



Newsletter

SIU to Meet in South America and Asia Congress Organizing Committee Report

MONTREAL - Now that the excitement of our centenary celebration is over, the time has come to turn our attention to future congresses, but first, a brief moment to reflect.

Paris was truly a congress to remember. The scientific programme was widely regarded as being our best yet, providing a broad base of State-of-the-Art lectures that summarized present-day urology. It was especially noted that delegates found what they learned immediately applicable to their practices.

The social side of the Paris congress will not be readily forgotten either! The



Dr Bill Lynch

a dare. Finally, the appearance of King Louis Richard Fourcade and his delightful queen at the Versailles celebration banquet will be long-remembered.

Now, the future.

Our colleague Reynaldo Gómez is spearheading the next topic-specific meeting, the SIU World Uro-Oncology Update, to be held in Santiago, Chile in conjunction with the Chilean Urological Society annual meeting. Keep the dates November 19-22, 2008 in mind.

It is only fitting that after 100 years the SIU is looking ahead, revising its mission and vision to best suit the needs of its members. Therefore, what better setting could we have for the first congress of our new era than China, specifically, Shanghai. One of the world's most ancient countries and cultures, China is likewise undergoing a revolution of sorts. It is the fastest growing economy in the world, and some economists are already claiming it to be the most pre-eminent! It sounds like a match that was destined to be. The Olympics will



The SIU World Uro-Oncology meeting in November 2008 will take place in Santiago, Chile.

opening night, where we witnessed the hidden musical talents of two of our members, had the halls "buzzing" for days. Le Jardin d'Acclimatation was the scene of the SIU night, and we all relived our youth and were amused as quite a few members rose to the challenge of

be held in China in 2008 and the excitement that this event generates will still be prevalent when we visit in 2009.

Shanghai has always been a bustling city, a financial hub for many, many

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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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years and one of the first and most influential cities in establishing East-West exchange. It has been known as a city on the cutting edge, and I am sure all urologists will find something here to entertain and educate them.

Our congress will be held at the Shanghai International Convention



Shanghai: Tradition meets...

Centre from September 13-17, 2009. The centre is located in Lujiazui, Shanghai's financial and trade district. It lies opposite the Bund (the other side of the Huangpu River) - the traditional centre of Shanghai renowned for its architectural styles, and a place not to be missed. Under the Chairman of the Local Organizing Committee, Professor Yinghao Sun, I am sure we will experience a congress that will long be remembered. Professor Dick Williams is Chair of the Scientific Committee, and I need say nothing else to reassure you of the quality of the science to be experienced, not



...the modern world

to mention the practical educational activities that will be available; there will be something for everyone. I will remind you that this is our full meeting and the breadth of urology will be its target.

Networking in a truly international location

The SIU night will be held in the Central Gardens, a place of outstanding beauty and heritage and one that upholds the long-standing tradition of hosting events in the most stunning venues. The opportunity for networking in a truly international location will continue throughout the meeting.

So you can see that the first congress of our new era is not to be missed. I look forward to welcoming you all to Shanghai in 2009 - a chance to be reacquainted with old friends, have a chat, share a meal or a drink, see the stunning vista that is China, as well as learn about developments in urology - who could ask for more!

Dr Bill Lynch
Chairman, Congress Organizing Committee

SIU 2009 - Shanghai

As Chairman of the Scientific Committee, it gives me great pleasure to invite you to dynamic and futuristic Shanghai on September 13-17, 2009 for the 30th SIU Congress. We very much look forward to returning to Asia for the first time since the millennium Singapore Congress. Working on an outstanding and up-to-date scientific programme, we invite you to submit any programme



Prof Williams

suggestions (valerie.guillet@siu-urology.org) so that we may ensure that all areas of interest are addressed. We also encourage our SIU specialty societies to hold symposia on the

Sunday prior to the opening of the Congress. We will particularly welcome suggestions related to urological topics of interest from our Asian colleagues.

Our preliminary programme will be forthcoming in October/November of 2008, while our abstract submission deadline will be in late April 2009. We eagerly anticipate receiving your comments, as well as a diverse selection of abstracts that will, along with this exciting venue, make the SIU's 30th Congress another scientific success.

Prof Dick Williams
Chairman, Scientific Programme Committee

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Epidemiology of Bladder Cancer in Russia

Prevalence and Incidence Up, But Mortality Rates Within First Year of Diagnosis Decreased

MOSCOW - Original papers describing bladder cancer epidemiology in Russia are rare. We analyzed the available publications in Russian, as well as the database of the Medical-Stomatological Moscow State University (MSMSU), accumulating data from different cities and regions. Bladder cancer registration in Russia is incomplete, owing to the absence of electronic data collection systems, and the estimated coverage of registration is about 40%.

Demographics

The Russian population is currently 143 million (63% urban, 37% rural). The average life expectancy is 59.4 years for males and 71.8 years for females, and has decreased slightly in the past 15 years due to different social, political and economic reasons. There are no exact statistics on tobacco smoking in Russia, but at least 50% of working men are smokers, and there is no apparent decline in this rate.

The prevalence of bladder cancer in Russia has increased progressively, from 31.3/100,000 of the population in 1996 to 47.6/100,000 in 2006. In 2006 there were 68,129 patients with bladder cancer in Russia, accounting for 2.8% of all cancer cases. In the same year 11,973 new bladder cancer cases were diagnosed. The proportion of patients whose disease was detected through preventive medical examination increased from 1.9% in 1996 to 3.5% in 2006 (this occurs primarily through ultrasound imaging, which is widely performed free of charge; although there is no true bladder cancer screening program).

