

The 2nd Pan Arab Continence Society Congress Dubai



The Pan Arab Continence Society (PACS), founded in 2004, is mainly concerned with the science of urinary incontinence and pelvic floor dysfunction including bowel disorders. The 2nd Pan Arab Continence Society Congress Dubai, took place on 22-24 December, 2005 in Dubai.

The PACS, chaired by Professor Sherif Mourad, Professor of Urology at Ain Shams University, Cairo, Egypt, represents all the Arab nations, including some Middle Eastern countries such as Iran and a number of African countries who expressed an interest in joining the annual meetings. This successful meeting attracted 270 delegates.

There were around 20 renowned international speakers, including Walter Artibani, Linda Cardozo, Jean-Jacques Wyndaele and Philip van Kerrebroeck who presented the ICS session which provided an overview of the ICS, an update of neurology, management of nocturia, female stress incontinence and pelvic floor reconstruction.

The next meeting will take place in Beirut 1-3 November, 2006 with many international guest speakers in this attractive venue. The PACS website is www.pacsoffice.org.

Sherif Mourad

United Kingdom Continence Society

The International Continence Society of the United Kingdom (ICS UK) was established in 1994. It was the idea of Professor Paul Abrams, secretary of the International Continence Society (ICS) at that time, to set up such an organisation in the UK and bring all those interested in the field of incontinence, including urologists, gynaecologists, geriatricians, nurses, continence advisors, physiotherapists, physicists, pharmacologists and colorectal surgeons, under one roof in a multidisciplinary environment.

The first meeting was held in Bristol and from then on annually in different cities around the UK in April of every year.

With the growth of both the ICS and ICS-UK, confusion started to arise between the two organisations and in 2005, at the Annual General Meeting, the ICS-UK decided to change its name, as well as its logo, to UKCS starting from 2006 to indicate that it is a separate organisation with no affiliation to the ICS and thus avoid any confusion.

UKCS now has around 560 members with Ian Ramsay MD, urogynaecologist in Glasgow, as its current secretary and treasurer.

The website is www.ukcs.uk.net

Hashim Hashim

What is ESSIC?



ESSIC is the European Society for the Study of Interstitial Cystitis/Painful Bladder Syndrome, founded by Prof. Jørgen Nordling of Denmark in 2004. Its members are medical professionals and scientists with a special interest in PBS/IC.

ESSIC provides a forum for scientific discussions among groups, individual doctors and researchers in this field and organises an annual conference, including an update course on the latest insights into PBS/IC. The next conference, with discussions on diagnostic criteria and the definition of PBS and IC, will be held 8-10 June 2006 in London.

Further information can be found on the website: www.essicoffice.org.

Jane Meijlink

ICS Educational Courses in 2007

Greece May 2007

India November 2007

Please check the website for the latest news and updates.

IFPMA Clinical Trials Portal

Useful website to search for clinical trials

The International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) is a non-profit, non-governmental organization representing industry associations from both developed and developing countries.

The Clinical Trials Portal is a service provided by the IFPMA on behalf of its member companies and associations. The portal has been designed as a single entry allowing you to search for comprehensive information on ongoing clinical trials (registry) or

results of completed trials (database) conducted by the innovative pharmaceutical industry.

You simply type the disease and/or product name in the search field. This can be further refined for example by adding a country. Instructions for use are given on the site. There is also a useful glossary of terms used for clinical trials.

To find out more, point your browser to: www.ifpma.org/clinicaltrials.html

Jane Meijlink

ICS Partners



The ICS Newsletter is published by the Publication Committee of the International Continence Society

Editor: Jane Meijlink
Associate Editors: Susie Orme, Piotr Radziszewski, Stefano Salvatore
Editorial Board: Jerzy Gajewski (Interim Chair), Heinz Koelbl, Daniela Marschall-Kehrel
ICS Staff: Vicky Facey, Carole Sales, Dominic Turner, Avicia Burchill
Design & Layout: Profile Communications 00 44 (0) 117 9420153
Printed by: Kingsdown Printers, Dean Square, Bristol
Tel: 00 44 (0) 117 944 4881 **Fax:** 00 44 (0) 117 944 4882
E-mail: newsletter@icsoffice.org **Website:** www.icsoffice.org



ICS 2006 in New Zealand

36th ICS Annual Meeting, Christchurch, New Zealand, 27 November – 1 December 2006

We are greatly looking forward to welcoming you to the 36th Annual Scientific Meeting of the International Continence Society in New Zealand from 27th November to 1st December 2006. This year ICS will be a joint meeting with partners from the Continence Foundation of Australia (CFA) and the New Zealand Continence Association (NZCA). Members of all three groups will share the same benefits of discounted registration fees.

