

# ICS news

The Official Magazine of the International Continence Society

Volume 10 Issue No 2 July 2014

**Meet the new General Secretary:  
Adrian Wagg**

**Prof. Alex London to present  
Ethics Oration at ICS 2014**

**Spotlight on the Membership:  
Jo Laycock**

**Scientific Programme finalised  
for ICS 2014!**



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## The International Continence Society

The International Continence Society is a registered charity with a global health focus which strives to improve the quality of life for people affected by urinary, bowel and pelvic floor disorders by advancing basic and clinical science through education, research, and advocacy.

**Within a global scientific and scholarly environment which supports clinical and basic research in continence and pelvic floor disorders, the ICS strives for excellence in:**

- international cooperation through affiliation with the ICS by other national and international societies working in related areas and through collaborative projects.
- global education of professionals by holding workshops and conferences and offering research and travel awards to centres of excellence;
- outreach programs to improve access to continence care for the developing world through education, advocacy and service;
- research by publication of research results at annual meetings, in the journal and by providing research scholarships and bursaries for professionals;
- developing and advancing standards and guidelines for good clinical practice by dedicated committees, educational sessions, and local workshops;
- advocacy and public awareness by developing fact sheets, holding an annual consumer meeting, having accessible information on the web site, and linking with other similar consumer groups.

The International Continence Society is a company limited by guarantee.

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# Letter from the Editor

Dear Members,

**M**Y FIRST ICS newsletter is completed and I thank all of those who contributed to the newsletter. When I started this first newsletter I realised quickly how diverse the International Continence Society is. ICS Members reside all over the world and the organisation represents a variety of health care specialties. In the past, the ICS newsletter has focused on work of the committees and the Annual Meeting. There is much more being done to advance science in our field and care for patients with incontinence and pelvic floor dysfunction. Many of you may be participating in academic, educational and volunteer activities outside of the International Continence Society. You may be presenting and publishing at meetings outside of the annual ICS meeting and alternate journals. Individuals may be looking to the membership for assistance with the design and/or collaboration in clinical trials. Educators, clinicians and patient advocates who have contributed greatly to the field of incontinence and pelvic medicine may go unnoticed. So with this in mind I have instigated four new features for the magazine which we would like YOU the membership to get involved in:

## 1. Who, What, When and Where

This section is for individuals to identify presentations, courses, events that they have participated in that are focused on the field of incontinence and pelvic floor medicine.

## 2. Members in the Media

Allows the members to submit information on new articles that they have published. See below 'Members in the Media' for full details.

## 3. Clinical Trials Portal

This feature has three sections:

1. Feedback – individuals identify trials they are developing and looking for feedback from the membership regarding design
2. Collaboration – investigators interested in

developing a multi-centre multi-national study to reach out and engage collaborators

3. Results – Where individuals can post results of studies that they have performed

## 4. Spotlight on the Membership

Do you know someone in the ICS that has provided a significant contribution to the field of incontinence and/or pelvic medicine and whose efforts you think should be recognised? Submit a short summary of the individual's endeavours and bio of the individual and we will contact them to do an interview! See page 7 for the first feature on Physiotherapist Jo Laycock.

**Pamela Ellsworth**

Editor-in-Chief



Pamela Ellsworth

## Voting results

We are pleased to announce the results of the voting for the following elected positions, terms will begin at the AGM in October.

- Scientific Committee: Clinical Representative – Alex Digesu
- Scientific Committee: Non-Clinical Representative – Chris Constantinou
- Scientific Committee: Non-Clinical Representative – James Gillespie (term extended by 1 year)
- Ethics Committee Chair – Nina Davis
- Nursing Committee Chair – Donna Bliss
- Neuro-urology Promotion Committee Chair – Emmanuel Chartier-Kastler
- Physiotherapy Committee Chair – Doreen McClurg
- Urodynamics Committee Chair – Peter Rosier

## Members in the Media

### We want to hear from you!

The ICS newsletter is developing a new column to list the publications of its members for the review and use of the membership at large. The ICS represents a large and geographically and specialty diverse group of providers and thus many of its members may publish their manuscripts in journals outside of *Neurourology and Urodynamics*. If you have recently published an article in a peer-reviewed journal that is accessible through *Pubmed* or other search engines please forward the article reference to the [info@ics.org](mailto:info@ics.org) with the subject 'ICS News – Members in the Media' so that we may allow others to benefit from your scholarly activity. Article references received within a month of the publishing deadline will be published in the next newsletter. Those received after one month before the deadline will be published in the following newsletter. We look forward to receiving your references.

# Letter from Sender Herschorn, ICS General Secretary



Sender Herschorn

**R**IO DE JANEIRO is one of the most visited cities in the southern hemisphere and is famous for its stunning natural settings and famous landmarks. It is the second largest city in Brazil and has almost 450 years of recorded history. Its infrastructure and travel links are undergoing a major boost as it prepares for the final match of the FIFA World Cup in July and for the Olympics in 2016. What a great time it is for the ICS to be in Brazil, the first Annual Scientific Meeting ever held in South America.

Carlos D'Ancona, Meeting Chair, and Nucelio Lemos, Scientific Chair, have been working very hard for almost two years in putting together an outstanding programme. They have developed many new ideas in ensuring the success of the meeting and making it attractive to everyone including a large number of Latin American, Portuguese and Spanish delegates. The Scientific Committee selected from 904 abstracts submitted from all over the world by various specialists, a reflection of the multinational and multidisciplinary nature of our Society. There will be an exciting and full complement of podium, discussed poster, open discussion poster, and read-by-title abstracts at the meeting.

The Scientific Meeting is replete with excellent and stimulating content. The State-of-the-Art sessions will include a lecture on Aging and Nitric Oxide by Gilberto de Nucci, one of the most highly cited biomedical scientists in the world. The other sessions will be Living with Pelvic Floor Dysfunction and its Psychosocial Consequences and Neuromodulation Round Table: Past Present and Future. There will also be a special Ethics Lecture by Professor Alex London, from Carnegie Mellon University. Highlights include sessions on LUTS in the aging male, LUTS in children, a Neurourology Promotion Committee roundtable, Assessment of Detrusor Dysfunction, Labour and Delivery and the Pelvic Floor. There will also be sessions on New Strategies and Alternatives for Bladder Control, and Surgical Treatment for POP. There will be 40 workshops for the participant to choose from, just prior to the scientific meeting. Other sessions will include the 13th Physiotherapy Round Table, the ICS Nursing Forum, the ICS Urodynamics Committee Teaching Modules, Setting the Standards; Developing new ICS standards in the era of evidenced based medicine, and Meet the Continence Societies.

The key aims in the ICS Strategic Plan are to develop scholarly activity to the highest standards, to restore the reputation of the ICS with key stakeholders, and to ensure financial health for the foreseeable future. Over the course of the last nine months, the Trustees have been very hard at work in completing the tasks recommended in the Strategic Plan. We are working on increasing, improving, and communicating the intellectual and scientific output of the Society. We are proposing a whole host of bylaws additions and amendments to improve the structure and function. Our information and communications management systems are constantly being updated and enhanced to increase stakeholder engagement. We are working on improving the current financial structure and securing professional advice on ensuring future financial health. We are working closely with the Committee Chairs in reviewing and revising the Committee Structure to ensure that it reflects the goals and aims of the Society. All of this work takes time and I hope that you as a member can appreciate the commitment that so many volunteers are putting into the ICS to ensure a bright future.

The ICS Office staff is a dedicated group of professionals who share in the vision of the ICS. They help us tremendously in carrying out all of the projects and activities that take place during the year. Each deserves special recognition – Administrative Director, Dan Snowdon, Project and Events Coordinators, Jenny Ellis and Sophie Mangham, Administrative Assistants, Tracy Griffin and Polly Drew; IT Director, Dominic Turner, Senior Analyst Programmer, Ashley Brooks, and User Experience/ Graphic Designer, Roger Blackmore.

The Trustees are always available during the year to participate in and discuss ICS matters. They include Sherif Mourad, Honorary Treasurer, David Castro-Diaz, Jacques Corcos, Steinar Hunskaar, Katherine Moore, Masayuki Takeda, Alex Wang, and Adrian Wagg, General Secretary-Elect. This is my final year as General Secretary and I am very pleased that the next General Secretary, Adrian Wagg, is so knowledgeable and skilled and will provide excellent leadership to the organisation.

Please join us in Rio for the 44th Annual Scientific Meeting. It will be an exciting and memorable event. I look forward to seeing you there. ■

## New Annual Meeting Location Policy

The Board of Trustees has agreed a new policy for selecting locations for Annual Meetings; the location of meetings will rotate with four out of five taking place in Europe or North America, and the fifth in a location outside Europe and North America. In order to limit competition, ICS and IUGA have agreed not to hold meetings in the same region in the same year. For ICS, 2018 is the turn of North America and 2019 will probably see the Annual Meeting return to Europe.

The locations of the next four ICS Annual Meetings are:

**2014 – Brazil**

**2015 – Canada**

**2016 – Japan**

**2017 – Italy**

## Are you bilingual?

### If so the Standardisation Committee needs you!

The ICS Standardisation Steering Committee is seeking bilingual members to help generate and validate translations of ICS Standards in English into other languages. We are particularly keen to hear from people with good skills in Spanish, Portuguese, Arabic or French, along with English. However, skills in other languages will be very welcome.

For more information, please contact the Committee Chair, Marcus Drake  
[marcus.drake@bui.ac.uk](mailto:marcus.drake@bui.ac.uk)

# Meet the new General Secretary

Adrian Wagg is General Secretary Elect for the society, and he will begin his term as General Secretary as of the AGM in Rio this October.



Dr. Adrian Wagg

*Dr. Adrian Wagg MB BS FRCP FRCP(E) FHEA was appointed as Professor of Healthy Ageing and Division Director for Geriatric Medicine at the University of Alberta in Edmonton, Canada in 2010 having been Consultant and Senior Lecturer in Geriatric Medicine at University College London Hospitals in the UK since 1997.*

*He has an academic and clinical interest in urinary incontinence, quality improvement and clinical effectiveness and has published widely on many aspects of incontinence in older people. His interests are in incontinence in the elderly, the effects of medication and co-morbidity on continence status and the epidemiology and aetiology of incontinence in the elderly. He was the Chairman of the International Consultation on Incontinence committee on management of incontinence in frail older people, ran the National Clinical Audits of Continence Care in England and Wales and runs a research focused continence service locally. He is currently General Secretary Elect of the International Continence Society.*

## Looking ahead

The ICS faces, along with many other professional societies, challenging times ahead. Changes in accreditation of continuing professional education, reductions in sponsorship for professional meetings and increasing difficulty in obtaining professional leave add to the problems created by the financial downturn. The recent strategic review, shared with members, illustrates what the Board see as the overall direction for the ICS over the next few years.

We need to continue to engage our multi-professional membership in the activities of the ICS, providing a high quality environment for the dissemination of excellent science and standards of clinical care. One of the unique features and strengths of ICS is its multidisciplinary membership, which allows for great networking and knowledge exchange. The Board would like to see ICS capitalise upon this with a concentration on the scholarly output of ICS, including agreed standards and terminology for use throughout the scientific community. Trustees have been working on collaborations with other, aligned societies, with the aim of working even more closely in the future.

Financially, ICS remains dependent upon relatively few income streams. Steps have been taken to ensure that these are maximised and that expenditure is closely controlled so that the membership derives maximum benefit from ICS activities; we need to continue to diversify our sources of income if we are to remain a strong, well-resourced society with a truly global voice. The Board are actively engaged in work which aims to derive a sustainable income source for the ICS.

The ICS has been through a difficult time, as relatively new structures bed down and relationships are re-forged; most of those difficulties appear to have been resolved and we now have a great opportunity to move forwards in the true spirit of scientific debate, collegial relationships and collaboration. One of the great challenges for any society is one of communication, and the appearance of a disconnect between the membership at large, the many volunteers who work on committees and the Board of Trustees. Trustees, in line with the strategic plan, have undertaken to improve communication throughout the society and will continue to do so over the coming year.

