

## ICS Committee Reports 2014

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## ICS Children's Young Adults Committee Report

### Members:

Member	Role
Giovanni Mosiello	Chair
Laetitia de Kort	Committee Member
Pallavi Latthe	Committee Member
June Rodgers	Committee Member
Jian Guo Wen	Committee Member- Paediatric urologist
Mario Patricolo	Committee Member- Paediatric urologist
Selcuk Yucel	Committee Member
Kwang Myung Kim	Committee Member
Eliane Fonseca	Committee Member

The ICS Children and Young Adults' Committee (CYAC) is responsible for supervising workshops and sessions at the annual ICS meeting relating to continence in children, adolescents and young adults .

The specific action of the Committee is focused on transitional from pediatric age to adult service for continence care in order to produce for ICS guidelines, standards of terminology between children and adults.

In these actions CYAC would like to cooperate with other Societies working first of all with International Children's Continence Society but with a specific role for transitional care, and then on adolescents and young adults with ongoing continence care needs.

The past year was a "transition time" for the CYAC too for different aspects:

- Changing of the Chair
- Changing of different old members

For this reason time was dedicated for closing the pending action, and to define activities for the next years. Activities in the past year continued to be focused on this main field of transitional Care, collecting data about current practice and issues surrounding the Transition and Transfer into adult services, understanding of the issues.

Regarding the pending action there are some positive notes as well as some negative.

In Barcelona 4 pending actions were previously presented:

- a) Activities on children with coexisting disabilities
- b) Report from Beijing Workshop on Urodynamic
- c) Management guidelines for gynecological conditions in adolescents
- d) Standardization document on Transitional Care on the basis of the common Meeting in Toronto with ICCS

Resulting after 1 year in;

- a) Mario Patricolo and June Rogers have done excellent work researching and collecting data in regards to co-morbidities associated to continence and bowel management issues in adolescents with coexisting disabilities. Forty conditions were listed out of 203 identified incontinence etiopathogenetic factors: Meningomyelocele, Down Syndrome, Mucopolisaccharidosis, Cerebral Palsy, Diabetes and Obesity, where used as "Sample-conditions." The result of the analysis of data related to the above mentioned conditions showed that late diagnosis, frequently when the signs and symptoms are already severe and too far advanced (i.e. pyelonephritis, enterocolitis, tethered cord-related symptoms, etc.), the difficulty of verbalization, limits in dexterity (difficult clean intermittent catheterization and bowel wash-outs), lack of knowledge at primary care level, (when "dry" is confused with "normal bladder"). Mrs June Rogers and Dr. Mario Patricolo have published a booklet on the above subject, for PromoCon Manchester Disabled Living and with support from the Platinum Trust. The booklet is already in use in UAE and in UK and it is entitled: "Understanding Bladder and Bowel Comorbidities in Children and Young People with Additional Needs – The Importance of Assessment. Mrs Rogers and Dr. Patricolo are planning on proposing to the Committee a focused study on Adolescents affected by bladder and bowel issues in cases of Trisomy 21 and other congenital chromosomal conditions, at next Committee Meeting in occasion of the ICS Annual Meeting in Rio de Janeiro, (2014).Of course this activity, if approved, will be an ICS activity.
- b) Manuscript from Beijing Workshop: this was published by Wen and colleagues in NeuroUrology and Urodynamics, in 2014. This is an excellent paper on urodynamics concerns in newborn and infants, and was produced by a valuable team of experts of Beijing and Aarhus, in full cooperation

between ICS and ICCS.

Dr Wen is planning to propose a new activity on Urodynamic evaluation in children and young adults and also this activity, if approved by the Committee, will be produced on behalf of ICS.

- c) Pallavi Latthe is working on the gynecological conditions in adolescents guidelines. The CYAC will continue supporting Pallavi and aim to complete this document by 2015

In all these positive notes unfortunately there are some negative;

- d) Standardisation document on Transitional Care in Urology on the basis of the common meeting in Toronto with ICCS. The CYAC promised a report regarding this meeting by the previous Chair of CYAC, as well as a standardisation document on the results of the survey. All these documents have been promised for November 2013, but we have not received any answer to our request to participate to this activity and to include external member in CYAC in order to finish the work. It was a shame as it represents a black hole on the past activity of the CYAC and CYAC activities on transitional care must start again for some aspects.

Going forward we plan for all new and old members of the CYAC to be working together. In Barcelona as well as in Rio CYAC will be hosting a workshop. Many member of CYAC are involved in lectures, workshops, meet the experts, provoker in poster discussion in Rio.

Another positive aspect is the renewed cooperation with ICCS: we have some common activities planned in Rio. The new member of CYAC Dr Eliane Fonseca, representing ICCS in South America, will be valuable in reinforcing the cooperation between the 2 societies.

### **Plans for the next year**

- 2 members of the CYAC are stepping down and have to be renewed: they are very active and valuable member and it will be appreciated if they could remain with us for other 3 years.
- ICS is working hard to increase the specific action and role of the Society and CYAC would like to be an active part in this new deal.
- On the basis of lessons learned from the past, the strategic vision of the Chair is to create more collegial activities inside the CYAC, where all activities of the CYAC members must be done first of all for ICS.

For this reason there is the project to create different subcommittee as well as zonal task forces:

Subcommittee: Funding, Communication, Publications, Educational, others to discuss,

ZT Forces: North America, Central South America, West Europe, East Europe, Middle East, Africa , Far East Asia , South East Asia, Australia.

In every Subcommittee and ZTF: a minimum of 1 Member and the Chair must be involved

Actions of CYAC must be finalised to include new subcommittee members , to complete a list of ICS member involved in transitional care and to involve in CYAC activities , encourage pediatric urologist, pediatrician, paediatric nurse, etc. to submit abstract to ICS , to identify centre of excellence for training in transitional care of continence to promote high quality care for children and young adults with bladder and bowel dysfunction, defining clinical standards , guidelines / pathways, to organize course around in different countries in order to transmit ICS standard of care . CYAC is planning to communicate and collaborate with all other societies involved with transitional care; WFNR, SIG Spina Bifida, IFSBH , ESPU, single National Society for Continence, and of course ICCS.

Regarding ICCS a formal request of sincere cooperation was presented in order to cooperate in order to produce an Handbook on Transitional Care ( 2014-2017) and to organize a new Meeting as in Toronto ( 2016?2017?).

For transitional Care furthermore there is a proposal by Springer Verlag, on behalf of the Italian Society of Urodynamics, to support a publication.

For the scientific activities, 3 papers (Rogers/Patricolo, Wen, Pallavi) have to be discussed, and defined in the actions to do between the CYAC members.

### **Budget for 2015**

1. £1000.00 for each paper published as CYAC for ICS for secretarial expenses, revision, etc.
2. A budget support for the Handbook
3. A minimum budget support for educational course that CYAC will organise on behalf of ICS around the world on transitional care for continence from childhood to adulthood (£3000.)

### **Continence Promotion Committee Report 2014**

#### **1. Agenda for 2014**

Includes review of the terms of reference, discussion regarding the hurdles encountered with the forum, World Continence Week update from the subcommittee chairs.

## 2. Bladder Diary Day

CPC assisted SSC Chair Marcus Drake with BDD initiative. Marcus was put in contact with Nicole Huige (WCW subcommittee chair) to collaborate on this initiative.

## 3. Public Forum

The forum has gone through a name change and a face lift. The Continence Awareness Forum will take place on Wednesday 22 October 2014. This year it will be geared not only to the public but to health care providers from all fields as well as patient advocacy groups. Hurdles continue to be related to funding. I will be anxious to see the response in Brazil. Historically these meetings have required a lot of work with little result.

## 4. Terms of Reference

Members whose terms are ending after the 2014 meeting are Barry Cahill, Christa Thiel, Diane Newman, Diane Owen, Elisabeth Bakker, Frankie Bates, Jacky Cahill, Lynne Poelgeest, Sherif Mourad and Tomasz Michalek. This leaves myself, Nicole Huige, Peter Meyer, Stavros Charalambous, Vasan Srin, Grzegorz Surkont and our two new members Ran Pang and Rowan Cockerell.

All members leaving the committee this year expressed interest to stay on additional time to help transition the committee except Sherif Mourad and Christa Thiel. I would like to ask the Trustees to allow Frankie Bates and Tomasz Michalek to stay on the committee for an additional two years and for one year respectively. I believe Frankie would make an excellent choice for a future chair of the committee. This structure would leave the following after Brazil:

Tamara Dickinson	Nurse	United States
Frankie Bates	Nurse	Canada
Nicole Huige	Industry	Sweden
Peter Meyer	Physio	Belgium
Tomasz Michalek	Health Services Researcher	Poland
Stavros Charalambous	Urologist	Cyprus
Grzegorz Surkont	Obstetrician & Gynaecologist	Poland
Ran Pang	Physio	
Rowan Cockerell	Patient Advocacy	Australia

## **5. Subcommittees**

After initial survey of the CPC members, 4 subcommittees were identified to keep in our committee structure. Those included WCW, Education, Internet and Industry. It seems that only WCW and Education (in charge of the forum via Frankie Bates and Tomasz Michalek). I would move to abolish the subcommittee structure at this time and keep the education and WCW groups in place as working groups.

## **6. Future of the Committee**

When clear to, I plan to communicate the results of the Strategy Chairs/Board Forum minutes with committee members. I feel the focus shift for the CPC to include continence organisations as well as healthcare professionals, particularly non-specialist providers. I will also discuss the expanding role of collaboration between CPC and PCC. I await further information to disseminate to the committee.

Respectfully submitted,

Tamara Dickinson, BSN, RN, CURN, CCCN

## **Annual report of the Education Committee 2013 – 2014**

Ervin Kocjancic, Chairman

### **Activities and achievements in the past year**

In the past year the Education Committee performed core functions on behalf of ICS. Despite a substantial budget reduction in this year we were still able to organize many courses and education events worldwide. The Board of Trustees voted a budget of £35,000. In order to maintain the key activity of the committee and ICS as a whole, the education committee decided to find an alternative strategy that will allow the high standard of education events and representation of the ICS worldwide. These points of action can be summarised in three strategic areas:

1. Low cost, quality education
2. Promoting an international presence for the ICS
3. Generation of revenue

The entire Education Committee was engaged in trying to find highly qualified speakers, for the add on courses, that resides closer to the course venue, allowing us to reduce the travel expenses. Additionally, in the countries with a high number of ICS delegates, the local KOL were used to organise add on courses, with the ICS quality standards. Examples of these are the ICS Courses on Pelvic Floor Ultrasound and the Advanced Pelvic Floor Rehabilitation in Crema, Italy. This year, for the first time, the courses were planned according the ICS

strategic plan. We were able to organise several add-on courses, focused on the Portuguese and Spanish speaking world. The courses were thoroughly selected in cooperation with Nucelio Lemos, Chair of the Scientific Committee and Carlos D'Ancona, Annual Meeting Chair. The intent of such a close cooperation with the Scientific Committee and the Annual Meeting local organisers should increase the visibility of ICS, thus increasing the membership and the participation to the Annual Meeting. A list of activities is in Appendix A and funding information Appendix B

The entire committee was engaged in selecting workshops for the ASM 2014, resulting in an excellent variety of high quality workshops. In total 42 courses were selected and organised within two pre-congress days (Monday and Tuesday). A balanced program was of serious consideration throughout deliberations.