We encourage you to come to Christchurch. As you know ICS is always intellectually stimulating and great fun too. I have been attending since 1972, and by this year will have been to 24 of the 36 meetings. ICS has in fact visited the southern hemisphere once before, for its very successful meeting in Sydney in 1995, chaired by Richard Millard. This meeting was also held jointly with the CFA.

New Zealand may seem a long way off. The longer distance means a higher cost of getting here, but accommodation and living costs are very reasonable, particularly as at the time of writing (March), the NZ\$ was at 0.53 Euro and US\$ 0.635, and these rates will help to offset the cost of fares.

The ICS 2006 meeting in New Zealand is being held late in the year to try to ensure reasonably warm weather and the opportunity to enjoy the outdoor life before or after the meeting. However, I want to apologise to our USA members that this meeting is



so close to Thanksgiving, and I understand now how important that is for American families. I did not appreciate this originally. We were able to change dates so as not to clash, but it is still close. I hope that this will not inconvenience our USA colleagues too much. In crossing the Date Line, you lose a day. Still it will be possible to leave USA on the Friday night from Los Angeles and still get here on the Sunday morning, or even one day later.

Education and Scientific Programme

There is a wide range of workshops and ICS educational courses on offer as usual. A high standard of scientific presentations will be assured by selections by Don Wilson and his colleagues on the Scientific Committee, from work you have offered to present. Authors will be notified of the outcome of their submissions, by the end of June.

State-of-the-art lectures

We have three outstanding state-of-the-art lectures: Evidence-based management of faecal incontinence by Christine Norton, Professor of Gastro-intestinal Nursing in London; Epidemiology of urinary incontinence in females: from prevalence and risk factors to targets for clinical interventions presented by Steinar Hunskaar, Professor of General Practice in Bergen and Professor Justin Oakley

from the Centre for Human Bioethics at Monash University in Melbourne will address delegates on the topic of Current ethical issues for health professionals in continence care and treatment.

Traditional Maori welcome

ICS in New Zealand will have a different atmosphere. You will be privileged to be welcomed by members of the Ngai Tahu indigenous Maori tribe at a Powhiri ceremony at the Welcome Ceremony. Their ancestors lived here in the South Island before the European settlers came. This is a special dignified tradition, and is part of the protocol observed for all visiting dignitaries. We will then hear our famous Maori singer Hinewehi Mohi sing and you will have the opportunity to share in some Maori traditions like poi dancing. In the food, music and entertainment, the ICS 2006 meeting will convey a Maori and Pacific Island flavour unique to New Zealand.

Do come to Christchurch in November 2006, and share the learning of ICS with your colleagues. Stay a while and enjoy some fabulous scenery while you breathe in the spirit of New Zealand.

Ted Arnold.

Chairman of the ICS 2006 organising committee.
 Information: www.ics2006.co.nz



Pages 2-3

ICS in New Zealand and Australia
 - Neurology & Urodynamics
 Journal - Treasurer's Report.

Pages 4-5

ICS education courses -
 School of Urodynamics -
 Book Review.

Pages 6-8

Standardisation of Terminology -
 ICS IT - IUGA Athens 2006 - PACS
 - ICS UK - ESSIC - IFPMA Trials.

New Zealand Continence Association



The New Zealand Continence Association (NZCA) includes members who are nurses, physiotherapists, and doctors from many specialities providing an interdisciplinary approach to continence care, continuing professional development and public awareness and education. It has been active for over ten years in New Zealand and has received funding from a variety of sources including the Ministry of Health, NZ Lotteries Commission, ASB Trust and continence supply companies.

The NZCA is proud to join with the Continence Foundation of Australia (CFA) in supporting the ICS meeting in Christchurch, New Zealand and in welcoming delegates to this beautiful part of the world.

The Continence Journal of Australia and New Zealand has become a joint venture between our two associations, and aims to promote continence issues in a multidisciplinary way. The Journal

accepts peer reviewed articles. The NZCA has an active public education programme including a website www.continence.org.nz and stocks a number of information pamphlets available both on line and from the helpline 0800 650 659. The titles available are Good Bladder Habits, PF Muscle Training in Women, PFM training in Men, Bladder Control Problems in Women, Urinary Symptoms in Men, Adults and Bedwetting, Healthy Bowel, Older People and Continence Problems, Dementia and Urinary Incontinence, Medications & Urinary Incontinence, plus booklets for children and postnatal women.

We hold an annual national public awareness week but also highlight continence issues at various family and trade fairs. The Association also developed an educational workshop programme to train front line carers such as rest home staff.

The NZCA has initiated some projects including

a successful pilot programme for continence education for Maori in a rural location. We have tried to encourage Maori nurses in promoting continence to Maori families (whanau, iwi and tribes).

There are annual national education meetings for health professionals, with a more major meeting every second year.

Some members also attend CFA meetings regularly. We support a University course in Continence Management for nurses and physiotherapists.

