



ICS NEWS

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Montréal Memories

I enjoy the ICS meetings so much, firstly because it is an opportunity to meet old friends from many nations with similar interests; secondly because of the huge width of the backgrounds of people attending - students, incontinence nurses, physiotherapists, basic scientists of several disciplines and clinicians from trainees to consultants in several specialities; and thirdly, because of the care and attention that is given to the smooth running of the meeting by the permanent staff and local committees.

Montréal was no exception. My old friends were there in large numbers, except for Paul Abrams; who we missed! He was ably represented by his father-in-law, Bjorn Klevmark, who participated fully and retains all his empathy. The mix of disciplines ensured that the meeting remained wide-ranging and informative at all levels. The Scientific Committee had done a good job with the programme; with state-of-the-art lectures, good podium sessions and excellent posters.

I especially enjoyed the lecture by Brian Kwon on spinal cord regeneration following trauma – it was particularly good to see one of the younger members 'doing his stuff', and doing it so well.

Montréal as the venue was good and congratulations are due to Jacques Corcos and his committee, who with the experienced help of Vicky Facey made the

meeting a success. The main theme of the reception and dinner was the variety of food available in Quebec with celebrated local chefs providing courses for the Gala dinner, and agile young women suspended variously giving a different meaning to aerobics. But I most enjoyed watching the dancing after the dinner – is it only at ICS that everyone flocks to the dance floor? I can't remember this happening at other international meetings, but it always does here – pretty young women in the arms of Bjorn Klevmark, Clare Fowler and colleague not quite dancing but in serious discussion, pretty Japanese daughter overcoming her shyness to dance with her father's young colleague and the inevitable experts showing us how it should be done.

My initial worries about the number of workshops preceding the meeting, and whether or not they would attract an audience, seemed unfounded – both that I participated in had a decent-sized audience.

My main gripe this year was the fact that although the non-discussed posters were well displayed throughout the whole meeting, and many were excellent, it was virtually impossible to see the ones selected to be presented, as they were only on display for an hour or two before their session, which was a great pity. Don't make that mistake next year please Ted Arnold!

Prof Alison Brading



ICS 2005 was fun but now that lights are off everybody is back home and that our next focus is Christchurch, I have to admit it was really a great pleasure to organise ICS 2005.

We had an unexpectedly high attendance which led to some overcrowded rooms. Was it the appeal of Montréal, the great scientific programme or an increased interest in incontinence in the world? All are probably true. Montréal is a great city with a mix of modern and traditional, very welcoming people and entertaining activities.

The scientific programme was excellent. Our guest speakers were outstanding and the quality of presentations, posters, videos and workshops completed this fascinating week. We were also amazed by the success of Dr. Bo's "pick-me-up" classes, demonstrating that some physical activities should be organised at all ICS meetings to relax us.

But the most important factor is the increasing interest in the field of incontinence. It did not happen by itself or by an increase in its prevalence but is the result of years of promotion and work from leaders of the ICS and others who have devoted time and efforts all over the world to show that pelvic floor, incontinence, neurogenic bladder, etc are fascinating fields. It explains why we had participants from 67 countries.

Finally we have to acknowledge the role industry plays in the success of our meetings, without which it would be difficult to achieve such high standards.

The torch has been passed to the people of Christchurch and they are probably already meeting, programming, testing and tasting. Believe it or not, I envy them.

Dr Jacques Corcos M.D.



Page 2

- CME Reports • Montréal Memories
- Do you speak Korean?
- ICS Nursing Summit

Page 3

- Barcelona Review
- Society of Internatl Cystitis, Japan
- Christchurch 2006

Page 4

- History of the ICS
- The Cochrane Library
- ICS and our partners

Continuing Medical Education Report

Free EU-ACME Membership for ICS members

In 2004 the EAU (European Association of Urology) and the EBU (European Board of Urology) joined forces to promote Continuing Medical Education amongst all urologists in Europe by creating a new committee: the EU-ACME. The constant demands of modern medicine make Continuing Medical Education (CME) an absolute necessity.

The functions and aims of the EU-ACME Office are to implement, promote and organize CME within European Urology by (1) providing logistics, e.g. registration/administration of credit points, attendance control etc, (2) offering the EU-ACME programme, based on EBU/EUMS regulations to countries without a CME system so far and (3) accreditation of events of international scientific societies, registration/ administration of credit points for their members, attendance control etc.

All members of the EU-ACME System have a EU-ACME card with a bar code and a CME number. This is used for attendance control at major meetings; where the bar code is scanned. At smaller meetings, the CME number is noted to record attendance.