It is easy to forget those volunteers who work so hard on behalf of the ICS, often with little reward and thanks. Complaining is relatively easy but we, as a body, should perhaps reflect upon the huge effort of relatively few people on our behalf and ask what we can do to join in and make the ICS the Society we should all like it to be. ■

## Guidelines on Urodynamic Equipment Performance – New ICS standardisation document!

### ● Andrew Gammie, ICS Standardisation Steering Committee

**T**HE NEW ICS document '[Guidelines on Urodynamic Equipment Performance](#)' aims to set benchmarks for urodynamic equipment. It achieves this by summarising clinical performance requirements and relating these to specifications and features. The results are recommended ranges of specifications that will support good urodynamics, with the rationale behind each range being backed up by clinical data. The document also proposes a set of tests to guide the assessment of systems.

The readership is intended to be purchasers (to check that features are actually necessary), designers (to state what is clinically required) and users (to check that equipment is actually performing). The authors emphasise that these guidelines can only contribute to good urodynamics if equipment is used properly according to the [ICS 'Good Urodynamic Practices' document](#). ■

*If you have picked up the magazine at ICS 2014 you will find an abridged version of the document as an insert in the publication.*



# ICS member Linda Cardozo in Queen's New Year Honours List 2014

● Sophie Mangham

**C**ONGRATULATIONS TO ICS member and former Committee Chair Professor Linda Cardozo (UK) who has been awarded an OBE for services to Urogynaecology and Women's Health.

An OBE is an order of chivalry awarded by the Queen of England; it stands for "Officer of the Most Excellent Order of the British Empire". The Order was established in 1917 by King George V, during WW1 to honour those who had contributed to society in a major way through a wide range of useful activities. Although the British Empire no longer exists, the Order persists. These prestigious awards are recommended by the British Cabinet Office and presented by the Queen or her representative. ([www.royal.gov.uk/MonarchUK/Honours/OrderoftheBritishEmpire.aspx](http://www.royal.gov.uk/MonarchUK/Honours/OrderoftheBritishEmpire.aspx) for those seeking more information.)

## Linda Cardozo, Biography

*Excerpt from the ICS History Book by Ted Arnold, Eric Glen, Norman Zinner*

Linda Cardozo's initial research and training in urogynaecology was with Stuart Stanton at St George's hospital in London. She obtained an MD in 1979. She has been a prolific contributor to the ICS meetings since she first joined in 1977.

Professor Cardozo developed a Research Urogynaecology Unit at King's College, London and over the years has attracted a large number of post-graduate students who undertook theses under her tutelage. She has had a significant interest in medication trials and was actively involved in the development of the well known and widely used King's College Health Questionnaire relating to women with incontinence. She has been a co-convenor on the highly successful International Consultations on Incontinence with Paul Abrams, Alan Wein and Saad Khoury.

She is a Trustee of the Bladder and Bowel Foundation UK. She is on the Editorial Board of several international journals, and has published over 330 papers in the world literature on urogynaecology, and contributed in 122 chapters of textbooks on urogynaecology topics.



Linda at Buckingham Palace after receiving her award

She has contributed enormously to the running of the ICS as a Trustee, and member of the Executive committee. She also initiated the ICS Education Committee and served as its inaugural Chair for 6 years. Professor Cardozo's contributions to the field of Urogynaecology and urinary incontinence have been recognized worldwide. In addition to the multitude of papers that she has authored, Professor Cardozo is also a talented speaker and has been an invited visiting professor in several countries and various societal meetings.

Well done Linda and again congratulations from your ICS colleagues on your well-deserved award. ■

## Former General Secretary honoured by Her Majesty

Dr Jacques Corcos MD, FRCS(S) former General Secretary of the ICS, has been awarded the Queen Elizabeth II Diamond Jubilee Medal on February 17th 2013, presented on behalf of the Queen by the Governor General of Canada, David Johnston.

The Diamond Jubilee Medal was created in 2012 to mark the 60th Anniversary of Her Majesty Queen Elizabeth II's coronation as Queen of the Commonwealth and her service to Canada. The medal honours Canadian citizens that have made significant achievements and contributions to the country. ■



Dr Corcos (r) with David Johnston

## ICS Feature: Spotlight on the Membership

## Jo Laycock OBE, PhD, FCSP

● Pamela Ellsworth

**T**HE ICS NOW has over 3000 members. With a membership this large and geographically diverse it is difficult to know all of the members. Many members are actively engaged in scholarly activities, whether it be research, teaching or patient-related and their efforts may go unnoticed due to the size of the ICS. It is my hope that we can provide a column in the ICS newsletter to highlight these “quiet champions” of continence. If you know of an ICS member who you believe is making significant contributions to the ICS and/or the field of continence whose efforts you feel are not noted, please send a short biography on the individual and the work that the individual is performing to [sophie@ics.org](mailto:sophie@ics.org). We would like to recognise such individuals.

To start this column we are proud to provide an interview with a remarkable physiotherapist and ICS Lifetime Achievement Award winner, **Jo Laycock OBE, PhD, FCSP**



*When you decided to become a physical therapist did you plan on going into the specialty of incontinence? If not, what prompted you to go into this field?*

I qualified as a physiotherapist in 1962 in the UK. Incontinence was treated by physiotherapists who belonged to a special interest group working in obstetrics and gynaecology.

A basic grade physiotherapist rotated jobs every three months; after a year I was promoted and asked to stay 18 months on a placement in obstetrics. I then had a break in service and had two children, working part-time in various jobs.

In about 1978 I applied for a senior post involving obstetrics and gynaecology, and I was appointed due to my previous experience. I didn't really want to specialise in obstetrics and gynaecology. This was not my original plan, although I didn't really have a clinical plan, as I was aiming for promotion in management. Research was the last thing on my mind. There was very little training in the treatment of incontinence and there was no evidence to support our treatment. I learnt on the job, more or less. I joined the ACA (Association for Continence Advice), an association predominately for nurses, and learnt more about the management of incontinence.

I was promoted to Superintendent Physiotherapist at Bradford Royal Infirmary and later I joined the ICS. I decided to research the benefits of physiotherapy assessment and treatment of female urinary incontinence. This meant that I had to resign from my management role and somehow raise money for my salary and equipment for the 5 years of research. This resulted in my receiving my PhD in 1991 from the University of Bradford. Not many physiotherapists had PhDs in those days. Later, I was awarded Fellowship of the Chartered Society of Physiotherapy.

After receiving my PhD I was able to open a new department which I called 'Urotherapy'. This seemed a better title than 'Continence Clinic'. My first member of staff was Stephanie Knight who gained a Master's Degree from the University of Bradford. Later, Diane Naylor joined the Urotherapy Dept. I then broadened my interests to include the management of bowel disorders and pelvic pain.

*What are the challenges you face as a physical therapist in this field?*

Before my PhD, with very little evidence to support the value of Pelvic Floor Muscle Training (PFMT), physiotherapists were not taken very seriously by the medical profession. From around 1988 to the present time, physiotherapy research centres around the world have presented elegant studies at ICS, and there is now general recognition of the value and role of physiotherapy. It was a challenge in the early days to get recognition for our work, but this has improved, and physiotherapists have been invited to sit on NICE and other government decision-making bodies.

This has been echoed in many countries.

Physiotherapy includes various methods to re-educate the pelvic floor muscles, including strength training, electrical stimulation, biofeedback and vaginal cones. In addition, physiotherapists undertake bladder training and the management of bowel disorders and pelvic pain.

I attended my first ICS Conference in London in 1985. I was bowled over by the scientific content of the papers presented, and this helped to formulate my research. I also encouraged other physiotherapists to join the ICS. The ICS was established and was more affordable for many physiotherapists, who were mainly self-funding, and thus a great way for physiotherapists to become involved.

I was intimidated and somewhat apprehensive about joining the ICS as there was only one other physiotherapist and several nurses. In those days, doctors seemed to disregard physiotherapy as a treatment option. This had to change!

I retired from the NHS in 1996 and started a private practice in the Lake District.

I retired fully in 2006, having spent the previous eight years seeing patients, doing research and teaching, in the UK and abroad. Patients were self referred or came via the GP or surgeon.

I was awarded the OBE for 'Services to Incontinence' and spoke to the Queen.

*How do you see the role of physical therapy evolving in the care of incontinence?*

Due to significant evidence to support the role of PFMT, and the cost effectiveness of the treatment compared with surgery (and drug therapy), and the lack of side effects, physiotherapy is well placed as the first line of treatment by many authorities for the treatment of urinary incontinence caused by poor functioning pelvic floor muscles. In view of this, and all the on-going research carried out throughout the world into conservative management, physiotherapy has a good future. However, many studies describe poor compliance, and so physiotherapists should look to find ways of improving compliance to a PFMT programme. Treatment should be effective and cost effective.

*Do you think physiotherapy students get an adequate exposure to this field in their training?*

Physiotherapy undergraduates receive little training and exposure to the problems and treatment of incontinence in most universities, and I think more could be done in this area. Student placement in a specific continence clinic is not always possible, and most training in the assessment and treatment of incontinence is post-graduate. Incontinence should be included in the curriculum when teaching respiratory, neurological, geriatric and orthopaedic topics. ■

# An overview of the 2013 Consolidated Accounts for the International Continence Society and Conticom–ICS Limited

● Sherif Mourad, Honorary Treasurer



Sherif Mourad

**A**S OF 31 December 2013, the consolidated balance sheet showed that the Charity and its subsidiary had combined, carried-forward funds of **£1,334,331**, (2012: £1,242,990), covering the calculated operation costs for 2014 and 2015 and thereby meeting the ICS Reserves Policy. It needs to be noted that this calculation does not take into account charitable activities such as Educational Courses, Awards and Fellowships and NUU Journal subscription costs which have been committed to, of approximately £200,000 per year. It is anticipated these costs will be met from the surplus of the 2014 Rio meeting and subscription income.

The Board activated a Strategic Planning Process to undertake the task of increasing the future financial resources of the Charity and therefore make it better equipped to ensure continued success. The Strategic Plan was completed in 2013 and costs incurred totalled £37,735 for consultancy fees and meetings of the Board.

## Principal funding sources

The principal funding sources of the charity in the year were the Annual Meeting income of £487,581 (2012: £117,773), membership fees of £189,333, (2012: £127,809), royalty income totalling £28,451 (2012: £22,401) and income from investments of £16,288, (2012: £21,348).

## Resources expended

The Charity's principal resources expended in the year under review were Educational Activities £173,719, (2012: £254,330), Annual Meeting expenditure £209,094, (2012: £219,356), Publication of Research £162,586, (2012: £219,008), Governance Costs £47,178, (2012: £42,661) and Strategic Plan costs £37,735

## Investment performance

An investment this year with Santander fixed rate bonds has resulted in a total return for the group of £16,288, which has been declared as Investment Income for the year to 31/12/2013 (2012: £21,348).

## Summary

Following the nil surplus from the ICS 2012 (Beijing) meeting the Trustees implemented a strict reduction in non-essential ICS expenditure for the 2013 financial year. This was successful in drastically reducing the impact of the nil surplus and combined with the generous surplus received from ICS 2013 (Barcelona) strengthened the charity's financial position. Despite the reduction in expenditure and the ongoing challenging economic climate I am pleased to report that the Charity has been able to meet its objectives.

In order to mitigate risk the Trustees implemented a policy of rotating Annual Meeting locations. This reduces the risk to the ICS of locations that may be less likely to generate a surplus. The rotation policy involves meetings alternating between Europe and North America over four years, and a fifth meeting in a location outside Europe or North America, provided that a surplus is forecast. The meeting surplus continues to be the major income of the charity so must be protected. The ICS will continue to reach a range of countries through its educational course programme.

The net incoming funds (i.e. income less expenditure) of the Charity for the year ended 31 December 2013 were £91,341. With this result the Charity has been able to finance: the Annual Meeting in Barcelona; educational activities, including courses and lectures; and the running costs of the ICS office which continues to support the Board, committees, the Annual Meeting, the membership of 3000 and subscriptions to the NUU Journal.

The total profits of the trading subsidiary were £278,501 (2012: loss £101,593) of which £179,593 (2012: £nil) was gifted to the Charity.

## Plans for the future

As part of the strategic planning process, the Board is looking at other sources of income outside the Annual Scientific Meeting. The Board is also actively looking into an investment strategy with the aim of increasing return on investment. The Board continues to review the rate of expenditure whilst ensuring the charity meets its objectives and makes progress with the strategic plan.