Incidence

In 2004 the incidence of bladder cancer in males (11.8/100,000) was 7 times greater than in females (1.7/100,000). The incidence of bladder cancer increased progressively in the period 1990 to 2004, from 9.8 to 11.8/100,000 in males and from 1.4 to 1.7/100,000 in females. From

1999 to 2004 the incidence of bladder carcinoma increased by 5.3% in males (10th greatest increase among all cancer cases in Russia) and by 12.5% in females (6th greatest increase). In 2004 the mean age of all patients with newly detected bladder carcinoma was 67.8 years (67.2 in males and 70.2 in females). The incidence was highest in the age group over 75 years (131.8/100,000 in men and 18.9/100,000 in women).

In the period 1996 to 2006 the proportion of T1-2 tumours increased from 39.2% to 57.4%, T3 tumours decreased from 40.1% to 26.8% and T4 tumours decreased from 15.5% to 11.4%, whereas the percentage with unknown staging decreased very slightly from 5.1% to 4.5%.

In the period 1996 to 2006 the number of patients who completed different types of disease-specific treatment increased from 6,037 to 7,295. During this period the proportion of patients who had surgical treatment only increased from 47.9% to 58.1%, radiation therapy only decreased from 12.2% to 3.2%, and combined treatment (two or more modalities, e.g. cystectomy with radiation and chemotherapy) remained relatively stable (35.8% to 36.6%). Among newly diagnosed cases the treatment was completed by 59.6% of patients in 1996 and by 60.9% in 2006, including 72.4% of patients with T1-3 bladder carcinoma.

In 2006 the mortality rate of bladder cancer patients within the 1st year from diagnosis was 23.1% - the 6th highest 1-year mortality rate in Russia, after esophagus (62.4%), lung (56%), stomach (53.5%), rectum (31.1%) and ovarian cancer (28.1%). In the period 1999 to 2004 the mortality of bladder cancer increased slightly in men (from 6.4/100,000 to 7.0/100,000) and remained stable in women (0.8/100,000). During this period the mortality rate of patients with bladder carcinoma increased by 10.9% in males (6th greatest increase, and 7th greatest overall mortality among all

cancer-related deaths in Russia) but did not change in females (10th and 16th places, respectively). In 2004 there were 7,245 bladder cancer-related deaths in Russia, and the median age of deceased patients was 71.5 years (70.6 in males and 75.5 in females). The mortality was highest in the age group over 75 years (103.9/100,000 men and 12.3/100,000 women).

Medical statistics in Russia are often incomplete and even contradictory, depending on the source used, because an electronic system of data collection does not exist and data are usually generated using simple paper reports. Information describing occupational exposure (i.e. relation to industry) as well as smoking habits is not included in the majority of bladder cancer report forms, thus the only known risk factor for bladder cancer in Russia is male gender.

Decreased mortality rate

Over the last 10 years both the prevalence and incidence of bladder carcinoma have increased in Russia. There was a trend towards detecting less advanced cases. As a result the mortality rate of bladder cancer patients within the first year from diagnosis has decreased, although the overall mortality rate in males has risen. Surgery remains the basis of disease-specific treatment, whereas the role of non-surgical therapy, including radiation and chemotherapy, is relatively small. ■

Dmitry Y Pushkar and Alexander V Govorov, Department of Urology, MSMSU, Moscow, Russia

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Prof Dmitry Pushkar

Changing Times In Urological Education

Endourology Training Keeping Pace - A Report From the MPUH in Nadiad, India

NADIAD - Urological education has become increasingly important since the development of minimally invasive surgical procedures at innovative centres in the West, because these techniques have to be taught all over the world in order to disseminate the benefits of technology globally. These new technologies are expensive and have a steep learning curve. The present education systems



PCN model



PCNL-URS simulator

should also be transformed to accommodate these changing requirements. Traditionally, most Urological teaching was done on clinical rounds or in the outpatient department, and surgical skills were acquired in the operation room by the trainee assisting the surgeon. This was quite acceptable for open surgical procedures, because the manual skills required to operate independently could usually be attained within 20 procedures. However, in the past two decades, as the applications of minimally invasive and endoscopic surgical procedures have continued to expand, open surgery is now only reserved for more complex cases in oncology or reconstructive surgery of the urethra and bladder.

Stone surgery, which forms the major bulk of Urological surgery, is now almost exclusively done by endoscopic or non-invasive techniques. Direct ("hands-on") clinical involvement has ceased to be an acceptable milieu for residents to develop the surgical skills required for highly complex minimally invasive surgery, due to the devastating complications that can occur during the early learning curve of these techniques. Nowadays, operating room costs and the technical complexity of most modern procedures demand training in a repetitive fashion before clinical application. Before entering the operation room, the trainee should develop basic skills for open and particularly for minimally invasive procedures. This requires a training centre where basic manual skills can be attained, before surgical skills are mastered in the operating room. A variety of training formats have been developed, including high-technology



Wet Lab

and low-technology means of education. Whereas a pelvic trainer can provide a means of acquiring the necessary basic surgical skills, it is necessary to incorporate live animal practice to get fully trained in the complex surgical practice of laparoscopy. There are few such "wet lab" facilities around the world, because live animal surgery requires highly skilled personnel and there are strict ethical rules which have to be observed. Hands-on training on animals is relatively expensive, the animal anatomy is not exactly the same as the human, and

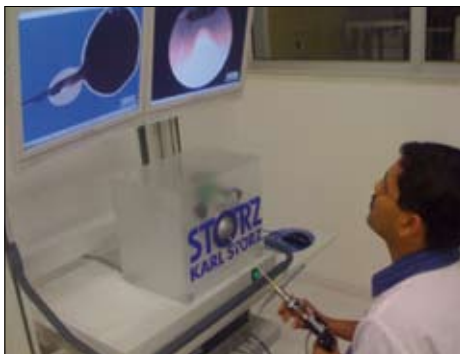
training usually involves a one-time experience.