Additionally, this year, the Scientific Chair, Annual Meeting Chair and the Education Committee decided to run some workshops on Wednesdays and Thursday to offer diversity for meeting delegates. These workshops would mainly be aimed at allied health delegates. This should increase the interest and the participation of local health allied participants. The Education Committee feels that there should be a stronger collaboration with the Scientific Committee and the Annual Meeting Chair in the future. We should stimulate the submission of workshops and courses based on the needs of the country that organises the Annual Meeting.

The Education Committee and the Workshop Sub Committee also discussed the quality of the Workshops at the annual meeting. We strongly feel that re-submission of the same programs and speakers are not beneficial for the quality of the program or for the delegates who are participating in these events. The Committee decided to amend the guidelines for the submission of courses and workshops, not allowing the re-submission of the same workshops for more than two consecutive years.

The committee also acted to ensure that ICS committee outputs were given a platform, the process was done outside the usual competition for workshops selection. The Committee recommends this to continue in the future.

Regarding the revenue generating courses, the Education committee worked intensively on this topic. This is one example of such courses:

“Proposal: International Continence Society accreditation for surgeons and manufacturers on vaginal tapes/slings for stress urinary incontinence.

Synthetic tapes/slings are now widely used for surgery to treat stress urinary incontinence. About 13,000 such operations are carried out in the UK each year. As a profession we have a duty to make sure that surgery using these products is as safe as possible. We also have a duty to protect surgeons who are undertaking these procedures with appropriate guidance and recommendations, which if followed will vouch for their competence.

Some best practice guidance on the use of these procedures is already available from the National Institute for Health and Clinical Excellence (NICE). It is recommended that

surgeons have had specialist training and carry out a sufficient case load to maintain their skills, surgery should take place under the oversight of a nominated clinical lead, and all surgeons should maintain audit data and contribute to the national outcomes registries. However the guidelines and recommendations are vague and do not currently offer any protection to the surgeons in medico legal situations.

Therefore we propose that the International Continence Society establishes a standard for surgeons in order for them to be accredited on the insertion of vaginal tapes/slings for stress urinary incontinence.

**Training:** We propose the development of an ICS accredited cadaver lab training course. This should include training on patient selection, choice of device, and hands on training on anatomy, insertion of devices, removal of mesh, and medico legal teaching from a specialist solicitor including training on the process of informed consent, and demonstrating that patients have been offered other treatments. Currently there is no recognised training leading to recognised competence for surgeons.

**Mentorship:** We propose that each surgeon has a named experienced proctor by whom they are overseen. They will provide ongoing education, training and support when required. This should be an obligation rather than a suggestion.

**Audit:** A single international registry of vaginal tapes should be developed. Current databases are not international, and as patient data is not inserted, there is the possibility of fabrication. In order to produce a rigorous registry and useful audit data, without compromising patient identifiable information we suggest that the lot number of the tape, or a unique number provided with each tape, is inserted when imputing surgical data into the registry. In order to audit patient outcome data we also suggest that on insertion into the registry, a code is generated for the patient which gives them access to an online questionnaire including patient satisfaction questions, to be completed at certain time points in the future, such as 1 year etc. Patient's notes and records could also be labelled with their unique tape identification number, so that future complications can be reported to the international registry. It may also be helpful for patients to receive an implant card. We propose that our database is compulsory for ICS accredited surgeons, and will provide the evidence we need of ongoing audit.

### **Courses and workshops**

The courses and workshops sub-committee have continued lively debate on the format, content and location of educational courses and lectures outside the ASM and decided that, strategically, North America would be targeted in view of the location of the 2015 meeting in Montreal and Asia and Australia in view of 2016 meeting in Tokyo.

The revised application process has worked well. A live online applications site allows the subcommittee members to view applications progress currently in production.

T

he whole subcommittee raised concerns regarding the request to review, discuss and build a high quality program for the Annual Meeting. The level of interaction required is such that makes this activity over the WebEx format troublesome, if not impossible. We are requesting the possibility to meet in person, not for the entire committee, but the members

of the workshops subcommittee.

### **E-learning**

The subcommittee was involved in selection of workshops for the e—learning modules and the refinement of previous year’s content. Subcommittee members were also involved in writing questions for older content in line with ICS house style. The subcommittee has also begun the commissioning of a workshop for 2014, specifically for e-learning content. The subcommittee will continue to develop courses and content, monitor question writing and course selection for the next year. Additionally the e-learning modules with other committees were organised, such as the one with the Fistula Committee. Similar cooperation will be done with Urodynamic and Neurourology committee.

### **Trainees**

The trainees subcommittee established and analysed a survey of trainees needs. This year there will be a specific session dedicated to trainees. The subcommittee is working to include more non –physician trainees in their activities.

The education committee (EC) would like the Board to consider forming a Trainees committee outside the EC, to promote the needs of trainees within ICS.

### **Meet the expert’s discussion**

In the past two years the meet the expert lunch represented a challenge. There were empty tables and generally, despite being sold out ahead of time, the participation at the event was below the expected numbers. The issue was discussed. Some remediation was proposed, such as reinforce the information to the delegates that the lunch is going to be provided, and this is going to be included in the future correspondence to the delegates that purchase the event. The provision of lunch should also be noted on the ticket provided at the registration desk at the Annual Meeting. The Committee will evaluate the participation of Meet the Expert at Rio Meeting and will decide on how or if continue with this activity.

### **Plans for 2014 – 15**

- The majority of the members of the current Committee have reached the maximum term and will need to be replaced after the Rio ASM. The current structure of the Committee is not functional and the high total number of members is unnecessary. In the past year the Committee has continued in the process of fair distribution of duties in the light of interdisciplinary culture and we created a more democratic committee. To improve the function of the committee the number of members should be reduced to the ones that are currently active. These are the members of the Workshops Subcommittee and the E-learning Subcommittee.

The Education Committee, thus, is calling for new members, with the desired composition of the committee, beside the Chair, as follows:

2 Urologists

2 OBGYN

1 Non-Surgical MD representative (Physiatrist / Gerontologist)

1 Nurse

1 Physical Therapist

The committee believes that the Nurse and PT representative should be ex-officio respectively on the Nursing Committee and the PT Committee. The Education Committee will review applications from nursing representatives in conjunction with the Nursing Committee Chair and the PT Committee Chair.

- For the activities of the Committee in the coming year, we are requesting the same, already limited amount of budget assigned last year, of £35,000
- We will also work with all the existing Committees to create core syllabus and generate e-learning modules or ICS accredited slides for meeting and courses.

## **ICS Fistula Committee 2014**

### **Activities and achievements over the past year**

The ICS fistula committee has been busy over the last year re-structuring and establishing its place in the fistula world. The focus of ICS is in the direction of education, development and research that the committee wants to adopt fully. Thus, we went on a scoping exercise.

The committee members approached different fistula surgeons in different settings, including Burma, Ethiopia, Kenya, Nepal, Nigeria, Tanzania and Uganda and asked them how we may help in developing continence care in their facilities. The main issues raised were how to manage continence post-surgical repair of fistula, determining the role of urodynamics and improving skills in reconstructive urology. In addition, we were also asked about prolapse surgery and how trainees in different settings can access training and expertise in this surgery, and whether the ICS can help in this aspect as well. Our colleagues were also keen for us to work with them on research and development.

The Chair of the ICS Fistula Committee also attended various meetings throughout 2014 looking at a permanent role of ICS in training and education on the global stage, including one held at the Harvard Public Health School in Boston, where members of 23 agency groups were present including Engender Health and the World Health Organization. One option is to work with these and other agencies working with an extensive track record in the field including the International Federation of Obstetrics and Gynaecology (FIGO) and

WAHA International and many others. There has been a request from all these agencies in securing ICS as a professional partner in their work. The ICS committee welcomes all these approaches and will look into discussing this further at the meeting in Rio. It is clear that ICS does have a global role that the fistula committee hopes to realise.

With regards to research and development, the Chair and members of the committee have also been involved in developing research protocols for continence research in fistula patients. This is still in its infancy, but it is an increasingly important aspect of fistula surgery as it will provide the evidence base on which future better surgery will be done.

Over the next year the committee will report on its contribution to the entire above named aspects of continence care in the fistula field. It remains an exciting and challenging time in the provision of fistula care and the ICS team look forward to contributing to all aspects of this work.

#### **Plans for the next year**

As a consequence of the above, two workshops have been planned for 2015 – one in Gondar, Ethiopia to take place in February 2015 and the other in Nairobi, Kenya in July 2015. ICS members will be invited to attend both workshops where there will be training on fistula surgery, from the local faculty, whereas the international faculty will focus on how one can address the issues of persistent incontinence after surgical closure and urodynamic training. Thus, there will be a meeting of minds and transfer of medical knowledge between the two groups of clinicians.

Details will appear on the website after the Rio 2014 meeting.

#### **Notification of any new subcommittees (as the Trustees should formally approve these, per the ICS Bylaws)**

Nil

#### **Details of any budget requests for the coming year**

A proposed budget was sent into the Board for review for 2014, but it was felt the funds could not be released without 9 months' notice. The proposed budget was reduced from £32500 to £12000 but it was not available for utilisation for 2014 and hence the sum has

been deferred for use in 2015. The budget will mainly cover:

4 ICS Fistula Committee Members (or other members of ICS with track record in fistula and reconstructive urology surgery) to:

- Attend an African Fistula Centre for 3 days and 3 nights 1-2 times a year
- Flights and Accommodation for 3 nights for trainers
- Transport and Accommodation for 12 local trainees

It was also proposed that the FC should meet at least 6 months before any annual meeting, but the costs were deemed too high and thus it was agreed that the committee would only host meetings via Skype. This does mean the attendance is usually not adequate.

