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The SIU Goes SEOUL SEARCHING

2018 Congress will take place in Asian metropolis
with a focus on current trends and upcoming
advances in urology

It's the event we wait for all year: the 38th SIU Congress will take place from October 4–7 in Seoul, South Korea. Beyond its reputation as a truly global general urology meeting, the Congress embodies our core values of cutting-edge science, spirited engagement, and collegiality. SIU 2018 will once again set itself apart from other meetings thanks to the dedication of our Scientific Programme Committee. The programme not only meets the diverse needs of our international audience, which will consist of over 2,000 urologists, trainees, nurses, and industry partners, but also offers practice-related sessions that have an immediate impact on improving the practice of urology around the world. This year the programme committee, led by Drs. Gopal Badlani (United States) and Rajeev Kumar (India), has worked hard to once again deliver a programme that both informs attendees of current trends and upcoming advances, while also providing practical information.

Programme Highlights

What can you expect from SIU 2018? Here are some of the most anticipated sessions:

- **4th SIU Global Nurses' Educational Symposium:** after last year's truly productive full-day forum, we are proud to repeat the Nurses' Symposium with an expanded scope.
- **Summary of findings from the SIU-ICUD Joint Consultation on Congenital Lifelong Urology**
- **Case-based sessions on complex stones and management of bladder cancer**
- **Managing complications with audience-submitted cases**

Continued on page 3

Message from the Publications Chair



Dr. Mototsugu Oya

Immediate instillation of chemotherapeutic agents comes of age

Do you routinely perform early bladder chemotherapy instillation after transurethral resection of bladder cancer (TURB)? I find that there are regional differences among the practices of SIU members, although guidelines recommend immediate instillation. Pros and cons are based on the power to prevent recurrence, the type of agents, and on pathological diagnosis. The regional differences are that non-muscle invasive bladder cancer (NMIBC) is a highly recurrent disease. The efficacy remains controversial and is challenged. Some urologists routinely perform it, whereas others never do, although adjuvant chemotherapy or BCG is routinely performed. The need for instillation stems from preventing inoculation of floating bladder cancer cells into the mucosa of the bladder. Ablation of residual cancer cells and small overlooked tumors might also be possible. Recently, photodynamic diagnosis (PDD) using 5-aminolevulinic acid (ALA) enabled visualization of these floating cells as well as the bladder tumor. Cases in early recurrence (within 3 months) support the urgent need to eradicate live cancer cells through immediate instillation. However, some urologists believe delayed instillation might be enough because adjuvant instillations have efficacy as well.

After 20 years of controversy, the results of a prospective randomized study evaluating immediate Mitomycin C (MMC) were published in early 2018 (Eur Urol 73:226-232,2018). The study used a large cohort of 2243 patients recruited between 1998 and 2003. Immediate MMC single instillation within 24 hours after TURB reduced the recurrent risk of NMIBC compared with the delayed instillation 2 weeks after TURB. The risk reduction was 34%. Notably, the immediate reduction was effective even with adjuvant instillations. The risk reduction is similar to the 35% relative reduction rate shown by the meta-analysis (Eur Urol 69:231-244,2016).

These studies shed some light on these longstanding and conflicting debates. However, it is not clear whether adjuvant BCG therapy benefits from immediate chemotherapy instillations. Most importantly, the benefit is pronounced in low risk patients who do not need any further treatment.

I welcome our readers' thoughts and insights on this subject, and I encourage you to submit your own clinical interest pieces for upcoming publications. ●

Editor's Note

Dear Readers,

Globalization is the norm in virtually all disciplines and urology is certainly not exempt. The SIU takes great care in helping to forge connections between people and ideas stemming from all corners of the world. With the collaboration of our diverse members, we empower all urologists to apply the highest standards of urological care. One of the ways we have been able to directly contribute to the continuing education of thousands of health professionals, regardless of where they reside, is by pioneering the delivery of high-quality e-learning through SIU Academy. We invite you to read about the 5-year anniversary of our popular online platform to appreciate the progress it has made and to get a sneak peek into what the future holds.

The SIU is highly present offline as well! Of late, we've helped organize the B2B Neuropathic Bladder Meeting in Istanbul, helpfully recapped in these pages by Dr. Vahit Guzelburc. We also present an update on our Uro-Technology Training initiative, a high-tech training program with worldwide appeal. Additionally, you can follow our globe-trotting initiatives by reading the "SIU Around the World" feature. We're proud to show that our worldwide collaborations transcend borders, putting the focus not on our differences, but on the exchange of knowledge and best practices.

