipart kit of claim 104 wherein the lidocaine is present at a concentration of about 46 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

106. The multipart kit of claim 88 wherein the sodium chloride is present at a concentration of from about 21.4 mM to about 150.0 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

107. The multipart kit of claim 106 wherein the sodium chloride is present at a concentration of from about 25.6 mM to about 31.4 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for

administration.

108. The multipart kit of claim 107 wherein the sodium chloride is present at a concentration of about 28.5 mM when the elements comprising the multipart kit are dissolved in an aqueous liquid for administration.

109. The multipart kit of claim 65 wherein the kit comprises the sixth premeasured component and the sixth premeasured component includes a compound that enables persistence of the composition to the surface of the bladder wall.

110. The multipart kit of claim 109 wherein the compound that enables persistence of the composition to the surface of the bladder wall is an activatable gelling agent.

111. The multipart kit of claim 110 wherein the activatable gelling agent is selected from the group consisting of Pluronics F127 gel, Lutrol gel, NASI-containing polymers (N-isopropylacrylamide, ethylmethacrylate, N-acryloxysuccinimide), xyloglucan sols of 1-2%, graft copolymers of pluronic and poly(acrylic acid), pluronic-chitosan hydrogels, and a [Poly(ethylene glycol)-Poly(lactic acid-co-glycolic acid)-Poly(ethylene glycol)] (PEG-PLGA-PEG) polymer.

112. The multipart kit of claim 65 wherein the kit comprises the sixth premeasured component and the sixth premeasured component includes an antibacterial agent.

113. The multipart kit of claim 112 wherein the antibacterial agent is selected from the group consisting of a sulfonamide, a penicillin, a combination of trimethoprim plus sulfamethoxazole, a quinolone, methenamine, nitrofurantoin, a cephalosporin, a carbapenem, an aminoglycoside, a tetracycline, and a macrolide.

114. The multipart kit of claim 65 wherein the kit comprises the sixth premeasured component and the sixth premeasured component includes an antifungal agent.

115. The multipart kit of claim 114 wherein the antifungal agent is selected from the group consisting of amphotericin B, itraconazole, ketoconazole, fluconazole, miconazole, and flucytosine.

116. The multipart kit of claim 65 wherein the kit comprises the sixth premeasured component and the sixth premeasured component includes a vasoconstrictor.

117. The multipart kit of claim 116 wherein the vasoconstrictor is epinephrine.

118. The multipart kit of claim 65 wherein the lower urinary tract disorder is selected from the group consisting of bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, and urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, interstitial cystitis, and overactive bladder in men or women.

119. The multipart kit of claim 118 wherein the lower urinary tract disorder is interstitial cystitis.

120. The multipart kit of claim 118 wherein the lower urinary tract disorder is radiation-induced cystitis.

121. The multipart kit of claim 65 wherein the kit is packaged in two or more compartments.

122. The multipart kit of claim 121 wherein the compartments are two or more vials, one or more vials and a prefilled syringe, or a prefilled syringe with two compartments and a nonpermeable membrane/stopper in between that is broken/moved just prior to instillation allowing all the components to mix.

123. The multipart kit of claim 65 wherein the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered.

124. The multipart kit of claim 65 wherein the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom a solution produced by dissolving the ingredients of the kit in an aqueous liquid is administered.

125. A method of treating, ameliorating, or preventing a lower urinary tract disorder comprising the step of administering the composition of claim 1 to a subject with a diagnosed lower urinary tract disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence in a quantity sufficient to treat, ameliorate, or prevent the lower urinary tract disorder.

126. The method of claim 125 wherein the lower urinary tract disorder is selected from the group consisting of bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, and urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, interstitial cystitis, and overactive bladder in men or women.

127. The method of claim 126 wherein the lower urinary tract disorder is interstitial cystitis.

128. The method of claim 126 wherein the lower urinary tract disorder is radiation-induced cystitis.

129. The method of claim 125 wherein the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered.

130. The method of claim 125 wherein the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered.

131. A method of treating, ameliorating, or preventing a pelvic disorder comprising the steps of:

- (a) combining the premeasured components of the kit of claim 65; and
- (b) administering to a subject with a diagnosed pelvic disorder or with one or more symptoms of pain, urinary urge, urinary frequency, or incontinence a quantity of the combined premeasured components of the kit sufficient to treat, ameliorate, or prevent the pelvic disorder.

