

Committee Reports 2016

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Children and Young adults Committee Report 2016

1. **Activities and achievements in the past year.**

- Book on Urodynamics-Children and Adolescents (GM editor with JW)

This is a project with Italian Society of Urodynamics. Finally all material has been collected, with a delay, due to some authors "slow-action": some of them send the material with a great delay and 2 of them have been finally substituted. Anyway now all 35 chapters have been received and will be sent in September to the editor (Springer Verlag International). Scheduled time for draft last revision is November and publication for March 2017. The material seems very interesting as expected by valuable contributors: as Bower, Caldamone, Christensen, D'Ancona, DeJong, DelPopolo, Dik, Durjus, Finazzi, Neveus, etc. And all CYAC members.

- Transitional care book: (GM and SB editor) a summary has been defined with ICCS (Bauer), as well as many theoretical contributors have been identified and contacted. An editor has been identified (Springer Verlag International) with a proposal that has been sent to ICS for approval. A draft of the book was discussed on the forum of CYAC and has to be considered approved CYAC. Last step before to start is an official approval by Board of Trustees.

- Paper on CIC: as discussed in Montreal GM, MP and SB started to work on this project. Because we decided to prepare 2 papers as CYAC, in this paper has been requested the participation to some member of CYAC. The proposal has been discussed on our public forum and approved.

Introduction: MP+SB what is CIC and why to do it: MP+SB

Pros'n'cons and Impact on QoL: GM

Training for patients and relatives and carers: SB+MP

Cultural aspects: MP+KMK+JGW

Complex CIC: KMK

Stoma CIC: SB

Reconstructed urethra CIC: JGW

Variations in timing and methodology of CIC in the various conditions: MP

Equipment and debate on different worldwide scenarios GM

Authors are completing their part for the end of 2016, the idea is to send the paper as

Review to NU, according to ICS rules. Some other authors could be involved.

- Paper on learning disabilities.

According to Montreal decision this paper had be published in the summer 2016. MP and JR worked on this field (trisomy 21 and Mucopolisaccharidosis type I. etc.), but there is a delay.

Finally they accepted to be supported by the help of other members in order to publish a review paper. GM joined to them in June and started to work on cerebral palsy, defining to a new editorial project, according to ICS desires and rules. It has been requested to other members on CYAC forum their interest. Otherwise other people will be involved in order to have a draft for the end of the year to submit to NU. This Article on learning disabilities and comorbidities associated to urinary incontinence and bowel dysfunction will focused on: trisomy 21, Williams, cerebral palsy, Prader Willy, autism, ADHD.

- JW is working on UD module as promised in Montreal, the work is not finished but this year JW was greatly involved with the organization of APAPU (Asian Pacific Association of Paediatric Association) annual meeting , with a great effort , organizing too an ICS associated event (November 2016). JW will finish it with the help of other CYAC members.

2. Other activities/projects

As discussed in Montreal there is the need of opening the CYAC to cooperation to other ICS committees. Furthermore there is the need to value the CYAC expertise (paediatric and adolescents) that could be useful for several activities, and is requested by industry. For this reason, as previous discussed in the CYAC forum there is the idea to create a specific advisory board related to ICS. The Neuro Urology Paediatric Adolescent (NUPA) Team: a global view for defining education research, needs to improve in a global continence treatment for children and adolescents with neurogenic bladder and bowel dysfunction. Neuro-Urology is a well-defined subspecialty in adult urology not in paediatrics, and actually there is a Committee in ICS only with adult urology member. In paediatric centres their presence is limited, and paediatric neuro-urologist are available only in few, selected, third level centres, in more developed countries. For this reason a global approach to continence is scant in paediatric population and there is a high request of education for a correct continence management. Furthermore a similar request of education, guidelines is present in western countries for specific concerns as channel management, best practice of CIC, adolescents training and motivation, new techniques and treatments as neuromodulation. Aim of this project is to create a global Neuro Urology Paediatric Adolescent Team in order to define needs and provide guidelines to improve and ameliorate continence treatment worldwide for some more hot topics.