We also requested funding for one FC committee member to attend ISOFS, but no funds are available for this either. So, unless a committee member wishes to self-fund, then no-one can attend ISOFS in October 2014 in Kampala, Uganda.

***Future Funding Request for 2015:***

Two workshops for fistula surgical training and urodynamics	£18000
Physical meeting of FC members	£10000
Two Skype/internet/teleconference calls	£0
Attending ISOFS 2016/SIU 2015/FIGO 2015	£2000
<b><i>Working Total</i></b>	<b><i>£30000</i></b>
<b><i>Deferred monies for 2014</i></b>	<b><i>£12000</i></b>
<b><i>New Total requested</i></b>	<b><i>£18000</i></b>

**Confirmation of whether the committee will call for expressions of interest for new committee members, as of the 2014 AGM in Rio de Janeiro**

No vacancies available currently

**Special request for any members whose terms are ending to be renewed for one more term, or part of a term.**

Nil to my knowledge

**S Elneil**

## **Chair of the ICS Fistula Committee 2014**

### **Neuro-Urology Promotion Committee**

Interim Chairman: Helmut Madersbacher (Austria) Report

#### **1. Activities and achievements over the past year**

The aims for 2013/14 were twofold, (1) to elaborate recommendations for the management of patients with cerebral diseases and LUTS and (2) to promote Neuro-Urology worldwide by organising Neurogenic Bladder Day Courses (NBDC).

##### **(a) Recommendations**

Three subcommittees are working on (a) Dementia and associated diseases, (b) Parkinson's disease and (c) Multiple Sclerosis focusing on cerebral lesions. All three subcommittees submitted their abstracts and will present their recommendations during the Scientific Program of the ICS Annual Meeting on Thursday October 23rd between 12.30 and 13.30. Thereafter it is planned to publish the results, possibly in the Journal of Neuro-Urology and Urodynamics.

##### **(b) Neurogenic Bladder Day Courses (NBDC)**

In 2014 twelve NBDC were planned, so far (till July 2014) four have already taken place in Timisora (Romania), Novi Sad (Serbia), Moscow (Russia) and Mexico City (Mexico). Further eight courses are already scheduled to be held in Cartagena (Colombia) on August 15th (on the occasion of the Congress of the Colombian Urological Society), in Sao Paulo (Brazil) on October 10th/11th, two courses are scheduled in Indonesia, one in Jogjakarta and one in Lombok (on the occasion of the Annual Meeting of the Indonesian Continence Society) between November 5th and 8th, two other courses are scheduled in China, one in Taiyuan on November 22nd and one in Tianjin on November 23rd. Further courses are scheduled in London on November 27th/28th and in Florence on December 3rd/4th. As an example I attach the programs of the course in Mexico City which comprised the Neurogenic Bladder Day Course on Monday June 16th and video urodynamic demonstrations on Tuesday June 17th as well as the program of the Neurogenic Bladder 2-Day Course in London on November 27th/28<sup>th</sup> (see appendix.) Almost all members of our committee were involved in one or more of these courses. Moreover, Jalesh was an invited speaker from the Romanian Neurological Society on the occasion of their Annual Meeting.

The travel expenses of the speakers are sponsored by companies. The local organisers, however, are responsible for the accommodation of the speakers. All speakers from abroad are members from our committee. In order to keep the costs low in most courses only two committee speakers are involved one from abroad and one possibly from a neighbouring country. We also offer the organisers to nominate a qualified person from the organising country to participate actively in the program as a speaker.

So far the course evaluation showed that a one-day course is well accepted. The number of participants varied between 100 and 150. Not only urologists but also neurologists, rehab doctors, nurses and sometimes physiotherapists attended.

The committee plans to continue these activities during the coming year.

### **(c) Half-Time Meetings**

The committee members – at least the majority of them – met twice during the period from October 2013 to October 2014. We had a half-time meeting by videoconference on February 21st and a further meeting during the EAU Congress in Stockholm on Sunday April 13th (the minutes of both meetings are attached, see appendix).

### **2. Plans for the next year**

After discussing this matter with the incoming chairman of this committee, Prof. Emmanuel Chartier-Kastler, I can inform you that the plans are as following:

- We will try to finalise the consensus work which is in progress in order to publish the results.
- We will try to have ICS courses as much as we can and as it is asked by urological societies.
- Prof. Chartier-Kastler would like to start a process of surgical neuro-urology atlas describing all techniques we may use in a pure technical perspective with pictures. This will be discussed and hopefully approved by our committee at our Annual Meeting in Rio de Janeiro.
- To establish a list of neuro-urological organisations and get in contact with them in order to link with more countries and regional experts

### **3. Budget requests**

We would like to ask for financing a one-day Scientific Annual Meeting of the Neuro-Urology Promotion Committee which should be held in the context of the International Neuro-Urology Meetings in Zurich which takes place this year for the third time and will hopefully continue according to Prof. Kessler. We have to discuss this project with him. We will then define the amount of money we would like to ask for.

Prof. Dr. Helmut Madersbacher

Chairman of the Neuro-Urology Promotion Committee

## **ICS Nursing Committee**

### **Nursing Committee report to the ICS Board of trustees 2014**

**Submitted by Donna Bliss, new chair**

#### **Activities over the Past Year**

The previous chair of the ICS Nursing committee resigned before her term ended and, as the newly elected, chair, I agreed to start my term early. I am in process of evaluating the terms of reference, organization, reporting, and activities of the ICS Nursing Committee. As chair, I participated on the first teleconference with members of the ICS Board of Trustees to review the new ICS strategic plan, and found this communication beneficial. I completed the final planning of the Nursing Forum to be held during the 2014 ICS annual meeting. I offered input to planners of the 2015 ICS annual meeting about potential changes to engage nurses in response to their inquiries.

#### **Education Subcommittee**

The chair of the Nursing Committee's Education Subcommittee (who is me) currently serves on the ICS Education Committee. I participated in activities of the ICS Education Committee, serving on the subcommittee for courses and workshops. I reviewed workshop applications for the 2014 ICS annual meeting. I participated as a faculty speaker in an ICS sponsored add-on course at the SOBEST wound ostomy and continence nursing conference in Brazil in Oct. 2013. This was a highly attended conference with approximately 500 nurses attending. Offering this course was strategic to promote nursing attendance at the ICS annual meeting. I participated as an expert in Meet the Experts luncheon at the 2013 ICS annual meeting. I organized/chaired an all-day nursing workshop for the 2014 ICS annual meeting that includes both local and international and interdisciplinary speakers. Corporate sponsorship for this workshop was obtained to offer simultaneous translation. I facilitated the organization of a second nursing-focused workshop with a Brazilian nurse chair to be offered during the 2014 annual meeting.

#### **Research Subcommittee**

Eight nursing research abstracts were submitted to and reviewed by the Nursing Committee and 5 were accepted for presentation during the Nursing Forum at the 2014 ICS annual meeting. Review criteria were developed. Although the intent of this session was for presentation by novice researchers, criteria defining "novice" were not yet developed or made known ahead of time and so this criterion was not applied. Two members of this subcommittee reviewed scientific abstracts submitted to the ICs Scientific Committee for presentation at the 2014 ICS annual meeting.

### Communications Subcommittee

The webpage of the Nursing Committee has been kept current: subcommittee reports, accepted abstracts, and members of subcommittees and working groups listed. A nursing related article was published in the ICS newsletter. An inquiry of nurse members not renewing their ICS membership was conducted (n=308). A brief survey inquiring why membership was not renewed and what might encourage nurses to re-join is being developed.

### Practice Subcommittee

A survey of international nurses about the role of the continence nurse was conducted and completed this year; a report is pending.

### Working Group on Care Homes

A new chair was identified as the original chair resigned. Members met at the 2013 ICS Annual Meeting in Barcelona. A systematic review of the literature and subsequent development and dissemination of clinical guidelines for incontinence management in care homes was originally planned but thought to be too ambitious and scaled back to plan to conduct an international survey to identify how continence care is delivered in different countries. However, the task force has been unable to obtain funding for its planned activities.

### Working Group on Intra and Post Partum Women

No report or activity has reported. I contacted the co-chairs and was informed by one that he had resigned from this position. The other co-chair did not respond by the time of this report.

### **Plans for Next Year**

My plans include some reorganization of the nursing committee based on my assessment findings, development of a work plan that focuses activities in better alignment with the new ICS strategic plan, a reassessment and possible revision of some of the committee's organization and terms of reference, and establishing more regular communication and reporting by committee members.

The Nursing Committee and its subcommittees will develop a work plan of activities. This will include continuation of effective activities: 1) having the Research subcommittee participate in reviewing/scoring scientific abstracts submitted to the ICS annual meeting; 2) plan a nursing-focused workshop involving local and international nurses for the 2015 annual meeting; 3) identify an ICS nurse member who can be a member of the local committee planning the annual meeting as needed. The committee will discuss submission of a proposal to send to the Board of trustees for developing a position paper related to recommendations for conducting research with incontinent subjects that will be useful for PIs of all disciplines.

I have discontinued the working groups on care homes and intra and postpartum women as they have had no or limited activity. Activities related to these specialty topic areas can be addressed by the Nursing Committee.

At this time, I plan to continue the Research and Communications subcommittees of the Nursing Committee. I am considering combining the Education and Practice subcommittees into one subcommittee. Supporting the idea for this change is that there will be a nurse member of the ICS Education Committee that will be separate position from the Nursing Educational Subcommittee chair (who will be a liaison and ex-officio member of the Nursing Committee), there was difficulty in finding a member to assume the position of chair of the Practice Subcommittee, and there seems to be overlap of several of the activities of the Practice subcommittees outlined in the TOR with those of the Education and Communications subcommittees. The terms of reference for the Nursing Committee will need to be revised to enable this change.

I plan to re-evaluate the content, format and purpose of the Nursing Forum at the ICS annual meeting given changes to the annual meeting's format. I want to encourage more submissions of scientific abstracts by nurses to the regular scientific meeting and discontinue their presentation at the nursing forum.

The committee will regularly use online ICS forums for committee discussions, votes and planning activities of subcommittees. Ability to respond to these forums in English in a timely way will be expected of all committee members.