Indeed, a doctor's value is not dictated by their gender, race, or place of birth, but by their passion for medicine. While prejudice continues to exist, it is our hope that we can come together and help eradicate it. In our new series called Women In Urology, you'll read about the challenges faced by one of the first female urologists in Iran, Dr. Farzaneh Sharifiaghdas. Her powerful story is one of immense struggle, discouragement, and ultimately hope, as attitudes towards female doctors in Iran have slowly started to change for the better.

Wonderful things can happen when we embrace diversity in urology. We're counting on the participation of 2,000 participants during the 38th SIU Congress in Seoul from October 4-7 – everyone is invited to come together and share their ideas on the world stage! To learn more, read this month's cover story and visit our website.

If you'd like to have your voice featured in our newsletter, don't hesitate to send your suggestions to communications@siu-urology.org. ●



SIU Publications
Committee Chairman

Dr. Mototsugu Oya
Department of Urology
Keio University School
of Medicine
Shinanomachi 35
Shinjuku-ku, Tokyo
160-8582
JAPAN
moto-oya@sc.itc.keio.ac.jp

Layout and Design
SAM Design
info@studiosamdesign.com

SIU Central Office
communications@siu-urology.org

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The SIU Goes Seoul Searching *continued from page 1*

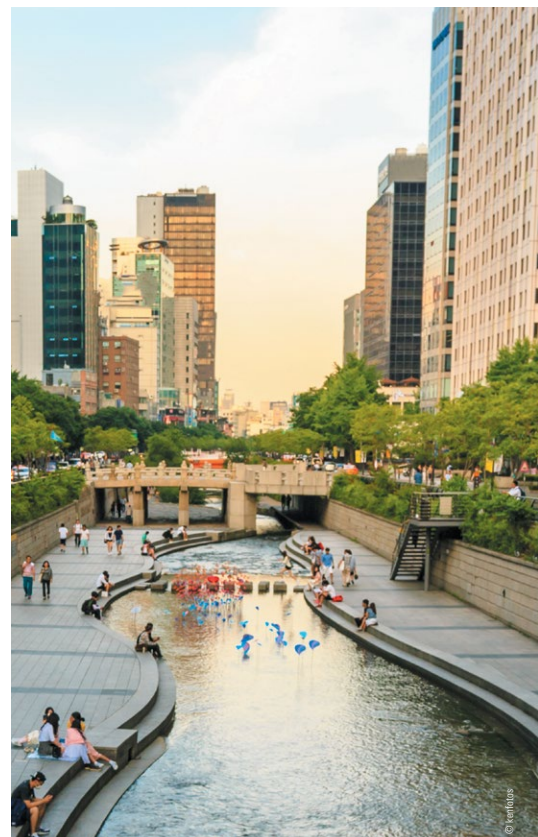
- **State-of-the-Art plenary sessions:** covering updates in Oncology, Functional Urology, Stones, Men's Health, BPH and more.
- **Moderated ePoster sessions**
- **Collaborative sessions with the biggest subspecialty societies in urology:** Genitourinary Reconstructive Surgeons, Endourology, Society of Urologic Robotic Surgeons, International Continence Society, Society of Urologic Oncology and EAU Section of Oncological Urology.

To lead these and other sessions, the SIU is welcoming experts from over 20 countries. Take note that while SIU programming begins on Friday, October 5, ensure you arrive in time to catch state-of-the-art sessions on Thursday, October 4, including:

- **Urology in Asia Session**, led by the Urological Association of Asia
- **World Urological Oncology Federation Symposium**
- **Symposium on Affordable New Technologies in Urology**, featuring the award for Best Affordable New Technology in Urology

- **SIU Innovators' Symposium**
- **World Journal of Urology Workshop**

We are thrilled to invite you to join us in world hubs of culture, art, and innovation every year. This year's location is truly special. As South Korea's largest city, Seoul will dazzle you with its ancient charm and booming modern cityscape. There's something for everyone to discover and learn in this city and at the Congress: last year in Lisbon, over 92% of respondents to the post-congress survey said that the educational content was relevant to their educational needs and that they would apply knowledge obtained during the meeting to their practice environment. We're confident that we can achieve such success again in October. Count yourself in – we can't wait to see you at SIU 2018! ●



Joint SIU-ICUD Consultation Examines Adolescent Urology

By: Hadley Wood & Dan Wood, Consultation Chairs

The 2018 Consultation, entitled **Congenital Lifelong Urology: Caring for the Adult Patient with Congenital and Childhood Genitourinary Conditions**, is the first of its kind. The chance to explore this emerging area in detail is both timely and valuable, and the authors are grateful to the ICUD and SIU for spearheading this initiative.

The Consultation will provide a complete overview of congenital urology and transition from pediatric to adult care. It will discuss some of the obstacles encountered in transition and review best practices to overcome such barriers. Authors will examine how long-term outcomes have informed delivery of adolescent and pediatric urology. In addition, we will also look at

some of the problems we have observed as early generations of patients with complex anomalies survive into late adulthood. The complexities of a reconstructed lower urinary tract, impact on the upper tracts, and genitourinary anomalies will all be addressed.

