



ICS Neuro-urology Promotion Committee Meeting Minutes

Sunday 14th October 2012,

Time: 13.00-15.00

Venue: China National Convention Center (CNCC), Beijing

Room: 406

Present: Anthony Stone (Chair), Enrico Finazzi Agro, Helmut Madersbacher, Brigitte Schurch, Limin Liao , Jerzy Gajewski, Ryuji Sakaibara

Apologies: Waleed Al Taweel, Emmanuel Chartier-Kastler, Graham Creasey, Karel Everaert, Andrei Manu-Marin, Clare Fowler, Homero Bruschini, Victor Nitti, Pablo Gomery, Jean Jacques Wyndaele

In Attendance: Avicia Burchill

Also in Attendance: Marcio Averbeck, Jalesh Panicker, Louise Kurczykzi, Ajay Singla

1.	Committee picture to be taken
2.	<p>Approval of Glasgow committee meeting minutes (Appendix A)</p> <p>TS explained that Louise, Marcio and Jalesh will be ratified at the AGM but they are present today. Minutes were reviewed.</p> <p>JG proposed</p> <p>HM seconded</p> <p>Motion – minutes approved all in favour</p>
3.	<p>Terms of office (Appendix B)</p> <p>It was discussed to write to Karel Everat & Victor Nitti asking them to stand down from the committee due to lack of activity and attendance.</p> <p>JJ Wyndaele, Piotr Radziszewski have stepped down, Graham Creasey will step down as of the Beijing AGM. Those present, HM, EF, LL, RS, BS, confirmed they wanted to renew once after the Barcelona AGM</p> <p>Homero Brushcini, Andei Manu confirmed prior to the meeting they wished to renew after the Barcelona AGM.</p> <p>A discussion was held as to who to recruit to the committee and it was agreed that there should be someone who is involved directly in sexual dysfunction. JP also suggested a bowel expert. HM to ask Thomas Kastler to express an interest.</p> <p>ACTION POINT: TS to write to Karel Everat & Victor Nitti asking them to stand down from the committee</p> <p><i>Post Script Note: Both confirmed they are willing to stand down</i></p> <p>ACTION POINT: AB to contact Waleed Altaweel and Clare Fowler to find out if they wish to renew after the Barcelona AGM. This will clarify exactly how many to replace.</p> <p><i>Post Script note: Waleed confirmed he wished to renew his position. Clare Fowler confirmed that she wished to stand down with immediate effect.</i></p>

	<p>ACTION POINT: Ask for expressions of interest from those with experience/interest in of sexual and bowel issues of neurogenic patients to join.</p>
	<p>AS briefed the committee about the strategic planning of the ICS in that the Board plan is to put a 5 year plan for the ICS. The Board are looking at certain topics – governance/revenues etc. An external company with experience of strategic planning have been appointed called Compass. A questionnaire will be sent out to the members to get feedback and to invite committee chairs and members to a brain storming session meeting in January. The next meeting in March to form a document by June ready for Barcelona for the next 5 years. JG suggested to outline what the ICS does i.e. members which country at the beginning of the questionnaire. AS left the meeting</p>
<p>4.</p>	<p>Terms of Reference It was agreed to amend the purpose of the committee within the terms of reference</p> <p>Aim of this committee is to promote neuro-urology and to assist centres requesting help, set up and development of this sub-specialty</p> <p>The functions were also discussed and it was agreed to make “promote educational efforts” first and re-arrange order. ACTION POINT: AB to update committee terms of reference on paper/website etc.</p>
<p>5.</p>	<p>Future Neurourology promotion projects: workshops, local primary /community care education</p> <p>AS wanted to know about how to coordinate workshops at the annual meeting and to look locally about how to promote neurourology in your community. It was discussed about going over the EAU guidelines but should we look at it globally. EF asked if you can promote a workshop outside of the annual meeting. TS there might be expertise that might be available to join annual meeting workshops – re locally the education committee deals with the international meetings. Could our committee propose a neuro course? HM stated that we could draw the education committee’s attention to something in particular and ask them to incorporate such topics. TS stated that this is exactly what he had in mind. MA – noted that the eau guidelines in certain parts are not updated since 2008. HM this could be our job to update. J P referencing the NICE guidelines about management of neurogenic bladder which can be circulated to everyone. TS stated that its important not to reinvent the wheel and its important to take certain areas of these guidelines to promote to the communities. RS thinks that Brain imaging may facilitate understanding of Neurourology. JG we may need to think about how you treat in different countries. TS stated that this was agenda item 6 but can we encompass this into the whole proposal. LK should we prioritise the topics. TS lets use the forum to brainstorm and then see what we want to cover.</p> <p>Further discussion was held and the following proposal was suggested: We propose that we would select specific topics on neurourology which we can develop into educational</p>