New technology which is being developed is the surgical simulator, which can be model-based or computer-based. Model-based simulation recreates isolated parts of the body, and the advances in materials technology have created dramatically realistic physical simulations of various body structures. Although quite expensive, they can be adopted in single skills centres where trainees can repeatedly and regularly practice specific skills or tasks. However, these inanimate models are unable to provide feedback or objective measurements of performance, unless a clinician is in attendance during the practice session. Computer-based simulation provides much greater levels of realism than model-based simulators.

Interacting with databases using virtual reality

The most sophisticated computer-based simulator models are those that provide the student with virtual reality (VR) experience. VR technologies allow trainees to interact directly with 3-dimensional, computerized databases in real time, using their natural senses and skills. These simulators can provide a convincing representation of an organ or system which nearly replicates the real clinical experience, albeit still in cartoon-like fashion. It is hypothesized (although as yet unproven) that training with this combination of features may ultimately result in the reduction of surgical errors, while improving the clinical outcomes. The use of surgical simulators is advancing rapidly, but there remains a need for validity testing of these devices before they are accepted as a reliable training technique. Simulators must be reliable for the trainee to acquire the skills and techniques of an expert surgeon within a defined time and training program. It should enable the trainee surgeon to safely proceed through the learning curve of any new procedure without placing any human at risk. The

simulator must be able to distinguish between inexperienced and experienced or expert surgeons. With these characteristics, the simulator becomes more than an expensive, entertaining video game



TURP simulator

- it becomes a powerful tool to teach, train and test.

The management of Muljibhai Patel Urological Hospital (MPUH) in Nadiad, India has decided to establish a facility

to impart training and teaching in the art of endoscopic surgery in the field of Urology. The facility at the Jayaramdas Patel Academic Centre (JPAC) consists of:

1. State-of-the-art laparoscopic, PCNL, ureteroscopic and TURP laboratories with simulators, trainers and models.
2. Fully equipped animal laboratories.
3. Network classroom capable of distant learning.



Laparoscopy model

4. State-of-the-art auditorium with audio-video facility connected to operation theatre and with capacity to connect nationally and internationally.

5. Library and resource centre with all documentation and research facilities.

The JPAC is willing to support the SIU in its commitment to improve the teaching and training of all its members. Tradition in all its glory needs to take a back seat to the scientific technology of this millennium and the benefit it will bring to our students and the multitude of patients they treat. To quote Alwin Toffler: "The illiterate of the 21st century will not be those who cannot read and write, but those who cannot learn, unlearn and relearn". ■

Dr Mahesh Desai
Chairman, SIU Subspecialities Committee
Muljibhai Patel Urological Hospital,
Nadiad, Gujarat, India



SANTIAGO 2008

SIU WORLD

URO-ONCOLOGY UPDATE

November 19-22, 2008 | Santiago, Chile

INCORPORATING

The ICUD Consultations on Penile and Testis Cancer

The XXXI Annual Meeting of the Sociedad Chilena de Urología

The Society of Genitourinary Reconstructive Surgeons

Uro-Oncology Update for Pediatric Surgeons






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More Than Just a Specialized Meeting

SIU World Uro-Oncology Update: Santiago 2008

SANTIAGO DE CHILE - After the very successful Centennial Meeting in Paris last year, the SIU travels to South America for this year's topical Meeting. As you may know, the SIU World Uro-Oncology Update will take place November 19-22 in Santiago de Chile. This meeting has been conceived to be an overview of the current status of the most relevant uro-oncological problems, to help urologists face the increasing demand for treatment of neoplastic diseases in our specialty.

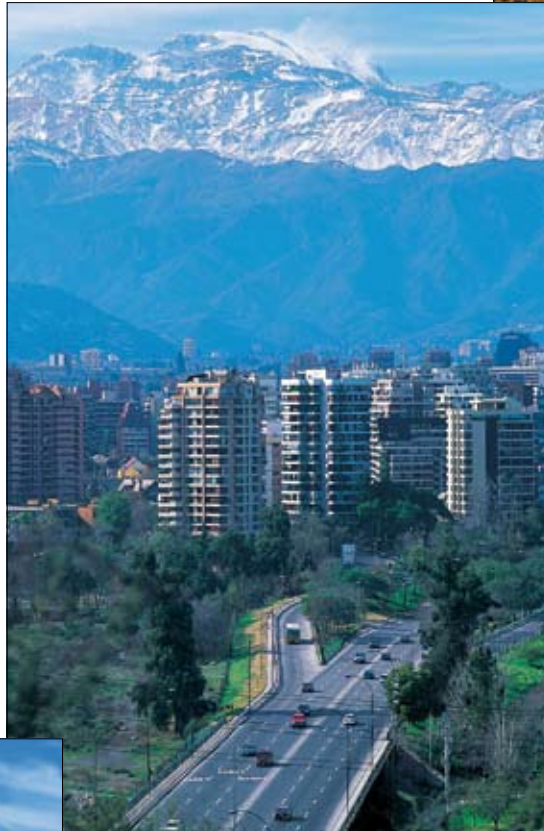
Although this may be perceived as a specialized meeting, uro-oncology is an area broad enough to easily provide material for a full meeting. We are thus very proud to present a terrific scientific programme sure to interest most urologists around the globe.