### **Committee Membership**

New Nursing Committee members will be sought to replace members whose terms have ended. Current members who have not been active will be asked about their continued interest in serving on the committee and meeting expectations of participation will be monitored. Applications of interest will be sought. Additional members greater than the 15 in the terms of reference are not planned. A new chair of the Education and Practice subcommittee, if formed, will be appointed and having two co-chairs will be considered. If this change is not enacted, a chair of the separate Education and Practice Subcommittees will be needed.

### **Budget Requests**

Funds are requested for:

- Emailing a survey of nurses who did not renew ICS membership inquiring why membership was not renewed and what might encourage nurses to rejoin is planned.
- Funds to develop and initiate activities to invite former nurse members to rejoin ICS after survey results are analyzed.
- 1 to 2 conference calls of all committee members to discuss/plan the reorganization of the committee and any changes needed to the terms of reference and to discuss/contribute to the committee's plan of activities.
- One to two conference calls for each subcommittee to plan and begin implementing a new plan of activities.
- A teleconference to discuss developing a proposal for recommendations for research on incontinence

## ICS Physiotherapy Committee Annual Report

Chair: Helena Frawley  
Term of office: Aug 2011 – Oct 2014  
Date report submitted: 24 August 2014

Committee members 2013 – 2014: H Frawley, Marijke van Kampen, Chantale Dumoulin, Els Bakker, Beth Shelly, Margaret Sherburn, Jacqueline de Jong, Doreen McClurg, Stephanie Knight, Melanie Morin, Stephanie Madill, Cristina Naranjo-Ortiz.

3 x Committee meetings in past 12 months: face-to-face Barcelona, Aug 2013; teleconferences x 2: December (Round-table committee) & September 2014; skype calls as required for working parties.

The Physiotherapy Committee represents and supports ICS physiotherapy members and the physiotherapy contribution to various ICS committees in order to encourage and maintain the multidisciplinary strength of the ICS. It acts as a liaison body between the Chair of ICS, ICS Board of Trustees and its physiotherapy members regarding matters of mutual concern. The Physiotherapy Committee has 3 functions: communication, research and education.

### Activities and achievements over the past year:

- Committee membership:
  - New Chair to commence in Oct 2014 from within existing committee (D McClurg)
  - Members standing down in Rio: H Frawley, E Bakker, B Shelley, M Sherburn, S Knight.
  - Members with special 12-mth extension (to support new committee): C Dumoulin, J de Jong
  - New members: Rhonda Kotarinos, Cristiane Carboni, Rebekah Das, Peter Meyers.
  - Co-opted members: Heather Moky, Adelia Lucio, Petra Voorham-van der Zalm
  
- Membership and Communication sub-committee:
  - Physiotherapy Round-table sub-committee: Organisation of the Rio de Janeiro 'Physiotherapy Round-table' meeting:
    - Strong liaison with and participation by local contacts
    - Due to increasing popularity in recent years, 150 places available
    - State-of-the-Art topic: the final report and Consensus Statement from the 'Adherence to Pelvic Floor Muscle Training' working party will be presented
    - 4 x research presentations (new set of guidelines provided to speakers to assist their preparation and presentation)
    - 8 x workshops (several new topics offered this year)
  - Contributions to 'ICS Newsletter', summary of Physiotherapy activities over 12 months

- Ongoing contributions and improvements to the 'ICS Physiotherapy Committee News' page on the ICS website
- Physiotherapy committee members also serving on other ICS committees:
  - Scientific Committee: Melanie Morin
  - Local Scientific Committee: Adelia Lucio
  - Ethics committee: Cristina Naranjo-Ortiz
  - Standardisation of Terminology: Beth Shelly
  - Continence Promotion Committee: Peter Meyers
- Liaison with ICS Physiotherapy members serving on other ICS Committees:
  - Education Committee: Marijke Slieker-ten Hove
  - Fistula Committee: Gill Brook
- Scientific and Research sub-committee
  - Working party (C Dumoulin, H Frawley, D McClurg) from the pre-2011 Glasgow ASM 'State-of-the-Science Seminar: Improving pelvic floor muscle training adherence strategies: from theory to practice': continuing activity related to manuscript preparation:
    - 5 manuscripts (4 papers and a Consensus Statement) have been completed
    - Submission to N&U Journal expected Sep 2014
    - Activity has been extensive and sustained; working party anticipate a unique contribution to the field will be the result
    - This exercise has been a 'flagship' activity for the PT Scientific and Research sub-committee, and the working party thank the Board for their support
  - Committee representation and contribution to ICS Standardisation and Terminology Sub-committees:
    - Chronic Pelvic Pain: Helena Frawley
    - Conservative Management of Female Pelvic Floor Dysfunction: Helena Frawley (Mentor); Beth Shelly (Working Party)
  - Contribution to Scientific Program for 2014:
    - Lunchtime pelvic floor muscle exercise classes x 2
    - Meet the Experts: PT speakers x 4
    - Workshops:
      - PT as Chair for 4 workshops
      - 14 PT speakers across 8 workshops
    - ASM:
      - PT presentations (podium, podium-poster, video, x 46 (TBC))
- Education and Professional Development
  - External to Physiotherapy committee:
    - Physiotherapy representation to ICS education committee: review of workshop submissions, contribution to all other Education committee activities as relevant.
    - PT speakers on 2 courses this year (PACS, Italy Master Class)
  - Internal to Physiotherapy committee
- Summary: full or part progress made on all goals set 12 months ago.

**Plans for the next year:** *(NB: further details to follow Physiotherapy Committee teleconference in early September)*

- Membership and Communication sub-committee:
  - Planning for 2015 Round-table, inclusion of local speakers and liaison with local members
- Scientific and Research sub-committee:
  - A new activity to be proposed: to be confirmed
- Education and Professional Development:
  - Continue to contribute physiotherapy topics and speakers to multidisciplinary educational activities
  - Contact key physiotherapy members to contribute to submission or workshops for 2015 Meeting

**Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws):**

- nil

**Details of any budget requests:**

- Jan & July teleconferences 2015

**Confirmation whether the committee will call for expressions of interest for new committee members, as of the 2014 AGM in Rio:**

- It is expected that 4 positions will be vacant and nominations invited by 1 April 2015
- The committee is currently supported by 3 co-opted members; it is hoped these 3 members may nominate for committee positions in April 2015

**Special request for any members whose terms are ending to be renewed for one more term. This is permitted assuming this Bylaw change is voted in by the membership at the 2013 AGM:**

- Not known at this stage

The Publications and Communications Committee has (as per the ICS strategic plan), handed over more autonomy to the ICS office staff, regarding the e-news, social media, website and ICS promotional materials, this has influenced the PCC's mandate which the Trustees have advised is to be reviewed and determined by the Rio annual meeting 2014.

Given this, the role of the PCC has been in somewhat of a flux over the past year, we have however carved out several new areas in which to concentrate our efforts.

Notwithstanding the above the PCC continues to produce the bi-annual ICS newsletter, which is largely carried out by the Editor Pamela Ellsworth. As well as overseeing and approving the ICS e-news and publicity/announcements regarding the annual meetings. Historically the PCC has been responsible for the Press Conference at the annual meeting; it was decided at the 2013 meeting in Barcelona that press conferences would only be held if the Annual Meeting Chair could build press interest with local media, as too often the conference had little attendance. This year's Rio chairs Nucelio Lemos and Carlos D'Ancona have put great effort towards this and PCC will chair the press conference.

The PCC was contacted by Ted Arnold, requesting that we take over the Exit interviews for the ICS Archives project. PCC members will be interviewing the 2014 Chairs and several other key people within the ICS who will be stepping down from their official roles in Rio. Some of the interviews will be included in the ICS News for members to read. The interviews where possible will be conducted during the 2014 meeting.

We continue to have oversight of the ICS factsheets which were downloaded nearly 3,219 times August 2013! We have deduced that updates will be undertaken as deemed necessary but no more than every 2 years.

### **Going forward:**

We have agreed to the Board of Trustees request to supply the ICS office with ongoing incontinence research news and articles for ICS social media content. A rota will be established at the Rio committee meeting to ensure all committee members contribute to this project.

At our mid-year conference call it was agreed that under the remit of our, "Communications" role we would take on a new role of encouraging trainees to become ICS members. To this end we have invited Kari Tikkinen (Education Trainee member) to join us at our committee meeting in Rio to discuss how we can improve trainee recruitment as well as Stacy Loeb (Social Media specialist who is speaking at the trainee session) to discuss how to engage younger members

We are also planning on implementing a recurrent Primary Care Session beginning in Montreal 2015, (the proposal is currently before the Board of Trustees). We feel this falls under the, "communications" mandate wherein we would be promoting ICS and continence

care. We would work closely with the Education Committee to accomplish this should it be approved. Ervin Kocjancic will be attending our Rio meeting to discuss this further.

## ICS 2014 Scientific Committee Report

The term of 2013-2014 was a very productive time for the Scientific Committee.

Substantial improvements for the Annual Meeting Scientific Program were implemented:

- Abstract Statistics (See Appendix)
  - Submission
    - 902 abstracts were submitted in total – although the abstract number was slightly lower than in Barcelona and Beijing, the quality was substantially higher; this may have resulted from the committee's effort to encourage their contacts to increase submission.
    - A Best Video Abstract Award was created and resulted in high quality video submission – due to that a session of very high scoring videos was possible; the Committee expects this to increase surgeons and clinical practitioner's interest at the meeting, increasing future attendance.
  - Improved Reviewing Process
    - We have implemented, together with the IT team, a new online review program with live statistics, which granted that 100% of all abstracts was reviewed by at least 3 reviewer being at list one of them a Scientific Committee (SC) member before the beginning of the Scientific Committee Meeting. This was the first time under the current SC configuration that this was achieved and has insured the quality of the review, making the identification of unreliable reviewer more effective, based on variance and disagreement with Committee Members Reviews.
    - The process of planning and implementing this new system took substantial work and 4 teleconferences.
    - Two Teleconferences were held to organize this new system and to ensure quality – one of them was held on the 2<sup>nd</sup> of April, right after the submission closed and the reviewing process started.
    - One other improvement to this system was the enhancement of the keyword system, which received a Boolean selection tool to improve reviewers experience and increase the quality and speed of the reviewing process.
  - Programme
    - Substantial modifications were instituted at the program to improve attendees experience at the ASM:
      - Themed days – thinking about the many opinion surveys that point that attractive locations are one of the main factors influencing peoples willingness to attend a congress, we have

designed the program to be clustered in areas of interest, giving most of the audience one “day off” to enjoy Rio. We expect this to improve the quality and determination of the audience, as attendees will have specific days for their areas of interest. In that manner, SOA Lectures and Roundtables were designed to match the themes of the Podium and Podium Poster Sessions, in order to attract their specific public.