According to EBU/UMS regulations you will receive one credit point for one hour, maximum per day six credit points. 150 credit points (minimum) should be acquired in 5 years. Moreover from January 1st onwards CME on line will be possible by reading the CME articles in the European Journal of Urology and in the EAU-EBU Update Series.

If the meeting is accredited by the EU-ACME and if your EU-ACME card is scanned or registered during the meeting, your attendance is registered and your CME points accredited. You will receive a statement of your credit points at least once a year or any time upon request.

As the chairman of the EU-ACME Programme, I am very pleased to be informed that the ICS has decided to join the EU-ACME Programme and will pay for its members to join the scheme.

For members of international societies, the annual fee for joining the EU-ACME programme is €10. but for ICS members, membership to the EU-ACME Programme is included in the annual membership subscription.

Members wishing to apply for this should forward their ICS membership payment receipt/acknowledgement to eu-acme@uroweb.org stating that they wish to join the scheme. They will then receive EU-ACME points at all ICS events.

Prof Helmut Madersbacher

More Montréal Memories

The educational programme for the 35th Annual meeting of the International Continence Society was larger and more wide ranging than ever before.

In total, 31 workshops and 11 ICS courses were organised over the two days before the meeting ranging from workshops dealing with the relationship of industry to physicians, assessing the role of cellular communication in the bladder to interactive sessions on the use of Botulinum toxin in urology.



Workshops and courses were well attended

All workshops were assessed for their educational value before being accepted for the meeting and all had supporting materials available to participants, including written and electronic media. A complete evaluation by each course attendee is being assessed now to help in the development of the program.

The ICS courses covered major areas of difficulty and controversy from the basic, applying anatomical knowledge to genital prolapse assessment and repair, to the difficult areas such as the treatment of adolescent incontinence. The courses reflected the broad multi-disciplinary nature of the ICS with nursing, physiotherapy, ultrasonographic and bowel dysfunction subjects covered.

The range of workshops and courses was enthusiastically attended by over 2,000 delegates indicating the great need for this form of education and the workshop subcommittee of the ICS education committee will be assessing the delegate feedback to improve the future delivery of these courses.

Mr Vik Khullar

Do you speak Korean?

Can you help the Cochrane Incontinence Review Group with translation?

The Cochrane Incontinence Review Group produces systematic reviews of randomized controlled trials, related to urinary and faecal incontinence and other related topics. The reviews are produced by review authors on a voluntary basis and are published in The Cochrane Library.

We are looking for help in translating articles reporting the results of randomised controlled trials from Korean to English. Occasionally these may be needed by review authors for reviews in incontinence.

A full translation is not needed – the review authors will provide a structured form on which to write (or type) the information needed. If you are interested in helping, please email me your contact details so I can explain what is needed.

If you wish to discuss this or require information on this, please contact me on:

Sheila A Wallace
Research Fellow/Trials Search Co-ordinator
Cochrane Incontinence Review Group
Health Services Research Unit
Polwarth Building
Foresterhill
Aberdeen, AB25 2ZD, UK

Tel +01224 551107, email: s.a.wallace@abdn.ac.uk web: www.otago.ac.nz/cure/

Thank you very much in advance if you are able to help now or in the future.



ICS Nursing Summit

The ICS Nursing Education Sub-Committee met in Montréal and agreed with the support of the Education Committee to hold a special Nursing Education Summit next year.

The Summit will be taking place in Trondheim from June 8th-11th and will be strictly invitation only.

The programme has yet to be worked out but it is envisaged it will discuss how to develop continence nursing (for both bladder and bowel problems) internationally through education initiatives. Specifically it will discuss developing educational initiatives in countries where nurses

currently have no such specialist role.

The Summit will also discuss competencies for specialist nurses. It will discuss reaching an international perspective on titles and the competencies these nurses should be working to.

Clinicians and educators from across the world will be invited with spaces for 50 in total.

The Nursing Education Sub-Committee is currently working to obtain funding for this initiative and it is hoped that Industry will help sponsor it.

Mandy Wells

Barcelona Review



I have been unable to attend any ICS programmes before due to time commitments and finances, therefore I was delighted to go to the first ICS education course in Barcelona. This exceptionally well organised two-day weekend programme was intended to appeal to younger doctors, nurses, physiotherapists and scientists. However many consultants and regular ICS members were also in the audience, providing the opportunity for lively debate and interaction.