Mark Weatherall, Chairman of NZCA



Continence Foundation of Australia

The Continence Foundation of Australia (CFA) and the Australian Government view indigenous health as a major concern, with incontinence as a co-morbidity of a wide range of serious health conditions in the indigenous population.

Continence health promotion is made more difficult by remoteness, often difficult living conditions and distances from services, as well as cultural sensitivities. Aboriginal Health Workers are the essential interface here, improving continence for many Aboriginal and Torres Strait Islanders.

The CFA views the need to change social paradigms around bladder and bowel function as highly important, particularly from early age. Promotional focus to date has been to encourage use of the National Continence Helpline (a government project managed by the Foundation).



Now this has shifted to improving community understanding and de-stigmatisation. There is an ongoing imperative for people to talk more openly - both to each other and to clinicians. However, what should now be seen as another topic on the health "target list" and a significant factor for quality of life, is still frequently overlooked, underplayed or unaddressed by many doctors and allied health professionals.

The Foundation's aim to achieve media coverage is a difficult one but, in the battle to overcome the "social cringe" around bladders and bowels, this is seen as vital. A key role is played by the Foundation's health professional membership whose clinicians promote awareness through events and media contact at their local level with the support of workplaces and as an adjunct to their clinical work. This has become a highly effective strategy.

Continence companies also appreciate that good marketing includes a social component and building solid relationships with health professionals. Corporate/clinical teamwork - particularly around Continence Awareness Week and the National Conference on Incontinence - has raised awareness through valuable and enjoyable joint activities.

Momentum from all this "leverage marketing" continues to grow through the Foundation's support of its health professional members and branches in their promotional activities.

The gains - often slow or difficult to discern - are nevertheless quite apparent when compared with the situation of several years ago. A variety of creative CFA initiatives and projects ensure steady gains and an ongoing positive impact on Australian continence health.

Anne Haag

Poster (above) "Trouble with the Waterworks?"

by Georgina Altona.

Courtesy of the National Continence Management Strategy, Australian Govt Dept of Health & Ageing



Clinic and support group for PBS/IC patients in New Zealand

Patients with painful bladder syndrome/interstitial cystitis are by no means forgotten in New Zealand. Dot Milne, a registered nurse and PBS/IC patient now with a stoma, runs not only a support group for patients but also a clinic in New Zealand where patients can receive focused treatment.

In 1999 Dot Milne was awarded a Winston Churchill Fellowship to travel to Britain and the USA, spending time with support groups and areas related to IC with Professor Grannum Sant in Boston.

Although she had set up a support group before this study trip, it gave her deeper insight into what the support group could do over and above the fundamental goal of providing support and information for patients and their families from all over New Zealand.

A clinic was set up by Dot Milne at which PBS/IC patients are seen from all over New Zealand. It is run on demand rather than a regular basis. As a nurse, Dot Milne has had opportunities to speak on

PBS/IC to GPs, urology specialists, nurses and the general public.

She believes that the outlook for patients with this condition is now much brighter. The time it takes to get a diagnosis in New Zealand has decreased from years to months and there are several options available to successfully manage it. Ongoing support and information from the group ensures there is always a listening ear when needed.

Jane Meijlink

Neurourology & Urodynamics Journal – new Editor-in-Chief

It is with trepidation, but also enormous gratitude to my peers who selected my application, that I take over the Editor-in-Chief position on Neurourology and Urodynamics (NAU). I will strive to do justice to this appointment and will aim for this publication, the official journal of the ICS/SUFU, to be the primary source of the best and latest basic and clinical science publications in the multidisciplinary approach to both the non-operative and operative management of functional disorders of the urinary tract and colorectal physiology

The Editor-in-Chief of the NAU Journal and the editorial board will work in collaboration with the executive committees and publication boards of ICS/SUFU and Wiley Publishers to fulfil the aims and objectives stated above. However, it is clearly agreed by all concerned that the new editorial team of the NAU Journal should and will have full editorial independence and will work in a transparent fashion with appropriate peer review of all published work. This is clearly essential in order to achieve our primary goal of providing relevant, up-to-date information on the latest advances, new ideas and most current research in this field.

There will be a transition phase for the next few issues in which papers accepted by the previous editorial team will be published. Following this, it is my intention to build on the excellent foundations laid by the founding editor Jerry Blaivas by introducing a number of changes to the organisation, structure and format of the journal.

With regard to the organisation of the journal:

The core editorial team will consist of myself working in close conjunction with four associate editors:



Karl Erik Andersson, Rodney Appell, Linda Brubaker, Dirk deRidder and Heinz Koelbl. My assistant Jen Tidman and I have established excellent working relationships with the production teams at Wiley Publishers.