- Non-Discussion Posters were improved to Open Discussion Posters –the Committee found that the experience of attendees bringing posters to the ASM needed to be improved as the high quality of the work submitted was being undervalued by the format of the poster session, which resembled a “scientific graveyard”. To improve this, the SC has designed Open Discussion Poster Sessions to match with the expected audience of the Podium Sessions to increase attendant’s interest for the posters that were hanged at that given time.
  - The Poster Pilots Program – highly experienced researchers were invited to discuss with the authors and judge 5 posters each, in a way that each poster presenter will have the unique opportunity to discuss his/her research with renowned investigators at their field; the SC also believe that this will increase attendance by encouraging those who have not submitted their work to come and play this new role at the ASM. Special certificates, tags and badge ribbons were specifically designed for that.
  - Looking at the fact that many professionals seek meeting for Continued Professional Education, we have liaised with the Education Committee to bring educational activities into the days of the Scientific Program. Therefore, workshops with simultaneous translation were included in the programme to attract professionals who are not investigators or interested at cutting edge research, but established and updated practices.
- Budget requests
    - All those improvements were only made possible due to the dedication of Scientific Committee Members and the infrastructure provided by the ICS. Most of these advances would not be possible without the many teleconferences that were sometimes carried in a less than monthly basis and a face-to-face meeting. We understand that the Scientific and Education Committees are uncharged for the very essence of this Society’s mission and that investments on them, focused on results, are essential for the continued success and survival of this Society. We therefore believe that these two Committees should be granted with one face-to-face meeting outside of the Annual Meeting, attended by their full membership, to grant the quality of the Scientific Programme of the Annual Meeting, which represents the very essence of this Society.

- Organisational changes
  - After three years of discussing the very structure of this committee, we have reached an agreement on a solution that may bring it to contribute even further to the success of the ICS: the creation of an Elected Chair Role, which was designed to contribute to the committee's continuity of work line and representativeness on the society.

I hereby humbly thank my colleagues at the Scientific Committee for the wonderful time together, which was enlightening in all scientific, professional, social and personal aspects. I am sure to hand this Committee to Cara Tannenbaum, our next Scientific Chair, with substantial improvements to its organisation, efficiency and quality, That was only possible due to the dedication of both the Scientific Committee members and our office staff, with special emphasis on the marvelous work performed by Dominic Turner and Ashley Brookes, These wonderful people have certainly contributed to my very character and made me a better individual than I was before entering this committee.

To all of them I finish this report with my humble and sincere appreciation.

Nucelio Lemos

### **Standardisation Steering Committee Report to ICS Trustees, August 2014**

The committee has been active with two full teleconferences and several teleconferences of the subgroups. The chairman has been well supported by the office, and visits there monthly.

SSC focus (the elements that define current scope of SSC activity); Development, Governance, Access, Education, Response

### **Working groups (WGs) - current**

1. **Chronic pelvic pain**; chaired by Ragi Doggweiler, mentored by Kristene Whitmore. Multiple iterations undertaken. Report due in 2013, but the complexity of the report and necessary interactions mean the review draft is now being circulated. A consultation workshop will run at the Rio meeting.
2. **Joint working groups with IUGA**
  - a) **Conservative management of female pelvic floor dysfunction**; chaired by Kari Bo Helena Frawley, mentored by Marcus Drake. Report waited.
  - B) **Female Sexual Health**; chaired by Rebecca Rogers. Working group active.

- c) **Pelvic Organ Prolapse**; chaired by Bernie Haylen. Working group appointed and active.
3. **Good Urodynamic Practice (revision)**; chaired by Peter Rosier and co-chaired by Werner Schafer, mentored by Marcus Drake. In process of preparing the report.
  4. **Neuro-urology**; chaired by Jerzy Gajewski. Has started report preparation
  5. **Nocturia (joint with ICCS)**; chaired by Hashim Hashim, mentored by Stergios Doumouchsis. Working group appointed this month, members being notified
  6. **Basic science**; chaired by Marcus Drake. Working group appointed this month, members being notified. Limited applications, so invitations will be directed to opinion leaders.
  7. **Core urinary signs**; the progression from the Core LUTS document (see below) - a WG comprising the SSC. Remit to produce short and easy to read summaries within fundamental knowledge base.

### **Working groups- proposed**

1. **Bowel dysfunction**. We will be meeting with the European Society of Coloproctology in September to discuss a joint working group.
2. **Voiding dysfunction**. Scope has been drafted and call will be placed when next e-News is published.
3. **Revision of “Standardisation of terminology of LUT function” (Abrams et al., 2002)**. This has been informed by the open “LUTS survey” to seek opinions on current definitions. Strategy for the WG will be discussed at the ICS meeting in Rio, and will be a key initiative for 2015. Extensive consultation will be needed to get input of all stakeholders. Scoping will address liaison with other organisations (IUGA, ICCS, EAU, AUA, industry/ regulatory).

### **Bladder diary day**

“Bladder diary day”; we established a large scale initiative to seek bladder diary information from symptomatic and asymptomatic individuals in substantial numbers. The aim is to seek a sounder basis for crucial definitions (increased day-time frequency, polyuria, nocturnal polyuria, sleep duration/ night-time). The first iteration was run in World Continence Week, and other calls have gone to affiliate organisations.

### **Publications;**

1. With the conclusion of the Urodynamic equipment WG, its report was published *Neurourol Urodyn. 2014 Apr; 33(4):370-9*. doi: 10.1002/nau.22546. Epub 2014 Jan 4. International Continence Society guidelines on urodynamic equipment performance. Gammie A, Clarkson B, Constantinou C, Damaser M, Drinnan M, Geleijnse G, Griffiths D, Rosier P, Schäfer W, Van Mastrigt R.

2. In addition, to the main *Urodynamic equipment standard, a summary report*, prepared by Andrew Gammie and Marcus Drake, will be available to all members as a flyer.
3. *Core LUTS*; prepared by the SSC, the minimum knowledge set for a practitioner seeing people with LUTS (nurse, physiotherapist, care of the elderly, neurologist, and non-specialist urologist/ gynaecologist). Available to all members as a flyer
4. *Translations of Core LUTS*; validated translations done in Portuguese and Arabic, with Chinese version translated but awaiting validation. Italian in preparation
5. *Bladder diary day data capture sheets*, including versions in Persian and Portuguese

### **ICS Wiki and ICS website glossary**

Beth Shelley has taken over as chair of the Wiki. The ICS Wiki includes all current standardisation documents. A group of young volunteers is engaged in updating content. This is potentially the comprehensive resource, but remains a challenge to maintain and develop.

Alongside the Wiki, a glossary has been developed which will be accessible via the ICS website in time for the Rio meeting (currently it is in alpha version, with beta version expected next month.)

### **Workshop**

A training workshop (W22) in standardisation process will be run by Peter Rosier, Jane Meijlink and Marcus Drake at the Rio meeting, for members of the SSC, WGs and others interested.

### **SSC Membership**

Marcus Drake (Chair), Stergios Doumouchtsis, Sohier ElNeil, Rizwan Hamid, Salma Kayani, Jane Meijlink, Luis Monteiro, Susie Orme, Beth Shelley, Kristene Whitmore.

Colo-rectal applicant; none appointed, we seek to re-advertise. Patient representation; replacement needed for Jane Meijlink.

### **Budget requests**

1. *"ICS Folder"*; a proposed notebook folder in which to house accumulating flyers, such as Core LUTS, Core signs, Bladder diary day sheet. Budget has been discussed with Trustees earlier this year, but practical aspects of production prevented availability for Rio.

*Marcus Drake, August 2014*

**Annual report of the ICS Urodynamic Committee**  
**Activities and achievements over the past year**

**ICS teaching modules: (2014-2015)**

- **(Accepted for) publication including slides set**
- o Pad testing
- o Pressure flow (basic module)
- o Post void residual (not yet available: slides set and presentation; presentation in Rio)
- (Almost) Ready for publication (incl. slides and presentation):
- o Cystometry
- o Videourodynamics
- **(Almost) presentable and submittable (to be presented and recorded in Rio):**
- o Ambulatory urodynamics
- o Recognize and correct artefacts in urodynamic traces
- o Leak point pressures
- o Background and philosophy of urodynamics
- o Post void residual urine
- In preparation:
- o Flowmetry
- o Clinical neuro-uro-gynaecological examination
- o Leak point pressures in NLUTD
- o Cystometry in neurourology
- o Pressure flow (advanced module)
- o Modules on the basis of the updated GUP

All new modules will be submitted to NU&U for peer review.

The strategy to endorse the modules in ICS is rolled out.

New modules are planned and developing (the UC expects  $\pm 5$  new modules in preparation before the end of 2015)

### **Plans for the next year**

- **Accept the final standard layout of the slides:**

o 'UDCstandard slides layout 2015' on Website first Q2015

- **Update the manual:**

o 'UDCmanual 2015' on Website first Q2015

- **Refine the system for committee coaching of the working groups**

o Internal process document

- **Refine the system to 'internally' review the modules**

o Internal process document

- **Refine the recording (talking head presentations) Try-out 2015 RdJ**
- **ICS-Website page(s): in cooperation with office.**

**Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws)**

o (Of course) there are no plans for subcommittees

The urodynamics committee assists ad-hoc working groups to develop the modules –under the full responsibility of ICS-UC.

### **Details of any budget requests;**

- **(Yearly) New recordings of the modules: costs should be covered by ICS budget:**

$\pm$  2-3 hours of (audio-video-ppt's) recording

- **Website hosting of the modules cost should be covered by ICS budget**
- Committee meetings at-hoc outside ICS annual meeting (are and) will be arranged cost-neutral.

Confirmation whether the committee will call for expressions of interest for new committee members, as of the 2013 AGM in Rio de Janeiro:

- Depends on plans to resign, to be discussed in the committee meeting

Special request for any members whose terms are ending to be renewed for one more term. This is permitted assuming this Bylaw change is voted in by the membership at the 2012 AGM.