The content of the course was presented by internationally recognised speakers, who provided a wide variety of short information sessions. These included urodynamics, the 2005 ICT evidence – based care pathways for urinary incontinence, physiotherapy, neurology and two excellent debates on anticholinergic medications and types of SUI tapes. All of which I was very pleased to see on the ICS website on my return home.



Apart from the days activities I particularly enjoyed networking with all the speakers and delegates informally as well as having the opportunity to look briefly around Barcelona.

This was an excellent course, which I would highly recommend to everyone.

Judy Dakin

Clinical Nurse Specialist for Continence
WALTHAM FOREST PCT, LONDON UK



Successful ICS 2009 bid: San Francisco, USA

30 September - 4 October 2009

Chair – Dr Anthony Stone

Scientific Chair – Karl Kreder

We are now accepting bids to host the
ICS/IUGA joint meeting in 2010.

For more information on how to submit
your bid, please contact the ICS office:

email info@icsoffice.org or
phone +44 (0) 117 944 4881.

Applications must be received in
the ICS office by April 1st 2006

Society of Interstitial Cystitis in Japan

Delegates at ICS 2005 in Montréal included Dr Hikaru Tomoe, a woman urologist from Japan and this year's president of SICJ, the Society of Interstitial Cystitis of Japan.

Dr Tomoe, author of a book in Japanese on PBS/IC for Japanese patients, explained that SICJ was founded in April 2001 by four doctors – Dr Homma, Dr Ueda, Dr Ito and Dr Takei – with the purpose of raising awareness and increasing scientific knowledge of PBS/IC among urologists in Japan.

A book on IC, principally for doctors and nurses, was published in 2002, a website (www.sicj.umin.jp) was started in the same year and a unique International Consultation on IC Japan (ICICJ) was organised in Kyoto in 2003. This set the ball rolling for further international consultations on criteria and a definition for PBS/IC around the world.

SICJ currently has around 120 members, mostly urologists, some gynaecologists, nurses and a few representatives from relevant pharmaceutical companies. According to Dr Tomoe, this

organisation is having a very positive effect on the diagnosis of PBS/IC in Japan. Five years ago very few doctors knew about PBS/IC, whereas today far more are aware of it and many more patients are receiving the correct diagnosis.

Until recently, Japanese urology was traditionally dominated by male urologists, but with more and more women coming for treatment, it was realised that women urologists were needed. Female patients find it much easier to discuss taboo subjects such as bladder problems and incontinence with a woman doctor rather than with a man. This has led to a change in the role played by women doctors.

Ongoing projects and plans for the future include a guideline for PBS/IC and a study of the relationship between prostatitis and PBS/IC. SICJ plans to organise a second international conference on PBS/IC in the next two years.

Mrs Jane M. Meijlink

Looking Forward to Christchurch

A warm welcome awaits you in Christchurch, New Zealand at ICS in 2006, from Nov 27th to Dec 1st. These dates are later than usual as the weather is more settled.

Members of the NZ Continence Association and of the Continence Foundation of Australia are joining with the ICS for this conjoint meeting.



We have an excellent venue for the scientific program and for the Exhibition, at the Christchurch Town Hall and Convention Centre. Accommodation to cater for all standards is readily available.

Christchurch has a reputation as the Garden City of New Zealand. There is a traditional Cathedral Square, a quaint tram for tourist excursions around the city sights, an excellent Botanical Gardens and a large recreational park. There is a museum commemorating the departure of Scott's epic journey to the South Pole and near the airport there is an excellent museum of Antarctic treasures.

Submission of abstracts will again be on-line via the ICS website (www.icsoffice.org) with a closing date of April 1st. This is maintained even though the meeting is later than it normally is.

Workshops will be run on the two pre-conference days as usual.



The welcome reception will be special and will begin with an official Powhiri (Maori welcome) in the Town Hall. The Gala Dinner will be a fun evening incorporating special entertainment and, of course dancing.

May I re-iterate a warm welcome to you all and we look forward to seeing you in New Zealand in 2006.

Prof Ted Arnold
Chair, ICS-2006

History of the ICS

It has been proposed by Walter Artibani and the ICS executive committee, that its history should be recorded. Norman Zinner from Los Angeles and I have been asked to undertake this interesting task and we now invite all members to submit material of interest for this project.

ICS had its inaugural meeting in 1972 and these origins and the development of clinical urodynamics into a practical discipline were documented by Paul Abrams (BJU 1993 72:527-533). Many colleagues have contributed to understanding over time and this is an opportunity to acknowledge them. Sadly, a number of the eminent founders of our organisation have now passed on, but their contributions have been immense and we will attempt to record as many of these as possible.