We are privileged to have assembled, and to be working with, an eminent and exciting group of committee chairs and authors from around the world. They are all leaders in their fields, with backgrounds in pediatric urology, adult reconstruction, and neuro-urology, and they share our enthusiasm for this Consultation. As always, we aim to gather and assimilate the best evidence available for readers who encounter adult patients with congenital anomalies affecting the genitourinary tract.

We will be presenting the preliminary findings of the Consultation at the SIU Congress in Seoul, and your attendance is welcome. We are sure that the authors and chairs will deliver a Consultation that offers a depth in this area that will be novel and exciting for us all. We look forward to presenting you with the finished Consultation in 2019. ●



Uro-Technology Training: **An Exciting New Endeavor**

By Yigit Akin, Associate Professor of Urology, Izmir Katip Celebi University School of Medicine, Izmir, Turkey

Uro-Technology Training (UTT) is a novel initiative of the Société Internationale d'Urologie (SIU). Still in its infancy, we predict that UTT will quickly develop into one of the most preferred educational offerings in urology by addressing the needs of today's and tomorrow's urologists.

Some of the aims of UTT are to introduce new urological devices, as well as to cover emerging technologies in laparoscopy, robotics, and endoscopy. The UTT series will be offered by SIU and assemble top experts in these fields to lead each program. UTT uses active education methods and has unique training facilities for each section. Feedback from trainers and trainees will be collected after all courses to assist us in fine-tuning our training programs. Every training program has 3 levels: basic (A), moderate (B), and advanced (C). Certificates will be awarded after each session, and Peer-to-Peer (P2P) training will be available all over the world after completion of the three levels.

Since Prof. Selçuk Güven revealed the first successful UTT progress report in 2005, the program has gradually evolved. Our latest endeavor, the first UTT Congress in Baku, Azerbaijan in July 2017, was met with praise. Theoretical lessons, dry lab training for laparoscopic urology and endoscopy, and live surgeries received great evaluations.

UTT currently has three training courses, covering laparoscopy, and robotics and endoscopy (flexible ureteroscopy). Prof. Selçuk Güven, Associate Prof. Yigit Akin, Prof. Altug Tuncel, and Prof. Yasar Ozgok will be leading the laparoscopy and robotics group. The endoscopy team will be announced in the near future.

UTT is an international program with worldwide appeal. The experts of UTT consist of teams that have successfully given advanced training for laparoscopic and robotic urology worldwide. They are ready to deliver top-notch training and education. Are you ready to join us? ●



**URO
TECHNOLOGY
TRAINING**



SIU Around the WORLD

The SIU is increasing its ties across geographical regions by strengthening its collaboration and cooperation with numerous urological associations and partners throughout the year. We are pleased to highlight our global activities taking place in the second and third quarter of the year. The SIU Board of Directors and distinguished SIU speakers come together at several important urological meetings to provide lectures, top specific sessions, workshops, and hands on training which help to provide important updates, research, and the opportunity to exchange knowledge and share best practices.

Urology Across Continents

Congreso del Colegio Mexicano de Urología Nacional

April 17–21, 2018 Guadalajara, Mexico

106th Annual Meeting of the Japanese Urological Association

April 19–22, 2018 Kyoto, Japan

113th Annual Meeting of the American Urological Association

May 18–21 San Francisco, United States

25th Annual Conference of the Slovak Urological Society

June 6–8, 2018 Tále, Slovakia

Congreso de la Asociación Española de Urología

June 13–16, 2018 Gijón, Spain

8th International Meeting "Challenges in Endourology"

June 17–19, 2018 Amsterdam, The Netherlands

21st Iranian Urological Association Congress

June 19–22, 2018 Tehran, Iran

8th Eurasian Uro-oncology Congress

June 28th–July 1st, 2018 Tbilisi, Georgia

Congreso de la Sociedad Peruana de Urología

August 1–4, 2018 Lima, Peru

Congreso de la Sociedad Colombiana de Urología

September 3–8, 2018 Cartagena, Colombia



Women in Urology

Dr. Farzaneh Sharifiaghdas describes her experience as one of Iran's first female urologists

August 26th, 1989 was a sunny Thursday morning. The hospital was a famous one, though small with just 3 floors.

"Where is the journal club?" I asked the head nurse. "At the end of the ward," she replied.