- To be discussed at the committee meeting in RdJ

Peter Rosier

## Appendix

### Appendix Items;

- Education Committee; Courses 2014 and Financial Information
- Neuro-urology Promotion Committee; Course Information
- Scientific Committee; Committee Statistics

## Education Committee

### Appendix A

#### Confirmed Education Courses 2014

Start	Course and location	Course type
04-05 Feb 14	PACS	Add-on
06/03/2014	Mexico	Guest Lecture
01/04/2014	Nepal	Add on
	China	Add on
30-May	Romania	Guest Lecture
30/05/2014	Anatomy and Surgery of the female pelvis – Live Surgery Course	Branded ICS course, no speaker
May	AUA lecture	Branded ICS sponsored
21/06/2014	SIUD, Milan	Guest Lecture
20/07/2014	OASIs Hands-on Workshop	Branded ICS course, no speaker costs
18/08/2014	Portugal, Cadaver	Stand alone

19/09/2014	Pelvic Floor Ultrasound	Branded ICS course, no speaker costs
12/10/2014	SIU, Glasgow, UK	Guest Lecture
07/11/2014	Master class on pelvic floor rehabilitation for pelvic dysfunctions	Guest Lecture
04/12/2014	Iran	Add on
11/09/2014	SINUG, Spain	Add on

## Appendix B

### Education courses 2014 Financial Information

Budget allocated £35,000

	Codes	Budget	YTD spending 31/07/14	Budget remaining
PACS	6030-6034	£ 5,500	£ 1,834	£ 3,666
Mexico	6040-6044	£ 550	£ 472	£ 78
Nepal	6035-6039	£ 8,300	£ 4,244	£ 4,056
Romania		n/a	£ -	
AUA lecture	6050-6054	£ 901	£ 901	£ -
Portugal, Cadaver	6055	£ 320	£ 288	£ 32
SIU	6091	£ 300	£ -	£ 300
Pelvic Floor Ultrasound	6098	£ 300	£ -	£ 300
Master class pelvic floor	6094	£ 300	£ -	£ 300
SIUD	6095	£ 250	£ -	£ 250
SINUG	6080-6084	£ 2,000	£ -	£ 2,000
<b>Total</b>		<b>£ 18,721</b>	<b>£ 7,738</b>	<b>£ 10,983</b>

	All claimed
	Ongoing
	Overspent



Neuro-Urology Promotion Committee (NPC)

Chairman: H. Madersbacher (Innsbruck/Austria)

International Continence Society  
19 Portland Square  
Bristol BS2 8SJ  
United Kingdom

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E-mail [info@icsoffice.org](mailto:info@icsoffice.org)

Website [www.icsoffice.org](http://www.icsoffice.org)

## Neurogenic Bladder Day Course

Mexico City, Monday June 16<sup>th</sup> – Tuesday June 17<sup>th</sup>

Local organizers: Prof. Dr. Jorge Moreno & Prof. Dr. Eduardo Serrano

Hospital the Especialidades Centro Médico Nacional SXXI

Monday June 16 <sup>th</sup>		
09:00	Welcome & Introduction of the Neuro-Urology Promotion Committee of the ICS to the audience	Prof. E. Serrano HM, JM
09:15	Neurophysiology and neuropathophysiology of the lower urinary tract – an update	HM
09:45	The diagnostic workup of (suspected) neurogenic lower urinary tract dysfunction – Basic Diagnostics –When are urodynamics necessary?	MA
<b>10:15</b>	<b>Coffee Break</b>	
10:45	Therapeutic options for the neurogenic overactive detrusor	JM
11:05	Therapeutic options for the neurogenic underactive detrusor	AM
11:30	Therapeutic options for the neurogenic overactive and underactive sphincter – an overview	HM
<b>12:00</b>	<b>Lunch Break</b>	
13:00	The urological management of the Parkinson patients with LUTS	HM
13:30	The urological management of the patient with stroke	MA
<b>14:00</b>	<b>Coffee Break</b>	

*JM = Jorge Moreno ES = Eduardo Serrano HM = Helmut Madersbacher MA = Marcio Averbeck*



**Neuro-Urology Promotion Committee (NPC)**

**Chairman: H. Madersbacher (Innsbruck/Austria)**

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14:30	The urological management of the spinal reflex bladder including high tetraplegia	ES
15:00	The urological management of the patient with Multiple Sclerosis	JM
15:30	Electrical neuromodulation and electrical neurostimulation - what is in, what is out?	HM
<i>5 minutes discussion after every lecture</i>		
16:00		
-	<b>General discussion</b>	
16:30		
<b>Tuesday June 17<sup>th</sup></b>		
09:00	Case discussions by the faculty together with the audience followed by urodynamics – in interactive session	ES, JM, HM, MA
<b>12:00</b>	<b>End of course</b>	

*JM = Jorge Moreno ES = Eduardo Serrano HM = Helmut Madersbacher MA = Marcio Averbeck*

*This course is supported by Andromeda Medical Systems (Taufkirchen/Germany).*

Neurology Promotion Committee of the  
International Continence Society

# Día de la vejiga neurogénica

16 -17 Junio

Ciudad de México

**Colegio Mexicano de Urología Nacional**  
**UMAE Hospital de Especialidades CMN Siglo XXI**  
Instituto Mexicano del Seguro Social

## Programa del Curso

### Profesores

Dr. Helmut Madersbacher (Austria)  
Dr. Mario Averbeck (Brazil)  
Dr. Jorge Moreno Palacios  
Dr. Eduardo Serrano Brambila



Colegio Mexicano de Urología Nacional A.C.

**Lunes 16 de Junio**

09:00	Bienvenida e Introducción y Promoción del Comité de Neuro-Urología de la ICS a los asistentes.	Prof. E. Serrano HM, JM
09:15	Neurofisiología y Neuropatología del tracto urinario – Una actualización	HM
09:45	Abordaje diagnóstico para distensión neurogénica del tracto urinario inferior – Estudios básicos – ¿Cuándo es la urodinamia necesaria?	MA
10:15	<b>Coffee Break</b>	
10:45	Opciones terapéuticas para detrusor neurogénico hiperactivo	JM
11:05	Opciones terapéuticas para detrusor neurogénico hipoactivo	AM
11:30	Opciones terapéuticas para el manejo de esfínter hiperactivo e hipoactivo de origen neurogénico – una revisión.	HM
12:00	<b>Lunch</b>	
13:00	El manejo urológico del Parkinson en pacientes con síntomas del tracto urinario bajo.	HM
13:30	El manejo urológico del paciente con accidente vascular cerebral.	MA
14:00	<b>Coffee Break</b>	
14:30	El manejo urológico del reflejo espinal de la vejiga incluyendo tetraplegia alta.	ES
15:00	El manejo urológico del paciente con esclerosis múltiple.	JM
15:30	Neuromodulación eléctrica y neuroestimulación eléctrica – ¿Qué está adentro y que fuera?	HM

*5 minutos de discusión después de cada plática*

16:00 –  
16:30 **Discusión General**

**Martes 17 de Junio**

09:00	Discusión de casos clínicos junto con la audiencia, (casos de urodinamia) – Sesión interactiva.	JM, ES, HM, MA
12:00	<b>Fin del Curso</b>	

JM = Jorge Moreno ES = Eduardo Serrano HM = Helmut Madersbacher MA = Marcio Averbek

**Cuota de recuperación**  
**Médicos especialistas: \$1500**  
**Residentes y Enfermeras: \$ 800**

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**Cuenta Santander No. 92000393468**

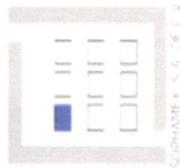
**Clabe 01418092003934680**

**(Utilizar primer apellido como referencia)**

**Confirmar recepción del pago en oficinas del  
CMU**



Colegio Mexicano de Urología Nacional A.C.



## Neurogenic bladder 2-day course

A joint venture between the Department of Uro-Neurology, Queen Square, University College London and the Neuro-Urology Promotion Committee of the ICS

November 27 and 28, 2014

Venue: Clinical Neuroscience Lecture Theatre, The National Hospital for Neurology and Neurosurgery, 33 Queen Square, London WC1N 3BG

### Proposed programme

Topics	Timing	Speaker	Speaker description
<b>Thursday November 27, 2014</b>			
Welcome	1325	Jalesh Panicker and Helmut Madersbacher	
Neural control of the lower urinary tract in health and disease	1330-1400	Jalesh Panicker	JP is a Consultant Neurologist in Uroneurology at the Department of Uroneurology, The National Hospital for Neurology and Neurosurgery and UCL Institute of Neurology, Queen Square, London
Evaluating lower urinary tract dysfunction in the male and female neurological patient	1400-1445	Mahreen Pakzad and Sohier Elneil	MP is a Consultant Urologist, Department of Uroneurology, The National Hospital for Neurology and Neurosurgery, Queen Square, London  SE is a Consultant Neuro-urogynaecologist, Department of Uroneurology,

			National Hospital for Neurology and Neurosurgery, Queen Square and Urogynaecology Unit, UCLH
The role of neurophysiology in the evaluation of lower urinary tract dysfunction	1445-1505	Martina Liechti	ML is Postdoc research fellow, Department of Uroneurology, UCL Institute of Neurology, Queen Square, London
Sexual dysfunction in the neurological patient: evaluation and management	1505-1535	Sharon Wood	SW is clinical nurse specialist at the Neurourology unit, Royal National Orthopaedic Hospital, Stanmore and has special interest in neurogenic sexual dysfunction
Tea	1535-1555		
The pelvic floor in neurological patients	1555-1625	Doreen McLurg	DM is an academic physiotherapist based at the Glasgow Caledonian University and has special interest in continence
Bowel dysfunction in the neurological patient: evaluation and management	1625-1655	Anton Emmanuel	AE is senior lecturer in Neuro-gastroenterology, Department of Gastroenterology UCLH and Department of Uroneurology, National Hospital for Neurology and Neurosurgery, Queen Square
Panel discussion: Evaluating the neurological patient who reports bladder/bowel/sexual problems	1655-1725	Chair: Helmut Madersbacher Discussants- Jalesh Panicker, Mahreen Pakzad, Anton Emmanuel, Sharon	