Please do not hesitate to contact me should you have any questions. ■

## Overview of Annual Scientific Meeting income, expenditure and surplus

	£ 2009	£ 2010	£ 2011	£ 2012	£ 2013
Sponsorship & exhibition	941,487	1,385,400	1,026,913	543,265	811,951
Registrations	821,835	1,148,963	785,112	565,502	724,500
Other income	106,211	88,983	80,147	22,395	114,230
Total income	1,869,533	2,623,346	1,892,172	1,131,162	1,650,680
Total expenditure	1,533,450	1,787,507	1,460,935	1,205,129	1,266,921
Surplus	336,083	835,839	431,237	(73,967)	383,759
Surplus of which Conticom received including Scientific Services Fee	* 426,032	** 496,588	* 518,399	*** 80,190	* 469,532
Donation to ICS	266,444	338,432	327,035	NIL	179,593

\* Due to Kenes International now being the permanent congress organiser for the ICS Annual Scientific Meeting, all surplus after costs is due to Conticom.

\*\* In 2010 the surplus was shared with IUGA as this was a joint meeting

\*\*\* In 2012 the surplus stated relates to the Scientific Services Fee only



## New Position Statements on MESH Mid-urethral Slings

● Pamela Ellsworth

Society of Urodynamics, Female Pelvic Medicine (SUFP) and AUGS issue position statement on mesh midurethral slings for stress urinary incontinence and fact sheets for patients and providers

**S**UFP AND AUGS recently released a position statement on mesh mid-urethral slings for stress urinary incontinence. The statement notes "The polypropylene mesh midurethral sling is the recognised worldwide standard of care for the surgical treatment of stress urinary incontinence. The procedure is safe, effective, and has improved the quality of life for millions of women." This position statement is in response to the July 2011 U.S. Food and Drug Administration (FDA) release of a white paper ([FDA, Urogynecologic Surgical Mesh: Update on the Safety and Effectiveness of Vaginal Placement for Pelvic Organ Prolapse, 2011](#)) and safety communication ([FDA, FDA Safety Communication: UPDATE on serious complications associated with transvaginal placement of surgical mesh for pelvic organ prolapse](#)) on the safety and effectiveness of transvaginal placement of mesh for pelvic organ prolapse and the resultant media attention and litigation. The midurethral sling task force including Charles Nager, Paul Tulikangas, Dennis Miller from AUGS and Eric Rovner and Howard Goldman from SUFP highlighted that (1) polypropylene is safe and effective as a surgical implant, (2) the monofilament polypropylene mesh MUS is the most extensively studied ant-incontinence procedure in history, (3) polypropylene mesh midurethral slings are the standard of care for the surgical treatment of SUI and represent a great advance in the treatment of this condition for patients, and (4) the FDA has clearly stated that the polypropylene MUS is safe and effective in the treatment of SUI. For more information regarding the position statement go to [www.sufuorg.com](http://www.sufuorg.com).

In an effort to educate both patients and providers regarding Mid-urethral slings for stress urinary incontinence, SUFP and AUGS have developed fact sheets on frequently asked questions for providers and for patients which can be accessed on the SUFP website ([www.sufuorg.com](http://www.sufuorg.com)).

**What are your opinions on mesh? And how do you deal with the Mesh controversy in your country? Let us know on the ICS LinkedIn discussion group!** ■

## ICS at the 5th Global Forum on Incontinence (GFI)

**T**HE 5TH GLOBAL Forum on Incontinence (GFI) 'Better care, better health – towards a framework for better continence solutions' took place in Madrid on 8-9 April 2014. The Forum was organised by SCA in partnership with the International Continence Society (ICS) and with the endorsement of numerous partners.

Over 300 participants from more than 30 countries came together to learn more about the burden of incontinence on patients and society in today's socio-economic context, and to discuss a future framework for patient-centred, high quality and sustainable continence care.

Adrian Wagg, Co-Chair of the GFI and General Secretary Elect of ICS, delivered a presentation on the complexity of incontinence in older people. Although not an inevitable consequence of later life, incontinence is more common and more severe in older people. It is associated with many other diseases including Parkinson's, diabetes, heart failure, stroke, and dementia and has significant consequences on an older person's health and well-being. However, he continued, "incontinence in older people is not a priority and resources are limited in a day and age where we are hoping older people are going to be more economically productive in life". He concluded: "we have a burden on ourselves to act as advocates for older people and for frail older people with incontinence problems."

The 5th edition of the GFI saw a lively debate over two days with a number of key learnings, conclusions and recommendations that emerged from the sessions and discussions.

Summarising the event, GFI Co-Chair Adrian Wagg highlighted the following outcomes:

The session's presentations helped provide a better understanding of:

- The prevalence of incontinence with approximately 400 million people living with incontinence;
- The socio-demographic context of incontinence with regard to a rapidly ageing world population and rising demands for long term care;
- The stigma of incontinence with many patients and carers suffering in silence;
- The emotional and physical burden on the patient and carer impacting a person's emotional well-being and professional, social and family life;
- The negative financial and economic impact on the individual and society presenting a significant economic cost to countries with the example of Australia;
- The complexities of incontinence in the elderly and the need for better integrated health and social care services;
- The four patient profiles (urinary, neurological, elderly/cognitively impaired and faecal) and the treatment and management options for each;

The GFI also saw best practice examples of good continence care in Sweden, Italy and Australia where incontinence and better continence care are a priority on the health and social policy agenda.

Finally, the GFI saw the launch of the Optimum Continence Service Specification providing policy makers and health managers with concrete guidance in organising the best possible care for people with incontinence, with continence nurse specialists in the lead where possible. A better organisation of care can facilitate the improvement of quality of life and at the same time save costs for society.

For more information on this event and the outcomes identified, please [click here](#). ■

# Bladder Diary Day, Part of World Continence Week

An International Continence Society initiative, led by the Standardisation Steering Committee. World Continence Week is led by the Continence Promotion Committee.

● Sophie Mangham

**W**ORLD CONTINENCE WEEK is an International Continence Society activity to highlight the issues of urinary problems, and to engage all parties in supporting the issues. This has a strong following and support across the globe built up over several years. Bladder Diary Day will be running as the focus of World Continence Week 2014.

The Bladder Diary Day will be an online survey of urinary function; a worldwide open invitation for everyone to report their urinary function over a single day. Our aim is to understand people's everyday urinary habits – for example how often people go to the toilet in the day and at night, and what volume of urine they typically pass.

We are keen to get information from anyone, whether they consider themselves to have normal urinary function or whether they have urinary symptoms. We need information from everyone willing to help us. Getting information of this type from a wide range of people will be very valuable since the medical profession actually knows relatively little about what 'normal' means when it comes to urinary function. The Bladder Diary Day should help as we seek to define urinary problems better. We hope it will also lead to the development of new treatments.

We are asking people to complete a simple questionnaire according to their gender. We also would like people to measure the volume they pass when they urinate. We would also like people to measure the volume they pass when they urinate for a period of 24 hours. It does not matter precisely which day they complete the diary. People will be asked to enter this information on a single sheet of paper which can be obtained through the International Continence Society website [link](#). Once completed, they will scan or photograph the sheet to email back to the International Continence Society. The data will be anonymised, meaning that the information given cannot be linked back to the contributor.

We plan to repeat this Bladder Diary Day in the future, and we ask people to indicate on the form whether they are willing to contribute again. We would retain the email address for subsequent (annual) re-invitation.

## Method

The gender-specific International Consultation on Incontinence Questionnaires (ICIQ) for Lower Urinary Tract Symptoms (LUTS), ICIQ bladder diary (24 hours, longer if willing), and basic demographic information. Data will be anonymised in a pooled secure database and used for simple descriptive analysis. UK ethics review will cover use within the International Continence Society.

## Continence Promotion

We have many national societies and organisations, for patients and for medical professionals, that hold World Continence Week events annually. This year they will be incorporating Bladder Diary Day into their activities which vary from events in hospitals to shopping malls. We will be providing Bladder Diary Day materials including posters, leaflets, stickers, the Diary itself and more. These events will bring Bladder Diary Day to as many people as possible, giving the project fantastic exposure. The International Continence Society office will be promoting Bladder Diary Day centrally, utilising all marketing channels available, including a dedicated microsite on the International Continence Society website, online e-news articles, banners, articles in the ICS magazine and more. We will be

emailing directly to members via our membership database to encourage them to complete the Bladder Diary as well as their friends, family, colleagues and patients.

Social Media will be key to the success of Bladder Diary Day. We will be working with our existing social media connections in the sectors of urology, nursing, physiotherapy and patient advocacy. We will also open up a dialogue with key opinion leaders and influencers in the field of incontinence to ask them to get behind this initiative. In addition, we will be running a competition for the best photo submitted to our Facebook or Twitter using the hashtags [#BDD2014](#) and [#WCW2014](#). We are looking for photos of a supporter with their measuring jug (empty!) which is funny, inspiring, in an exotic location, with a landmark, or something different altogether. These will be retweeted and shared with our thousands of followers across social media. Here is an example of Marcus Drake outside the ICS offices in Bristol.

Bladder Diary Day is a huge project which is very important to the ICS. There has never been a true 'normal' established with regards to urinary continence, and this project will be a milestone in the history of incontinence treatment around the world.



Marcus Drake with his Bladder Diary Day measuring jug outside the ICS office in Bristol

# Education Committee

Report June 2014

● Ervin Kocjancic



Ervin Kocjancic

**I**N THE PAST year, the Education Committee has been busy organising some very successful and well attended educational events around the world.

In February an ICS crew was involved in the Pan Arabic Continence Society Meeting held in Hurgada, Egypt. It was nice being back in Egypt after the challenges that the country has encountered in the past. There was tremendous participation of specialists in training and early career practitioners, showing the enormous interest in functional and female Urology in the Middle East and Gulf area. This year, for the first time, there was also a session dedicated to the residents where they had the opportunity to present basic and clinical research in the field of functional Urology and Reconstructive surgery. The best research project and presentation was also awarded with a grant. The cooperation between the PACS and ICS is evident. The number of physicians, nurses, physical therapists and midwives has been constantly rising in the past few years, as is the knowledge and the awareness among the health care professionals involved in continence cases and lower urinary tract dysfunctions.

The Education Committee also organised courses in Guadalajara, Mexico where more than 400 participants from all over the Mexico gathered and had the chance to have an update on the treatment of female and male urinary incontinence and Pelvic Organ Prolapse in the light of the recently issued FDA public notifications on use of mesh in pelvic floor surgery.

The ICS was also present in Nepal, during the Nepalese OB/GYN society annual meeting. As the incidence of pelvic organ prolapse is relevant in this area, special attention was dedicated to this topic in the multidisciplinary fashion as is typical for all the activities of our Education Committee. The ICS speaker panel was composed of a Gynaecologist, a Geriatrician and a Nurse.



Nepal workshop faculty and participants

The ICS is also going to be represented in all of the major National and International societies. We were present at the SIU (Société Internationale de Urologie) in Glasgow, UK, where Prof. Sherif Mourad gave a talk on Fistula activities of the International Continence Society as well as moderating a workshop on neuro-urology challenges in the common urology practice. Once again we supported the joint ICS-AUA session "The Science of Female Pelvic Health update" at the Annual meeting of the American Urological Association in Orlando. We will be also present

at the Italian Urodynamic Association annual meeting, the Romanian Urology Association meeting and the Ibero – American Association Meeting (SINUG) in San. Sebastian, Spain. For more details on upcoming Education Courses and Guest Lectures, please visit [www.ics.org/courses](http://www.ics.org/courses).

The very well attended and highly regarded Cadaver Course will be held again in Portugal. This class has historically been much appreciated by the participants.

In January, the Education Committee was incredibly busy reviewing the applications for courses and workshops to be presented during our October Annual Meeting in Rio de Janeiro, Brazil. We had an encouragingly high number of applications this year, and the process of selecting the best applications was particularly hard. We ended up selecting 44 workshops divided among full day, half day and 90 minute workshops. Again, in the light of multidisciplinary representation of all the specialties these cover: Urology, Uro-gyneacology, Geriatrics and Colorectal medicine. Additionally there are several educational activities organised for Physical Therapists and Nurses.

