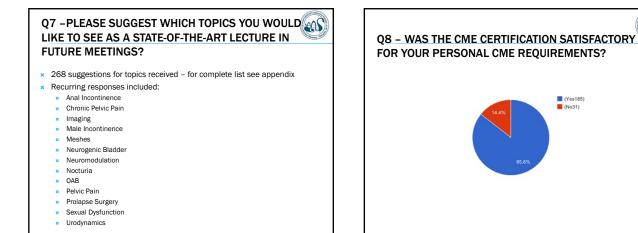
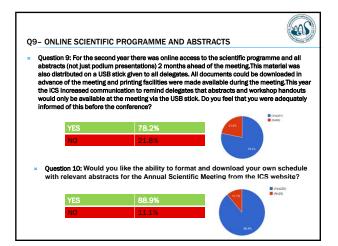


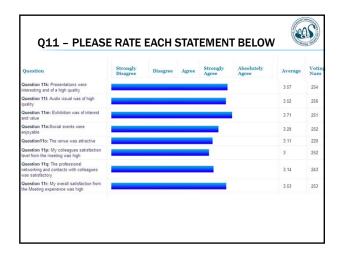
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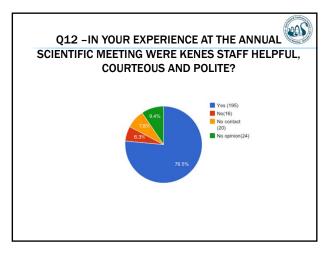
(Yes185)



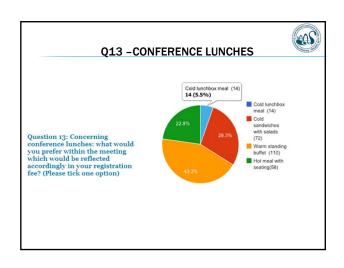


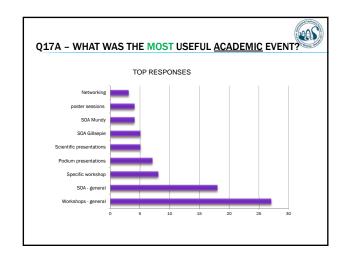
Q11 - PLEAS	E RATE	EACH	STAT	EMEN	T BELOV	v	as
Question	Strongly Disagree	Disagree	Agree	Strongly Agree	Absolutely Agree	Average	Voting Num
Question 11a: Adequate information was available before the meeting						3.55	256
Question 11b: Registration process was easy and efficient						3.92	256
Question 11c:The selection of registration types and rates was appropriate for my profession and/or academic level						3.92	256
Question 11d:Hotel selection was adequate						3.58	255
Question 11e: Hotel booking was easy and efficient						3.25	240
Question 11f: Participants who booked accommodation through the organisers: hotel gave value for money						3.29	226
Question 11g: On site registration desk service was good						3.04	173
Question 11h: Food and Beverage on site was on time and of good quality						3.65	235
Question 11i:On site meeting staff service was satisfactory						3.09	253
Question 11j:Scientific programme topics were of value						3.46	253

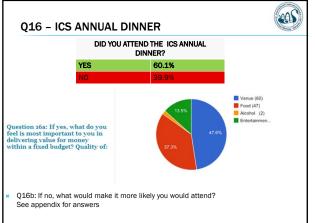


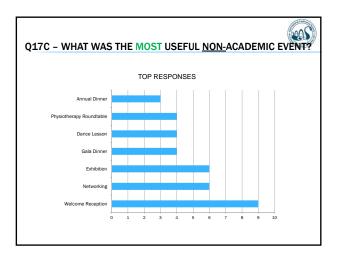


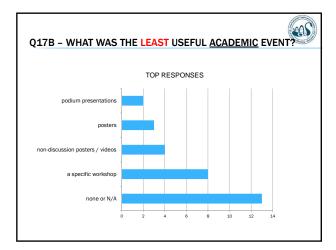
Q14-15 - APART FROM PARTAKING IN LUNCHES AND COFFEE BREAKS DID YOU VISIT THE EXHIBITION AREA?				
IF SO, WAS THE EXHIBITION USEFUL?				
	ATTENDED EXHIBITION			
	YES	94.1%		
	NO	5.9%		
EXHIBITION USEFUL				
	YES	82.3%		
	NO	17.7%		