Testis, kidney, prostate, bladder and penile cancer will each be treated in a dedicated plenary session. As planned by Drs. Richard Williams (USA) and Laurence Klotz (Canada), our Scientific co-chairs, each of these cancers will be approached systematically, providing insights on new developments, biologic markers, imaging, pathology and strategies for follow-up. Lectures, panels, point/counterpoint sessions and open discussion by the top world leaders in each field will analyze these problems in depth, giving emphasis to those evidence-based,

well established standards of care for your every day practice.

Since pediatric uro-oncology has its own specific challenges, it has been concentrated in a separate 2-day programme, on Friday and Saturday. Day one will be dedicated to clinical case discussions. On day two, Wilms Tumor, rhabdomyoblastoma, testis tumors and neuroblastoma will be covered by experts invited by programme co-chairs Drs. Ricardo Zubieta (Chile) and Philip Ransley (UK). We invite general

our everyday practice. A panel of experts gathers to review all aspects of a major urological problem and, together, produce recommendations for the diagnosis and management of that particular problem.



Santiago de Chile at the foot of the Andes, is considered to be the political heart of Chile.



Palafito houses in Castro

and pediatric urologists, as well as pediatric surgeons, pediatric nephrologists and pediatric oncologists to participate. A dedicated registration rate is available for colleagues wishing to attend the pediatric programme only.

Over the years, the ICUD Consultations have become an extremely useful tool for



Lago Chungará is situated west of Putre in the Región de Tarapacá.

This Meeting is fortunate to host two consultations: one on penile cancer chaired by Dr. Antonio Pompeo (Brazil) and the other on testis cancer chaired by Dr. Jerome Richie (USA). These panels are already working with a view to presenting their conclusions on the last day of the meeting. There is no doubt that these consultations will constitute a reference standard for the future management of these cancers.

GURS programme included

The Society of Genitourinary Reconstructive Surgeons (GURS) is an affiliated Society of SIU and, just as in previous meetings, they will be also be present this year. Their 3-hour programme will focus on Reconstructive Procedures after GU Cancer Therapy. Under the coordination of Dr. Allen Morey, they will approach a variety of interesting clinical problems in this very challenging area.

The popular Surgical Tips sessions have become a trademark of SIU meetings. These are very practical sessions, designed to help urologists improve their operative and peri-operative skills in patients undergoing common urological procedures. Experts explain how they avoid pitfalls, how they vary their approach in certain high-risk patients, and how they manage

complications. Oncology provides a variety of surgical challenges which are perfectly suited to the Surgical Tips format, and we are confident that these sessions will be of great benefit to our attendees.

Podium, moderated poster and video sessions will crown this outstanding scientific programme, and accepted abstracts will be published in *Urology*, the official journal of the SIU.

We are honoured to welcome to this venue the Annual Meeting of the Chilean Society of Urology (Sociedad Chilena de Urología). On the first day of the meeting, our Chilean hosts will develop an interesting programme with lectures and round-tables on selected general urology topics, along with paper and video presentations, and a special day-long course for urological nurses. Participation in the Chilean program is included in the registration and everyone is invited to attend, particularly our Latin American colleagues.

Precisely because we understand that this Meeting is a unique educational opportunity for Latin American urologists, we have ensured that simultane-

ous English/Spanish translation will be available in all plenary sessions, improving in this way the communication and teaching benefits of this Meeting.

Our Meeting will take place in Espacio Riesco Convention Centre, Santiago's largest and most modern venue. This state-of-the-art facility is located in

a quiet suburb, 15 minutes away from the main hotel area. Comfortable shuttle buses will provide expeditious transportation to and from Meeting hotels with a convenient schedule.

Although science is our prime objective, the SIU is also an institution devoted to building strong relationships based on cooperation and understanding among urologists of the globe. Hence the value of socializing and networking, two reasons for our preparing an attractive social programme for your enjoyment.

Following the Opening Ceremony, the Welcome Reception will be held in the exhibit hall. Specially chosen Chilean wines and appetizers will make your day as you greet old good friends and make new ones.

On the second evening we have prepared an exciting and fun dinner at Club Hípico, Santiago's main horse ra-

isine, not to mention our world-famous Cabernets. This party is included in the registration fees, and we expect that everyone will have a good time and enjoy our hospitality.

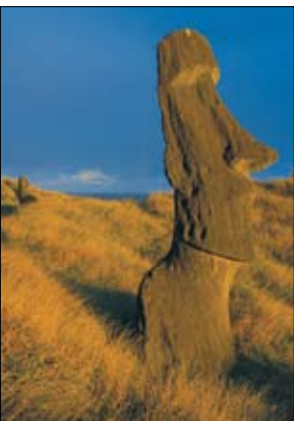
For accompanying persons a half-day city tour is included. Riding in a comfortable bus they will be taken to visit Santiago's most interesting and attractive

places. This city of 6 million inhabitants is located in a beautiful valley, surrounded by the high peaks of the Andes. November is spring in Santiago, no question the best season here. Clear skies will make the snow-capped mountains a magnificent view. Temperatures range from 15 to 26° Celsius and we rarely have rain this time of year. Our local partners, CMC, offer a variety of tours if you wish to visit the surroundings, notably the coast cities of Valparaíso and Viña del Mar, the beach towns of our central littoral including a visit to the museum-home of Nobel laureate poet Pablo Neruda, or an indulgent trip to wine country.