The previous structure of section editors and reviewers has been replaced by an editorial board (as shown in this edition of the journal) who have all been contacted and have agreed to review a certain number of manuscripts personally each calendar year. I am delighted to say that Jerry Blaivas has agreed to serve on this board. The review process will be expedited so that decisions on manuscripts will be provided in a timely fashion, our aim being within one month, and I will strive to shorten the time between acceptance and publication.

A statement of potential conflicts of interest, using the format specified by the American Urology Association, will accompany published manuscripts. Furthermore, I intend to establish an additional review process with a statement on ethics to which

any papers with potential commercial links will be subjected.

There will be an executive committee to whom I can turn to for advice on strategic and financial decisions and who will function as my interface with the SUFU/ICS.

This committee will not have any editorial role in the journal and will comprise the secretary and an executive member of ICS, the president and past president of SUFU and two prior members of the editorial board of the journal.

It is my intention that the premier journal on incontinence should be:-

- Instrumental in leading thought in this subject
- Innovative and Inspirational in its presentation of Information
- Incisive in its review of that information
- Informative and Instructive in its content
- Inclusive in its review of the literature
- Important in the fields of basic and clinical research

Clearly as you can see I have a bold and ambitious vision for the future. In order to carry this out I need your advice, comments and support:

- Please read and submit to NAU
- Review papers for NAU
- Write to the editorial office with comments

I look forward to working with you...

Christopher Chapple

Report from the ICS Treasurer - Our Financial Structure

The ICS finances are in good health. There are many reasons for this. Available resources permit us to engage in different initiatives promoting continence care around the world and making the benefits of ICS membership even more attractive.

The full annual accounts are open for all to view on our website. The financial statements are incorporated in an annual report which is prepared by the Office, analysed by me and then agreed to by the trustees/executive members. It is then put before you, the ICS membership, during the annual general meeting at our annual congress. In June 2006, we will be sending out a Trustees' Annual Report to all members that will include summarised accounts for 2005.

The financial structure has two parts: one is the ICS trading company (Conticom ICS Limited) directed by the executive and registered at 9 Portland Square, Bristol. Its principal activity is to manage any trading carried out by the Charity. The Company signs a contract each year with the local organisers of our meeting /their professional congress organisers, stipulating the duties and responsibilities of each and the share of any surplus funds. This system



will gradually change into cooperation with the same PCO for every annual meeting and Kenes International has been selected for this purpose. From 2008 Kenes will fully organise our meetings together with the local chair. The financial contract will then be signed between Conticom and Kenes. Our second structure is ICS: a charity under UK law, with the executive members as trustees and registered at 9 Portland Square, Bristol. The purpose of our Charity is well-known to all of you. The accounts will be available on the website

when completely finalised and a summary included in the Annual Report. Its income is derived from a donation by Conticom, mainly the profit from the annual meeting and some investment income. All expenses for educational activities, committee meetings, membership costs and the journal come from the ICS budget.

We are currently enjoying a very stimulating period since plans can be made and initiatives implemented because we now have the financial means for them. The money will be used for the benefit of our members and future members and for continence care.

Strict external financial control and audit is by Goldwyns auditors and by the UK Charity Commission and Companies House. It is reassuring to know that they keep a close eye on how the funds are used. I hope that we can continue in the same way.

I would like to add that the Executive Board appreciates suggestions and proposals from members at any time. Financial resources are one type of oxygen needed to keep our activities healthy.

Jean-Jacques Wyndaele, Treasurer

ICS Educational Course at the Gran Melia WTC, São Paulo, Brazil, 28-29 July 2006

The International Continence Society is holding a stand-alone education course for the first time in South America on 28-29 July 2006.

We have designed this two-day course as a discussion between Brazilian and foreign experts in urinary incontinence, urodynamics, physiotherapy and other topics. Discussions of clinical cases will stimulate learning and decision-making in difficult cases.

Take advantage to participate in the urodynamic, nursing or physiotherapy workshops. You will also have ample opportunity to network with all the speakers and delegates. The course is open to ICS members and non members. The course fee will cover registration, a drinks reception, lunch on both days, overnight accommodation and breakfast.

ICS Course in Beijing, China, 24-26 Sept 06

Limin Liao MD, Professor of Urology, will be hosting an ICS Educational Course in Beijing, 24-26 September, 2006. The programme will cover topics including good urodynamic practice, female urinary incontinence and updates on neurourology.

The sessions will be provided by a mixture of international and local speakers. The Chinese Continence Society (CCS) is fully cooperating with ICS to support this course. The course fee is USD 150 and will cover registration, a welcome reception, tea/coffee and lunch on three days. If you would like to attend or wish further information, please contact Mr. Fred Feng: fredfeng@cma.org.cn.

Avicia Burchill

Participants with alternative accommodation will pay a reduced fee.