	<p>modules to encourage workshop organisers to input into their content. TS will send a mail to ask for specific topics and generate a specific educational module. The topics would include aspect of therapy and diagnosis. These educational efforts should take into consideration the differences in global management. These should also be used to make contact with other societies/groups.</p> <p>JP can we have something to advise the scientific chair to include neurourology. TS proposed that the neuro-urology promotion committee strongly encourage the scientific committee to have dedicated state of the art/round table on neuro-urology.</p> <p>ACTION POINT: TS to e-mail committee for specific ideas for the lecture/education module. ACTION POINT: TS to send a specific note to future scientific chair to encourage plenary lectures on neuro-urology.</p>
6.	<p>Standard management: global differences, are EAU guidelines sufficient? Included above.</p>
7.	<p>Report on pudendal neuropathy (FP) TS stated that Francesco Pesce was meant to have a report on pudendal neuropathy. TS stated that he did not feel that this was part of the neuro-urology promotion committee remit. TS proposed that we encourage the board of trustees whether they would consider setting up a pelvic pain committee. JG the SSC are looking at pelvic pain and this maybe enough. The committee agreed. JC entered the meeting.</p>
8.	<p>Fellowship issues: length of fellowship, research component</p> <p>AB explained that due to ongoing funding projections the Board of Trustees have lowered the cap on the awards and grants to be issued next year and going forward. Funding was discussed and it was agreed to make a proposal to the board to ask Allergan to support a neuro-urology fellowship.</p> <p>JG suggested that the local host ask for sponsorship but the committee agreed that this may not be so successful.</p> <p>Further discussion about the fellowship length and AB explained that it can be anywhere from 1 week to 3 months. The committee feel that 3 months is a requirement for the neuro-urology fellowship.</p> <p>ACTION POINT: TS to be in contact with Board to propose contact with Allergan to get funding for fellowship.</p> <p>ACTION POINT: AB to change the wording on the additional neuro-urology fellowship guidelines to stipulate that the fellowship should be for 3 months – no more or less. AB to send wording to committee for confirmation.</p> <p>ACTION POINT: AB to check whether the fellows are advised that a report must be prepared after they have completed their fellowship i.e. is it on the application.</p>

	There was also a proposal to receive a report from the host.
9.	<p>Discuss information/ dissemination on intermittent catheterization</p> <p>This agenda point was discussed as part of developing topics and promotion. It was suggested that this be one of the topics for the educational module.</p>
10	<p>Any other business</p> <p>Budget 2013: Request for mid-year meeting.</p> <p>JP neurourology is different from other activities from the ICS and we have many stakeholders. Do we want to start engaging with other societies – we just see the tip of the iceberg with patients – they are being managed by a GP or urologists. But often physician don't know when to refer. JP suggested that we approached other organizations to introduce the idea of the neurourology. TS in our overall promotional ideas is to other sections of the medical community. This point was added to the proposal about topic development. JP stated that this could be extended at the regional education courses.</p>