



# Newsletter

## Anticipating a Memorable Event

### SIU Uro-Oncology Update Santiago, 19-22 November, 2008

SANTIAGO DE CHILE – With our SIU Santiago Meeting around the corner, it is with great satisfaction that I inform you that everything is running smoothly here in Santiago, anticipating a memorable event.

The SIU Congress Organizing Committee chaired by Dr William Lynch and the Local Organizing Committee, which I have the privilege to coordinate, have been very actively preparing every detail for a successful meeting.

At this point I need to acknowledge and thank the intense and dedicated professional work carried out by the wonderful SIU staff in Montreal. It has been real team work, translated into a very intense and rewarding experience.

For this scientific meeting, most of our efforts have been placed in the articulation of a robust and outstanding scientific program. All main urological malignancies, in both adults and children, will be covered in an interesting and systematic approach, for the benefit of all attendees. Our invited speakers have already confirmed their participation, so we are able now to present the best world faculty in this field.



*Prof. Reynaldo Gómez*

*Santiago 2008: Enjoy a superb scientific meeting and exciting holiday*

It is very rewarding to know that our call for this Uro-Oncology Update has been warmly received by the global urological community, and at the time of this manuscript's writing, over 1,000 urologists have already registered to attend the Santiago Congress in November. We now know that our initial estimates will be widely surpassed. Over 500 scientific contributions received are also proof of the enthusiasm that our meeting has generated among our fellow colleagues around the globe.

With this very encouraging participation, we will not disappoint you. In a recent field visit by the SIU congress organizing staff, a comprehensive review of every detail was performed. Espacio Riesco Convention Center will be the perfect venue for our meeting.

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Contributions for publication in future SIU Newsletters can be sent to Prof. Chris Heyns, Chairman of the Publications Committee (cfh2@sun.ac.za) or to Martine Coutu at the SIU Central Office (martine.coutu@siu-urology.org)

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We are sure that our delegates will enjoy its comfortable facilities in a quiet suburban environment. State-of-the art technology is ready for our speakers' needs, and a spacious exhibit hall will host our exhibitors' booths. We are sure that it will fulfill everybody's expectations.

We know that the social program is an integral part of every important meeting. As it has been advertised, after the opening ceremonies in the plenary room, a welcome cocktail party will take place in the exhibit hall. This will be the perfect moment to contact the participating companies and discuss their products. An optional fun dinner will take place Thursday evening at Club Hípico, the main horse-race coliseum in our city. An actual private horse race will take place for your excitement

and enjoyment. To adequately close our meeting, we will have an unforgettable Chilean dinner party (included in the registration fee) at Los Buenos Muchachos restaurant. This is a huge typical Chilean restaurant, which can easily seat over 1,200 people. In this dinner we will enjoy typical culinary specialties and folk performances. Surely nobody will want to miss this Chilean Night.

Traveling so far to Chile deserves a few extra days to discover the wonders of our country. With over 4,000 kilometers of geography, you will find every possible landscape here. Please plan in advance and book one of the optional tour alternatives we are offering. All of them are superb opportunities for an outstanding and memorable break after a superb scientific meeting. ■

*Reynaldo Gómez*

*Chairman, Local Organizing Committee*



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## Improving Urological Care

### SIU - a major international platform for urological education and collaboration

MONTREAL - As General Secretary, I would like to report on the SIU's recent initiative to conduct a strategic planning exercise in order to determine our current situation in the field of global urology. By assessing our positioning, we will be in a better position to decide what actions we need to undertake to better serve our members and ensure sustained and rational growth for our Society in the years to come.

The decision to hold a strategic planning meeting was made by the Board of Chairmen (BOC) during the September 2007 Centennial Congress in Paris. Some of you may recall that we had undertaken a similar exercise in 1998, but in light of the myriad changes that our "urological environment" has undergone, the BOC felt that a fresh look at our reality and our short- to mid-term future was in our best interest.

The full-day strategic planning meeting was conducted a day prior to our BOC meeting, which took place during the May 2008 AUA Meeting in Orlan-

do. We engaged the services of StratMK, a Montreal-based firm specializing in strategy, marketing, and research. Prior to the meeting, a very detailed questionnaire was circulated to the members of the Board to measure the perceptions, priorities, trends, and risks facing our Society today.

During the strategic planning meeting, two StratMK representatives were present to orient discussions and document responses. A preliminary set of results highlighting the core elements was given verbally on the following day during our regular BOC meeting, with a more comprehensive report to be delivered by the consultants at the end of June. As a result of these deliberations, the firm produced an extremely detailed five-year strategic plan (2008-2013) that still requires further analysis by the BOC members. My purpose here is to highlight the most salient points that emerged from the preliminary analysis of this lengthy document, and that will constitute the basis of our next discussions.

The first point on the agenda was a discussion of the SIU's mission statement: "To enable urologists in all nations, through international cooperation in education and research, to apply the highest standards of urological care to their patients." As a group, we agreed that this was still our most fundamental motivation for joining and becoming involved in the Society, and that we thus felt no need to modify our mission statement in any way. The brunt of our efforts now will be to improve the ways in which we fulfill this mission, and to multiply our initiatives in order to rise to the challenge.