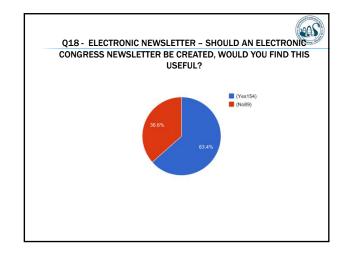


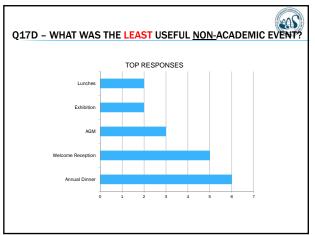


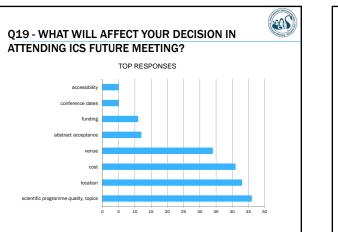


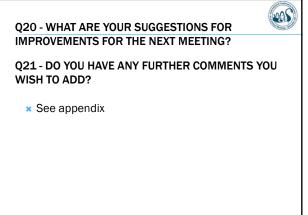


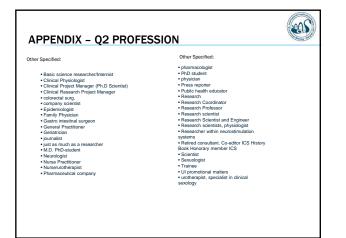












	NC 21
PPENDIX Q3 -AFFILIATIO	NJ NJ
her Specified:	
ner specified.	
AUA	UIGA
	Japanese Neurogenic Bladder Society Society for
AGS	Neuroscience
AUGS	Japanese Urological Association
BAUS	KNGF
BMES	MCSP
BSUG	None
CUA,	NVFB,
CPPC	NZCA
CPA	RCOG
DKG Deutsche Kontinenzgesellschaft	RCOG
ESCP	SUI
ESMO, ESR	SINUG
ESPU	SUFU
Expertgroup on urogynaecological problems in primary care in the	
Netherlands	SUNA
GSA	World Federation of Incontinence Patients
GUS	
IPEM, IET	Worldwide Fistula Fund
ISSM	International Council on Active Aging

	JRE MEETINGS?
cs received	
brain and bladder; neurourology	Developments on male continence
brain imaging	Diabetic cystopathy
Bulking agents	Difficult cases/complicated cases
cental nervous system control of bladder	Diversity of incontinence/prolapse in th
Childbirth and pelvic floor trauma	DX & RX of male incontinence
Chronic pelvic pain	Dysparunia and treatment of it
Chronic pelvic pain syndrome	EBM in the urogyne patient
	ED and OAB
	Education in era of new technology
	EMG registration of the pelvic floor
	Engineer / Ckinician collaborations
	Estrogens and urgency in elderly women
	Ethics
	Etiology of incontinence
	Evidence for surface EMG in Urodynamics
	Evidence for video in Urodynamics
	Evidence of mesh use in POP surgery?
	Evidence-based Clinical Practice
	faecal incontinence Genetics of prolapse and incontinence
	Geriatrics Issues
	brain imaging Buiking agents cental nervous system control of bladder Childbirth and pelvic floor trauma Chronic pelvic pain

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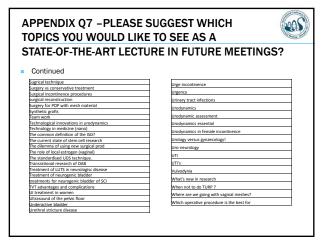
STATE OF THE A	RT LECTURE IN FUT	
STATE-OF-THE-A	RI LECIURE IN FUI	URE MEETINGS?
 Continued 		
low to write good paper	Male incontinence, treatment and slings	Neuromodulation
lysterectomy, yes, no	Management of the neuropathic bladder	Neuromodulation techniques
maging and incontinence	Management of urinary urgency	Neurophysiology
maging modalities	Management of vaginal prolapse.	Neurourological voiding problems
maging of pelvic floor	Management of Vesico-vaginal fistula	New developments
mpaired contractility in the elderly	medication for BPH	New targets for OAB
ncontinence by the elderly	Mesh controversy	New th, options in the treat, of urge in
ncontinence surgery	Mesh v no mesh prolapse repair	
ncorporating research into practice	Mesh versus autologous grafts	New therapies for OAB
nfluence of brain on continence therapy	Meshes	Noble surgical method for BPH
nspirational topics	More on OAB	Nocturia
ntegration urology and gynaecology	Motivation/adherence	Non invasive urosynamics
nterstital cystitis	MRI of the pelvic floor	Nurse prescribing of anti-cholenergics
ntracellular contractility regulation	muscle training for the elderly	Nurse specialists role
ntrauretral bulking agent for stress UI	Musculoskeletal-Pelvic Organ Co-ordinati	Nursing for Continence
t needs to be more interdisciplinary	Neural control	DAB .
atest in Interstitial cystitis	Neuro urology	oab new generation drugs
ong-term management chronic bladders	Neurogenic bladder	out new generation or ugs
ower Bowel dysfunction	Neurogenic blader dysfunction	
Making sense among similar class of drug	Neurology and urology	
dale incontinence		