I gently opened the door and entered the classroom. Many surprised eyes turned to look briefly at me as I found a seat in the last row, near the window. I soon hear some murmuring. Later that year, after an unplanned meeting and discussion with the Chief Professor of the Urology Department of Shahid Labbafinejad Hospital, I made a risky decision: I would begin a four-year training course in urology. At that time, urology was considered an undignified field for female doctors, although the country and its female patients were in serious need. There were no volunteers for it, and it meant I was going to cross the red line. To achieve this goal, I had to leave my alma mater of Tehran University as well as my friends.

The journal club session was finished and I was introduced to the Chief Resident. He briefly explained the disciplines of the ward and my duties. He also informed me that there were no changing rooms or facilities for female residents, as there was never any need for them. Two days later I started my residency course with three professors and eight other residents, all of whom were male. I spent the first two months of the program, including 15 nighttime residency shifts, in living quarters two square-meters in size under a flat roof with no facilities. It was very hot during the summer and very cold in the wintertime.

During the second month, I was called to the office of Head Professor.

"According to reports, you are accused of having ignored night calls in the Emergency Ward," he

said, adding, "you will certainly be fired if this is repeated one more time."

My explanations and repeated denials did not convince him.

All the while I was exhausted. My spouse had left the country for a six-month training course and I had the responsibility of looking after our two young sons by myself. I was strongly discouraged by all the nurses, staff and other male residents. I contemplated leaving.

A few hours later, I was called in again.

"All evidence confirms that there has been an organized plot against you, possibly by multiple staff members. We apologize and request that you stay," the Head Professor said.

Time seemed to proceed in slow motion, but after one year my presence as a female doctor was gradually accepted by the staff and colleagues. In the 29 years since then, the evolving and dynamic field of urology has attracted more women. Today, there are close to 100 female urologists and among those, 19 are professors. Ten others are undergoing training as residents. Most provinces obtained female urologists through referrals, and a few of them practice internationally.

Iran's female urologists are a prolific group, as they often present their work at national and international meetings and publish in peer-reviewed journals. What's more, some of them are pioneers in different fields of evidence-based medicine, neuro-urology, endourology, pediatric urology, tissue engineering and reconstructive urology. Their personal lives also flourish: among them are successful poets, painters, artisans, and designers.

These ladies have stood strong despite the cultural, social, and physical barriers they face, as well as their cycles in life, from monthly pains to pregnancy and maternity. What motivates them? Perhaps they press on out of love for human beings, their country, and their family. However, despite three decades of professional activity, none of these female urologists have a position on the Board of Urology. They are undeterred by this, however. They remain hopeful as they continuously update and expand their already impressive qualifications. Perhaps good fortune will shine on them in the future. ●

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SOUTH KOREA

Featuring the
SIU-ICUD Joint Consultation on Congenital
Lifelong Urology

4th SIU Global Nurses' Educational Symposium
www.siu-urology.org

SIU
2018

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THE DATE**
October 4-7



Behind the Scenes:

An Interview with Chair of Consensus and Education Dr. Stavros Gravas



SIU Academy broke barriers of access and pioneered online urological education when it was first introduced. Did you know that the platform turns 5 years old this year? Time flies! Read on for an insightful interview with the SIU Chair of Consensus and Education, Dr. Stavros Gravas, who oversees the Academy's activities and Governance. He shares his favorite milestones from the past 5 years and outlines what the future of the Academy will look like.

1. How long have you been involved with the SIU and more specifically the SIU Academy?

I was elected Chair of the Consensus and Education Committee in October 2015 during the SIU Congress in Melbourne. Therefore, I have been involved with SIU Academy for the last 2.5 years. However, my relationship with the Society started back in 1997 when, as a resident, I attended the SIU Congress held in Montreal and presented my first poster at an international meeting.

2. What made you want to join the SIU Board of Directors as Chair of Consensus and Education?

As an academic, I have committed myself to the education and training of a younger generation of colleagues. The idea behind SIU Academy was and remains extremely appealing, offering endless educational potential not easily met with traditional didactic instruction. I am thankful to the SIU for my nomination and election as Chair of Consensus and Education.

3. **What are your priorities as the Chair of Consensus and Education?**

Our top priority is the continued growth of SIU Academy with the active involvement of more people from all over the world. It is also important to find or train good e-teachers. This is a huge priority and challenge, since a good traditional teacher is not necessarily a good e-teacher. Special attention will be given to the systematic monitoring and evaluation of the learning experience and feedback of SIU Academy users in order to improve our educational platform. We also aim for the reinforcement of our hybrid e-learning platform for Congresses (SIU@U), and to the organization of International Consensus meetings and coordination of programs with other societies

4. **In your opinion, what makes SIU Academy such a great educational resource for medical professionals today?**

First of all, the extremely rich educational content with more than 8,000 items ranging from basic to more sophisticated and advanced knowledge means that there is something for everyone in the Academy! It also features a powerful search system and intuitive navigation allowing end-users to easily find precise content tailored to their needs. The portal can be easily accessed anytime and anywhere in the world, at a pace that is suitable and convenient to individual learners. In addition, SIU Academy allows connectivity to experts and peers around the globe, helping the physician in problem-solving and building exposure and perspective.