From this mission statement, the discussion extended to our position statement, that is: what singular features make the SIU unique, and differentiate it from other urological societies? This seemingly benign question actually launched a great deal of discussion. Indeed, introspection is very often fraught with difficulty, yet the results, and perhaps even more so the

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process, are a healthy “reality check” for all organizations, especially one as large and diverse as ours.

A position statement has been proposed: “The Société Internationale d’Urologie is a major international platform for sustainable urological education and collaborative humanitarian activities to improve urological care.”

The final wording may change slightly, but we believe that the three prongs of this statement are the keystones of our *raison d’être* as a Society: our intrinsic international character; our commitment to offering human and material resources and opportunities for education; and our deeply-rooted sense of purpose in engaging in humanitarian actions focusing on urological care.

The discussion then focused on ways in which we could improve and extend our presence and our activities in the course of the next five years. I have chosen to report on the three major components of our strategic plan of action that were approved by the BOC after the initial verbal report: improve the SIU’s visibility; expand educational opportunities for urologists worldwide; and intensify efforts to engage actively in humanitarian, urology-related initiatives globally.

### Improving SIU Visibility Globally

Quite simply put, in order for the SIU to remain a legitimate actor on the global urological scene, it must raise its profile; with respect to its members, to urologists who would benefit from becoming members, to Industry, and to national decision-makers. Improving our website and our newsletter will be first on our action list and we have already begun work on these. Among other suggestions that have been discussed are to better support our National Delegates by providing promotional materials on our Topical Meetings and Congresses as well as technical assistance and SIU sectional meeting support when required. We should also intensify our membership recruitment to non-members.



*Dr. Luc Valiquette*

We will continue to deploy SIU lecturers and symposia to major regional meetings. We will highlight and publicize SIU collaborations with such bodies as the ICUD, along with the resulting consensus publications that result from these initiatives. We will engage in expanded and cost-efficient promotion of our Topical Meetings and Congresses, and take particular care in underscoring the ever-increasing qua-

lity of the science that is presented at our conferences. In turn, this enhanced exposure will heighten our profile with partners in Industry, with whom we will try to establish not simply meeting-based sponsorship, but rather more durable bonds in the form of long-term commitments to our Society. These are some of the more substantial items that the Board will need to act upon in the coming months.

### Expanding Educational Opportunities for Urologists

One of our greatest strengths is our Training and Scholarship programme. In effect, over the past eight years, our Scholarship programme helped close to 100 young urologists train at an SIU-accredited centre in their geographical region, or were awarded scholarships to train overseas. This is a programme that we believe we could both highlight and intensify, in order to support more young urologists in the developing world. To achieve this goal, we have the opportunity of recruiting our most eloquent spokesmen: our SIU scholars. In addition, we will consider making available electronically existing educational resources, such as SIU and ICUD publications, comprehensive coverage of Congress webcasts, surgical tips videos, slide libraries, meet-the-professor webinars, reference support for members, etc. We will also look to create those resources of value that we do not currently have. And the main conduit for our members to access these materials would be our website, which will progressively undergo a major refurbishing with a view to becoming a portal to international Urology. Our information technology experts would

interact closely with our BOC members to implement the educational and networking features that are felt to be of most value to our members.

### Intensify Efforts To Engage Actively in Humanitarian, Urology-Related Initiatives World-Wide

As a Society, we believe in the importance of humanitarian initiatives dedicated to improving urological care around the world, most particularly in developing countries. More importantly, we believe that the SIU should play an active role in providing opportunities for its members to become involved in such efforts and thus make available a tremendous amount of urological expertise. We are inspired by SIU members who, individually or through organizations and operating have been instrumental in founding, centres to treat women with VVF in Africa, and organized humanitarian missions where urologists travel to underserved areas to treat patients and teach the caregivers. We feel that we have much to learn from these examples, and could consider proposing partnerships with existing programmes on whose strengths we could build.

As you can see from these few notes, the SIU is entering a renaissance phase in which it will take inspiration from its past successes, assess today’s needs, and anticipate tomorrow’s trends. There is much work to be done, but it is with great enthusiasm and deep conviction that the SIU Board of Chairmen and our staff at the Central Office will undertake the tasks at hand.

I also wish to take this opportunity to invite all of you to let us know your thoughts and suggestions on how we can better serve our membership and partners. We believe in the difference that the SIU can make globally, and will spare no effort to do so in a constructive, responsible, and forward-thinking manner. I look forward to hearing from our members via our e-mail address at [central.office@siu-urology.org](mailto:central.office@siu-urology.org) - the door is always open. ■

*Luc Valiquette, MD, FRCS*  
*SIU General Secretary*  
*Montreal, Canada*

# Relationship Between SIU and WACS Desirable

## Conference of the West African College of Surgeons

FREETOWN – The 48th Annual Scientific Conference of the West African College of Surgeons (WACS) was held in Freetown, Sierra Leone, from 9 to 15 February 2008. The WACS began as the Association of Surgeons of West Africa in 1960 and metamorphosed into a College nine years later. Its aims and objectives are to provide adequate numbers of competent surgical specialists for the sub-region and to promote post-graduate medical education. The WACS is an example (similar to the SIU) of an excellent working relationship between Anglophone and Francophone countries and has survived the political instability that has characterized the West African post-independence era. It now has over 3000 Fellows in its 7 constituent faculties of Surgery, Radiology, Anaesthesia, OBGYN, Otorhinolaryngology, Ophthalmology and Dental Surgery.