The workshops and courses are going to be presented mainly in the first two days of the meeting, but new this year we also have several Local Organising Committee workshops which will be presented during the Scientific Programme! All workshops cover an interesting variety of topics from basic science to faecal incontinence, as well as male and female incontinence with all the new treatment options and the controversies in its management.

We are offering two introductory urodynamic courses, namely the Basic Urodynamic course and an education module from the School of Urodynamics, which was developed by the Urodynamics Committee.

An interesting update on Lower Urinary Tract Symptoms, where novel evaluation and treatment of challenging clinical scenarios such as Interstitial cystitis, bladder pain syndrome and the emerging interest in Ketamine Cystitis will be discussed.

Also detrusor underactivity is going to be covered in two different sessions, one in the underactivity and obstruction in women and another in a more generic workshop dedicated to underactivity.

We are also going to hold the typically well-attended Meet the Expert sessions. These encounters are organised during the lunch breaks throughout the meeting (with food provided), with a limited number of participants (around eight per table) with key opinion leaders in different disciplines. Having the opportunity of sharing the lunch with the experts provides a unique opportunity to know the "gurus" of the field, share their tips and tricks, or just ask any question you might have but you are too shy to ask during larger meetings – these sessions provide quality time with the experts! On page 12 is the list of topics, and keep an eye on the ICS website for the Experts' names as they are announced!

[www.ics.org/2014/programme/meettheexperts](http://www.ics.org/2014/programme/meettheexperts)

.../continued page 12



Wednesday	Thursday
Sexual dysfunction	Fistulas
Nursing	Sling complication
Geriatrics	Urodynamics
Male incontinence	Faecal incontinence
CPPS	Paediatrics
Neurologic disease	Neurourology
PFM training	Pre/postnatal care
POP surgery	POP surgery and conservative management

In past meetings these sessions were completely sold out, so don't miss the opportunity and book your participation as soon as possible!

The E-learning sub-committee has selected the workshops that are going to be filmed and made available as learning modules on the ICS website so that the delegates will have the opportunity to review the courses that they were unable to attend during the Annual Meeting. These workshops are:

<b>W2</b>	Underactivity and obstruction in Women – A new syndrome? – How to be measured.
<b>W16</b>	School of Urodynamics Teaching Modules
<b>W18</b>	Management of bowel dysfunction following obstetric anal sphincter injury (OASIS)
<b>W23</b>	Approaches to pelvic organ prolapse surgery
<b>W24</b>	What should you know about post - prostatectomy incontinence: From diagnosis to differential indication for specific treatment
<b>W30</b>	Complex Genital Tract Fistulas: Improving outcomes through a multi-disciplinary approach

The Trainee sub-committee is organising its own session at ICS 2014 where young ICS members will present lectures relating to their research. These will be followed by presentations from those with non-discussion posters. These individuals will receive feedback on their presentation skills, slides and scientific content. New this year is the exciting trainee evening out at the Rio Scenarium nightclub, voted one of the top 10 nightclubs in the world by the Guardian Newspaper. Don't miss it!

Finally, as stated in my previous communication the Education Committee will have many new members, as many of the members who have been very active in the past have come to the end of their terms. The new members will be selected and start the activity after the Rio Meeting and may further refine and develop the Education Committee. ■

## ICS Guest Lecture in conjunction with the National Council of Urology, Guadalajara, Mexico

● Daniel Garcia Sanchez

**T**HE ICS RECENTLY attended an education course in Guadalajara in conjunction with the Sociedad Mexicana De Urologia (SMU), Colegio Mexicano De Urologia (CMU), Consejo Mexicano De Urologia (CONAMEU) and Sociedad Iberoamericana De Neurourologia Y Urologia Ginecologica (SINUG.)

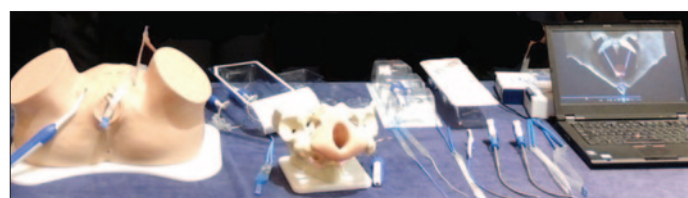
The course took place 7-8 March 2014 at the Hilton Hotel Guadalajara.

120 delegates attended comprising: urologists, urogynaecologists, gynaecologists, general practitioners, resident trainees, nurses and medical students.

Some urologists expressed an interest in becoming a member of ICS and plan to assist ICS at the ICS 2104 Annual Meeting in Rio. ■



A full house for the ICS Guest Lecture



Workshop demonstration equipment



ICS speakers and local organisers Guadalajara, Mexico



ICS lecture in Guadalajara, Mexico

## ICS Joint meeting with the 5th Symposium of the Section of Urodynamics, Neuro-urology and Female Urology (UNUFU) of the Hellenic Urological Association

3-5 October 2013, Kalamata, Greece

● Stavros Charalampous

**T**HE 5TH ANNUAL Symposium of the UNUFU took place on the second day in joint session with ICS in Kalamata, Greece. The President of the Hellenic Urological Association Dr. Moutzouris was the chair of the session along with the Vice-President of UNUFU and local representative of ICS Dr. Stavros Charalambous.

The speakers were Dr. B. Block from the Netherlands representing the ICS and Mr. H. Mitsogiannis, president of the UNUFU. More than 150 delegates attended this session, including Chris Chapple. Dr. Charalampous welcomed the ICS for the third time in Greece, following the ICS course in Thessaloniki in 2007 and the add-on course in the 20th Panhellenic meeting in Limassol Cyprus, also now in Kalamata with an ICS lecture. He spoke about the work of the Education Committee from 2004 till present and noted that the ICS participation in this Symposium is one of 18 similar ones organised in 2013. Finally, he thanked Dr. B. Block and the president Dr. Mountzouris, as well as Dr. Mitsogiannis for their participation in the session and their honouring of ICS. The President Dr. Mountzouris welcomed ICS and highlighted the significance of the participation of Greek Urologists in all of the ICS sessions. Both of the speakers gave excellent presentations and a very useful and constructive discussion followed. ■



Course delegates and faculty

## 2014 Education Courses & Workshops

Anatomy and surgery of the female pelvis –  
Crema, Italy, 30 May 2014

Neurogenic Bladder Day Course – Moscow, Russia  
5-6 June 2014

Neurogenic Bladder Day Course – Mexico City, Mexico  
16-17 June 2014

Hands-on workshop: 3rd and 4th degree perineal tears after  
childbirth – Crema, Italy 20 June 2014

Cadaver Workshop – Porto, Portugal, 18-19 August 2014  
[Read more](#)

Update on the management of complex urinary incontinence  
in conjunction with SINUG – San Sebastian, Spain  
11-12 September 2014  
[Read more](#)

Pelvic floor ultrasound course – Crema, Italy  
19 September 2014  
[Read more](#)

Guest Lecture, Société Internationale d'Urologie (SIU)  
Congress – Glasgow, UK, 12-15 October 2014  
[Read more](#)

Advanced pelvic floor rehabilitation course for pelvic  
dysfunction – Crema, Italy, 7-8 November 2014  
[Read more](#)

## ICS Education Course

11 October 2013, Budapest, Hungary

● Prof. Dr. Helmut Madersbacher

**T**HIS ONE-DAY ICS Educational Course was part of the two-day programme of the Biannual Meeting of the Hungarian Continence Society and was held at the traditional Gellert Hotel next to the Danube and close to the city centre. Prof. Dr. Ferenc Katona, President of the Hungarian Continence Society, and his team organised this course perfectly.

There were 120 participants: 50% physiotherapists, 30% doctors and 20% nurses.

Prof. Dr. Ferenc Katona (Budapest) as well as Prof. Samuel Komoly (Pecs) from the Hungarian Continence Society participated actively in our programme. After each of the lectures there was an animated discussion from the representatives of the various disciplines present there. At the end of the day Marijke Slieker-ten Hove (Netherlands) presented a mini-symposium on prolapse, diagnostics and treatment by the pelvic physiotherapist which was also very well attended.

The members of the faculty would like to thank Prof. Dr. Katona for the generous hospitality which we were offered during our stay in Budapest.

The Hungarian Continence Society expressed the wish to have another ICS Educational Course on the occasion of their next meeting in 2015. ■



## 10th Pan Arab Continence Society Meeting

● Sherif Mourad

**H**URGHADA, A WONDERFUL spot on the Red Sea in Egypt, was the venue for the 10th Pan Arab Continence Society Meeting held in collaboration with the International Continence Society from 6-8 February 2014.

The scientific programme was a real success due to the multidisciplinary nature of the sessions. These included voiding dysfunction and urological disorders, such as benign prostatic hyperplasia and strictures of urethra, together with sessions from gynaecologists on urogynaecological problems and diseases.

The Urodynamics workshop was presented by Rizwan Hamid and Sherif Mourad (President of the PACS). Bary Berghmans and Maura Seleme conducted an excellent physiotherapy workshop which was attended by many delegates due to the high interest in pelvic floor training.

Ervin Kocjancic (the ICS Education Committee chair) and Firouz Damashgari (representative of the American Urological Association) led sessions and debates during the meeting discussing female POP, stress urinary incontinence and surgeries for male urinary incontinence.

Helmut Madersbacher, the chair of the ICS Neuro-urology Committee, presented a detailed lecture about the management of Neuropathic Bladder disorders and joined the panel to discuss the use of Botox in the management of Neurogenic Overactive Bladder.

Stefano Salavatore, gynaecologist, presented the session on Pathophysiology and the Management of Pelvic Organ Prolapse and shared in the debate on the best approach to POP; whether abdominal or laparoscopic.

The meeting was a great mixture of scientific discussion, social events, sporting activities and excellent fresh food.

The feedback from all the participants and speakers was very positive; delegates are keen for this collaboration between societies to continue and for us to maintain our very high standards for these meetings. ■



Winner of the Trainee presentations at the PACS meeting, Hurghada

## Fistula Committee

### Rising to the challenge

● Sohier Elneil



Sohier Elneil

**T**HE ICS FISTULA Committee members have been busy since the formation of the new committee in 2013. Different members of the committee have been approaching colleagues working in under-resourced settings about collaborative work and have been in touch with surgeons in Ethiopia, Niger, Nigeria, Sudan and Uganda. The main request from colleagues in these environments has been on how to increase capacity in training on fistula surgery for local doctors, particularly in reconstructive urological surgery in patients in whom primary closure has not been successful, or who have developed further continence issues after primary fistula closure. They also want to gain experience in urodynamics so they can help their patients more constructively. The ICS Fistula Committee is looking at integrating their work with the Urodynamics ICS course team to be able to provide this teaching in under-resourced settings. All of this work will be incorporated into a workshop to be held later this year in Africa (negotiations are already under way). ICS members will be informed of the dates shortly, so they can attend if they wish.

The Committee's work also includes facilitating the formation of new centres for fistula, continence and pelvic floor surgery. The committee is working with specialist fistula centres in Africa and South-East Asia to develop a compendium of these centres and their needs. Currently, there is no place where all this information is collated in one place. So, the ICS team is creating a site where all those who wish to join can do so and thus seek help directly from members of the committee when dealing with complex problems. This is an exciting new initiative in its infancy, but can potentially have far-reaching impact on the global fistula community.

The ICS Fistula Committee has been asked to collaborate with different global groups working on fistula, particularly the International Society of Obstetric Fistula Surgeons and the International Obstetric Fistula working group, supported by UNFPA. A member of the committee will be attending their meeting in October 2014 to talk about the ICS strategy and how it impacts on fistula management globally, and to outline the ICS Fistula Committee's work on managing incontinence post fistula surgery. This area has not been fully developed and the ICS vision will have significant influence in managing complex patients.

Finally, in a new initiative led by the Education Committee, the Fistula Committee is helping with the development of an e-learning course on the prevention of fistula. This course will be available to all ICS members and other specialist organisations to help improve the knowledge of all practitioners in the field in the role of prevention. This is yet another area that has not been evaluated, and its importance in fistula care cannot be over emphasised. Prevention is key to the global eradication of this debilitating condition.