5. **The SIU Academy has a global audience from 170 countries. How do you ensure the medical content that is developed is relevant for its users?**

SIU is a truly global society, and it is also true that there are different needs among the users of SIU Academy. For this reason, the contributors are from across the globe and bring an international perspective. Recently, the SIU Academy sub-committees on specific topics have been created to develop and review various materials. Special care has been taken to ensure that each sub-committee consists of representatives from all continents who understand local educational needs and are responsible for the accuracy and quality of the materials.

6. **The SIU needs support from various contributors in order to best serve all its members. How do you ensure that the content on SIU Academy remains free of bias?**

E-learning is an expensive endeavor, and for this reason SIU Academy requires industry partner support. In addition, contributing colleagues may have not only a financial but also an intellectual conflict of interest. Therefore, transparency and disclosure of potential conflicts of interest is of paramount importance for SIU Academy. Final approval of content is given by a predetermined committee or person, depending on the type of content. For example: approval of the SIU-WJU Article of the Month is given by the SIU Associate Editors for World Journal of Urology, SIU-endorsed events gain approval from the SIU Academy Governance committee, and so on. Furthermore, SIU Academy offers programs that have been reviewed and accredited by the European Accreditation Council for Continuing Medical Education (EACCME) and granted CME credits.

7. **The SIU Academy is celebrating its 5th anniversary this year. What are the major milestones of the last five years?**

I would have to say that the major milestones are:

- a. The pioneering idea to create this cloud-based e-learning portal and the adoption of a digital philosophy by the SIU.
- b. The creation of a mobile application that allows users to access the content on their mobile devices at all times.
- c. The development of the first ever EACCME-accredited SIU program.
- d. The new governance structure with the introduction of the SIU Academy Education Council that represents an optimal model of management, gives the opportunity for more urologists to be involved, and mirrors the truly global identity of SIU.

8. **Can you give us a sneak peek at what the next 5 years have in store? What is your vision for the evolution of the Academy?**

The vision for SIU Academy is to improve urologists' level of knowledge through its educational activities, with the ultimate goal of providing the best possible healthcare to our patients.

There is no doubt that the Academy will continue to increase in terms of content and users. We want to make SIU Academy even more interactive and facilitate communication between urologists. In the near future, national sub-chapters will be developed within the Academy. The idea is to provide the Academy experience and infrastructure to national societies in order for them to develop and upload their own materials, in their own language. In the coming years we also aim to create structured curricula for residents but also for specialists who need to keep up with medical progress, and make these curricula an integral and recognized part of basic and continuing medical education.

9. **What are the most important lessons you have learned in your role?**

I like reading books, and in the past I used to print PDF articles instead of reading them from my computer screen. However, it is clear that the internet has been reshaping education and we need to adapt to these changing times. My involvement with the Academy represents a personal challenge as well.

As the Chair of Consensus and Education, I have the privilege of meeting people from all over the world, from different cultures and backgrounds. It is very important to understand that peoples' ideas and approaches are not better or worse but simply different, and we need to respect diversity. I am also amazed by the number of young colleagues who share the same vision and want to contribute on a volunteer basis, and this is exactly what the SIU can do: provide opportunities to young people.

One of the biggest lessons I have learned is that success can be achieved only through teamwork. During these 5 years, SIU Academy has had the strong support of the SIU Board of Directors, and its success has been the result of the efforts and hard work of many people such as the contributors, the SIU Headquarters personnel and especially the SIU Academy Manager, Ms. Merveille de Souza. I am thankful to all of them. ●

Introducing the Newly-formed SIU Academy Education Council:

The role of the SIU Academy Education Council is to collaborate on the development and expansion of relevant educational materials and activities for the portal, in order to ensure proper representation of the respective societies and their countries, and to guarantee that the educational materials being created are beneficial to all members and SIU Academy users. The Council currently consists of 13 group members:

Chinese Urological Association

Guosheng Yang

Emirates Urological Society

Mohsen Elmekresh

German Society of Residents in Urology

Julian Struck

Hellenic Urological Association

Petros Sountoulidis

Jamaica Urological Society

Belinda F. Morrison

Japanese Urological Association

Masatoshi Eto

Kenya Association of Urological Surgeons

James Ikol

Korean Urological Association

Soodong Kim

Malaysian Urological Association

Poongodi Nagappan

Saudi Urological Association

Sultan Alkhateeb

South African Urological Association

John Lazarus

Taiwan Urological Association

Shing-Hwa Lu

Turkish Association of Uro-oncology

Güven Aslan



www.siu-urology.org/academy

Now Available on SIU Academy

Myths and Realities of Penile Implant Infection

An eSeries presentation by Dr. Tobias S. Kohler (United States)



Penile implant infections cause incredible morbidity and misery for patients, and the cost of revision surgery is extremely high. Moreover, the chance of infection increases with each revision surgery. Dr. Tobias S. Kohler provides background information on implant infections. He also discusses how to prevent implant infections based on clinical knowledge, why penile implant infections are devastating, and shares tips on how to improve clinical practice.