Annual scientific conferences are held in rotation amongst the 17 member countries. These meetings feature plenary and parallel (faculty-dedicated) sessions, as well as free-paper sessions. The theme of the 48th Conference was 'New frontiers in surgery', while the sub-themes were day-care surgery, minimal access surgery and manpower development. Although urology is part of the Faculty of Surgery, there is a section dedicated to the sub-specialty at every meeting.

Six scientific papers were presented during the Urology session. ED Yeboah et al reported a prostate cancer prevalence of 3.9% in men 50-70 years old in a screening study conducted in Accra, Ghana, in collaboration with the National Cancer Institute, USA. This study detected very few cancers in men with serum PSA 2.5-4 ng/ml and therefore suggested that the PSA cut-off for biopsy should be >4 ng/ml. AO Takure et al reported that the predominant histological type of bladder cancer in Nigeria has changed from squamous cell to transitional cell carcinoma (TCC), and ascribed the increased

occurrence of TCC to the introduction of environmental carcinogens and cigarette smoking. HY Maitama et al reported that their short-term results with dorsal patch buccal mucosa grafting in bulbar urethroplasty were as good as those reported in the literature.



*Dr. Ademola Popoola*

The small number of urology abstracts and the absence of laboratory studies were probably due to the poor culture of data-collection and lack of research funding, especially for basic science urological research, in the sub-region.

A session on 'Consensus building for prostate cancer management in the West African sub-region' was chaired by the immediate Past President of the WACS, Prof ED Yeboah, and was extremely well attended. A survey on the management of prostate cancer found that there was no uniformity among centres and that treatment is inadequate in many centres in West Africa. Participants welcomed and pledged support to the process by which the proposed consensus will be reviewed and revised until it becomes an acceptable document for urologists in the sub-region.

The WACS has close relationships with the Association of Surgeons of Great Britain and Ireland (ASGBI), which has assisted the WACS in developing basic surgical skills training centers in the sub-region. Six such centers have been set up so far and the ASGBI held a Training of Trainers Course at this year's meeting to build the capacity in resource personnel. WACS also has a close working relationship with the American College of Surgeons and this resulted in the development of a surgical skills center in Accra at which the Advanced Trauma and Operative Management (ATOM) Course is held. Twelve ATOM courses have been held and 46 surgeons from across West Africa have been trained so far. The WACS has also forged a relationship with the Association of Academic Surgeons (AAS) of the USA which organized a very successful pre-conference course on 'The inaugural fundamentals of surgical

research and career development'. WACS resource persons joined those from the AAS to train participants in scientific paper writing, presentation skills, the requirements for academic promotion, peer networking and building international collaboration.

This was the second WACS conference to be held in Sierra Leone and the first since the end of its civil war. The country's relatively small health-work force (led by less than 70 physicians), demonstrated the strength of cooperation by organizing a successful conference despite their obvious limitations. The

handful of urological presentations reflects the state of urological (and other surgical) research in the sub-region. As such, research should be encouraged in order to increase the number of presentations at subsequent WACS conferences.

Although several urologists in the West-African sub-region are members of the SIU (notably the immediate Past President of the WACS, Professor ED Yeboah, and the first Vice-President and President-Elect, Professor O Mbonu) there is no formal relationship between the SIU and the WACS. The SIU may therefore wish to explore the possibility of developing a relationship with the WACS, as the training of urologists in West Africa would benefit from the resource capacity within the SIU. In particular, assistance with collaborative research efforts and the institution of grants and prizes for worthy research presentations would help to improve urological expertise and care in the sub-region. ■

*Prof. E. Oluwabanmi Olapade-Olaopa*  
University of Ibadan, Nigeria

*Dr. Ademola Popoola*  
University of Ilorin, Nigeria

# Why Become an SIU member?

## Unique and Truly International Organization

SAINT LOUIS – Why should a North American urologist who regularly attends the annual AUA meetings, or a European urologist who attends the EAU congresses, also be a member of the SIU? When asked this question by the Newsletter editor, I had to reflect on my own involvement with the SIU, and would like to share my views and perceptions with you.

I have been a member of the SIU since 2000. I was first introduced to the organization by Dr. Jack McAninch (SIU Past President 2004-2006). I attended my first SIU Congress in 2002, where I served on the International Consultation on Urological Diseases (ICUD) consensus statement committees on urologic trauma. The meeting, in the beautiful city of Stockholm, Sweden, was extremely well organized and very educational. The consensus meeting on urologic trauma produced many wonderful publications that have been great additions to the current body of literature. Since 2002, I have attended nearly all the international congresses of the SIU. Each meeting has been personally very rewarding—both academically and socially.

The SIU is a unique organization that is truly international and has members from the entire world (with roots in 107 countries), in particular non-industrialized countries. It offers a unique forum for

the interchange of ideas and concepts in urology between industrialized and non-industrialized worlds, as well as between the continents. The mission of the Society, as defined by its first President, Felix Guyon in 1907, is to stimulate international cooperation in Urology and to enable, through international co-operation in education and research, all nations to achieve the highest quality of Urological patient care“.