132. The method of claim 131 wherein the lower urinary tract disorder is selected from the group consisting of bacterial cystitis, fungal/yeast cystitis, vulvar vestibulitis, vulvodynia, dyspareunia, and endometriosis in women; prostatitis, chronic pelvic pain syndrome, and urethral syndrome in men; and radiation-induced cystitis, chemotherapy-induced cystitis, interstitial cystitis, and overactive bladder in men or women.

133. The method of claim 132 wherein the lower urinary tract disorder is interstitial cystitis.

134. The method of claim 132 wherein the lower urinary tract disorder is radiation-induced cystitis.

135. The method of claim 131 wherein the anionic polysaccharide increases the duration of relief over the duration of relief that is produced when a composition lacking the anionic polysaccharide is administered.

136. The method of claim 131 wherein the anionic polysaccharide prevents relapses or exacerbations of symptoms experienced by patients to whom the composition is administered.

137. The method of claim 125 further comprising administration of an

additional oral agent that acts to reduce abnormal permeability of bladder epithelium.

138. The method of claim 137 wherein the additional oral agent is pentosan polysulfate.

139. The method of claim 131 further comprising administration of an additional oral agent that acts to reduce abnormal permeability of bladder epithelium.

140. The method of claim 139 wherein the additional oral agent is pentosan polysulfate.

141. A composition for providing anesthesia to a tissue selected from the group consisting of a tissue of the lower urinary tract and an ancillary structure, the composition comprising:

(a) an anionic polysaccharide in a quantity sufficient to potentiate an anesthetic effect exerted on the tissue;

(b) at least one acute-acting anesthetic in a quantity sufficient to provide an anesthetic effect to the tissue;

(c) a buffer that buffers the solution at a pH that ensures that a sufficient portion of the acute-acting anesthetic is present in an uncharged state so that the acute-acting anesthetic can cross the cell membranes, the buffer being present in a quantity such that the buffer has a buffering capacity at least equivalent to the buffering capacity of a quantity of sodium bicarbonate such that, when the formulation is dissolved in an aqueous liquid for administration, the sodium bicarbonate is present at a concentration of about 0.20 M to about 0.45 M;

(d) optionally, an osmolar component that provides an isotonic or nearly isotonic solution with respect to urine, the solution being compatible with human cells and blood; and

(e) optionally, an additional component comprising one or more of the following in any combination:

(i) a compound that enables persistence of the composition to the surface of the bladder epithelium in a quantity sufficient to potentiate the anesthetic effect;

(ii) an antibacterial agent;

(iii) an antifungal agent; and
(iv) a vasoconstrictor in a quantity sufficient to potentiate the anesthetic effect.

143. The composition of claim 142 wherein the anionic polysaccharide is heparin.

144. The composition of claim 142 wherein the acute-acting anesthetic is lidocaine.

145. The composition of claim 142 wherein the buffer is sodium bicarbonate.

146. The composition of claim 142 wherein the composition comprises the osmolar component and the osmolar component is sodium chloride.

147. The composition of claim 142 wherein the tissue is a tissue of the lower urinary tract.

148. The composition of claim 147 wherein the tissue of the lower urinary tract is the prostate.

149. A method of anesthetizing a tissue selected from the group consisting of a tissue of the lower urinary tract and a tissue that is an ancillary structure comprising the step of administering the composition of claim 142 to a subject in need of anesthesia of the tissue.

150. The method of claim 149 wherein the tissue is a tissue of the lower urinary tract and the tissue of the lower urinary tract is the prostate.

PORIS QUESTIONNAIRE

PATIENT OVERALL RATING OF IMPROVEMENT OF SYMPTOMS

Please check the category that **BEST** describes your condition **TODAY** in **COMPARISON** to your condition **BEFORE** you started study medication.