× Continued

OAB treatment update. all equal OAB treatments including TENS Pelvic fl Pelvic fl Pelvic o Pelvic p Pop Telvic p Pregnar Pregnar Pressur Pressur Protaps tetric anal sphincter in diatrics n and sexuality NFUL BLADDER nful Bladder Syndrome hophysiology of interstitial cys hophysiology of overactive bla ent perspective ent Values and Preferences ic anatomy ic floor and sexuologie ic floor muscle function urement

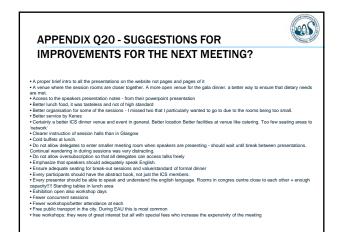
floor surgery with mesh material	Promotion of self management
floor physio	Prostate cancer
Organ Prolapse and PFMT	Pschological impact of incontinence
organ prolapse surgery	Pudendal Nerve damage in Obstetrics
pain in relation to bladder bowel	Recovery after spinal cord injuries
Pain Syndrome	Recurrent incontinence
painturia	Reliabilitystudies on test equipment
nacotherapy for stress UI	Report of Fistula workshops
argery with or without mesh	Research
reatments	Role of the pelvic floor in pregnancy.
rostatectomy incontinence	Rx or prevent of UI in women with POP
tial pharmacotherapy for SUI	Safety of equipment's
ancy and pelvic floor trauma	Science underlying urinary disorders
ancy and POP / SUI	Sexual Dysfunction
ancy and the bladder	Sexual Dysfunction in Neuropathic pts
are-flow normal values in elderly m	should we have them? not always useful
ntion of pelvic floor disorders	SiteSpecifRepair.Native tissue+/-BIOMESH
ory care management	SIU
ose surgery	Stem cell therapy for incontinence
	Stem Cells/Cell Therapy
	stress urinary incontinence treatment
	Study design
	study design



APPENDIX Q16 - ICS ANNUAL DINNER

Q16b: If no, what would make it more likely you would attend?

- Carlo and Paris' were the best +Nothing Prefer option to eat local and try good restaurants The first event is to be a set of the set of

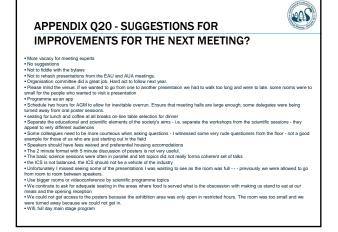


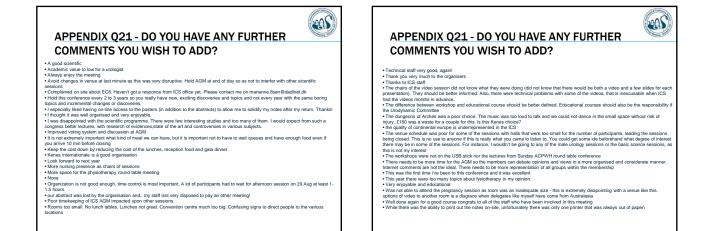
APPENDIX Q20 - SUGGESTIONS FOR IMPROVEMENTS FOR THE NEXT MEETING?

ter seating capacity Better food - it was bland and tastele douts in the workshops

- uneater seams capacity eleter tood it was bland and tasteless.
 Handous in the workshops
 How to involve people from different counties and different languages. I suggest the simultaneous translation of the conference
 How to involve people from differences to the the posters on the workshop day
 How to involve people from differences to the the posters on the workshop day
 Individual from the conference is the the the posters on the workshop day
 Individual from the basic science is the the the posters and/or science reader to peakers often are overwhelmed by audience questions
 Individue more basic science in the program as that is where the leading edge is
 Individue more basic science in the to visit the town
 I was the basit ICS ever, I did not have the time to visit the town
 I was the basit ICS ever, I did not have the time to visit the town
 I was the basit ICS ever, I did not have the time to visit the town
 Lease segments of data Donare, those come for daring at dimer. Less noisy music to allow for conversations
 Loss at program. One to the come for daring at dimer. Less noisy music to allow for conversations
 Loss due program. Wed there were several concurrent sessions which would all have been useful Friday was more "niche" but less
 roke.

- Look at programme Wed there were several concurrent sessure winch would be near work were a several concurrent sessure winch would be a several s





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