Dr. Steven B. Brandes

The SIU also sponsors philanthropy and training fellowships - sponsoring urological training in centers in the candidate's geographical region, as well as travel to other world centers as a visiting scholar.

Neither the AUA nor the EAU Congresses can match the international draw, fellowship, camaraderie and academic and social exchange of the SIU. In fact, because of my involvement in the SIU, I have developed a lasting friendship and academic collaboration with colleagues in Santiago, Chile and Cape Town, South Africa. If I had remained only an AUA member, I would have never been able to develop and foster such world-wide academic contacts and collaborations. Aside from the academic strength and organization of each SIU Congress, it is always held in a wonderful world-class city. Recent examples are Stockholm, Sweden (2002), Honolulu, Hawaii (2004),

Cape Town, South Africa (2006), Paris, France (2007), and the upcoming meeting in Shanghai, China in 2009. Topical meetings have been in such exotic locations as Sharm el-Sheikh, Egypt in 2003, Bariloche, Argentina (at the foot of the Andes) in 2005, and the upcoming SIU World Update on Uro-Oncology in Santiago, Chile, in November 2008. Each topical meeting is expertly organized and brings together world experts and thought leaders in their particular specialty field.

*Urology* (The Gold Journal) is the official journal of the SIU. *Urology* also produces special supplements for the abstracts accepted for presentation at SIU Congresses and Meetings. It is well written and insightful. I look forward to receiving and reading it each month.

The SIU has evolved over the past decade, expanding the reach of urological education to specialists in the developing world, facilitating regional, topical meetings that are more easily accessible to local urologists, as well as sponsoring SIU lecturers to attend national meetings. I feel honored to be an active SIU member and I encourage my North American and European colleagues to spread the word of the good work the SIU is doing. I encourage you to recruit your urology colleagues to become members of the SIU. ■

*Steven B Brandes, MD, Washington University School of Medicine, Saint Louis, MO (USA)*



## Research Fellowship

The California Urological Foundation, in association with the Société Internationale d'Urologie, announces the availability of a Research Fellowship for a fully-trained Urologist from Africa to do research for one year in a medical laboratory of the University of California in San Francisco (UCSF).

This award is intended to prepare the candidate for an academic career in his or her home country; a firm commitment to return will be a material consideration in the evaluation of candidates. This fellowship carries a stipend of \$50,000 USD, of which \$14,000 is used to cover medical insurance and administrative fees.

Applications for this fellowship will be evaluated by the Scholarship Committee of the Société Internationale d'Urologie and should include a proposed area of study, a detailed CV, and professional references.

The deadline for the 2009 Fellowship will be January 31, 2009. Application forms are available on the SIU website [www.siu-urology.org](http://www.siu-urology.org) under the Training Scholarships tab.

Applications can be submitted by mail, fax or e-mail to:

### UCSF-SIU Research Fellowship

c/o SIU Central Office

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# A Whole Day of Strategic Planning

Orlando, May 2008

I have felt for some time that the SIU has become sufficiently well established that we could make some long-term plans. It is ten years since Darracott Vaughan and others wrote a vision for the future of the SIU. You must remember that the Society went through a considerable crisis in the mid 1990s and it was only through the hard work of a dedicated group that it was saved from extinction.

I found it humbling when reading the strategic plan of 1998, to see how much had been achieved. Our Society has moved from near-bankruptcy to safe solvency; from an exclusive, but increasingly irrelevant, club to a truly international and all-embracing society; from having a meeting every three years with limited science to one with meetings at least every year with strong contributions from all corners of the world.

My efforts as chairman of the Long-Term Strategic Planning Committee, to find out what the membership wanted had not been very successful! So, a new strategy was devised – a group representing most of the disparate factions in the SIU. We were locked in a room for a day and kept in order by Marc Fortin from StratMk, a strategy and research company.

I believe that the outcome was a wonderful list of aspirations and a good number of blank pages on how they should be implemented! Let us start with our Vision and Mission:

**Vision:** The application of the highest standards of urological care to patients, in all nations of the world.

**Mission:** To enable urologists in all nations, through international cooperation in education and research, to apply the highest standards of urological care to their patients.

Although some might be unhappy with the syntax, all should be enthusiastic about the spirit of these two statements. The big question is how the Society can bring them to pass.



Prof. Christopher Woodhouse

The Society already has some assets to start the mission. Thanks to the work of the last 10-15 years, there is a reputation and visibility that can be expanded. Through the Conferences and our linked journal, *Urology*, we have a means of disseminating research and education. We have some philanthropic activities, most notably our scholarship programme. The staff in the Montreal office already run a very tight ship. However, all these areas are to be expanded.

Little or nothing can be done without money! Our financial position is strong but it is a priority significantly to increase revenue. So then we turned to initiatives. In all, about 70 were suggested by the group. In a ballot we arranged them into groups A, B and C: A initiatives were deemed to be essential and C to be useless, with B in between. Notable amongst the A group were initiatives aimed both at increasing our own importance and using our position to the best advantage. For example, our visibility can be improved by a marketing campaign and by linking with other Societies. From such a strong base, we can improve the scientific content of our meetings.