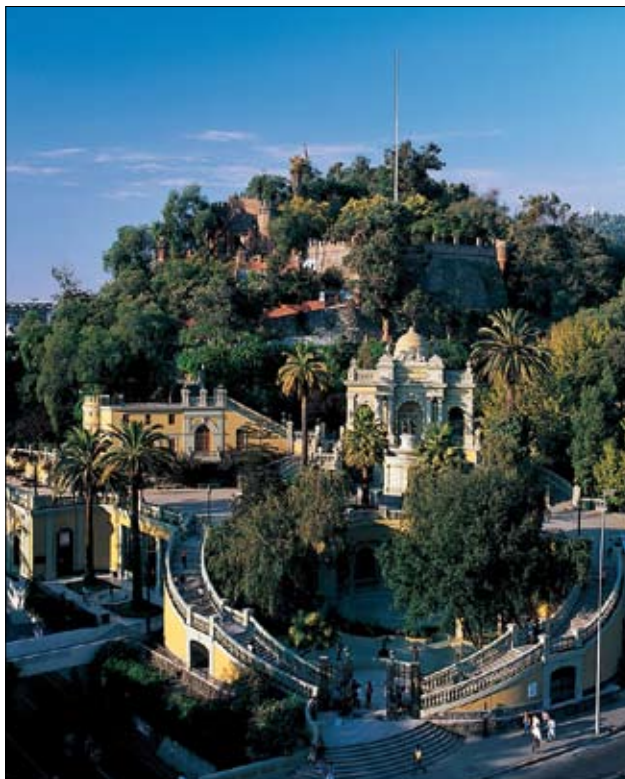
Finally, if you take the long journey to this faraway corner of the planet, I strongly advise you to save a few days to visit some unique places in our incredible diverse country. The Atacama desert in the North as well as the beautiful lake district in the South are excellent alternatives. A little further but equally outstanding are the Chiloé Archipelago, Chilean Patagonia and Easter Island. There you will find virgin territories, savage beauty and the ever-present Chilean hospitality. Now the problem is choosing!

On behalf of the Local Organizing Committee, I extend my warmest invitation to all my colleagues of the world to come to Santiago for this year's SIU Meeting: you will not be disappointed! ■

Dr Reynaldo Gomez
Chairman, Local Organizing Committee



Moai on Easter Island



Cerro Santa Lucía, a park in the centre of Santiago de Chile

cetrack. To make this dinner unforgettable, an actual private horse race will take place. While you enjoy a cocktail on the grounds, you will have the chance to witness the horse parade and choose your champion. Bets are welcome and you are encouraged to cheer as loud as you can during the race. After the winner receives its cup and crown, dinner will be served in the Club ballroom. This will be a ticketed event, but I'm sure no one will want to miss it!

Chilean Folk Party

This memorable Meeting will culminate on Friday evening with a Chilean Folk Party at Los Buenos Muchachos restaurant. In this typical place we want to show you more of our country, our lifestyle, our traditions and national cu-

Priority setting for the Board of Chairmen

PARIS - At the first meeting of the newly elected Board of Chairmen (BOC) in Paris on Thursday 6 September 2007, on the last day of the Centennial Meeting, the General Secretary, dr Luc Valiquette, remarked that the new BOC was the most diversified and representative board of the SIU that he has had the opportunity to serve on. The incoming President, prof Mostafa Elhilali, invited the new BOC members to define what their goals, priorities and interests would be during their term of office.

Whereas the Chairmen of the various Committees formulated objectives and proposals related to their portfolios, the response from the BOC members elected by the National Delegates and General Assembly, who do not have specific portfolios, were particularly interesting, and are summarized below.



Prof Catherine De Vries

Prof Catherine De Vries from Salt Lake City, Utah, USA (General Assembly Representative) has extensive experience over many years of providing

Urology training and education in parts of the world where Urological services are virtually non-existent. Originally working with International Volunteers in Urology (IVU) she has traveled to countries such as Vietnam, Mongolia, Honduras and Mocambique (among others) to help set up training programs in Pediatric Urology, her field of subspecialization. Since 2000, IVUmed's surgical workshops have expanded to include stones, female pelvic floor, endourology, urethral reconstruction for trauma and TURP. They have conducted extensive training in TURP to cover the countries of Bolivia and Peru, and at the AUA this year have been asked to return to Peru to train

in PCNL and laparoscopy. Their women's reconstructive program focuses on VVF, and for 5 years they also ran workshops in reconstruction for the GU manifestations of filariasis. Prof De Vries expressed her interest in working within the SIU Fellowship Program and in developing website education opportunities to promote the training and education initiatives of the SIU.



Prof Serigne Gueye

improving those conditions. As member of the Pan-African Urological Surgeons' Association (PAUSA) for many years, he has traveled to many parts of Africa, and as President-Elect of PAUSA he offered to help the SIU to attain its objectives of providing Urological training and education in the most underserved areas of Africa.



Dr Marcelo Peisojovich

Santiago, Chile, scheduled for November 19-22, 2008. He raised the possibility of providing Spanish summaries of journal articles on the SIU website.

Prof Yinghao Sun from Shanghai, China (National Delegate Representative) obtained his master's degree in Urology

training under the guidance of Prof Ma Yongjiang, one of the founders of Chinese Urology. He was also trained by Prof Patrick Walsh at the Johns Hopkins



Prof Yinghao Sun

Hospital in 1995, and has a highly distinguished career in academic Urology in China. He expressed his pleasure at being elected to the BOC, and undertook to actively persuade Chinese Urologists to become SIU members. He stated that a potential problem was the language barrier, given that only 10% of the approximately 12,000 Urologists in China spoke English. In addition, he would like to develop good quality training centers for those in the poorer regions.