We are asking members to delve into their memories and photo albums for material to donate to the Archives of the ICS. Contributions would be very much appreciated and would be copied and the originals returned to you.

The topics and goals of the document include:

- Documentation of the origins of the ICS in 1972
- Growth of its organisation
- Standardisation Committee



- Education
- Continence Promotion
- Ethics
- Neuro-urology
- Collaboration with WHO for the International Consultation on Incontinence
- Changes of philosophy and emphasis since its origins 1972.

- Acknowledgment of the members
 - i) Founding and early members. Focus on personalities, and their contributions
 - ii) Leaders of opinion over the years up to the present time
 - iii) Acknowledgement of the value of the contributions from various medical specialities nursing and physiotherapy, pharmacology and basic science, epidemiology, anatomy, physiology, cell biology and many others.
- Documentation and acknowledgement of the fruitful and essential liaison between Industry and the Society
- Development of sub-specialties
- The (unfortunate) separation of Children's continence issues
- Publication of the proceedings of ICS in Urologia Internationalis, and subsequently in Neuro-urology and Urodynamics.

Please send your contributions to Ted Arnold ted.arnold@chmeds.ac.nz, Norman Zinner wewedoc@aol.com, or Carole Sales at the ICS office carole@icsoffice.org by February 1st 2006.

Ted Arnold

The Cochrane Library

The Cochrane Library provides a comprehensive source of information on the available interventions in contemporary health care. It is comprised of a regularly updated collection of evidence-based medicine databases. The databases and the current numbers of records are shown below

The evidence-based reviews summarise the appropriate literature and as such reflect what has or hasn't been published. The results must always be interpreted in the context of the trial designs and search strategies which are used. They are much quoted and currently cover 28 topics at present :-

- Adrenergic drugs for urinary incontinence in adults.
- Anterior vaginal repair for urinary incontinence in women.
- Anticholinergic drugs versus placebo for overactive bladder syndrome in adults.
- Biofeedback and/or sphincter exercises for the treatment of faecal incontinence in adults.
- Bladder neck needle suspension for urinary incontinence in women.
- Bladder training for urinary incontinence in adults.

- Conservative management for postprostatectomy urinary incontinence.
- Drug treatment for faecal incontinence in adults.
- Electrical stimulation for faecal incontinence in adults.
- Habit retraining for the management of urinary incontinence in adults
- Laparoscopic colposuspension for urinary incontinence in women.
- Management of faecal incontinence and constipation in adults with central neurological diseases.
- Oestrogens for urinary incontinence in women.
- Open retropubic colposuspension for urinary incontinence in women.
- Pelvic floor muscle training for urinary incontinence in women.
- Periurethral injection therapy for urinary incontinence in women.
- Physical therapies for prevention of urinary and faecal incontinence in adults.
- Plugs for containing faecal incontinence.
- Prevention and treatment of urinary incontinence after stroke in adults.

- Prompted voiding for the management of urinary incontinence in adults.
- Serotonin and noradrenaline reuptake inhibitors. (SNRI) for stress urinary incontinence in adults.
- Surgery for faecal incontinence in adults.
- Timed voiding for the management of urinary incontinence in adults.
- Traditional suburethral sling operations for urinary incontinence in women.
- Urinary diversion and bladder reconstruction/ replacement using intestinal segments for intractable incontinence or following cystectomy.
- Urodynamic investigations for management of urinary incontinence in children and adults.
- Which anticholinergic drug for overactive bladder symptoms in adults.
- Weighted vaginal cones for urinary incontinence.

Chris Chapple

Database	Total Records
The Cochrane Database of Systematic Reviews (Cochrane Reviews) *	4041
Database of Abstracts of Reviews of Effects (DARE) **	5340
The Cochrane Central Register of Controlled Trials (CENTRAL)	454449
The Cochrane Database of Methodology Reviews (Methodology Reviews) ***	20
The Cochrane Methodology Register (Methodology Register)	7059
Health Technology Assessment Database (HTA)	4620
NHS Economic Evaluation Database (NHS EED)	15884
About The Cochrane Collaboration and the Cochrane Collaborative Review Groups (About) §	90

* Comprises 2,435 Complete Reviews and 1,606 Protocols ** Comprises 4,540 Abstracts and 800 other reviews *** Comprises 11 Reviews and 9 Protocols

§ The Cochrane Collaboration: 1; Collaborative review groups (CRGs): 50; Fields: 11; Methods Groups: 11; Networks: 1; Centres: 12; Possible Cochrane entities: 4

ICS Partners



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