The Gold Journal is to be encouraged to improve its content and to become more relevant to the SIU membership. There is also a pressing need for an active scientific and informative website. Experience suggests that such websites are easy to plan but very difficult and expensive to run. Much work needs to be done either to create our own or to link with one that already exists.

Our link with the International Consultation on Urological Disease (ICUD) has provided excellent material at the last three meetings. The conclusions are expensive to disseminate, other than at the formal sessions. Nonetheless, they provide a most important resource for the management of patients and it will

come as no surprise to find that further development of the ICUD programme was easily voted into group A.

Most members would regard the biennial major conference and the focused meeting in the alternate years as the main value of the Society. Their organisation occupies a huge amount of time and effort by the officers and staff in Montreal. There is a large financial risk in that unpredictable events in the world could make the meeting a write-off.

My first SIU Congress was in Vienna in 1985. Since then, I have attended some that were a triumph and one or two that were disasters. However, I have had difficulty in deciding how the triumphs and disasters could have been predicted. I also recognise that my idea of a triumph may be another member's disaster!

The membership is broad in almost every measurable aspect, except enthusiasm for urology. It was not surprising, therefore, that our group had little agreement on the requirements. My own summary at the end of the meeting was not thought accurately to reflect the discussion or conclusions! Only one initiative made the 'A' ranking – to increase the participation of industry. However, most of those in the 'B' group got many votes and will, I hope, be implemented, though not until 2009 or 2010. In the 'B' rank, the need to improve the poster sessions and to penalise presenters who failed to appear was clearly recognised.

Although venues have been selected for the next 5 years, we still voted to 'determine and select the most appropriate sites' for the same period, perhaps reflecting the different geographical, political and financial constraints of the membership. Although we have a good bank balance, a good deal of time was spent in working out how to make it bigger. Without money, it is difficult to make dreams come true. Nonetheless, it is appropriate to try to define the purposes

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for which the money is being accumulated. We must have a cushion against a financially failed meeting and enough to run the office for at least a year.

Beyond that, our dreams were focused on education and training. There was uniform support for the scholarship programme, for projects to take teachers to the students, to help urologically underdeveloped countries to advance and to link with other Societies.

The SIU has had considerable difficulty in the management of the Foundation. This is a philanthropic trust set up by the Society some years ago, through which our charitable monies could be disbursed. It is based in Switzerland, whose Trust laws have proved to be rather inflexible. After a prolonged struggle, it appears that the Foundation

can be repatriated to a more friendly jurisdiction. It will then be tax-efficient to use it for its intended purpose.

I was personally disappointed that we did not make much progress in finding a way to help delegates from the relatively poor countries to attend the main conferences. The costs of attendance go far beyond the registration fee. Visas, air fares, hotels and subsistence all have to be paid for. It is very difficult to find venues that can satisfy all the various requirements of the membership. Currently, we have the added problem of hugely increased energy costs. I doubt if there is anywhere in the world that could be regarded as both cheap and universally satisfying. Even more difficult is defining a scheme to identify and subsidise the correct urologists.

In writing this review, I am forced to contemplate whether we achieved any-

thing positive. I had hoped that we would define and solve the current problems of the Society. I was hugely encouraged that our meeting on Strategic Planning took place. It was superbly managed by our facilitators, so that we were forced to stay on track, stick to the allocated timetable, arrive at definite conclusions and not to squabble. I certainly realised more of the complexity of the Society and its members.

I believe that we did define our present position and our needs for the next 10 years. We must now put the plans into action. It would be wonderful if we could look back in 2018 and say that the vision that we described had been achieved with the success that followed the 1998 plan. ■

*Professor Christopher Woodhouse  
University College, London*

## PDE5 Inhibitors: A New Tool in the Hands of Urologists

### SIU Lecture at AUA 2008

The SIU Lecture at the American Urological Association (AUA) Meeting in May 2008 in Orlando, Florida, was given by Prof. Francesco Montorsi, from the Vita-Salute University, Milan, Italy. The topic of his SIU Lecture was "PDE5 Inhibitors: A New Tool in the Hands of Urologists". Prof. Montorsi discussed the molecular mechanisms supporting the value of daily dosing of phosphodiesterase-5 inhibitors (PDE5Is). He referred to several studies elucidating the molecular mechanisms that could contribute to prolonged effectiveness of PDE5Is to improve erectile function in men with ED. There appears to be a retention and accumulation of PDE5Is in vascular smooth muscle cells after their clearance from the plasma.

In laboratory animal studies continuous or chronic dosing with PDE5Is improves erectile function and epithelium-dependent relaxation of cavernosal smooth muscle. Prospective clinical studies addressing the role of chronic dosing of PDE5Is for ED in the general

population have, in most cases, shown a benefit.

In men with LUTS due to BPH, daily dosing with PDE5Is has shown a meaningful improvement in symptom scores, although there was no significant change in urinary flow-rates. Paradoxically, in men with recurrent or "stuttering" priapism, continuous dosing with PDE5Is appears to be beneficial in alleviating recurrent priapism without interfering with normal erectile function. In men with premature ejaculation, 83% of clinical studies showed that PDE5Is induced benefit, either alone or in combination with other drugs.