It is clear that the representatives elected by the National Delegates and the General Assembly bring extensive experience and expertise to the BOC, and that they have a commitment to use their talents and interests to accomplish the mission of the SIU, namely to enable urologists in all nations, through international cooperation in education and research, to apply the highest standards of urological care to their patients. ■

Urology Going for Olympic Gold

Great New Plans for the Future

STELLENBOSCH - In this Olympic year Urology, the official journal of the SIU, is set to “go for gold” in many more ways than it has up to now. This became clear at recent meetings between the SIU leadership, the Editorial Board and the publisher, Elsevier, during which great new plans for the future of the Gold Journal were discussed.

Urology, under the dynamic leadership of its new Editor-in-Chief, Dr Eric A. Klein from the Cleveland Clinic, is building on the improvements and innovations achieved during the editorship of Dr Alan W. Partin to continuously improve the quality of the Gold Journal. Eric Klein chaired a large meeting of the Associate Editors and Consulting Editors of Urology at the Rosen Centre, Orlando, Florida, on Tuesday 20 May, where the current status and future prospects of the journal were extensively discussed.

In October 2007 the new Editorial Office was established at the Cleveland Clinic. Actions taken in the first quarter of 2008 include an update of the journal design, restructuring of the Sections and the Editorial Board, and the introduction of Articles-in-Press, through which more than 230 articles will be published online ahead of print by May 2008. These articles will be fully indexed and citable via digital object identifier (DOI). The publication of case reports has been suspended, but pediatric case reports will still be accepted.

The current Editorial Board consists of 18 Associate Editors and Consultants, all of them highly respected opinion leaders in the field of Urology, and 68 Consulting Editors from many different countries and continents, representing a wide range of expertise, and constituting one of the greatest assets of the Gold Journal.

In the period January 1 to May 15 a total of 795 new submissions and 360 revised submissions were received at the editorial office, with an average of 21.9 days to first decision (the time from submission of a manuscript to the return of an editorial response). Of the new sub-

missions, 39% were from North America, 28% from Asia, 19% from Europe, 10% from the Middle East, and 2% each from South America and Africa.

Several important new objectives and projects were discussed. Foremost among these is the commitment by the Editor-in-Chief and the Editorial Board that the time to first decision will be kept to 3 weeks or less, thereby ensuring authors that their best work will receive the top priority attention that it deserves. The website will be continually improved and expanded. Further attention will be given to improving the design, layout and paper stock of the journal.

Continued Affiliation with the SIU

Urology’s continued affiliation with the SIU was highlighted. With its 3,000 plus subscription membership from more than 80 countries around the world, the SIU provides the Gold Journal with increased international exposure. The annual SIU Congresses, Topical Meetings and Consultations provide the journal with opportunities to publish supplements as well as the abstracts of SIU meetings. The diverse SIU membership also offers the opportunity for publications on a wider range of Urological topics that are of interest in regions where the predominance of papers on prostate cancer has, in some sense, limited rather than extended the field of Urology.

The website of Urology Online is available to individuals at goldjournal.net and to institutions on ScienceDirect. In 2007 the total downloads of Urology content was 926,465, an increase of 6% over 2006. The Video Collection remains a popular feature. All articles are now published online ahead of print, indexed and fully citable.

The 2007 Urology essay contest for the best paper submitted by a Resident or Fellow was adjudicated by the Associ-

ate Editors. The first place went to Marc Berry for his paper on TMPRSS2-ERG fusion prostate cancer heterogeneity, the second place to Danil Victor Makarov for an updated nomogram to predict pathologic stage of prostate cancer, and third place to Henry Lai for his paper on using the caveolin-1 knockout mouse to study detrusor contractility in the aging bladder.

The guest speaker at the Editorial Board meeting was Dr Maja Zecevic, North American Senior Editor for The Lancet, who presented a thought-provoking discussion entitled Ethical Issues in Medical and

Scientific Publishing. Problems such as the authenticity of authorship, parallel publication, falsification and even fabrication of results, plagiarism, conflicts of interest and several other ethical issues were highlighted. During question time it became clear that the members of the Editorial Board have a strong commitment to ethical publication and that effective measures will be taken to detect and oppose infringements of the accepted ethical rules of publication. The Editorial Board was also introduced to the Who’s Who of Urology: Donna Bressan, Managing Editor, and Barbara McIntyre, Editorial Assistant of the Gold Journal, who are based at the Cleveland Clinic, and the representatives of the Publisher, Elsevier, namely Glen Campbell, Senior Vice-president of Health Sciences Journals, Matt Jozwiak, Associate Publisher, Einav Keet, Journal Manager and Brian Jenkins, Senior Supplements Editor. The amicable relationship between the new Editor-in-Chief, Eric Klein, the Editorial Board and the Publisher, Elsevier, bodes only good for the future of the journal, which is set, in this Olympic year, to “go for gold” in many more ways than it has up to now. ■



Prof. Chris Heyns

Prof Chris Heyns
Chairman, Publications Committee
Board of Chairman

Publish it First in Urology!