Coming Soon

Evolution of Treatment Pathways in the Advanced Prostate Cancer Continuum

A multi-modular educational activity on the latest evidence and updates to clinical practice guidelines in the optimal care of patients with advanced prostate cancer.

Learning Objectives

Upon completion of this educational activity, the participant should be able to:

- Compare and contrast the results of the docetaxel studies from the GETUG, CHARTED, and STAMPEDE trials
- Describe the efficacy and safety outcomes of the LATITUDE and STAMPEDE trials in patients with high-risk M0 PCa and those with newly diagnosed high-risk hormone-sensitive advanced PCa starting long-term ADT
- Discuss the expanding role of abiraterone acetate plus prednisolone/prednisone in the standard of care for advanced PCa based on the LATITUDE and STAMPEDE trial results

FACULTY:

Chair



Karim Fizazi, MD, PhD
France

Members



Christopher P. Evans,
MD, FACS
United States



Nicholas James,
MBBS, PhD
United Kingdom

Importance and Increasing Interest in Genito-Urinary Reconstructive Surgery

Dr Sanjay Kulkarni, Kulkarni Reconstructive Urology Centre, Pune, India

History

Urethral strictures have a 5,000-year history, and various forms of dilators for the urethra have been introduced. Dr. Hamilton Russell from Melbourne first described anastomotic urethroplasty in 1915. Johanson's two-stage urethroplasty became popular for long strictures after its introduction in 1950. Orandi pioneered penile skin flaps in 1968. In 1996, Barbagli and McAninch introduced dorsal and ventral approaches to bulbar urethra for augmentation urethroplasty, respectively. Pan urethroplasty was simplified by Kulkarni as a single-stage surgery. Double face BMG, Asopa's dorsal inlay, and Mundy's non-transection bulbar urethroplasty added to the versatility of surgical options in anterior urethroplasty. Currently, the oral mucosa graft (OMG) is a popular tissue for augmenting urethral stricture.

Etiology of urethral strictures

After traveling to 50 countries and demonstrating various urethroplasties in live surgery workshops in over 30 countries, I have noticed trends in the etiology of urethral strictures. Congenital (idiopathic) is rare, while gonococcal and iatrogenic are increasing in rate. Traumatic etiology and RTA

are increasing in developing countries, and idiopathic remains constant.

Era of internet and cheap air travel

The increasingly widespread availability of the internet, cheaper air travel, the feasibility of live urethroplasty workshops, training opportunities and fellowships have contributed to the recent increased interest in reconstructive surgery around the world.

Live urethroplasty workshops

These were popularised by centres of excellence in London, Arezzo, Hamburg and Pune. Online educational resources like SIU Academy have made it possible for the remotely located urologist to observe the surgical techniques offered in high-volume centres.

Increasing number of motor vehicle accidents

Anastomotic urethroplasty for pelvic fracture urethral defect was popularised by Richard Turner Warwick and George Webster. The number of patients with pelvic fracture urethral injuries due to road traffic accidents is increasing, especially

in developing countries. Complex cases with recto-urethral fistula and failed urethroplasty should be treated in centres of excellence.

Prostate cancer treatment problems

After surgery and/or radiotherapy, patients may suffer from complications like BN stenosis. These are treated initially by DVIU and in recurrent cases by open/robotic surgery. Urinary incontinence is treated with a sling and artificial sphincter. Occasional recto-urethral fistula needs a specialist's attention.

The aim of treatment for urethral stricture disease is freedom from instrumentation such as repeated DVIU and dilation. In expert hands, the success rate of anastomotic urethroplasty is over 90% and augmentation with OMG is 85%. I believe that every large city in the world needs trained reconstructive urologists. ●

 **SAVE THE DATE**



Upcoming B2B Meetings

B2B - Renal Cancer

June 27, 2018 in Tbilisi, Georgia

B2B - Bladder and Kidney Cancers

September 8–9, 2018 in Montreal, Canada

B2B - Prostate Cancer

October 11, 2018 in Athens, Greece

B2B - BPH

November 2–3 in Berlin, Germany

This programme is supported by SIU's Corporate Sponsor, Karl Storz



 **Grand Rounds**
Surgical Grand Rounds in Endourology
–Live on SIU Academy

August 9, 2018 in Shanghai, China

This programme is supported by SIU's Corporate Sponsor, Olympus

October 4, 2018 in Seoul, South Korea

Neuropathic Bladder United Delegates in the Name of Progress

By Vahit Guzelburc, Istanbul Medipol University

The latest meeting in the B2B series, known for highly relevant and interdisciplinary scientific programs, took place in Istanbul under the theme of “Neuropathic Bladder”. This one-day meeting at Istanbul Medipol University was held in collaboration with University College London and the SIU, and was deemed a great success.