With regard to infertility, laboratory studies have shown that PDE5Is improve sperm motility, but also cause a premature acrosome reaction. However, long-term dosing with PDE5Is appears to have no detrimental effect on sperm parameters. There is no evidence that PDE5Is either positively or negatively impact on fertility. With regard to fe-

male sexual dysfunction, there does not appear to be convincing evidence that PDE5Is are beneficial, although some subgroups of women may show beneficial responses.

Daily PDE5I dosing has also been used in several non-urological conditions. These include pulmonary hypertension, cardiac failure and Raynaud's disease, where clinical studies have shown beneficial effects. With regard to cognitive function and stroke, there is laboratory animal evidence of benefit, but as yet no clinical trials to establish the possible role of PDE5Is.

Prof Montorsi concluded by stating that the molecular mechanisms supporting the daily dosing of PDE5Is is beginning to be clarified. Daily dosing of PDE5Is for ED, as well as for LUTS/BPH and priapism, appears promising. The role of PDE5Is in premature ejaculation is still controversial. These drugs appear to be safe with regard to fertility. Their role in female sexual dysfunction requires further investigation. PDE5Is in extra-urological organ systems represent areas of promising research. ■



*Prof. Francesco  
Montorsi*

# Mozambique: The Urological World's Edge

## Much End-Stage Urology To Do and Few Urologists To Do It

MAPUTO – I have been searching for Mozambique my whole professional life. I wanted a place where a visiting surgeon could do the most good. It's not often so simple. There are many places with NEED, but no MEANS: we cannot do urology without operating rooms, and anesthesiologists, and wards to recover the patient in. There are places with a paucity of knowledge, but no one who is prepared to learn what you have to TEACH.



Dr. Richard A. Santucci

I hope no Mozambican takes offence at my feeling that they are, urologically speaking "at the end of the world". Never in my experience lecturing and operating across 4 different continents have I found a place with so much end-stage urology to do and so few urologists to

do it, but with a robust hospital system and European/American style residency training program that makes for easy operating and easy teaching.

Mozambique is a long, coastal country in southeast Africa that lies just north-east of South Africa. It has a well-deserved reputation for beauty and for many decades was a preferred honeymooning spot for nearby South Africans. However, a long armed struggle for independence from colonial Portugal from 1964-1975, followed by a civil war lasting 15 years from 1977-1992 severely ravaged the country. Since 1992, however, steady progress has been made, allowing for economic growth and a more stable socioeconomic situation.

I was invited to Mozambique by noted South African reconstructive urologist Johan Naudé to join Igor Vaz (Chief of Urology in the Central Hospital of Ma-

puto - the only modern hospital in the country) for a 1-week educational/surgical extravaganza. Johan had, upon retiring, spent a year in Mozambique creating a urology training program. The coup de grace of his efforts was to find a gifted young General Surgeon, Igor, and train him in both Mozambique and as a urology resident in South Africa to be a world-class urologist.

Now, Igor is not only the best urologist in the region, but with his vast experience in general and wartime surgery, there is little he can't do or won't try, surgically. Igor acts as your guide and teacher when you are in his hospital. He may show you his techniques for closing complex vesicovaginal fistulae, or you may show him your specialty techniques, and mostly you operate with the residents or young attendings and show them what you know.

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Hands on teaching: training urethroplasty with locally available equipment creates persisting knowledge

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My standard approach when operating abroad is to take a young but well-trained attending urologist and bring THEM through urethroplasty operations, with me whispering direction and encouragement while they do the procedure. In this way you actually create knowledge that persists after you leave. I seldom bring special equipment, preferring to do the operation with whatever they have locally (to avoid any misconception that they cannot do it without something special brought from abroad). We supplement the hands-on teaching with practical Powerpoint presentations whenever possible.

Mozambique prepares you for “end stage” urology of every description. The urethroplasties that I did there were the most challenging I have ever seen. Zany things you’ve never encountered (patients with total previous removal of the urethra, or patients with posterior urethral distraction injury and an obstructed perineal urethrostomy in place) or diseases left untreated for longer than you’ve ever seen, or just more severe than you’ve ever seen. Also one sees diseases that are seldom encountered outside of Africa such as vesico-vagi-

nal-rectal fistulas and renal masses so large they are visible through clothing. Operating in Mozambique often seemed to have a strange twist. Plan clean intermittent catheterization for your patient? Forget it, no catheters are to be found there. Want to make a stoma? Think again—no stoma bags available. Operating in Mozambique is like going to graduate school in your discipline. It doesn’t get any harder or more rewarding than this.

The operating room contains every basic item one would need, and my favorite scrub nurse was cut from the same cloth as ALL senior scrub nurses are—efficient and humorless as you will find anywhere. Anesthesia is competent, but you must be aware that some “basic” services are not always available (blood transfusions are possible but may take all day to organize). Some basic surgical equipment can be dodgy: surgical suction works at about 10% the efficiency you may be used to. But, it is in the end a reasonably well stocked operating room, and you can get done what you need to get done.