Dr Eric A. Klein, new Editor-in-Chief of Urology, strongly supported by the Board of Chairmen of the SIU, wants to encourage and invite all members and supporters of the SIU to submit the results of their research and clinical work to the Gold Journal first,



Dr Klein

for these important and compelling reasons:

- ▶ The average turnaround time (between submission of a manuscript and the return of an editorial response) will be kept at its current average of 21.9 days, while editorial mechanisms are in place to reduce the response time even further.
- ▶ Articles are published online ahead of print since March 2008, and these articles will be fully indexed and citable.
- ▶ The website Urology Online is available to individuals at goldjournal.net and to institutions on ScienceDirect.
- ▶ In 2007 there was a total of almost one million downloads of Urology content on the internet, an increase of 6% over 2006.
- ▶ Print copies of Urology are distributed to more than 3,000 SIU members worldwide, providing an important educational resource to parts of the world where Urology is growing most rapidly. ■

Eric A Klein
Editor-in-Chief,
Urology

Regional Lymph Nodes in GU Cancer

SIU Lecture at the 2008 EAU Congress, Milan

TORONTO - The standard for lymph node identification and assessment remains the CT scan. Morphometric criteria including size, shape, the presence of necrosis and location are important but these changes are only observed in the presence of macroscopic metastases. MRI is not substantially better. PET scanning

has not proven to be widely applicable for GU nodal staging, particularly in the pelvis. The location of enlarged nodes is critically important. Scans must be assessed by those familiar with metastatic patterns. At present, CT, MR and modifications thereof do not replace lymphadenectomy or lymph node biopsy to establish pathological stage. The current challenge

in this field is the clinical detection of micrometastases and ideally, metastatic cells that are so few, they will frequently escape detection by routine pathological assessment. The latter have been characterized as nanometastases.

Exciting new technologies using various probes combined with a detection system offer ways to clinically detect micro- and nanometastases. They are under active investigation. Immunoscintigraphy targeting of an antigen with radioactive tracer, e.g., Prostascint fused with CT or MRI, ultrasmall particulate iron oxide to define nodal architecture by MRI, fluorophores localized with infrared light and intravascular microbubbles detected with ultrasound are examples. These probes can be delivered in a variety of ways. They can be directly injected into the tumor, into normal adjacent tissue and intravascular alone or in combination. The technologies are complex and accuracy studies are ongoing.

The Japanese began with the nanocolloids injected into the prostate which allowed the visualization of regional nodes using SPEC CT. Lymphotropic nanoparticle enhanced MRI (LNMRI) in which intravenous micro iron oxide particles go to the macrophages of the

lymph nodes and light up the normal lymph node and create a negative image of the metastatic lesion which, with very careful MR procedures, both in T1 and T2 interpreted by an expert, can identify lymph nodes which are abnormal at the micro level.

Mapping of Regional Lymph Nodes



Dr Michael Jewett

Surgeons mapping positive nodes largely worked out testis cancer lymphatic drainage. In North America, Donohue's group in Indiana and the Weissbach group in Germany have provided very similar data which have provided the rationale for limiting the extent

of surgery to defined templates. To date, we have not been able to detect micro and nanometastases in sentinel nodes clinically to permit further reduction of these templates.

In bladder cancer, we have clear evidence that extended lymphadenectomy is associated with improved survival. Studies of bladder cancer sentinel nodes using scintigraphy and more recently, SPEC CT, have failed to define a single sentinel node to permit a reduction in the extent of lymphadenectomy. Newer technologies using microdots or quantum dots and near infrared fluorescence may be more accurate. Similarly, studies in human prostate cancer have not determined a reliable sentinel node.

There are several problems in nodal mapping. More than one nodal area can be involved first. Detection of a node does not necessarily mean that it is tumour bearing. Macroscopic nodal disease and even some microscopic disease can be detected but a few malignant cells may escape detection by frozen section or even permanent section. When a lymph node is involved with metastases, nodal drainage may alter and the pattern of metastases becomes unpredictable. The afferent stream to lymph nodes is through small lymphatics to the cortex

Prostate Cancer Screening in Ghana

SIU Lecture at the 2007 PAUSA Congress

as well as a small blood supply so any intravenous agent can reach the lymph nodes by both routes. When the lymph node starts to be populated with tumor cells, those hydrodynamics change and it is possible for these afferents to become efferents similar to what we can do manually by forceful injection into the lymphatic. We can produce back flow, much as if a sewer backs up in our house, so that once a lymph node metastasis becomes macroscopic or even microscopic it can alter the flow and involve other nodes in the area which would not typically be considered first echelon nodes of metastasis or sentinel nodes. This may influence the outcome of a lymphadenectomy done with traditional limits if nodes are positive.

We need better consensus regarding nomenclature for regional nodes. Surgeons use terms to define a given area that are inconsistent and may not always represent the geographic areas referred to.

Conclusion

Conventional imaging with CT, MRI and PET remains a relatively inaccurate way to detect metastasis and is limited to macrometastasis. It now appears possible to map lymph nodes with new probes and there is hope that these probes will deliver more accuracy in the detection of metastases. Micro- and nanometastasis cannot yet be detected accurately for general urological practice. It is not yet possible to define one or a few sentinel lymph nodes that would allow us to reduce the extent of lymphadenectomy.

We need to be very sensitive to all of the costs involved in these imaging modalities particularly as they are often add-on in the standard images and we should not embark on doing these routinely in our practice unless we have more evidence to that effect.

Finally this is a fascinating area of study that can be pursued by multidisciplinary research teams. Studies of lymphatic metastases detection, lymphadenectomy and lymph node function are needed. ■

Dr Michael A.S. Jewett
Division of Urology, University of Toronto

ACCRA - The reported incidence of prostate cancer in Africa has wide variations from 8.3-12.4/100,000 in North Africa, 2.5-27.3/100,000 in West Africa, 6.9/100,000 in Central Africa, 5.9-86.3/100,000 in East Africa and 14/100,000 in Black South Africans and 40.7/100,000 in South African whites.