In the last eight months, the committee has focused on re-defining its role within ICS and deliberated on its future strategy in promoting continence care in under-resourced settings. There is clearly a great deal of work to be done and the ICS Fistula Team is rising to the challenge. ■



# Urodynamics Committee

## Urodynamics teaching modules – coming of age

● Peter Rosier



Peter Rosier

THE URODYNAMICS COMMITTEE will soon publish the first educational module in the journal *Neurourology and Urodynamics*. You are probably already aware of the educational modules; they are short and very practice oriented lectures to explain the various tests that we perform for the diagnosis and management of patients with signs and symptoms of lower urinary tract dysfunction. The teaching modules consist of the three elements: a slide set made available on the ICS website, a webcasted presentation and, a short Neurourology and Urodynamics paper on the evidence background of the teaching module.

Upcoming ICS teaching modules will focus on flowmetry, post void residual determination, cystometry and pressure flow analysis; as well as clinical neuro-gynaeco-urologic testing or on leakpoint pressure in patients with lower urinary tract dysfunction and relevant neurology. The first completed and published module is 'Pad-testing'. The committee has been developing and refining the concept of the teaching modules over the last few years. We have performed with great help of the ICS office and warm support of the ICS board and trustees, test presentations at the Annual Meetings to evaluate your response to the earlier teaching modules.

The Urodynamics Committee has, on the basis of these experiences, decided to make the modules as concise as possible and therefore selected 'small topics'. Furthermore, we have decided to develop, whenever possible, both basic and advanced modules. Usually it is not easy to find the evidence for such small elements of our practice, since much of what we do is based on (sometimes very local) teaching and traditions of "experts" in the field. Although the opinion of the experts is relevant, it is sometimes difficult to develop a consensus, which is further limited by the level of evidence. We, as a committee, are doing our best to include different viewpoints in the modules but realise that it may be confusing, due to lack of evidence which prevents us from giving definitive recommendations.

Many topics remain to be addressed and we need experts in all areas to form a working group. If you consider yourself an expert in any test, clinical or instrumental in functional neurology or gynaecology with a medical, physiotherapy or nursing background, we encourage you to become actively involved in the development of teaching modules. All modules are developed by ad-hoc working groups; usually the members of a working group represent the geographic and professional diversity in ICS.

In Rio de Janeiro, during our Annual Meeting, we will institute the latest step in the development of our process: The ICS Urodynamic Committee Educational Modules Recording Studio! Again, with the kind help of the ICS office we will develop a format for the optimal recording of the teaching module lectures. Within the foreseeable future you will find educational modules on the ICS website. These modules will be the official ICS teaching module with an example presenter. Certainly you will be allowed to use the slides sets for your own teaching activities. You may just as easily play the webcast in front of your students, or residents. Since the slides sets are peer reviewed and the information provided in a manuscript published in our highly respected journal, *Neurourology and Urodynamics* the ICS Urodynamic Committee guarantees you that the education is unbiased and of the highest possible quality. ■

Above: Education module slide

Left: Screenshot from webcast presentation

# Physiotherapy Committee

## Physiotherapy activity at the 2014 Annual Meeting

● Dr Beth Shelly and Stephanie Knight



Beth Shelly



Stephanie Knight

**T**HE ICS PHYSIOTHERAPY Committee has organised a number of activities to take place during the Annual meeting in Rio de Janeiro including the Physiotherapy Forum and pelvic floor muscle exercises classes. The pelvic floor muscle exercise class on Tuesday 21 October will focus on pre and post natal exercise, while on Wednesday 22 October the focus of the class will be on the elderly patient. All the details to register for these classes can be found on the meeting website [www.ics.org/2014](http://www.ics.org/2014).

As in past years, there are a number of workshops hosted by and featuring physiotherapists and conservative management. Workshops which include physiotherapy speakers are:

- **W20:** Diagnostic & therapeutic approach to obstructed defaecation syndrome
- **W35:** A clinical, biomechanical and functional evaluation of the pelvic floor in female athletes
- **W37:** Pathophysiology, assessment and treatment of anorectal dysfunction in women
- **W38:** Digital palpation to imaging: how should pelvic floor muscle evaluation tools influence physiotherapy practice
- **W41:** Sexual dysfunction in women, men and neurologic people and impact of incontinence on sexual life

The local organising committee will host a full day workshop outlining the role of physiotherapy in pelvic floor dysfunction. This is workshop **W29** 'Innovative Physiotherapy workshop – the door-to-door concept programme' on Tuesday 21 October from 09:00 - 18:20. The Physiotherapy Committee also will host a free workshop for physiotherapists on pelvic floor dysfunction, **W31:** 'Conservative management of adult pelvic floor dysfunction: a physiotherapy approach' on Tuesday 21 October from 14:00 - 18:00.

The 13th Annual Physiotherapy Round Table will be held on Monday 20 October from 13:30 - 21:00. This is an opportunity for physiotherapists, or anyone interested in physiotherapy, to network, enjoy presentations from prominent speakers and most of all, have fun. During the meeting there will be an update of the work of the Physiotherapy Committee, presentation of scientific projects and workshops. Scientific project topics include: electrical stimulation and erectile dysfunction; perineal muscle stiffness in women with and without vulvodynia; pelvic floor muscle training and links with hormonal therapy; and posterior tibial nerve stimulation for overactive bladder. The State-of-the-Art Lecture this year will be presented by Chantale Dumoulin (Canada), Doreen McClurg (United Kingdom) and Helena Frawley (Australia), Chairs of the ICS 2011 State-of-the-Science Workshop 'Improving Pelvic Floor Muscle Training (PFMT) Adherence Strategies: from theory to practice.' The Round-Table lecture is a report on the summary papers and consensus statement on improving adherence to pelvic floor muscle training which was developed from the workshop. This activity continues to move several papers towards submission for publication. These papers emanated from the expert panel reviews of the topic, culminating in a Consensus Statement, which was guided by the recommendations of the NIH Consensus Guidelines.

Participants may attend two workshops at the roundtable, which include:

- Male incontinence: Marijke Van Kampen
- Pelvic floor muscle training and breathing exercises: Maura Abafi
- Pessaries: What physiotherapists should know: Mirian Kracochansky
- Vaginismus treatment using vaginal dilators: Beth Shelly
- EMG of pelvic floor muscles: Linda McClean
- Neurological diseases and the pelvic floor: Doreen McClurg
- Voiding dysfunction in children: Els Bakker
- Post-partum voiding dysfunction: Margaret Sherburn

From 19:00 - 21:00 guests will enjoy a buffet while making new and rekindling old friendships. Pre-registration to this session is required via the meeting website. The fee covers catering throughout the day. Spaces are limited so please register early. Please note: you must be registered for the ICS Annual Meeting in order to also register for this session. Thanks to the organising committee Marijke Van Kampen and Jacqueline de Jong. We look forward to seeing you in Rio!

The physiotherapy committee welcomed three new members this year. William Landry (Canada): Bill works in a physiotherapy practice in Ontario, Canada. His interests are in male pelvic floor rehabilitation, particularly following radical prostatectomy. He is clinical co-ordinator at the University of Western Ontario. Stephanie Madill (Canada): Stephanie obtained her PhD in the biomechanics of the pelvic floor in women using several modalities. She currently teaches and conducts research in the School of Physical Therapy at the University of Saskatchewan. Cristina Naranjo Ortiz (Spain): Christina is Professor of Physiotherapy in Urology, Gynaecology, Obstetrics and Proctology at Nebrija University, Spain and is responsible for Research Methodology and the coordination of academic projects. Her professional activity is in the field of urology, urodynamics and pelvic pathology both in men and women. The committee is looking forward to several new members joining this coming year in Rio, including a new chair.

Physiotherapists have been active in many committees during the year. Physiotherapy representatives in other committees include: Education Committee Marijke Sliker-ten Hove; Ethics Committee Christina Ortiz; Fistula Committee Gill Brook; Scientific Committee Melanie Morin and Standardisation Committee Beth Shelly. In addition physiotherapists participated in four educational courses hosted by ICS in South Africa (Julia Herbert), Abu Dhabi (Bary Berghmans), Hungary (Marijke Sliker-ten Hove), and Brazil (Simone Bothelho). Physiotherapists are also active members of two current Standardisation of Terminology Working Parties (Chronic Pelvic Pain, Conservative Management of Female Pelvic Floor Dysfunction). ■

# Standardisation Steering Committee

From strength to strength

● Marcus Drake, SSC Chair



Marcus Drake

**T**HE STANDARDISATION STEERING Committee (SSC) has been extremely busy since our last update! We have introduced two new working groups: Neuro-urology and Good Urodynamic Working Practices. We are in the concept phase in the development of a Nocturia and Nocturnal Enuresis working group and Voiding Dysfunction working group. Recently we have advertised for two groups in conjunction with IUGA on Pelvic Organ Prolapse and Female Sexual Health. More information regarding these working groups, and the opportunity to work on the new groups, will be available in the future and will be advertised on the ICS website, news, e-news and social media.

The committee is pleased to announce the publication of the new ICS document 'Guidelines on Urodynamic Equipment Performance'. This document aims to set benchmarks for urodynamic equipment. It achieves this by summarizing clinical performance requirements and relates these to specifications and features. Ranges of specifications that will support good urodynamics are presented, with the rationale behind each range being backed up by clinical data. The document also proposes a set of tests to guide the assessment of systems. This document has been published in the *Neurourology and Urodynamics* journal, and is also available on the [ICS website](#).

The SSC is also working with the Continence Promotion Committee on an important new initiative – Bladder Diary Day! We hope all ICS members will agree

to contribute to this. Bladder Diary Day will be an online survey of urinary function; a worldwide open invitation for everyone to report their urinary function over a single day, by completing a 24 hour voiding diary and symptom score. Our aim is to understand people's everyday urinary habits – for people with normal bladder function or urinary problems. This will be used to develop clearer boundaries between 'normal' and 'symptomatic'. Bladder Diary Day will be running as the focus of World Continence Week 2014. Visit [www.ics.org/diary](http://www.ics.org/diary) for more information.

As a follow-up to the 'call out to members' to help with translations of the ICS Standards, the SSC is working with members on several language translations of the main lower urinary tract symptoms definitions manuscript. We are currently planning on translations in Portuguese, Arabic, Mandarin, Italian and Japanese. If any members are interested in forward or back translating this document, please contact the Committee Chair, Marcus Drake: [marcus.drake@bui.ac.uk](mailto:marcus.drake@bui.ac.uk). We do need people with good knowledge of both English and another language.

Over the last year the content on the wiki has gathered strength and provides a readily available single point of access to the standardisation documents and we are pleased to confirm that Beth Shelly has taken over the management of the ICS wiki (<http://wiki.ics.org/ICS+Wiki+Home>). ■

## Scientific Committee

The programme is ready!

● Nucelio Lemos

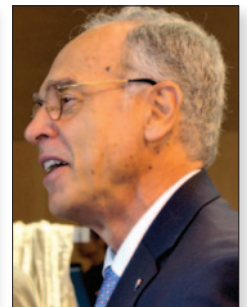
**T**HE SCIENTIFIC COMMITTEE Meeting took place in Heathrow from 2-4 May and, as Scientific Chair, I am really pleased to announce the major improvements we have achieved this year.

Due to changes made by the IT team to the submission and review systems, we were, for the first time, able to monitor the review process in real time and ask for additional expert reviews as they were required to ensure that every single abstract was reviewed by at least one Scientific Committee member. Moreover, our reviewers pool was increased by the invitation of other committees members, who joined the valued members of the *Neurourology and Urodynamics* Board of Reviewers to guarantee that every abstract was reviewed by at least three ad hoc reviewers. This ensured an unbiased review process, keeping up with the highest standards. All required reviews were therefore completed by the deadline allowing the Scientific Committee to begin analysing the aggregate scores and variances before the physical meeting itself.

Regarding the review process, we are pleased to announce Cassio Ricetto as the Reviewing Champion of the Year with his 234 extensive and detailed reviews. Thank you Cassio for your dedication to making this one of the most successful Annual Scientific Meetings ever!