You may even learn some things. Once, an overeager resident had clipped the dorsal vein during a posterior urethroplasty and there was no stop-

ping the bleeding coming from BEHIND the pubic bone. After about 10 minutes of tortured frustration while I tried every stitch, every trick, and every curse word I knew (all the while using the 10% suction) another resident said “Listen, why not use cotton?” “What kind of cotton?” said I. “Cotton cotton” and they produced a sterile cotton ball. “Just stuff it up there and have a cigarette.” “But I don’t smoke” I noted. “Just stuff it up there and go for a walk, then.” Sure enough, after a 10-minute walk and a quick rescrub I found that one cent’s worth of cotton (providing activation of the extrinsic coagulation system) some pressure (provided by a contrite resident) and a little patience had achieved hemostasis for some truly troublesome bleeding, that no amount of cussing or operating could fix before.

There are half a dozen flights a day arriving in Maputo from Johannesburg. I stayed at the Holiday Inn, Maputo, which is clean, reasonably affordable, safe, and right on the ocean. Go. Find your personal Mozambique. Or help out in Maputo. But go. ■

*Richard A. Santucci, MD, FACS  
Specialist-in-Chief, Urology  
The Detroit Medical Center*

## The Dynamo Driving the SIU's Daily Activities

### Central Office Staff Covers Broad Field of Functions

The SIU Central Office has been based in Montreal, Canada, since 1999. Our Central Office personnel are not only responsible for all aspects of Congress planning, but also for the management of our Society-related activities, such as finance, membership, Board of Chairmen liaison, scholarships, training institutes, visiting SIU lecturers at major urological meetings, and communications which include website content.

In 2003 the SIU developed a partnership with the Canadian Urological Association which has been of great benefit to the SIU, allowing sharing of office space and staff between the two organizations. This partnership helps the SIU to keep its operational costs low. Earlier this year,



*Martine Coutu*

the Canadian Urological Association and SIU worked out a new partnership arrangement to cover the next 5 years.

The day-to-day operation of the SIU Central Office is under the direct supervision of the General Secretary, Dr. Luc Valiquette, and the President, Dr Mostafa M. Elhilali. The core personnel of our Central Office is comprised of six highly qualified individuals, with roles which are essential to the operations of our organization.

Martine Coutu is the manager of the Central Office. Her role is to supervise all day-to-day activities of the office personnel. She coordinates the entire team

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effort in the planning of our scientific meetings and ensures that the Society functions smoothly.

**Richard Bolton** is responsible for Board of Chairmen and National Delegate activities, matters related to the Bylaws, the Foundation, website content, awards, lecturers, and training institutes. Richard works closely with the General Secretary to supervise many of the administrative functions of the Society.



*Richard Bolton*

**Isabel Kolodny** is in charge of our membership section, SIU scholarships and the bookkeeping functions of both the Central Office and Congresses and meetings. She manages the accounts receivable and payable and issues the cheques for signature by officers of the Society. In this she works closely with the Treasurer, Dr Patrick Coloby, who oversees the finances of the SIU. Isabel is also responsible for furnishing the documents and information required for the annual audit of the Society.



*Isabel Kolodny*

**Valérie Guillet** works closely with the chair of the Scientific Committee, Dr. Richard Wil-



*Valérie Guillet*

liams, to put together the scientific programme of our meetings. With Dr Wil-

liams, she oversees abstract submission, works closely with the abstract review and selection process, and is responsible for the final meeting programme. Valérie is also responsible for the creation of all promotional documents, meeting materials and final print items.

**Susie Petrusa** acts as industry liaison for the SIU. She works closely with Dr Bill Lynch, chair of the Congress Organizing Committee, and she is our direct contact for all industry related fundraising and symposium organization.

information, pay their annual dues and have direct access to educational material. For Congresses and meetings there is a logistic team responsible for coordinating the on-site functional parts of our meetings, both scientific and social, to ensure that they run smoothly.



*Susie Petrusa*

**Mercedes Peralta** is responsible for meeting registration. She handles communication with all participants attending our meetings who are in need of registration support. She also facilitates registration of all delegates, and accommodation requirements for VIPs.



*Mercedes Peralta*

Our Central Office operations are supported by an IT team responsible for the maintenance, updating and troubleshooting of all computer-related assets, hardware and software. An ongoing project is the development of a members-only area for the website to allow members to update their contact

The Central Office of the SIU is staffed with dynamic and professional people dedicated to responding to the needs of the members and management of the SIU and to making the Society a better organization. The staff welcomes all suggestions concerning improvement of the services that it can provide. ■

*Simon Tanguay*  
Assistant General Secretary

# Recent Trends and Future Direction

## Urological Association of Asia (UAA)

The Urological Association of Asia (UAA) was established in 1990 in Fukuoka with objectives to promote urology and improve the care of patients in Asia. It was started with urologists from 11 nations when they met at a joint Japanese-Korean Urology Congress in Fukuoka, Japan. The first meeting was called the First Asian Congress of Urology (ACU) and Prof. Joichi Kumazawa became the first President.

Currently we have a system of member nations with approximately 20,000

urologists in 20 countries: Bangladesh, Cambodia, China, Hong Kong, India, Indonesia, Iran, Japan, Macau, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Thailand and Vietnam. Undoubtedly, due to its large area, there are many differences between nations, e.g. culture, health problems, socio-economics, public health and education systems.