1. Please check the category that best describe the **OVERALL CHANGE** in **PAIN** associated with your pelvic pain since the start of study medication. (Check one box)

 - ☐ Worse
 - ☐ No better (0% improvement)
 - ☐ Slightly improved (25% improvement)
 - ☐ Moderately improved (50% improvement)
 - ☐ Greatly improved (75% improvement)
 - ☐ Symptoms gone (100% improvement)
 - ☐ Not Applicable

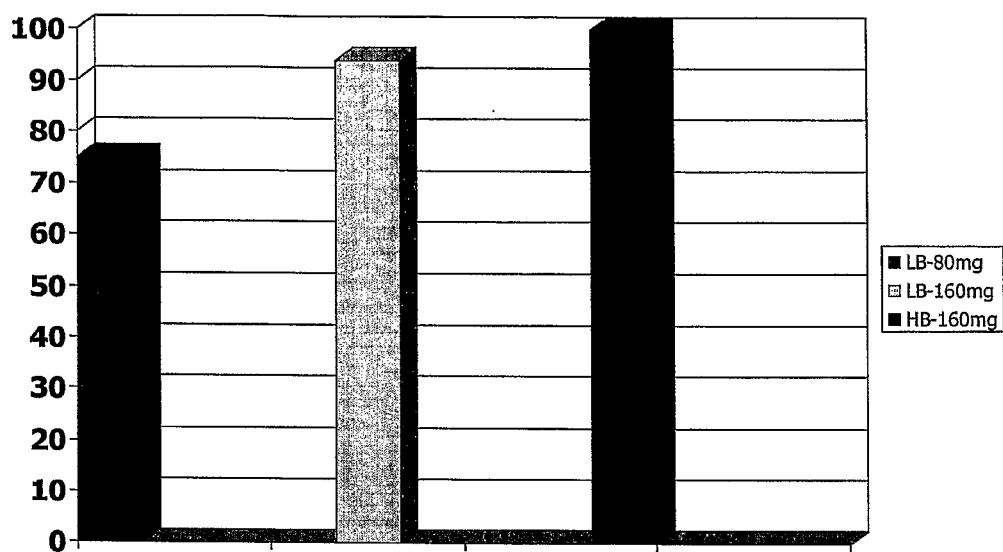
2. Please check the category below that best describes the **OVERALL CHANGE** in **URGENCY** or pressure to urinate associated with your bladder since the start of study medication. (Check one box)

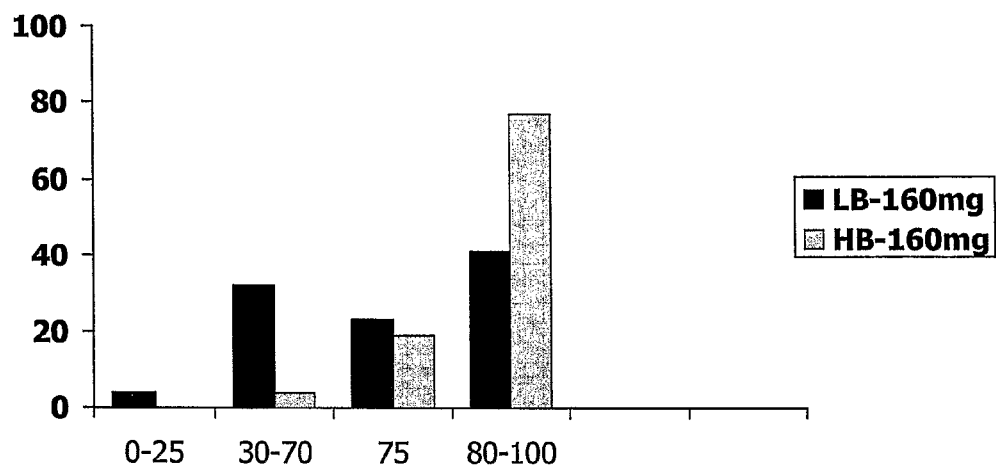
 - ☐ Worse
 - ☐ No better (0% improvement)
 - ☐ Slightly improved (25% improvement)
 - ☐ Moderately improved (50% improvement)
 - ☐ Greatly improved (75% improvement)
 - ☐ Symptoms gone (100% improvement)
 - ☐ Not Applicable

3. Considering your response to items 1 and 2, please check the category below that best describes the **OVERALL CHANGE** in your problem **COMPARED TO BEFORE YOU STARTED** study medication. (Check one box)