The meeting had the goal of accelerating new studies on neuropathic bladder and featured presentations on translational and basic science, followed by clinical discussions. Besides pharmacologists, medical biologists, physiologists and urologists, other professionals who eagerly follow the developments in this area (such as neurologists, physical therapy and rehabilitation specialists, pediatric surgeons, internal medicine specialists and neurourology nurses) were also in attendance.

After organizing committee member Sabahattin Aydın gave an introductory speech, Prof. Jean de la Rosette talked about the SIU’s collaboration-based politics and new scientific projects that are designed to bring academicians together. The meeting, which counted 23 expert speakers, went on with Ezgi Tuna’s (Istinye University) speech on bladder physiology and Ercan Kurar’s (Necmettin Erbakan University), Cengiz Ustuner’s (Osmangazi University) and Kadir Onem’s (Samsun 19 Mayıs University) lectures discussing what we have learned from animal studies. Julian Shah (University College London), who boasts 25 years of experience in the field, updated us on the latest standards in minimally invasive and surgical therapies, with the General Secretary of the Georgian Urological Association, Archil Chkhotua, moderating.

Julian Shah also moderated the case-based discussions in the morning, in which the clinical experiences of Prof. Tufan Tarcan (Marmara University), Sakineh Hajebrahimi (Tabriz University), Cenk Gurbuz (Medistate Hospital) and Adnan Simsir (Ege University) received great interest. Cases were discussed and evaluated in a warm and friendly environment. Prof. de la Rosette’s comments enabled a highly practical discussion on neuropathic bladder.

The first talk of the afternoon session, given by Prof. Tufan Tarcan, focused on tips and tricks for dealing with complications. Vahit Guzelburc (Istanbul Medipol University) discussed fertility and sexual function in neuropathic bladder patients. He emphasized that young adults with neuropathic bladder mostly



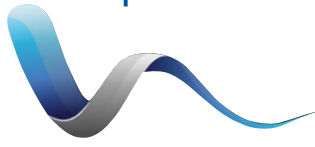
have problems related to bladder, bowel and sexual dysfunction which are tied to pelvic floor dysfunction. He gave information in concert with relevant literature on the methods for obtaining sperm, and discussed how both male and female patients can lead a healthy sexual life.

Sakineh Hajebrahimi talked about the latest investigations and current research concepts in neuropathic bladder by referring to ongoing research programs in her own clinic. New treatment trends for neuropathic bladder, which showed relatively slow pharmacological improvements in the past 30 years, and potential new pharmaceuticals were evaluated by Bilgin Kaygısız (Osmangazi University).

Cenk Gurbuz talked about the difficulties of measuring diagnostic, rehabilitative and therapeutic costs of chronic diseases, with Prof. Pilar Laguna (AMC University) moderating. Neglected costs of neuropathic bladder were emphasized with up-to-date examples. Current guidelines and recommendations, with comments about updates to be made, were discussed by Adnan Simsir.

Case-based discussions during the afternoon session moderated by Julian Shah were followed by the closing remarks of Prof. Selami Albayrak. Although fascinating developments and innovations have occurred in other fields of urological practice, relatively few clinically significant developments have been achieved regarding neuropathic bladder, which affects many patients. He concluded his speech by pointing to the inspiring nature of this meeting and expressing hope for progress in the future. ●

Invitation to the Best Affordable New Technologies in Urology Competition from Founder Daniel Yachia



Dear Colleagues,

I would like to inform you about the return of our **Best Affordable New Technologies in Urology Competition**, intended to inspire creative thinking to help people in low-income countries receive practical urological care. The **Best Affordable New Technologies in Urology Competition** is a byproduct of a yearly meeting I initiated in 2012 named SANTU (**Symposium on Affordable New Technologies in Urology**).

It is my hope that physicians, nurses, and other healthcare providers from developing countries will take an active role in the progress of healthcare innovation in their own communities. This induced me to add to SANTU a yearly competition for the **"Best Affordable New Technologies in Urology"**. I believe that innovative ideas for low-income countries should be mainly driven by people on the ground in the countries where they are needed. However, with this competition I am looking for creative minds from both developing and developed countries that are creating affordable devices for low-income populations who may either live in their vicinity or many miles away.