Nucelio Lemos



Carlos D'Ancona

This year, we have moved further with the successful concept that was tested and approved in Barcelona: increasing the number of State of the Art Roundtables and matching their subjects with the following sessions. In Rio, there will be two simultaneous pre-lunch SOA-Roundtables each day with 30 minutes of SOA presentations and 30 minutes of discussion. This will allow a greater flow of ideas, making this a more educational and inspirational programme.

I am also happy to announce that we have 'upgraded' the former "Non-Discussion Posters" to "Open Discussion Posters". A committee of almost 50 "Poster Pilots" will walk around the poster area at designated times to discuss posters with the authors.

Check out the programme at [www.ics.org/2014](http://www.ics.org/2014).

See you in Rio!! ■

**Nucelio Lemos**

Scientific Chair for ICS-Rio 2014

**Carlos D'Ancona**

Annual Meeting Chair for ICS-Rio 2014



# Ethics Committee

## London Calling! Distinguished Professor of Philosophy to present Ethics Oration at ICS 2014

● Nina Davis MD



Nina Davis

SO, HOW DOES a man from a small town in the United States – Kemmerer, Wyoming – become the internationally renowned director of the Center for Ethics and Policy at the prestigious Carnegie Mellon University? If he is Professor of Philosophy, Alex John London, he treks across country to study philosophy and literature at Bard College then turns south to attend the University of Virginia (UVA) where he completes a Ph.D. in Philosophy. Though his area of interest was Ancient Philosophy, he became distracted by the siren call of the renowned Bioethics Center at UVA and the seminal works of two of the most distinguished bioethicists of the time, Norm Daniels and Dan Brock. Prof. London calls their works 'the classics of bioethics', writings that established the field of Applied Ethics. Since Prof. London's area of concentration had always been the Greek language and ancient Greek value systems, he felt that this new realm of philosophy nicely paralleled the Grecian ideal that philosophical thought should impact society, influencing the conduct of individuals and institutions. In this way, his career path was set: Prof. London would adapt the moral constructs of the ancient philosophers to modern ethical and moral dilemmas specifically in the arena of human subject research.

After a small diversion for a postdoctoral fellowship at the Center for Bioethics at the University of Minnesota, Prof. London's journey took him to his final destination, Carnegie Mellon University in Pittsburgh, Pennsylvania. The circuitous route from Wyoming to Pennsylvania paralleled his academic expedition from Ancient Philosophy to a modern ethical system he terms 'Practical Ethics'. Prof. London has been instrumental in defining modern ethical systems to guide research in the US and globally, and he continues to concern himself with the moral precepts that should govern interactions between institutions, researchers, and the subjects they study. His goal is to ensure that the relationships between these three entities remain mutually beneficial; that there remains a balance of power and resources; and that, ultimately, the research activity will lead to a greater social good, not only with the advancement of medical knowledge, but also through public health initiatives that result in improvements in infrastructure or way of life for the participants.

Prof. London's lecture, Research and Global Health: Some Considerations of Justice, which closes the morning session at 12:30 p.m. on Wednesday, 22 October, will

expand on the 'Fair Benefits' approach toward modern research ethics that forms the basis of much of his writing. He will speak about how to 'embed concern in the research enterprise', ensuring that research is not only ethically-based, but also oriented toward maximising the potential for 'community benefits'. Finally, Prof. London will discuss how modern research, particularly global investigation, should go beyond the values of what research owes to the participant vs what it owes to the society at large.

Please join the Ethics Committee in honouring Prof. London as he presents the third Annual Ethics Oration at ICS 2014 in Rio. ■



Prof. Alex John London

## Would you like ICS to come to your meeting?

ICS needs you! Would you like ICS speakers to come to your event?  
Apply now!

THE EDUCATIONAL COURSES and Workshops sub-committee has the task of establishing links to relevant professional societies in countries served by the ICS in order to deliver high quality, multidisciplinary educational activities as Add-on Courses to national or international meetings. As well as full Add-On Courses they also canvas for and arrange ICS sponsored Guest Lectures at national meetings.

If you are involved in, or know of a meeting happening in your country and you would like the ICS to hold an Add-on Course there or provide a Guest Lecture, please contact Jenny Ellis at the ICS office on [jenny@ics.org](mailto:jenny@ics.org)

Please note we are keen to receive requests for events in 2014 and 2015 in North America and Southeast Asia. ■

# Neuro-Urology Promotion Committee

## A successful year for the committee

- Prof. Helmut Madersbacher, Interim Chairman of the Neuro-Urology Promotion Committee

**T**HE AIMS OF the Neuro-Urology Promotion Committee for 2013/2014 were twofold: (1) to elaborate on the guidelines/recommendations for the urological treatment of patients with cerebral diseases and LUTS; and (2) to organise Neurogenic Bladder Day courses worldwide to increase awareness of neuro-urology and to encourage urologists and related specialties to take care of these patients.

Regarding the first aim, three subcommittees are currently working on the subject; the first on patients with dementia and related diseases, the second on patients with Parkinsons, and the third on patients with Multiple Sclerosis especially with cerebral lesions. During a mid-year meeting, which took place on February 21, 2014 by videoconference, the subcommittees reported on the progress they have made. The Neuro-Urology Promotion Committee will have the opportunity to present the results of their work during the ICS meeting in Rio de Janeiro.

Regarding Neurogenic Bladder Day courses, so far courses have been held in Timișoara (Romania), Novi Sad (Serbia), Moscow, Mexico City, Cartagena

(Colombia), Sao Paulo (Brazil), Lombok and Jogjakarta (Indonesia). Alongside these, courses in Florence and London are scheduled and financial support for the travel costs of the speakers has been raised from several industry sponsors, for which we are very thankful.

Almost all members of our committee are involved in these courses, either as speakers or organisers. The first two courses have already taken place: 20-21 March in Timișoara with 75 participants, and on 27-28 March in Novi Sad with 110 participants. At both courses urologists accounted for about 50% of the participants, 30% were neurologists and 20% rehabilitation doctors. While most participating urologists were below the age of 40, the other participants were mainly above 40 years of age. The results of the questionnaires showed that most participants benefitted from the course. Thus, this initiative has met with a very positive response. We would like to thank all companies which supported our courses. ■



*Top left:* The two lecturers of the Neuro-Urology Promotion Committee at the Neurogenic Bladder Day Course in Timișoara, Prof. Enrico Finazzi Agro and Prof. Helmut Madersbacher

*Top right:* Lecture hall in Timișoara

*Left:* During the course in Novi Sad



# ICS Nursing Committee

## Farewell to Mandy Wells

● Sharon Eustice



Sharon Eustice

**N**URSING MEMBERSHIP WITHIN ICS has grown steadily since the Nursing Committee's inauguration in 1999. We are proud of the contribution nursing makes to clinical, professional and academic work in collaboration with our therapy and medical colleagues. Each year, the nursing committee crafts an agenda that reflects emerging issues and also captures nursing experiences from the host country. For October 2014 in Rio de Janeiro, we have prepared an afternoon of nurse focused discussions that not only challenges our thinking but also showcases our excellent clinical and research activities.

This year, we are marking the outgoing of our committee Chair, Mandy Wells, who has led the committee through thick and thin since 2005. Mandy's reflection on her time in office:

*"So after nine years, my role of representing nursing at the ICS, following in the footsteps of the incomparable Christine Norton and Diane Newman, has come to an end. This time has seen some momentous changes for the nursing presence within the organisation. We went, along with the physiotherapy committee, from just being members of the education committee to having our own committees. And of course, nursing has always had a healthy representation on a number of other committees. Thank you to Donna Bliss, Diane Newman, Tamara Dickinson and Mary H Palmer for some of the incredible work you have done for nursing.*

*Scientifically nursing is contributing in larger numbers to the academic output represented at the annual conference, and at our nursing forum budding researchers present nursing research of good quality to their own professional group.*

*The nursing committee now fully represents nursing across the whole world and members are leading multidisciplinary working parties on bladder and bowel care in long term care and also peripartum. These groups will hopefully shape the future care of continence in these important areas of practice.*

*Nursing representatives have lectured at a whole range of ICS workshops around the world, in places from Tibet to Sicily to Brazil and South Africa.*

*With the presence of Katherine Moore representing both nursing and physiotherapy on the board, both professional groups have also helped to formulate the governance and future of the ICS in a time of immense change of funding internationally for all health care societies.*

*In addition to reaching the end of my time chairing the nursing committee, I have also retired from working full time in bladder and bowel care. All good things have to come to an end at some time for all of us. I am setting off into new pastures, but still tend to poke my oar in now and then on the long term care working party.*

*I would like to thank the current nursing committee and those who first set up the original committee, the trail blazers so to speak, for all their hard work and commitment to our shared cause and wish the new chair a wonderful time leading a great committee.*

*On a different note, continence nursing itself is undergoing a major transition with older nurses such as myself retiring and younger nurses not necessarily filling in our shoes. This needs to change and I would like to set an agenda for the future for the ICS to attempt to reverse this trend.*

*Lastly but not least, many thanks also to the following:*

*Sharon Eustice for being my friend in good and bad times;*

*Mary H Palmer for your guidance and wisdom;*

*Jan Patterson for being you;*

*Mandy Fader and Katherine Getliffe for showing and teaching me the true nature/paradigm of being an ethical nursing researcher;*

*Adrian the Wagg, well just because. . .;*

*Diaa Rizk, for being the only medic amongst all of us alien species of nurses;*

*James Malone Lee for teaching me to speak up and to be a pain in the neck!*

*And of course all at the ICS office, you do a brilliant job."*

The Nursing Committee wishes Mandy every success for her future and offer warm thanks for her contribution.

Our committee activity is steady and progressive. We continue to participate in ICS educational activities. For example, Veronica Haggart will be visiting Nepal to present at an ICS 'add-on' educational course. This is running prior to the annual meeting of the Nepalese Society of Obstetricians and Gynaecologists (NESOG) – Female Pelvic Floor Dysfunctions in Nepal: a Public Health Problem. Veronica will be presenting on bladder care in the intra and post-partum period, the conservative management of Pelvic Organ prolapse, the conservative management of incontinence and an overview of urodynamics. Also presenting are Adrian Wagg and Diaa Rizk from Canada, as well as local speakers from Nepal.

We encourage our members to visit the [Nurse Public Forum](#) to have your say. Each month we post a question to tease our thinking and seek opinion. This is an opportunity to connect up with each other, offer support and understand experiences.

The nursing committee looks forward to meeting with you in Brazil. For any further information or queries, please email [info@ics.org](mailto:info@ics.org). ■

Mandy speaking at an ICS Education Course





# Continence Promotion Committee

International multidisciplinary committee is key to future success

## ● Frankie Bates

**T**HE CONTINENCE PROMOTION Committee's (CPC) mission is to raise public awareness of bladder and bowel health issues, in order to improve the lives of people suffering from incontinence around the world. Our goals include facilitating communication, exchange of information and partnerships between continence organisations, healthcare professionals, governments and industry.

The CPC's activities include Workshops and a Public Forum held during the ICS Annual Meeting, as well as World Continence Week, a worldwide initiative to promote continence activities globally. We continue to be involved in Continence Promotion by networking with continence organisations to provide educational resources, guidance and best practice.

We presently have 16 members on our committee which has reduced over the last few years in a more work friendly number. The Continence Promotion Committee (CPC) has had some changes in its membership this year. We gladly welcome our two new members, Dr Stavros Charalambous, a urologist from Cyprus and Dr Grzegorz Surkont, an Obstetrician & Gynaecologist from Poland. Also Vasan Srinivasan returned as a committee member after his role of chair was completed in October 2013.

Our new chair, Tamara Dickinson took over her new role in Barcelona in October 2013. She has been working on many projects to further awareness of urinary incontinence over the past six months.

The CPC is comprised of four subcommittees: the internet subcommittee, World Continence Week subcommittee, the Education subcommittee and Industry Liaison subcommittee. The subcommittee chairs (respectively) are; Els Bakker, Nicole Huige, Frankie Bates and Christa Theil.

At the past few Annual Meetings the CPC have held a working lunch to which we have invited national medical societies, patient/consumer organisations and special interest groups concerned with urinary and fecal incontinence. We have invited national continence societies to be present to both learn from their input and needs, and share our expertise on continence awareness. We hope to work closer with the ICS office and hold a similar joint meeting with them in Rio.