The main governing authority of UAA is the General Council with representatives from each member country. The Executive Committee consists of the President, the immediate past-President, the President-elect, who is the organizing Chairman of the next ACU, the Secretary General and the Treasurer. The Executive Committee is given the task of co-opting other members to help in the running of the Association. They include the Director of the Asian School of Urology (ASU), the Scientific Chairman, the International Committee Chairman, the Director of Research, the Fund-raising Committee Chairman, the Editor of Urology and the Representative to the International Consultation of Urological Diseases (ICUD). Since 2006, we have a Fund-raising Committee, of which the Chairman is also a co-opted member of the Executive Committee.

Since 2001 the official journal of the Japanese Urological Association, the In-

ternational Journal of Urology (Int JU), has become the affiliated journal of the UAA. There are 10 members from Asian countries among the members of the



*Prof. Rainy Umbas*



*Prof. Masaru Murai*



*Prof. KT Foo*

Editorial Board of Int JU. The number of submissions to the Int JU is now expected to be over 1,000 papers per year and 44.2% of the papers were submitted from Asian countries. The submissions in the last year increased from 30% in the previous year.

### International Speakers Provide Global Perspective at the ACU

The biennial Asian Congress of Urology (ACU) is our main event. At this meeting we have the SIU lecture as well as the EAU lecture, and starting this year at the 9th ACU we will have the AUA lecture. We encourage prominent Asian urologists to present the results of their studies as counterpart to overseas speakers so we can have a global perspective and balanced opinion of a particular urological problem. More importantly it could also give new information to many Asian urologists who, due to one or another reason, cannot visit major urological meetings such as SIU, AUA or EAU to develop their knowledge. The 9th ACU will be held in New Delhi, India (2-5 October 2008) while the 10th ACU in 2010 will take place in Taipei, Taiwan.

In between ACUs, the Asian School of Urology (ASU) organizes the Asian Symposium which covers selected topics. The first took place in Phnom

Penh, Cambodia, in 2007 and the next will be in Ho Chi Minh City, Vietnam, tentatively in June 2009. Besides that, ASU organizes a small team of speakers

to visit less developed countries upon their request. This activity is usually in the form of specific symposia or workshops to transfer knowledge and skills to local urologists. The ASU also has a list of prominent Asian urologists and encourages the member nations to invite one speaker to deliver the UAA lecture at their national meeting. This is going well since the UAA lecture was presented at almost all national meetings in the past year.

### Fellowship Centers Established

Another method to develop knowledge and skills is establishing fellowship centers for young Asian urologists such as in Malaysia, Singapore, India and Japan, which were established with the help of local government, while the candidate is selected by UAA and receives a UAA Fellowship as well as a fellowship from the host national urological association. Besides the advantage in regard of traveling cost, this activity could promote close relations among urologists in Asia and co-ordinate postgraduate teaching of urology in Asia.

Currently, it may be difficult to establish a common diploma for an Asian Board of Urology. To start with, ASU is organizing an advanced course in urology yearly, at present together with the Singapore Urological Association, which is open to trainees in urology in the Asian region. Another activity is the UAA visiting Professorship where Asian faculty members sponsored by ASU pay one- or two-weeks visits to a center for academic exchange and transfer of surgical expertise.

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With regard to research, we have had some successful collaboration between member nations for clinical trials in specific fields, e.g., evaluation of LUTS with transabdominal ultrasound/Doppler ultrasound and evaluation of new techniques of TURP.

In the future, we hope that we can organize a better ACU in terms of scientific quality and attendance quantity. It was decided at the Executive Committee meeting held in February 2006 that from 2010, the 10th ACU in Taipei would be organized centrally by the UAA secretariat, coordinating with the local organizing committee (LOC) which would provide input to the scientific programme, trade exhibitions and local hospitality. This way the process of organizing the Congress will not have to be relearned. With these changes, there would be more uniformity in the ACU and the balance sheet for the Congress would become more favorable.

Of course we need more participation and support, not only from Asian urologists and residents but also from the overseas urological community. As to bring our members and residents in urology to the same platform we need to organize more visiting teams to areas where needed, setting up at least one more place for advanced courses for trainees in urology on an annual basis, and establishing more fellowship centers, especially in sub-specialties such as oncology, pediatric, reconstructive, and endo-urology. We hope these activities could help more Asian urologists especially since this year we have an agreement and support from several pharmaceutical companies for educational purposes.

With regard to research activities, we hope that Asian urologists could play a major role especially in the field of common Urological problems in Asia such as urolithiasis, BPH, oncology, and infection. We also need more research on

the role of herbal medicine and Asian diet in urological diseases.

Clinical and basic research activities should be conducted in multi-institutional or multi-national fashion so as to collect more data in a shorter period. If we can achieve this, hopefully Asian urologists could give better care and cure to their patients. Moreover, more Asian urologists could participate and share their experience in International meetings in order to develop new treatment modalities for Urological problems.

So, the key words are "we should work together" - not only among Asian Urologists, but also with our close neighbor, the Urological Society of Australia and New Zealand, as well as with other major Urological associations such as SIU, AUA and EAU. ■

*Rainy Umbas, President UAA*

*Masaru Murai, Secretary General UAA*

*Foo Keong Tatt, Director, Asian School of Urology*

# SHANGHAI 2009

## 30th Congress of the Société Internationale d'Urologie

### November 1-5, 2009

Shanghai International Convention Center



[www.siucongress.org](http://www.siucongress.org)

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