The competition will be open to anyone with an innovative idea for low-cost devices and technologies to be used in urology. As in the 2017 competition, a 3-member jury will decide which of the submitted technologies best fits the aims of the competition. Winners will receive a certificate and US\$ 2,500. Additional prizes of US\$ 1,500 and US\$ 1,000 will be given to the second- and third-place entries respectively. If less than three prizes are given, the remaining money will be added to the sum of prizes for the following year.

The 2017 **Best Affordable New Technologies in Urology prizes** were awarded to:



Dr. Regi Septian

from Indonesia for his project: *Affordable and Applicable Renal Model Phantom (AARM) for Ultrasound-Guided Percutaneous Nephrostomy.*



Dr. Arvind Ganpule

from India with his project: *The Ureteric Catheter Enabled Novel Cost-effective Specimen Retrieval Bag (Nadiad Bag) in Minimal Access Urology.*



Dr. Pankaj Joshi

from India with his project: *Clampotractor - A Novel Self-Retaining Retractor for Penile Reconstruction Surgery: Improving Surgeon Ergonomics.*

You too can be one of the next **Best Affordable New Technologies in Urology Competition** winners! Submit your entry on our website:
<https://www.siu-urology.org/congress-2018/bantu>

I would be very grateful also if you would spread the word about this competition by informing colleagues, students, patients and their families who may have the potential to submit their creative ideas. The more participants there are, the more ideas we will have that can help people living in impoverished countries.

Featured New SIU Member



Name: Riccardo Campi
Location: Florence, Italy
Position: Resident, Department of Urology, University of Florence, Careggi Hospital, Florence, Italy

I completed my medical education at the University of Florence in 2014 and began the Residency Program in Urology in 2015 at the Department of Urology of Careggi University Hospital, led by Prof. Carini and Prof. Serni.

I have always cultivated a strong interest in clinical research and I recently moved to Paris to perform a 6-month research fellowship at the Department of Urology of La Pitié-Salpêtrière Academic Hospital, under the committed mentorship of Prof. Roupert.

With his encouragement, I decided to apply to become an SIU Trainee Member. I was inspired by the SIU's mission and excited by its many educational opportunities, its international perspective, and SIU Academy's e-learning resources. The Academy is a unique tool for connecting with leading experts in all fields of urology because it makes their presentations, webcasts, guidelines and educational videos readily available.

I feel the SIU is unique as it can inspire many young urologists in training during one of the hardest and most stimulating periods of their career. The SIU's international vision, the opportunity to apply for fellowship training abroad, and the potential to be actively involved in the Society in the future are only some of the key reasons why I am very proud and honored to be part of the SIU Community. ●

Set to Launch a Global Multicentre Pilot Study in June 2018

SIU is excited to announce that its new online global clinical research platform, uCARE, will be launching its first study in June 2018. The pilot study, entitled **Ureteral Stenting After Ureteroscopy for Stone Treatment: A Global Perspective on Indications and Outcomes**, will be a prospective, observational, international, multicentre registry study.

About the Pilot Study

Postoperative stenting increases the morbidity of the patient postoperatively. Therefore, one must carefully balance the pros and cons of postoperative stenting in each individual case. The ideal stent duration is currently unknown. Ureteral stents are usually removed one day postoperatively and most urologists will remove double Js around 1 to 2 weeks postoperatively.

It remains a matter of debate whether to stent a patient postoperatively after a ureteroscopic stone procedure. According to the EAU Guidelines, routine stenting after an uncomplicated procedure with complete stone removal is not necessary.

This registry will review current clinical practice on postoperative ureteral stenting after ureteroscopy for stone treatment. The pilot study will explore the answers to the following questions:

- What are the indications, predictors and outcomes for stent placement?
- What types of stents are used and what is the duration for stent placement?

The primary objective of this study is to assess current indications of postoperative ureteral stenting after ureteroscopy for urinary stone treatment. The secondary objectives are to: 1) assess the type (ureter catheter or JJ) and material of stent used; 2) assess the duration of indwelling time indicated by the surgeon and the actual indwelling time; 3) identify current set-up for ureteral stent removal. Are the stents removed at the physician's office, in the operating room (OR), or at home by the patient, and which procedures are used in each setting? Patient enrolment will start in June 2018.

In addition to the above study objectives, this pilot study will allow us to optimize our data management process and global communication channels between different centres, in preparation for future larger studies executed by uCARE.

uCARE Governance

Mihir Desai, United States
Office of Research

Joyce Baard, The Netherlands
Applied Research Council

Research Council

Group Member Representative	Association
Rui Chen	Chinese Urological Association
Yasser Farahat	Emirates Urological Society
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