The aim of the study "Prostate Cancer Screening in Ghana" was to screen the Greater Accra population using the 2000 census data to determine the prevalence of prostate cancer in a randomly selected sample of men aged 50 years and older. Subjects diagnosed with prostate cancer were given free treatment for 12 months according to the approved protocol and are to be followed up for the rest of their lives.

The screening examination included the following: past medical history, symptom score for benign prostatic hyperplasia (BPH) and prostatitis, body mass, blood pressure, digital rectal examination (DRE) and serum prostate specific antigen (PSA). Those with DRE suspicious of cancer (irrespective of PSA) and those with total PSA of 2.5 ng/ml and above who had no contraindications underwent transrectal ultrasound (TRUS) guided prostatic biopsy.

Antibiotic prophylaxis consisted of Ciprofloxacin 500 mg orally bd or Zinnat 250 mg bd starting 24 hours before the procedure and continued for 5 days. Gentamycin 160 mg IV was given 30 minutes before the procedure in patients who failed to take antibiotics 24 hours before the procedure and then continued with Ciprofloxacin/Zinnat for 5 days. Patients with heart valve disease, heart murmur or prosthesis had antibiotics as above and in addition 30 minutes prior to biopsy Ampicillin 2G IV stat and Gentamycin 80 mg IV stat. Pethidine 100 mg IM or Diclofenac 75 mg IM were given to relieve pain in patients who wanted it.

A total of 12 biopsy cores (17-19 mm in length) were taken, 2 each from 6 different areas of the prostate, with additional biopsies taken from lesions suspicious of tumour on TRUS. ■

The number of males in the Greater Accra Region aged 50-74 years totalled 125,433 and males aged 75-84 were 14,075. A total of 1,038 randomly selected subjects were screened and of these 316 (30.4%) had TRUS biopsies of the prostate



Prof Yeboah

performed between September 2004 and October 2007.

In total 94 (29.7%) of the subjects were regularly taking some type of medication, including agents which affect hemostasis - herbal medicine was used by 55.3% of these men, analgesics by 13.8%, aspirin by 11.7%, analgesics and herbal medicine combination in 11.3% and aspirin plus herbal medicine in 7.9%.

The histological findings at Korle Bu Teaching Hospital were as follows: adenocarcinoma of the prostate was found in 42 men (4.1% of the total study population of 1038, and 13.3% of the 316 who underwent prostate biopsy), BPH or chronic prostatitis was found in 230 (72.8% of the biopsies taken), and 44 (13.9%) others are being reviewed. These results are preliminary and provisional, as all slides are being reviewed at Johns Hopkins Hospital.

This study has shown that prostate cancer screening in West Africa is possible with well planned team work and adequate resources. The complications of TRUS guided prostate biopsy were minimal, even though 30% of the subjects for biopsy were regularly taking aspirin, analgesics or herbal medicine which can cause serious bleeding. The prevalence of prostate cancer of 4% in men aged 50-74 years in Accra is comparable to that reported in African-Americans in the USA. However, the cancer-positive biopsy rate (13.9%) among those who underwent biopsy is lower than that reported in African-Americans. ■

Prof Edward Yeboah
Accra, Ghana

Astellas signs sponsorship agreement for upcoming SIU congresses

MILAN - At the EAU Meeting in Milan this March, the SIU and Astellas Pharmaceuticals Inc. signed a four year extension of the sponsorship agreement that has been in place for many years. Dr. Toichi Takenaka, Chairman of the Astellas Board of Directors and Dr. Takeshi Uchida, Director, Head of Product Management for Urology and Family Planning, signed the contract on behalf of Astellas, and Dr. Mostafa M. Elhilali, President and Dr. Luc Valiquette, General Secretary, signed for the SIU. This Agreement will confirm the participation of Astellas as an Elite Sponsor for the 2009 and 2011 SIU World Congresses in Shanghai and Berlin.

Recall that Astellas was formed in 2005 from the merger of Yamanouchi Pharmaceuticals and Fujisawa Pharmaceuticals, and that under the banner of Yamanouchi, the company was an important supporter of SIU Congresses from 1994 to 2004. During this period, they were major spon-

sors of the Sydney (1994), Montreal (1997), Singapore (2000), Stockholm (2002) and Hawaii (2004) Congresses. Sponsorship of the 2006 Cape Town and the 2007 Paris Centennial Congresses was under their new name of Astellas. The Society is very grateful for this sustained support which was very crucial for the growth of the SIU.

It is also important to recognize a further contribution to the Society in the form of the establishment in 1994 of the Yamanouchi Award, one of the most prestigious scientific awards in the field of urology and which has been presented at all SIU World Congresses since then. The first Yamanouchi Award laureate was Donald

Coffey of the United States. Subsequent winners have been Nils Kock (Sweden) in 1997, Emil Tanagho (United States) in 2000,

Alvaro Morales (Canada) in 2002, Michael Marberger (Austria) in 2004. Under the name of the Astellas Award, the winners have been Frans Debruyne (Netherlands) in 2006 and Andrew Novick (United States) in 2007. The accompanying photo, taken at the opening session of the Centennial Congress in Paris in 2007, shows Dr.



Dr Andrew Novick, Dr Alain Jardin, Dr Toichi Takenaka

Novick holding the Award Plaque following presentation by Dr. Toichi Takenaka, Chairman of Astellas. In the centre is Dr. Alain Jardin, the President of the Society at that time and Chairman of the session. To underline the importance of the event, the laureate then gives a prestigious and highly attended award lecture. ■

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