		Wood, Doreen McLurg	
Intermittent catheterisation and the neurological patient-barriers faced	1725-1755	Collette Haslam	CH is Clinical Nurse Specialist in Uro-neurology, Department of Uroneurology, National Hospital for Neurology and Neurosurgery, Queen Square
<b>Friday November 28, 2014</b>			
Pharmacotherapy for neurogenic lower urinary tract dysfunction	0900-0930	Helmut Madersbacher	HM is Professor in Urology and the Neuro-urology Clinic, Department of Neurology, Innsbruck Austria
Botulinum toxin for neurogenic lower urinary dysfunction: an update	0930-1000	Rizwan Hamid	RH is Consultant Neuro-urologist, Royal National Orthopaedic Hospital Stanmore and Department of Urology, UCLH
Neuromodulation: Sacral neuromodulation and PTNS	1000-1030	Sohier Elneil	
Surgery for neurogenic LUT dysfunction	1030-1100	Waleed Al Taweel	WAT is Associate Professor and Consultant Urology Chairman Department of Urology, King Faisal Specialist Hospital & Research Centre Riyadh Saudi Arabia
Coffee	1100-1130		
Panel discussion: Managing the neurological patient who has failed antimuscarinics	1130-1200	Chair: Julian Shah Discussants: Helmut Madersbacher, Rizwan Hamid, Waleed Al Taweel, Sohier Elneil,	

		Thomas Kessler	
How does the urinary tract alter in neurological disease	1200-1230	Marcus Drake	MD is Senior Lecturer at the University of Bristol
Dementia	1230-1255	Helmut Madersbacher	
Parkinson's Disease and related disorders	1255-1320	Jalesh Panicker	
Lunch	1320-1415		
Multiple Sclerosis	1415-1440	Thomas Kessler	TK is addl professor at the neurourology clinic, Balgrist University Hospital, Zurich, Switzerland
Spinal cord injury and cauda equina syndrome	1440-1505	Melissa Davies	MD is Consultant Urologist at the Salisbury Spinal injuries unit
Spina Bifida	1505-1530	Dan Woods	DW is Consultant in Paediatric and Adolescent Urology, Department of Urology, UCLH
Non-urological causes for Urinary retention	1530-1555	Clare J. Fowler	CJF is Emeritus Professor in Uroneurology , UCL Institute of Neurology
Urinary tract infections: the bane of the neurological patient	1555-1620	Mahreen Pakzad	
Tea	1620-1640		
<b>Break-out sessions</b>	1640-1725		
Video-urodynamics		Mahreen Pakzad Hashim Hashim Robert Knightley	HH is consultant urologist at the Bristol Urological Institute RK is Clinical Scientist at UCLH
Catheters & appliances/PTNS		Gwen Gonzales Collette Haslam	GG is Clinical Nurse Specialist in Sacral Neuromodulation, Department of Uroneurology,

			National Hospital for Neurology and Neurosurgery, Queen Square
Conclusion	1725		



International Continence Society  
19 Portland Square  
Bristol BS2 8SJ  
United Kingdom

Neuro-Urology Promotion Committee (NPC)

Chairman: H. Madersbacher (Innsbruck/Austria)

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Website [www.icsoffice.org](http://www.icsoffice.org)

**Minutes of a meeting of the  
Neuro-Urology Promotion Committee of the ICS  
at the EAU Meeting in Stockholm**

**Date:** Sunday April 13<sup>th</sup>

**Venue:** Congress Center

**Participants (in alphabetic order):**

- Agro E.F.
- Averbeck M.
- Chartier-Kastler E. (*discussed all the topics with M.H. the following day as he had to attend a conference at the same time*)
- Gajewski J.
- Kessler T. (*was at the congress but had an overlap with the guidelines committee, M.H. spoke with him the other day*)
- Madersbacher H.
- Schurch B.

**Agenda:**

- (1) Videoconference on February 21<sup>st</sup>
- (2) Report of the subcommittees
  - a. Neurogenic bladder dysfunction with dementia and LUT disorder
  - b. Neurogenic bladder dysfunction with MS and LUT disorder
  - c. Neurogenic bladder dysfunction with Parkinson disease and LUT disorder
  - d. Our presentation at the ICS Annual Meeting in Rio de Janeiro on Thursday October 23<sup>rd</sup> at 12:30 – 13:30
- (3) Vacant positions in our committee
- (4) Election of a new chairman
- (5) Neuro-Urology Fellowship applications
- (6) Experience with Neurogenic Bladder Day Courses
- (7) Any other business



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### Ad (1)

The voice recording of the videoconference was sent to all members, however, all the members present said we should have a written report and not just the voice recording because it takes too much time to listen to the voice recording, however, having a written document one would get an overview in short time and can reply if necessary.

WebEx recording: <https://icsoffice.webex.com/icsoffice/ldr.php?RCID=22894f41e3c09fdd527a16a80e9e0b93>

*Action plan: Madersbacher should inform the office about this issue and should ask them to make a written document.*

### Ad (2)

The work is in progress. As the chairman of this committee I should know who is going to present the topics in Rio:

It was agreed that Marcio Averbeck is presenting the topic on dementia and related diseases, however, we need an official statement from Ryuji Sakakibara and Thomas Kessler who is going to present their relevant reports.

We will have one hour for our presentations and according to ICS rules each of the speakers will have 10 minutes time to present, followed by 10 minutes time for discussion. Therefore the reports must focus on the urological management of these diseases/entities focusing on what is reported in the literature and what is recommended by the committee.

**The members of the subcommittee on MS would like to know from Thomas Kessler on which topics they should work. At the moment they have no instructions in this regards.**

It was agreed that we propose to the committee the following order of lectures:

- (1) M. Averbeck: Patients with dementia and related diseases and LUTS: urological management
- (2) XY: Patients with MS and LUTS: urological management with the focus on cerebral lesions
- (3) XY: Patients with M. Parkinson/MSA and LUTS: urological management

*Action plan: H. Madersbacher should contact Ryuji Sakakibara and Thomas Kessler*

### Ad (3)

As we as the committee are not really aware which members will be replaced and when, according to their end of their term, we should ask the office to send us an updated official list with all these details. We are also aware that Mrs. Louise Kurczycki has unfortunately stepped back from the committee due to health reasons and that also Andrei Manu-Marin is currently unable to participate in our committee also due to health reasons.



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Action plan: H. Madersbacher should contact the office

#### Ad (4)

Emmanuel Chartier-Kastler has applied to become the chairman of this committee. He was supported – according to the rules – by two of our members. According to the information I just got, he was the only applicant, therefore no voting will take place and Emmanuel will be appointed *Chairman of the Neuro-Urology Promotion Committee* at the meeting in Rio de Janeiro. Congratulations and success!

#### Ad (5) – fellowship

Four members (Marcio Averbeck, Melissa Davies, Thomas Kessler and Brigitte Schurch) have agreed to look to score the fellowships and three (M. Averbeck, T. Kessler, B. Schurch) have already sent their proposals to me. I thank them very much for their most valuable work.

#### Ad (6)

Already two courses have taken place, one in Timisoara (Romania) and one in Novi Sad (Serbia). The lecturers Enrico Finazzi Agro (Timisoara), Brigitte Schurch (Novi Sad) and Helmut Madersbacher (Timisoara and Novi Sad) reported about the interest of urologists, neurologists, rehab doctors, physiotherapists and nurses (in Serbia). There was a great interest in the lectures followed by intensive discussions. So far the format of this Neurogenic Bladder Day Course was well accepted and should be kept as it is for the next courses taking place in Moscow (Thomas Kessler) and Mexico City (Marcio Averbeck).

#### Ad (7)

No further comments.

A handwritten signature in black ink, appearing to read 'H. Madersbacher', written in a cursive style.

Prof. Dr. Helmut Madersbacher  
Chairman of the Neuro-Urology Promotion Committee

## HALF-TIME MEETING OF THE NEURO-UROLOGY PROMOTION COMMITTEE

### Videoconference on Friday February 21st -13:00 GMT (14:00 MET) Minutes

Participants: E.F. Agro, M. Averbeck, H. Bruschini, E. Chartier-Kastler, J. Gajewski, T. Kessler, L. Liao, H. Madersbacher, J. Panicker, R. Sakakibara, B. Schurch, W. Altaweel

Unable to participate: M. Davis, P. Gomery, A. Manu-Marin

1. **Minutes of the meeting in Barcelona on August 26<sup>th</sup> 2013** (see attachment)  
HM asked if any changes/additions required? Everyone happy with minutes- all confirmed.
2. **Recommendations / guidelines for the urological management of patients with cerebral diseases and LUTS**
  - a. **Report of the chairmen of the three subcommittees – Marcio Averbeck, Thomas Kessler, Ryuji Sakakibar**

*ECK joined the call.*

A copy of the reports presented are available on the [WebEx Video](#).

MA-outlined the pubmed research terms and crossed with key words e.g. bladder dysfunction. The research highlighted lots of papers but they had no clear link with neurological management. In total there were 64 articles found.

The articles are available in the following drop box link;

<https://www.dropbox.com/sh/ddxwyc75zsk0kbi/f5qLbB1Rs5>

MA advised this link could be sent from him or HM.

All the articles are in this drop box link.

MA outlined the manuscript classification according to the subtype of dementia. MA highlighted WA also conducted research on the cochrane report/database and he could only find 5 articles. Only 3 full text articles could be obtained- limited mention on neurological management.

HM prepared a report on dementia and correlated diseases- recommendations/guidelines for urological management of LUTS. HM advised that this would be discussed after the call.

HM invited TK to provide his report.

TK (on audio only) the research he conducted was a literature review- searching the Cochrane library, MBase and medline. The issue with multiple sclerosis is there is so much data, in total we found over 4000 references! It is not easy to review so many references; TK will engage two junior doctors to go through the literature. After these reviews it will be sent to the other committee members. The issue with Multiple sclerosis treatment there would be several treatment groups that you would need to extract data in a different way e.g.

catheterisation etc. We are only at the data retrieval phase.

HM invited RS to provide an overview on his project- Parkinson's and MSA. RS team still in progress researching individually but he has a tentative plan for this project. Team starting with parkinsons disease but RS thinks it's better to include DLB etc. in the research. RS will work with HB & EFA after the call. JP asked whether Marcio covered NPH in his research? RS confirmed that he does, our group are only talking about this a little bit, there is no need for an overlap. NPH is a very important disease so we need to touch a little bit. HM advised that there will always be some overlap on these research projects. HM feels that RS subcommittee research is perfect as it is.

**b. How to proceed further?**

All groups still have work to do on these projects going forward. HM thanked everyone for their work on these projects to date.

**c. Efforts undertaken to present our recommendations at the ICS Annual Meeting in Rio de Janerio**

HM confirmed the members efforts to produce research to present at Rio has been successful, the committee has a 1 hour slot to present the findings. Each of the subcommittees will have 15 minutes speaking time and 5 minutes questions and answers. Over the next 3-4 months the committee need to work on a report that can be presented. The subcommittees would therefore need to work together to ensure minimal overlap on the areas of research. HM would like members to decide on 3 different titles within the overall presentation- any suggestions?