The Continence Promotion Committee is pleased to announce this year's public forum will take place on Wednesday, 22 October 2014 from 17:00 - 20:00. We have renamed the event as the format has changed. We will present the 'Continence Awareness Forum' this year in Rio. As well as the general public, we are inviting health care providers from all fields and patient advocacy groups. We plan on having various national patient advocacy groups share their knowledge and expertise, as well as ICS opinion leaders updating delegates on important news and changes. We hope for this to be an exchange of information regarding urinary incontinence and treatment among our countries including patients, healthcare professionals and industry representatives. As reimbursement issues are becoming a hot topic, The CPC looks forward to discussing and hearing about these issues and policies at our forum. This would enable countries to learn from each other with drug coverage problems. The event will be filmed and will be available on ICS TV after the Annual Meeting. The video will also be linked to industry websites generating a lot of interest. Save the date and plan on attending this free event at the 'The Sul. America Conference Centre' in Rio De Janeiro, Brazil! ■



Frankie Bates

# Publications and Communications Committee

## ● Jacky Cahill



Jacky Cahill

**F**OLLOWING ON FROM the previous newsletter (January 2014) the structure of the PCC is undergoing significant changes to reflect the ICS strategy and mandates from the trustees. The ICS office now has more autonomy and assumed primary responsibility for several projects previously overseen by the PCC, such as the e-news, social media, website and ICS promotional materials. Thus the role and infrastructure of the PCC is in a state of flux.

As I am sure you will agree the content and quality of these productions by the ICS office have been fantastic and on behalf of the committee I would like to commend the staff for their efforts!

The committee has been involved in a strategic consultation with the Board as the PCC recreates its identity in the current ICS strategic planning. More information will be provided by the PCC as soon as this feedback has been discussed and applied, where applicable, by the Board. Due to these proposed changes the PCC have frozen their current projects in order to align these with the strategic plan. We therefore have limited updates to provide members regarding these projects.

The ICS social media platforms continue to increase in popularity and we are pleased to announce that for the first time ICS has over 1,000 likes on Facebook!! Thank you to all the members who have liked and shared this page with their friends and colleagues. [www.facebook.com/icsoffice](http://www.facebook.com/icsoffice)



I am also pleased to announce that the [ICS LinkedIn group](#) now has over 1,500 members discussing topics such as 'Vitamin D receptor gene variant protects against male LUTS' or finding out about our new Pfizer International Scholarships!

If you would like to add ICS to your social media networks then please see the [ICS website](#) for links to all our networks.

The committee is currently working on its Annual Meeting involvement, engaging with the local organising committee and press relations. We are also looking at hosting a primary care session outside of the main meeting, pending Board approval. More information will be provided in due course via the [ICS news page](#).

I look forward to seeing you all in Rio de Janeiro in October!

Suggestions of what you would like the PCC to consider improving communications and publications are always welcome. ■

# Neurourology & Urodynamics Update

Dear Colleagues,

**T**HE MAJOR NEWS to communicate to you is that my successor has been appointed by a search panel comprised of members of ICS and SUFU, and chaired by Alan Wein. It is my great pleasure to announce that Roger Dmochowski will take over during 2015. As you know, Roger has been an Associate Editor with me on the journal now for several years and has done a great job, and I know he will take the journal from strength to strength.

The journal is doing its best to keep up with the increased number of publications submitted, without penalising members of the associations by unduly restricting the acceptance rate, although inevitably the acceptance rate has reduced somewhat in recent years.

The reviewers who have contributed the most to the journal are to be applauded for their hard work and commitment, and the least I can do is to acknowledge them here as most of the work they do is completely unsung. The Top Ten Reviewers contributing the most to the journal last year were: see right

In addition, I would like to thank the hard work of all of the Associate Editors and in particular Jen Tidman who works tirelessly on the journal, organising and running it. I am also most grateful to you for the positive feedback that we receive. Please don't hesitate to let us know if there are any issues with the journal that need to be addressed, by contacting me via [neurol@btconnect.com](mailto:neurol@btconnect.com)

I look forward to seeing you at the ICS meeting in Rio de Janeiro. ■

With best wishes,

**Chris Chapple**

*Editor-in-Chief, Neurourology & Urodynamics*



Chris Chapple



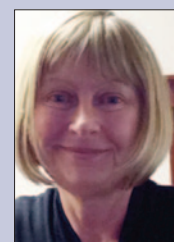
Naoki Aizawa



Apostolos Apostolidis



Marcus Drake



Ann Hanna-Mitchell



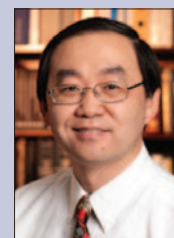
Yasuhiko Igawa



Nadir Osman



Ryuji Sakakibara



Changfeng Tai



David Vodusek



Adrian Wagg

Thank you from the Team!



Chris Chapple



Jen Tidman



Karl-Erik Andersson



Lori Birder



Dirk De Ridder



Roger Dmochowski



Mickey Karram



Heinz Koelbl



Rob Pickard



Eric Rovner

# ICS Children and Young Adults' Committee

## Comorbidities associated to continence and bowel management issues in adolescents with disabilities

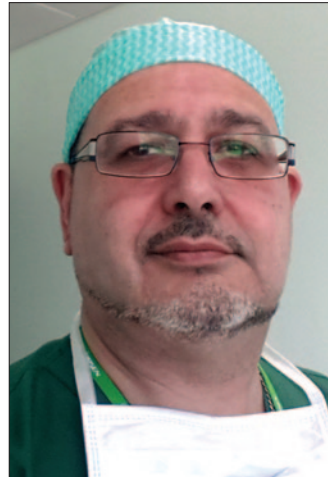
● Dr. Mario Patricolo, Paediatric Surgeon and Paediatric Urologist, UAE

**I**N 2012, THE Children and Young Adults Committee identified the need to research and collect data in regards to comorbidities associated to continence and bowel management issues in adolescents with disabilities. The task was assigned to committee members Mrs. June Rogers MBE (Continence Advisor, UK) and to Dr. Mario Patricolo (Paediatric Urologist, UAE).

The challenge of managing bladder and bowel issues, already complex in the community, becomes more difficult and problematic in cases of individuals affected by disabilities (Down Syndrome, wheelchair bound, paraplegia, quadriplegia, neurodevelopmental delay, CP, etc.). After a thorough review of literature and web-based research the most common disabilities contributing or generating bladder and bowel issues were identified. Forty conditions were listed out of 203 identified incontinence etiopathogenetic factors and Meningomyelocele, Down Syndrome, Mucopolisaccharidosis, Cerebral Palsy, Diabetes, and Obesity were used as 'Sample-conditions'. The result of the analysis of data related to the above mentioned conditions showed that outstanding issues, making bladder and bowel management complex and less effective than in other patients' groups and age groups include, but is not limited to:

- Late diagnosis;
- Frequently when the signs and symptoms are already severe and too far advanced (i.e. pyelonephritis, enterocolitis, tethered cord-related symptoms, etc.);
- The difficulty of verbalisation;
- Limits in dexterity (difficult clean intermittent catheterisation and bowel wash-outs);
- Lack of knowledge at primary care level, (when "dry" is confused with "normal bladder");
- Cultural differences and peculiar profile of adolescents behavior (engagement in dangerous activities, lack of trust in healthcare professionals, difficult acquisition of proactive personal management of medical issues).

There are some, but not all, outstanding issues, making bladder and bowel management complex and less effective than in other patients' groups and age groups. Frequently professionals assume that incontinence is an inevitable condition in disabled adolescents and patients and families receive mixed messages regarding appropriate expectations for continence. Disabilities of different etiopathogenesis, are complex and challenging for the patients, healthcare providers, carers and relatives. Multidisciplinary approach, continuum of care, awareness of primary care and of the public are of paramount importance. Coordinated transition from paediatric to adult care, through transition clinics and



Dr. Mario Patricolo



Mrs. June Rogers

with progressive and 'painless' changes for the patient, is fundamental. In cases with disabilities the management of comorbidities associated to bladder and bowel issues (obstipation, soiling, incontinence, CIC and CSIC, etc.), the challenge to achieve effective care is dramatic. Integrated care pathways are mandatory to target each step and each technical detail of bladder and bowel care, during the transition to adulthood.

Mrs. June Rogers and Dr. Mario Patricolo have published a booklet on the above subject for PromoCon Manchester Disabled Living and with support from the Platinum Trust. The booklet, already in use in the United Arab Emirates and the UK, is entitled: 'Understanding Bladder and Bowel Comorbidities in Children and Young People With Additional Needs – The Importance of Assessment' ([www.promocon.co.uk](http://www.promocon.co.uk)).

A further resource in the literature is the workbook: 'Helping People With Learning Disabilities Manage Incontinence.' AA. Alice Bradley, Loretto Lambe, ([www.bild.org](http://www.bild.org)).

Mrs. Rogers and Dr. Patricolo are planning on proposing to the Chair of the Committee (Dr. Giovanni Mosiello) a focused study on adolescents affected by bladder and bowel issues in cases of Trisomy 21 and other congenital chromosomal conditions at the next Committee Meeting on the occasion of the ICS Annual Meeting in Rio de Janeiro, (2014). ■



# Urodynamics Fellowship 2013 Final Report

● Katarina Ivana Tudor

**M**Y NAME IS Katarina Ivana Tudor. I am a third year neurology registrar from University Hospital Centre Zagreb, Zagreb, Croatia. My special area of interest is Uro-neurology and diseases that affect spinal cord. During my residency, I realised that many of the neurological patients have problems with bladder, bowel or sexual function and I felt that this problem is not receiving proper care. My Head of Department, Professor Sanja Hajnsek encouraged me to get trained in urodynamics with the idea of establishing a Unit that will cover this area of neurology in University Hospital Centre Zagreb, Croatia.

In September 2012, when I was attending the annual conference of the International Spinal Cord Society (ISCoS) in London, I met Dr Jalesh Panicker, Consultant Neurologist in Uro-neurology at The National Hospital for Neurology and Neurosurgery, Queen Square. I expressed my interests and wish to get trained in area of Uro-neurology and Dr Panicker kindly accepted to be my host.

I feel very privileged to be a recipient of International Continence Society (ICS) Urodynamics Fellowship. Without it, it would be very difficult to organise my trip and stay in London for six months.

Everyone I met in the Department of in Uro-neurology at Queen Square (Dr Panicker, other doctors, fellows and nurses) have been very nice to me and had the patience to explain all the procedures they do in the Department. I was happy to see what the Department has to offer in terms of procedures, such as: urine profile measurement (UPP), ultrasound of the urethral sphincter, uroflow, postvoid residual volumes (PVRV), cystometry, sphincter EMG, percutaneous tibial nerve stimulation (PTNS), sacral neuromodulation (SNM), and intradetrusor injections of botulinum toxin type A. Nurses from the Department, Mrs Collette Haslam, Ms Gwen Gonzales and Mrs Juliana Ochulor, were very helpful with showing and explaining the above mentioned procedures.

With kind suggestion from Dr Panicker, I worked on getting proper documentation that would enable me to see patients and get some practical skills. I got registered with General Medical Council (GMC), received temporary card for Croatia citizens working in the UK, as well as the Honorary contract with UCLH.

Dr Panicker kindly let me sit in during his Clinics and demonstrated how the proper history is taken with regards to bladder, bowel and sexual functions and recommendations for management made. He also put me in touch with Dr Anton Emanuel, Consultant gastroenterologist, who is managing bowel issues in neurological group of patients. Ms Suzy Elneil, Consultant Uro-Gynaecologist kindly let me observe insertion of SNM.

Dr Mahreen Pakzad, Consultant Urologist working in Queen Square, the National Hospital for Neurology and Neurosurgery and UCLH, kindly agreed to act as my co-supervisor in urodynamics training. Mrs Pakzad kindly let me observe video-urodynamics, very patiently

explained the procedure and helped with getting hands-on training as well.

From 25th - 27th of November 2013, in St Mary's Hospital, Imperial College, I attended Certificate in Urodynamics Course. I am happy to report that I was successful in passing it.