Besides the event, you really should not miss São Paulo. It is a cosmopolitan city with glamorous and stylish restaurants with renowned chefs, high standard hotels, as well as exclusive products and services. Great shows, performances of national and international artists and musicians, along with concerts in refined halls such as Sala São Paulo, all of which provide unique experiences for those who want to enjoy all the sophistication São Paulo has to offer. If you have time, do not miss the opportunity to visit the Amazon, Pantanal and other beautiful sites.

We hope that the Education Course will fulfil your expectations while you enjoy the city of São Paulo.

ICS Course in Abu Dhabi, 26-27 Jan 07

In January 2007, the International Continence Society will hold a stand-alone Educational Course in Abu Dhabi. The course is being coordinated by Sherif Mourad, Professor of Urology, Ain Shams University, and President of the Pan Arab Continence Society, and Linda Cardozo, Education Committee Chair.

The programme will feature many international and local speakers on a variety of topics.

Preliminary topics include:

- Good urodynamic practice
- Debate whether urodynamics should be carried out prior to all surgery for SU
- Neurourology update
- Tapes for stress urinary incontinence

For more information and registration, visit the ICS website (www.icsoffice.org) or contact avicia@icsoffice.org. Full programme details can also be found on the ICS website. Please note that delegates will have to make their own travel arrangements.

Linda Cardozo, Carlos D'Ancona, Educational Course Coordinators

Registration and Accommodation Package	
Cost	\$280
Registration Only Package	
Cost for full participant	\$130
Cost for residents/trainees	\$70
Workshops on Friday, July 28	
When purchased with full registration	\$50

- Pharmacotherapy of OAB and LUTS

And much more besides.

With the remit to attract young health and allied health professionals who may experience difficulty in obtaining funding to attend the annual meeting, we feel sure that this will be an interesting and educational event. Open to ICS members and non-members, the low course fee that will cover registration, lunch on both days, drinks reception and overnight accommodation and breakfast. Participants with alternative accommodation will pay a reduced fee.

If you would like to attend this course, full details will soon be available on the ICS website: www.icsoffice.org or contact the ICS office on avicia@icsoffice.org.

Avicia Burchill

ICS School of Urodynamics

The concept of the School came from our General Secretary and was endorsed by the Advisory Board. The School is under the direction of the ICS Education Committee and is currently in the process of defining its role and starting its work.

The principle aim is to facilitate good quality urodynamic investigation thereby improving patient care. It is envisaged that this principle aim can be served by a series of secondary objectives.

1. To give ICS recognition to urodynamic courses and training programmes.
2. To establish a network of ICS "urodynamic champions" who will provide high quality urodynamics and help develop training courses and programmes.
3. To liaise with urodynamic equipment manufacturers to ensure that equipment and software conforms to ICS standards and terminology and to develop an ICS electronic template for transfer of data in a standardised format.

Those involved will be expected to conform to ICS terminology and Good Urodynamic Practice guidelines and to encourage a multi-disciplinary approach, making ICS events open to all.

To date (March 2006) ICS members in 30 countries have indicated their willingness to help in the school:

The School will be asking colleagues in individual countries to form a local committee and delegate a spokesperson who can document existing activities and coordinate future activities in those countries. We are anxious to hear from ICS members in countries not listed above who are interested in our activities.

Please contact Avicia Burchill at the ICS office on avicia@icsoffice.org.

Paul Abrams

Director ICS School of Urodynamics.

AFRICA	South Africa
AMERICAS	Argentina, Brazil, Canada, Mexico, Uruguay, USA
ASIA	India, Japan, Pakistan, Taiwan
EUROPE	Austria, Belgium, Czech Republic, Germany, Greece, Ireland, Italy, Latvia, Poland, Portugal, Slovakia, Spain, Switzerland, Netherlands, UK.
MIDDLE EAST	Iran, Israel, Saudi Arabia
OCEANIA	

Why not coordinate an International Continence Society Educational Course?

The ICS is inviting members to submit proposals to coordinate a stand-alone Educational Course within their home country. So far the ICS has run a course in Barcelona while others are being held in Sao Paulo in July, Beijing in September and more in 2007.

ICS Educational Courses are not intended to be profit-making courses, but are aimed at young healthcare and allied professionals who may experience difficulty in obtaining funding to attend the ICS Annual Conference.

The course registration fee will be kept at a low cost to encourage attendance of those seeking to improve their knowledge in the field of incontinence in particular.

All ICS Educational Courses are open to ICS members and non-members. The ICS plans to

have at least two or three stand-alone Educational Courses per year in addition to the Annual Conference and the ICS will endeavour to host most of these in underdeveloped/developing countries.

The format of the course is usually held over one and half days and the programme covers ICS standardisation of terminology plus topics which are of interest to local delegates.