HM confirmed that we need the final reports by June/July.

**Action: All subcommittees need to work on the report and presentations for Rio. Final versions by July.**

By July we need to have the 3 presentations ready to review and merge. Everyone needs to think of a punchy title! Everyone should think about it and make suggestions to their subcommittee chair.

HM highlighted this is a good occasion to increase the visibility of the committee within the ICS members.

EFA agrees we can present in Rio and then submit for publication.

HM confirmed 10/15<sup>th</sup> July would be the best date for everyone to have their presentations ready? Everyone agreed.

**Actions: All subcommittee presentations need to be submitted by 15<sup>th</sup> July at the latest.**

HM asked for any final comments. WA feels we should start writing the papers now so after the presentation in Rio it's ready for print? HM thinks it a good idea.

**Action: Committee members should start producing the papers as soon as the**

**presentations are completed.**

HM thanked everyone for their work so far. HM asked Marcio to send out the work document to everyone on the committee.

**Action: Marcio to send out the work document to everyone on the committee.**

HM, in regard to the presentations, it is up to the Chairman of the subcommittees to select who would like to present the topic. HM would recommend Marcio as he has done most of the work on their topic but will leave the other chairmen to select speakers. Chairman should nominate one person to represent their subcommittee. All members will be on the programme but only one can present.

**Action: Subcommittee Chairs to select speakers from their subcommittees to present their topic in Rio.**

HM asked if everyone agrees? Everyone happy with this suggestion.

### **3. Neurogenic Bladder Day Courses: report of the chairman (see attachment)**

HM advised that he had talked to Ervin (Education Committee Chair) twice regarding the courses. HM advised we would see if he could incorporate the Neuro-urology courses and lectures in the courses plan. The courses in Brazil were made before Ervin became Chair. HM provided a list of courses so far, many members had volunteered to speak- HM thanked the members for support. HM advised that travel expenses will be covered by companies the only one to be confirmed is Cartagena, we are waiting for more information.

HM is very happy with how the courses are going so far but would be interested in feedback from the members- any changes?

Suggested add the names of the lecturers on the courses. HM did not add so far, just the local organiser, we can add the speakers name as the faculty is confirmed. To limit the cost we only have two speakers from abroad, the other speakers will be local.

*BS left the call.*

LL would like HM to attend the proposed China course. HM advised that he would discuss with LL by email further.

**Action: HM to follow up with LL regarding proposed China course.**

HM highlighted that we had not included Japan in our planned courses but would like to. HB has just received a letter confirming course, HM thanked for confirmation. HM stressed that we need to ensure all courses have external funding as ICS is unable to fund this. HM advised that after three or four courses he would write up a report on how the courses ran, how the members/local host felt the courses went, areas of improvement for future courses. All thought this was a good idea.

EFA I think we should add the local connections we will have in the report for future reference. This would then build upon the connections that we have for future courses.

**Action: HM to write report after 3 or 4 courses, on course progress and changes required for future courses. The report should include local connections.**

HM highlighted that we need to have different programme for each country as it needs to be country specific/relevant.

MA congratulated HM and committee members for their work on the courses and the financial support that they have raised for these courses.

#### **4. Budget request for the Neuro-Urology Promotion Committee**

HM advised that he requested, on behalf of the committee, a modest amount (€1500) in case we were unable to obtain support and secretarial support for Helmut. This funding was denied by the board. The board advised it was up to the members to raise funds to cover these costs. HM feels the principal that the members have to take care of the money for the society is not a good concept and in other societies they raise the money for the members and not vice versa. HM confirmed it's not just our committee it is all committees who need to find funding. HM asked for the members feelings on this.

ECK agrees and does not understand why the members have to find the money to work. It should be down to the office to find the money required. HM feels the Board should be able to raise the money that the society needs.

HM neuro-urology fellowship, ICS have struggled to obtain the money to fund the fellowship. This year the money is for one fellow but it was not given by the company. Which is strange that such an important fellowship could not be funded so far? ECK or does it mean that companies are not interested in ICS? HM thinks if the programme is interesting or good for the company then they would be interested in funding, it harder now to get funding. MA noticed on social media that Pfizer are funding a urodynamics course- HM felt this was good information.

JG feels we should present our concerns to the Trustees. HM agrees it would be good and something has to be changed.

**Action: HM to contact the Board to highlight the Committees funding concerns.**

*Postscript: To confirm the committee requested €2600 for six Neurogenic Bladder Day courses travel expenses, travelling costs for committee members to travel (if required) to partake in the proposed video conference and secretarial support for the chair.*

*ICS Board confirmed that the ICS office can provide reasonable assistance for administration support, the Neurogenic Bladder Day courses should be funded by industry and travel for the videoconference would not be required as WebEx would be used and this only requires an internet connection and camera facilities (audio is also available if members do not have access to either.) All committees have limited budgets this year and this is therefore not isolated to this committee.*

*Regarding the fellowship- this has never been funded by industry (always ICS.) Allergan were interested in funding this year but we could not get them to commit to this funding despite repeated efforts by the office. The funding for this fellowship was never in doubt and was*

*always going to be funded by ICS.*

#### **5. Election of a chairman of the Neuro-Urology Promotion Committee**

HM advised that the elections are coming up 1 Chair and 3 members need to be replaced. We require the following committee members; 1 nurse or allied health, 2 doctor positions. The committee members should encourage their colleagues to apply for the positions. ECK highlighted that he has nurses who would be suitable but they do not speak English, but he will look for suitable people. HM agreed that language could be an issue. Office confirmed 1<sup>st</sup> April deadline for all applications.

HM asked members to think seriously about the Chairperson position. ECK is interested in applying for the position, asked members for their feedback on this proposal. HM supportive of this candidate, feels it should be someone within the committee rather than external. HM highlighted that everyone should feel free to apply. TK, EFA and MA support this application.

*TK left call.*

#### **6. Any other business**

HM asked those who are attending the EAU meeting in Stockholm to meet for 10-15 minutes to follow up on these discussions.

HM highlighted the scientific committee call for 2 members in each committee to volunteer to assist with the abstract review. MD has already expressed an interest to assist as has BS. Anyone else willing to assist? ECK offered to assist. JE advised that only 2 people can assist. HM confirmed MD and then either BS or ECK.

**Action: HM to confirm final reviewer selection to office.**

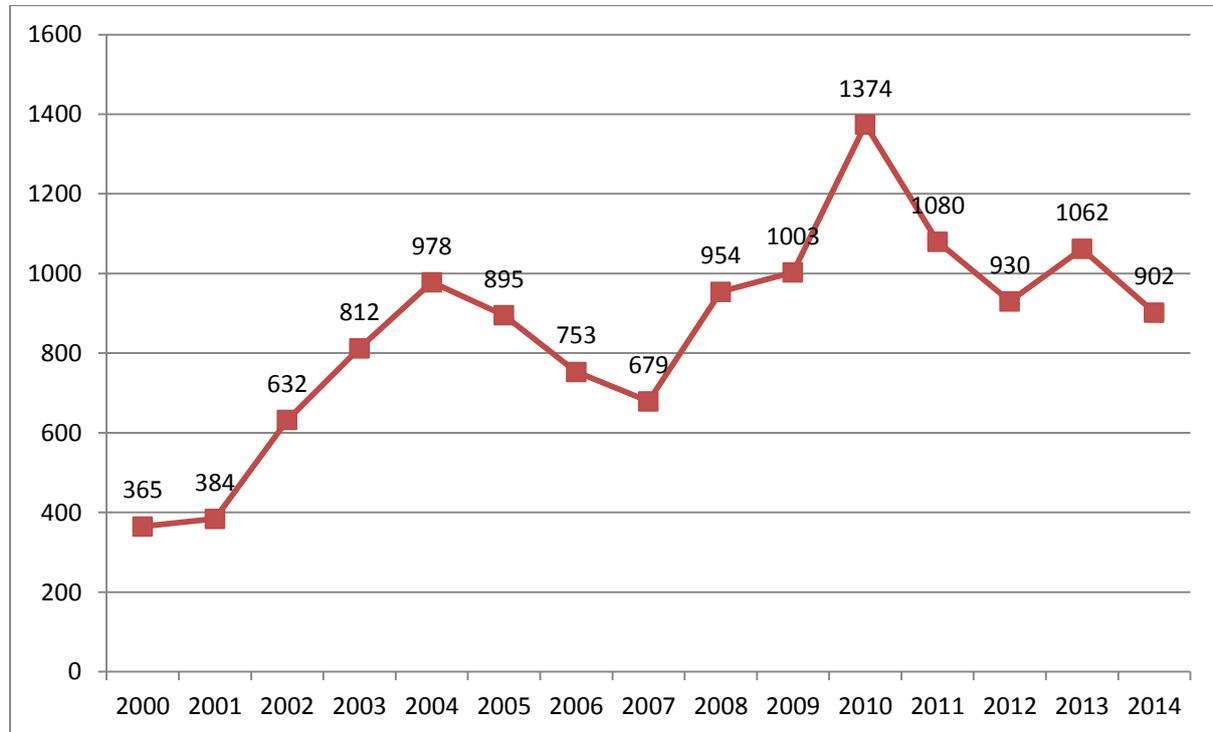
HM thanked the office for organising the call and thank you to everyone for attending.

**Call Ends**

## ICS 2014 Scientific Committee Report

### APPENDIX I: Committee Statistics

#### Total Submitted 2000 – 2014



Status	Total
Withdrawn	56
Accepted	814
Not Accepted	32
<b>TOTAL</b>	<b>902</b>

Presentation	Total
Plenary Podium	18
Podium	30
Podium Poster	253
Podium Video	10
Open Discussion Poster	401
Open Discussion Video	18
Read by Title	84
<b>TOTAL</b>	<b>814</b>

<b>Broad Category</b>	<b>Total</b>
Anatomy / Biomechanics	31
Anorectal Dysfunction	17
Basic Science	68
Epidemiology	36
Geriatrics	11
Imaging	27
LUTS in Women	81
Male	70
Neurourology	66
Nocturia	15
Paediatrics	21
Pain / Sexual Dysfunction	47
Pelvic Organ Prolapse	87
Pharmacology	38
Rehabilitation	46
Stress Urinary Incontinence	101
Urodynamics	52
<b>TOTAL</b>	<b>814</b>

Other statistics can be found online:  
<http://www.ics.org/2014/programme/statistics>

Thank you all for the good and enlightening moments!