I am happy to report that Dr Panicker included me in scientific research and we are now expecting review process for a couple of abstracts and papers. I also had the opportunity to present the results of PTNS study on the meeting held on 7th of February 2014, where I was honoured to meet Professor Clare Fowler.

Last but not least, I have to mention research fellows from the Department of Uro-neurology at The National Hospital for Neurology and Neurosurgery: Bahareh Abtahi, Martina Liechti and Mohammed Saber. We spent a lot of time working together and discussing interesting topics.

In the end, I have to extend my gratitude to my Head of Department, Professor Sanja Hajnsek, Dr Jalesh Panicker who accepted to be my host and mentor and Mrs Pakzad, my urodynamics co-supervisor. I want to thank Ms Elneil who kindly allowed me observe SNM implantation. I am very grateful to all the staff in the Department of Uro-neurology at The National Hospital for Neurology and Neurosurgery, Queen Square and to the staff in the Department of Urology at UCLH.

Once more I have to express my gratitude to the ICS for very generous support.

With best wishes,

Katarina Ivana Tudor

Staff from the Department at Christmas dinner



# ICS Trainee Session

● by Jenny Ellis

**T**HIS YEAR THE Education Trainee subcommittee will be holding its second trainee session in Rio de Janeiro following on from the success of last year's event! As the title suggests the focus of the session is for trainees, students and fellows but everyone is welcome to attend!

This is a relaxed session with a combination of lectures and presentations which we think will be of great interest to those just starting their careers. Young ICS members will present lectures relating to research which will be followed by presentations from those with non-discussion posters who then receive feedback on their presentation skills, slides and scientific content.

We are lucky to have the following experts taking part:

- Adrian Wagg, Geriatrics
- Patrick Woodman, Urogynaecology
- Suzanne Hagen, Physiotherapy

The session will be followed by the ICS Welcome Reception in the conference centre. Following the Welcome Reception all trainee session attendees and speakers will be transported by bus to the Rio Scenarium nightclub – voted one of the top 10 nightclubs in the world by *The Guardian* newspaper! Delegates will be provided with two free drinks tickets and shown to the ICS reserved space. From there they are free to mingle with peers or explore the fantastic nightclub set over three floors, each of which holds an astonishing mix of vintage items: an old pharmacy dating back to 30s, ancient Chinese ceramics, seasoned barber chairs and plenty of freak objects! Return transport will be provided to the Copacabana/Ipanema neighbourhoods.

More information on this event is available on the ICS website;

<http://www.ics.org/2014/programme/session/1356>

You can also view interviews from some of last year's attendees here:

<http://bit.ly/1lgTnQ0>; on ICS TV: <https://www.youtube.com/icstelevision>

Pallavi Latthe, Kari Tikkinen and Rufus Cartwright at the Trainee Session 2013



# Book Review

● by Pamela Ellsworth

## Post-Prostatectomy Incontinence – A Clinical Guide

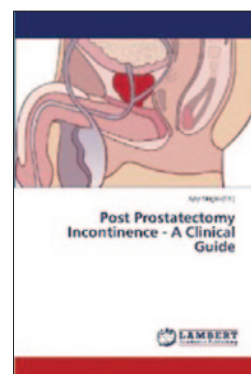
Edited by Dr. Ajay Singla, Published by Lambert Academic Publishing.

ISBN-13: 978-3-659-44950-5

ISBN-10: 3659449504

From 2000 to 2009 the total number of radical prostatectomies rose substantially in the United States. From 1887 to 2004, the number of prostatectomies performed in the United States was fairly stable at around 60,000 per year. From 2005 to 2008, the number of prostatectomies and robotic procedures increased substantially, to approximately 88,000 in 2008. The number of robotic prostatectomies increased from 9000 in 2004 to 58,000 in 2008. (*NCI Cancer Bulletin*, 9 August, 2011. [www.cancer.gov/ncicancerbulletin/080911](http://www.cancer.gov/ncicancerbulletin/080911)). Although associated with a quicker recovery, urinary incontinence remains a risk after robotic assisted laparoscopic radical prostatectomy. A systematic review and meta-analysis of studies reporting urinary continence recovery after robot-assisted radical prostatectomy noted that 12 month urinary incontinence rates ranged from 4% to 31%, with a mean value of 16% using a no pad definition. (Ficarra V et al. Systematic review and meta-analysis of studies reporting urinary continence recovery after robot-assisted radical prostatectomy. *Eur Urol* 2012 Sep; 62(3): 405-17). Urinary incontinence can have a devastating effect on men with prostate cancer. Dr. Singla and his colleagues have recently published a comprehensive book on the evaluation and management of post-prostatectomy incontinence, a science in itself.

This superbly written and concise clinical guide written by world renowned experts in the field provides detailed information on the pathophysiology, office evaluation and management of post-prostatectomy incontinence. The book is well organised and each chapter is well written, informative and illustrated. Current references are provided, giving readers the option of additional reading material. The surgical procedures are well described and illustrated with "key points" added by the authors. A review of complications is also provided with each of the procedures. The thoroughness of this book and its design allow it to be utilised by physicians treating post-prostatectomy incontinence world-wide. The authors are commended for providing a resource tool which can help improve the quality of life for prostate cancer patients with post-prostatectomy urinary incontinence. ■



# Developments in Brazil

## Development of Physiotherapy in Brazil

● Angelica Mercia Pascon Barbosa



Angelica Barbosa

**I**N BRAZIL, PHYSIOTHERAPY is recognised as one of the more recently developed occupations in healthcare. The goals of the profession are to diagnose, prevent and treat the functional kinetic dysfunctions in organs and systems and the profession is growing every day due to the efforts of its professionals and the Federal and Regional Councils. In 1951, the first course in Technical Physiotherapy in São Paulo University was held, but only on 13 October, 1969, by means of Decree-Law number 938/69, was the occupation established.

The physiotherapist can practice in inpatient and outpatient clinics, including rehabilitation centres, institutions for the aged, sporting clubs, hospitals, general Intensive Care Units, basic and specialised health facilities, businesses, households, schools, hospitals and Public Health.

In 2009, Functional Urogynaecologic Physiotherapy was recognised as a sub-specialty of Physiotherapy in Federal Council of Physiotherapy and Occupational Therapy resolution (COFFITO) number 365, and several specialty courses are provided throughout the country.

As we understand the importance of the pelvic floor as an integral and crucial part of important mechanisms such as continence, sexuality and postural maintenance, we could conclude that if this muscle group is impaired, it impairs the functional quality of the affected organ/system directly impacting in the quality of an individual's life. A highly skilled professional is needed to evaluate, identify and treat disorders related to changes caused by poor muscle recruitment. It is important to consider, during the assessment, the patient's morphopathological and biomechanics changes, giving special attention to the effects on the pelvic floor function, in order to trace a conduct by viewing the individual as a whole, but with meticulous focus on this muscle group.

In Brazil, the experts in this field have many therapeutic resources which, along with traditional kinesiotherapy, adds and expands to the physical therapy. From the simplest and least expensive to the most sophisticated including manometric and electromyographic biofeedback, pelvic cones, electrotherapy, and behavioural therapy, each in its particular way has demonstrated good results in both scientific studies and clinical practice, making great contributions to the patient's underlying conditions.

Physiotherapy professionals have contributed substantially to the development of the science of treating pelvic floor muscle dysfunction, as demonstrated by the many clinical results and scientific publications in experimental and clinical areas.

The proposal of teamwork has been conveyed as a strategy to cope with the intense process of specialisation in health. This process tends to vertically deepen knowledge and intervention in individual aspects of health needs without simultaneously considering the interaction of actions and knowledge. The positive results of increasing multidisciplinary approach noted in the scientific community on issues related to urology reinforce the importance of this practice in their specificity and reveals the possibility of solving simple and complex problems.

Physical therapists are an integral part of the multidisciplinary approach to pelvic floor muscle dysfunction and are a vital part of the management of simple and complex problems. This teamwork and integration has been demonstrated to have positive results. ■

## Stress Urinary Incontinence (SUI) treatment in Brazil

● Cássio Riccetto



Cassio Riccetto

**T**HE TREATMENT OF female SUI in Brazil has been evolving since the 1990s according to the global changes elicited by Integral Theory and TVT, but some particularities can be pointed out. Until 2000, homemade slings were still popular, but since Brazilian regulatory agency for medical devices has improved regulation over trocar re-sterilisation and polypropylene mesh tailoring, Public Health Service and insurance companies have started paying for sling procedures using mesh for SUI treatment throughout the entire country. Moreover, the strong exchange rate between Brazilian money (Real) and the US dollar from 1994 to 2002 allowed for Brazilian urologists and gynaecologists to prescribe 'first world class' sling procedures for their patients.

Another particularity that certainly impacts female pelvic floor health in Brazil is the high incidence of caesarean section, which is the dominant delivery mode among Brazilian women, despite efforts to increase the frequency of vaginal births. This preference is thought to lower the rates of SUI among Brazilian younger women. As a result, most of our patients underwent treatment in the peri-menopausal period. Moreover, physical therapy has becoming a reliable option for the Public Health Service patients in the last few years but its relevance is growing quickly.

The ICS Meeting will be a great opportunity to bring to the Brazilian doctors, nurses and physiotherapists the state of art knowledge and will certainly increase the quality of assistance for SUI and other pelvic floor dysfunctions across Brazil and South America. ■



# Research and Global Health: Some Considerations of Justice

Professor Alex John London

Ethics Lecture at ICS 2014, Wednesday 22nd October

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The ICS Ethics Committee is honoured to present a lecture by the distinguished medical ethicist, Professor Alex London, of the Carnegie Mellon University in the United States. This one-hour lecture is open to all attendees.

Professor London's presentation will address the following issues:

- Moral considerations in cross-national, collaborative research
- Community benefits in international research
- Considerations regarding the standard of care and prevention and whether these should ever differ between high- and low-income countries



Alex John London is Professor of Philosophy and Director of the **Center for Ethics and Policy** at Carnegie Mellon University. Professor London is an elected **Fellow of the Hastings Center** and recipient of the **Distinguished Service Award** from the American Society of Bioethics and Humanities (ASBH) and a **New Directions Fellowship** from the Andrew W. Mellon Foundation. Professor London's research focuses on foundational ethical issues in human-subjects research, issues of social justice in the trans-national context, and on methodological issues in theoretical and applied ethics. His papers have appeared in *Science*, *The Lancet*, *PLoS Medicine*, *Statistics In Medicine*, *The Hastings Center Report*, and numerous other journals and collections. He is co-editor of *Ethical Issues in Modern Medicine*, one of the most widely used textbooks in medical ethics and has been commissioned to write papers for the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine (IOM). In 2012 he joined the Working Group on the Revision of the CIOMS 2002 International Ethical Guidelines for Biomedical Research Involving Human

Subjects and in 2011 he was appointed to the Steering Committee on Forensic Science Programs for the **International Commission on Missing Persons (ICMP)**. Since 2007 he has served as a member of the Ethics Working Group of the **HIV Prevention Trials Network**.



Rio de Janeiro

[www.ics.org/2014](http://www.ics.org/2014)





# ICS 2014 – Social Programme

**A**S SOON AS you get into the airport in Brazil you feel the spirit and the nature of this splendid country; smiles and physical contact in the form of hugs and warm hand shakes. The multidisciplinary characteristic of the ICS makes for cheerful and relaxed social events. The social programme as usual, includes the Welcome Reception, Welcome Bossa Nova Coffee, Annual Dinner and the final Grand Closing Ceremony. Do not miss the Closing Ceremony where we will end with a toast with *caipirinha* and typical lunch of Brazil, *feijoada*.

This year, the Board of ICS and the Local Organising Committee working alongside the Education Committee have created activities for early career members. On Tuesday after the Welcome Reception early career members are invited to attend the Trainee Night Out. This will be an evening at the fantastic Brazilian bar and club 'Scenario' which is located in the fashionable Lapa district.

The Local Organising Committee has worked hard to give a Brazilian twist to these events. At the moment we do not want to show everything we are programming, we have some surprises to be announced later so will leave you with a bit of curiosity!

**Carlos D'Ancona**

Chair ICS Rio de Janeiro, 2014

**Nucelio Lemos**

Chair Scientific Committee, 2014