 - ☐ Worse
 - ☐ No better (0% improvement)
 - ☐ Slightly improved (25% improvement)
 - ☐ Moderately improved (50% improvement)
 - ☐ Greatly improved (75% improvement)
 - ☐ Symptoms gone (100% improvement)

Figure 1

**Figure 2**

**Figure 3**

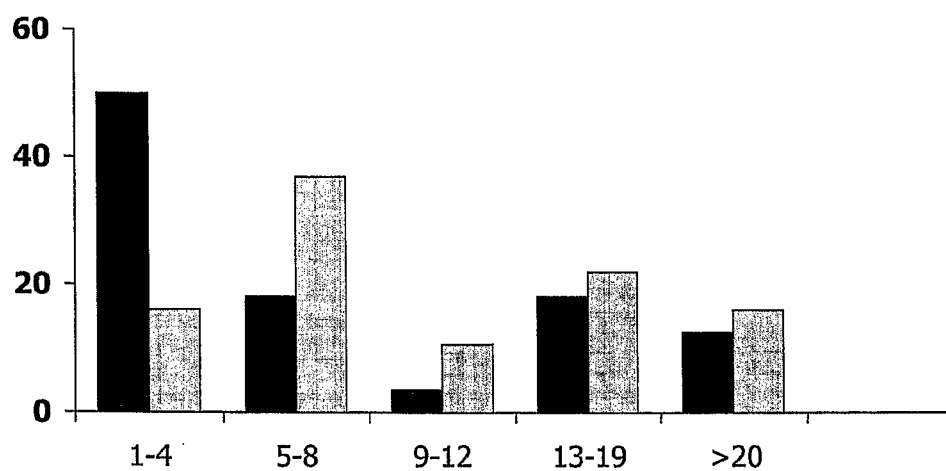
**Figure 4**

Figure 5

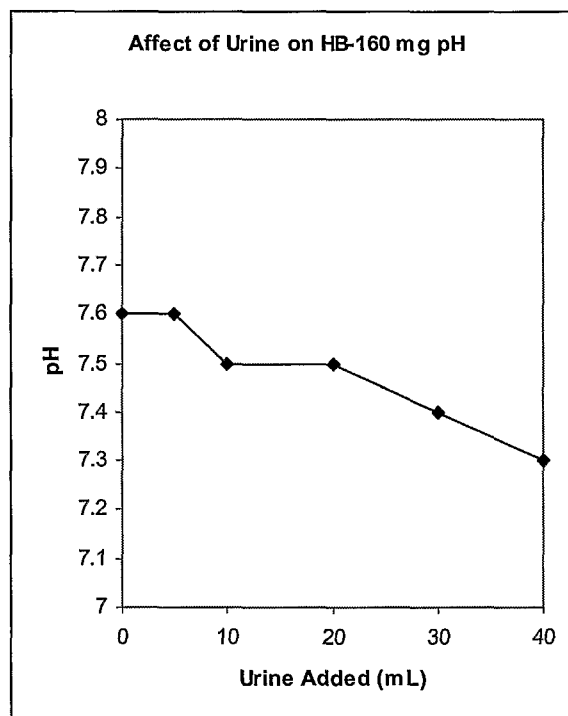


Figure 6

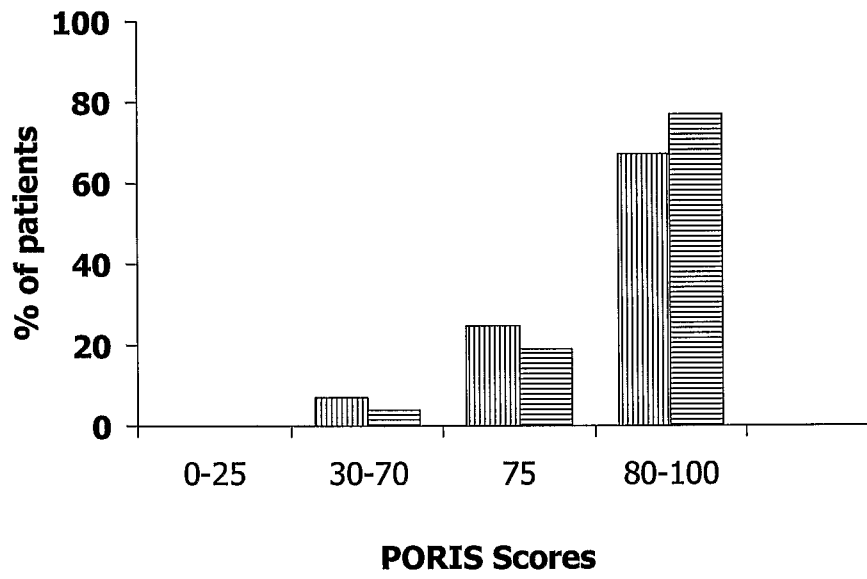
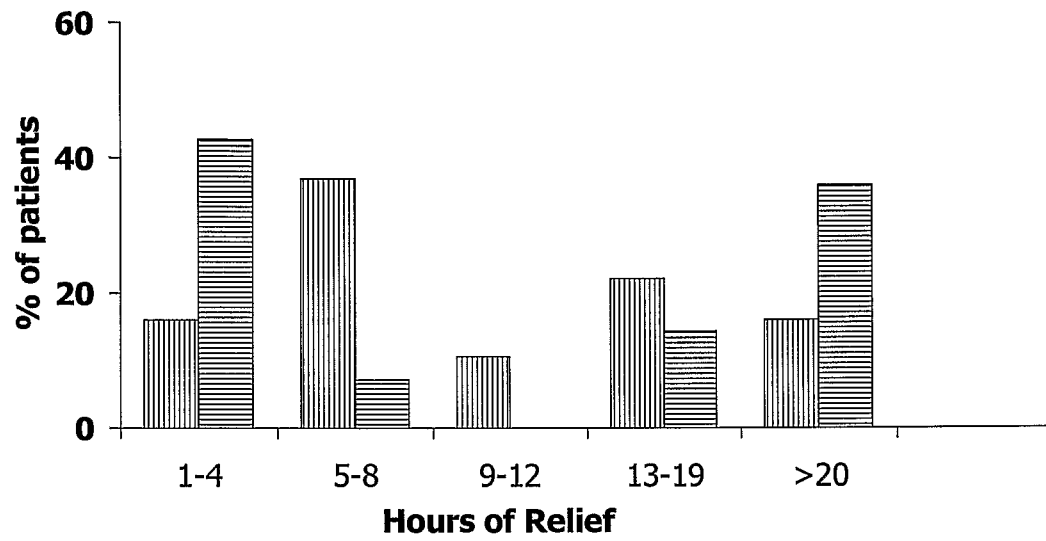


Figure 7



INTERNATIONAL SEARCH REPORT

International application No.

PCT/US06/19745

A. CLASSIFICATION OF SUBJECT MATTER

IPC: A61K 31/715(2006.01),31/721(2006.01),31/727(2006.01),31/728(2006.01),31/737(2006.01)

USPC: 514/53,54,56,59

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S. : 514/53, 54, 56, 59

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used)
Please See Continuation Sheet

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
Y	US 6,083,933 A (HAHN) 4 July 2000 (04.07.2000), see entire document.	10,11,19-23,28-30,44-59,62,65-124,128,134,138-140,142,144 and 146-150

☒ Further documents are listed in the continuation of Box C.

☐ See patent family annex.

Special categories of cited documents:	
"A" document defining the general state of the art which is not considered to be of particular relevance	"T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention
"E" earlier application or patent published on or after the international filing date	"X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone
"L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)	"Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art
"O" document referring to an oral disclosure, use, exhibition or other means	"&" document member of the same patent family
"P" document published prior to the international filing date but later than the priority date claimed	

Date of the actual completion of the international search

16 August 2006 (16.08.2006)

Date of mailing of the international search report

19 SEP 2006

Name and mailing address of the ISA/US

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INTERNATIONAL SEARCH REPORT

International application No.
PCT/US06/19745

C. (Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X --- Y	US 6,648,863 B2 (REEVER) 18 November 2003 (18.11.2003), see entire document.	1-9,12-18,24-27,31-43,60,61,63,64,125-127,129-133,135-137,141,143 and 145 ----- 10,11019-23,28-30,44-59,62,65-124,128,134,138-140,142,144 and 146-150

INTERNATIONAL SEARCH REPORT

International application No.
PCT/US06/19745

Continuation of B. FIELDS SEARCHED Item 3:
EAST
Search Terms disclosed in the Application