There is normally a mix of international and local speakers and we try to ensure that the course is as multi-disciplinary as possible.

If you are interested in coordinating a course in your country, please contact Avicia Burchill, ICS Education Coordinator, at courses@icsoffice.org for an application form.

Avicia Burchill

Urinary & Fecal Incontinence: An Interdisciplinary Approach

Becker H-D, Stenzl A., Wallwiener D, Zittel TT.

ISBN: 3-540-22225-1 BY: Springer

PRICE: EUR 99.95 (US\$129).

This book provides an overview of the management of urinary and faecal incontinence including prevalence, pathophysiology, diagnosis, investigations and current conservative and operative treatment in an evidence-based, easy-to-read fashion. It also discusses the cost of incontinence and its effects on quality of life.

Using international expertise, this book is unique in that it provides an overview of both urinary and faecal incontinence. It has an interdisciplinary approach, and is targeted at all health professionals involved in the treatment of incontinent patients.

However, due to the large scope of the topic, practical and surgical procedures are not discussed at great length and some chapters do not use the recommended ICS terminology.

This book provides a practical overview of the main aspects of the management of urinary and faecal incontinence and would be particularly valuable for those interested in getting acquainted with the subject without missing any important information.

Hashim Hashim

Call for Workshop Applications for ICS Rotterdam 2007

The deadline for workshop applications for Rotterdam 2007 is 21st December 2006. We welcome your applications so please visit the ICS website www.icsoffice.org to complete an application form. The postponed deadline is due to ICS 2006 being held later in the year than normal.

Workshops are reviewed and graded by the Workshops and Courses Sub-Committee (WACS) for their educational value. The final decision is made by the Education Committee and the Scientific Chair taking into account previous evaluations.

Once your application has been received we will e-mail you a confirmation receipt. Should your application be successful the committee may suggest some changes to your outline. The concept of the Educational Courses and Workshops is to create a wide and diverse programme for delegates to choose from while providing a local flavour to the meeting.

We hope that you will make an application and should you have any questions you can contact the Education Coordinator, Avicia Burchill at info@icsoffice.org.

ICS joins the EU-ACME programme

The ICS has recently offered its members free participation in the EU-ACME programme: EU-ACME stands for European Urology – Accredited Continuing Medical Education.

This programme provides a service to the various specialists of international societies, helping them to implement, promote and organize CME. The EU-ACME office registers and administers CME credit points which ICS members have acquired by attending either ICS events e.g. the Annual Meeting, educational courses and workshops or other EU-ACME accredited events. Almost 200 ICS members, who are not members of the EAU or national urological societies, have joined the EU-ACME programme in which over 8000 European urologists participate.

How can ICS members earn EU-ACME credit points?

At the present time either by attending accredited meetings organized by the ICS or online (www.eu-acme.org), by reading EU-ACME accredited articles

in European Urology, in the EAU-EBU Update Series or in the European Urology Supplements. All ICS members who have joined the EU-ACME program will now receive their EU-ACME membership cards, showing their individual CME registration number. This card allows registration when attending an accredited meeting and simultaneously serves as attendance control. The credits you have gained will then automatically be allocated to your account. You will receive a yearly report of your credits.

Who can participate in the EU-ACME programme?

The EU-ACME programme is open to all specialist doctors within the ICS e.g. urologists, gynaecologists, proctologists, geriatricians, but residents can also participate. Physiotherapists and nurses may join the programme, but will need to enquire whether they are eligible to claim credits towards their professional career.

Are EU-ACME credits recognized outside Europe?

So far there is a mutual recognition of credit points between the Europeans and the USA. We feel confident that countries elsewhere in the world will follow suit in accepting EU-ACME credits.

By joining the EU-ACME programme, the ICS helps its members to collect credit points in a simple process, administered centrally at the EU-ACME office in Arnhem (NL).

How can I contact the EU-ACME Office?

You can contact the EU-ACME Office by phone +31 263890846, fax +31263890848, e-mail eu-acme@uroweb.org or by writing to: EU-ACME Office, P.O. Box 30016, 6803 AA Arnhem, The Netherlands.

If you have not yet joined the programme, do so now! CME will be a lifelong commitment and CME credits are one of the staples of staying in practice and keeping the office doors open...

ICS Continued Medical Education Committee

Helmut Madersbacher, Carlos D'Ancona

The ICS and Standardisation of Terminology

The role of the ICS in standardisation of terminology has been graciously acknowledged by many important organisations and this is an opportunity to recognise the leadership of successive chairs of the standardisation committee, the late Tage Hald, Jens Thorup Andersen, Anders Mattiasson and Philip van Kerrebroeck.

In 1999, at the Denver meeting, the Society decided to revisit its terminology. As is the ICS way, expressions of interest were invited from members and those who produced a significant contribution became part of the Terminology Sub-committee. The Sub-committee met in 2000 and in 2001 presented its final draft to the membership at the 2001 Annual meeting. New comments were incorporated and the paper was published in Neurourology and Urodynamics in 2002. The 2002 publication pulled together work which had appeared in the various standardisation documents over the years, changed some definitions and introduced new ones. The publication had its definitions annotated as "original", "changed" or "new".

Symptoms and Symptom Syndromes.

One advantage of growing older is that one starts to experience the same symptoms as one's patients! Symptoms are rightly now viewed from the patient's perspective. The 2002 report accepted J.J. Wyndaele's normal sensation points during cystometry and recognised that urgency is a distinct and different sensation; indeed two of our colleagues have catheterised themselves and seen involuntary detrusor contractions at the time of their urgency.

Urgency has been redefined as the complaint of a sudden compelling desire to pass urine, which is difficult to defer. This definition was the subject of a lengthy debate before agreement was reached. Most are comfortable with the new definition although some (including me) wish we had added for fear of leakage as this is the phrase we find useful in clinical practice.

The term overactive bladder was defined for the first time as a symptomatic term – urgency with or without urge incontinence, usually with frequency and nocturia. Alan Wein and I used this term for the first time in 1997 when we organised a consensus conference in London on the "unstable bladder". Neither Alan nor I liked the term unstable bladder and had independently taken to talking to our patients about overactive bladder. The company

providing an educational grant was not best pleased when we insisted on using the term "overactive bladder" because the indication for their drug, at the time, was "unstable bladder".

Urgency incontinence is one of the other hallmark symptoms of OAB. It was a silly oversight by the 2002 committee to fail to change the name from urge to urgency incontinence. The report from the ICS Terminology Workshop 2004 has just been rescued from the bowels of the NUU office and will be published shortly by Chris Chapple, the new editor. That workshop agreed that urgency incontinence

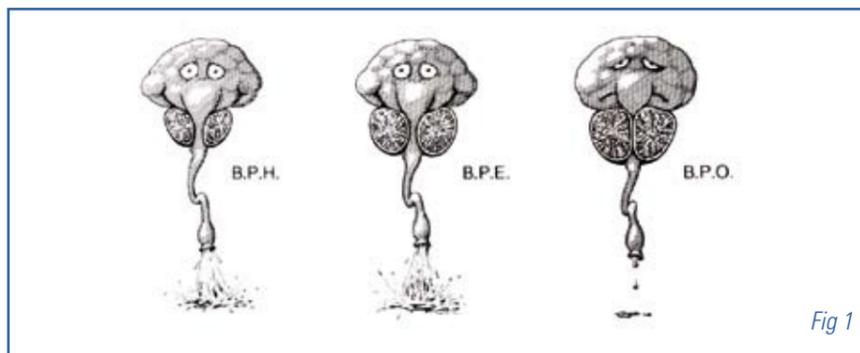


Fig 1

was the correct term, but officially any change should wait until there has been a full consultation process. However, as the same report said we should avoid the word "urge" and the definition is the complaint of involuntary leakage accompanied by or immediately preceded by urgency, I confess to having made the change in my writings.

The 2002 publication introduced definitions for pain syndromes at least partly out of the frustration of trying to deal with patients who had been told they had interstitial cystitis or prostatitis without any evidence of a bladder or prostate pathology. Painful Bladder Syndrome was defined as the complaint of suprapubic pain related to bladder filling accompanied by other symptoms such as increased daytime and night-time frequency, in the absence of proven urinary infection or other obvious pathology. It is gratifying to see how quickly this term has been adopted.

Signs:

The classic trilogy was the symptoms of stress incontinence, the sign of stress incontinence (seeing urine leave the meatus when the patient coughed) and the condition "genuine stress incontinence". To conventional signs the 2002 report added objective

assessments of symptoms: "charts and diaries, pad testing and questionnaires". It is a debatable point as to whether these are really signs but they had to be put somewhere! Micturition time charts, frequency-volume charts and bladder diaries were the three subgroups, in ascending order of complexity, defined in the category of "charts and diaries".

Urodynamic Observations:

This is a new category and makes the point that these are precisely what they are termed, events

seen during urodynamics. This does not necessarily mean that they are significant to the patient.

The 2002 report has made changes to the definitions of both major storage phase abnormalities. Detrusor overactivity is defined as involuntary detrusor contractions during bladder filling, which may be spontaneous or provoked. Some become confused if the patient is unaware or not bothered by the contractions occurring during filling. However, this makes the point that symptoms and urodynamic observations must be considered together DURING urodynamic investigations. The new definitions are shown in table 1.

It is hoped that the new terms are regarded as more logical and with greater intuitive meaning.

Lower Urinary Tract Conditions

LUT conditions may encompass symptoms, signs, urodynamic observations and pathology. Of particular importance is the emphasis on rigorously using the terms BPH for histology, BPE for gland enlargement and BPO for obstruction due to BPE (figure 1), bearing in mind that all men will have histologic BPH if they live long enough but only half will have BPE and only a quarter BPO.

Importance of Terminology

The importance of terminology is that it allows proper observation, communication and appropriate treatment. It is essential that we recognise what we see and we all call it the same thing. This is equally important in clinical care of patients and in research. Terminology evolves and we shall have to update the 2002 report, as and when we have new information and make new discoveries.

Paul Abrams

Table 1: New v Old Definitions

New	Old
Idiopathic detrusor overactivity	Detrusor instability
Neurogenic detrusor overactivity	Detrusor hyperreflexia
Urodynamic stress incontinence	Genuine stress incontinence

ICS Information Technology

2005 has been a busy and exciting year for the ICS with respect to our IT systems and infrastructure. Much work has been done to put the ICS organisation on a solid foundation for future growth and expansion, with a strong emphasis on upgrading systems and processes to improve efficiency and control costs. The projects undertaken in 2005 mark the first stage in the 3 year IT plan for the ICS – with the new Membership Database as the bedrock for all future work. I would like to give you a brief tour of the facilities now available to members on line.

Joining the ICS / Renewing Membership

Most members will have seen the ICS website when paying for their membership on line, but more features are being added all the time. Logging onto the website using your ICS Membership number, you are presented with additional options to interact with the society.



Membership Directory – Member Search

- The new membership directory allows members to search the database using an advanced search engine.
- The new database allows powerful searching for instance on members in a geographical area e.g. Continent="Americas"
- Membership and Contact Details are shown when a contact from the Membership Directory is selected. Depending on the user's level of access, different actions are available.

MSN Messenger® Integration

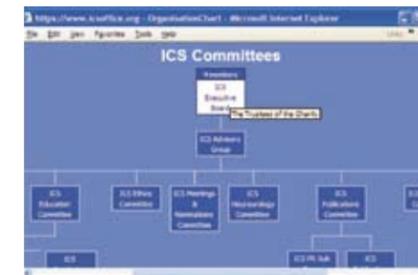


If a member has added their MSN Messenger account details to their profile, other members are able to add them to their MSN Messenger Address Book, allowing them to participate in chat, audio and video conferencing on line.



Committees

A new committees' section gives greater visibility of the ICS organisational structure and provides members with greater detail of the people who make up the society and give their time to make the ICS what it is.



Committee Details

View the members of a committee, their roles and responsibilities, its terms of reference and elected posts.

ICS Staff

View the staff employed by the society, their positions and roles.



Voting

Following the wishes of the membership expressed at the ICS 2004 AGM, the ICS now conducts elections for committee posts by electronic vote using the transferable voting system. Members can nominate and second nominees prior to an election and cast their vote for their favourite candidates.

Documents

Members can view draft versions of documents including standardisation reports, view the ICI book on line and search the abstracts database.

Abstracts

Visitors to the website can submit Abstracts for our Annual Meetings on line. Sophisticated tools are available to the Scientific Committee to help review, score and construct an exciting and topical Scientific Programme for the Annual Meeting.

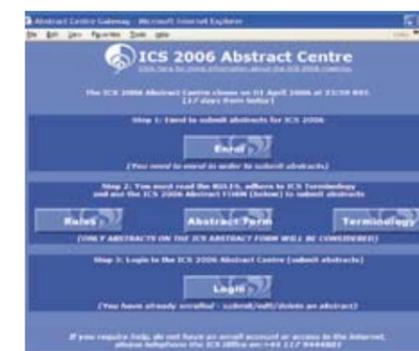
Future Planned Projects

The ICS has many IT projects planned for the future which extend the work set in place by the new membership system. These systems should extend the functionality available to members, giving new features to committee members and others. New



sections of the website will be featured in the Newsletter as they become available.

Dominic Turner



IUGA 2006 Conference, Athens, 6-9 Sept 2006

The International Urogynecological Association (IUGA) will be holding its 31st annual conference in Athens, Greece, 6-9 September 2006. This conference is a joint meeting with the 2nd Conference of the European Urogynaecological Association.

Under the chairmanship of Prof. Heinz Koelbl, the scientific committee is putting together an attractive programme of workshops, lectures, debates, along with oral, post and video presentations. For details, please see the website: www.iuga2006.com.

IUGA, founded in 1975, is an international organisation committed to promoting and exchanging knowledge on the care of women with urinary and pelvic floor dysfunction.

IUGA website: www.iuga.org. EUGA, the European Urogynaecological Association founded in 2004, is a European initiative among urogynaecologists focusing on education in Urogynaecology. EUGA website: www.eugaoffice.org.

Heinz Koelbl