The chair thought is to relate its action to ICS, according to its rules. 5 centres: 1 Chair, Rome Italy and 4 others centres to identify worldwide (1 USA, 1 China, 1 Brazil, 1 in UK). These centres, investigators, could be identified inside CYAC committee of ICS, in Neuro-Urology committee of ICS, outside, in a 2 years project.

This project could be either related to an ICS subcommittee either external to ICS but always related in its action to ICS. The Chair received a proposal by industry about that offer to support it. Industry economical support will be unrestricted, without influence on scientific activities, and could be utilized for CYAC activities, for philanthropic or educational ICS projects.

3. **Planned projects for 2017**

- Publish the book on Urodynamics,
- Publish the paper on CIC and learning disabilities,
- Start the book on transitional care for publishing it at the beginning of 2018
- Start the project on Paediatric Neurourology (Subcommittee?)
- Start 1-2 clinical projects on some clinical aspects as e.g. paediatric neuromodulation or other considering input received by CYAC members.
- Organize 1-2 paediatric bladder and bowel day (see requested by Cagliari, Italy) and other events .Proposal by CYAC members
- ICS meeting: organize 1-2 workshop

4. **Budget for 2017**

Not requested at this moment.

5. Committee membership e.g. changes to committee TOR, committee set up, positions starting in 2017.

Not change are requested at this moment but it could be after Tokyo Meeting. It seems useful to define the interest of some members of CYAC , that seem too much involved with ICCS and less with ICS, as confirmed by their participation to ICCS meeting in Japan in June and their absence in Tokyo for ICS. To discuss the Inclusion of new member.

Education Committee 2015-2016

Ervin Kocjancic, Chairman

Activities and achievements in the past year

In the past year the Education Committee performed core functions on behalf of ICS. The membership has also voted in a new Education Committee chair and so this is my final report to the Board.

It was a pleasure and an honor for me to serve as Chair of this committee for the past 3 years, I believe that many changes occurred since then and I am certain the new chair will continue with these changes and continue with the modernization of the committee activities

Courses and workshops

The whole committee has been involved in the discussions about workshops selection at the annual meeting and all educational courses and guest lectures throughout the year.

Education Courses/Guest Lectures:

At the beginning of my term the Education Committee ask for a biennial budget to manage without interruption of activities at the end of each fiscal year awaiting the approval from the Board of Trustees. Last year the Board approved £30,000 budget for both 2015 and 2016. This was an appropriate amount of funds for the current activities. It might be a good idea to extend this longer budget plans to a 3 years period, with the same duration of the term of the

Chairmanship of the committee. This will smother all the Committee activities making them more predictable and the funds could be better used in conjunction with the annual meeting or any other additional activities ICS might want to initiate.

During the past year the 2016 annual meeting was actively looking for opportunities to promote the Tokyo meeting. The chair and a couple of the current members were particularly active in this process. Margot Damegsar and Alex Digesu should be commended for these activities. We contacted Asian societies and convinced those to host education course and have guest lectures during they're scientific activities. All these events were very well accepted and largely successful. The committee has also implemented by request of the board and maintained that a speaker may only be financed to speak on behalf of the ICS once a year.

We also started a very promising program with cadaver labs modules. This might represent a revenue generating activity for ICS. The activity started in London but is being currently expanded to Mexico and US. Currently the Mexico course, organized during the Annual Meeting of the bigger of the two Mexican Urological Societies, is fully booked.

2015-16 Education Courses/Guest Lectures

Course & Location	Month	Course & Location	Month
Continence Centres in the new millennium. The Challenge of an Interdisciplinary Approach. ICS Guest Lecture at the SIU event, Melbourne, Australia	October 2015	12th Pan Arab Continence Society Education Course, Abu Dhabi	January 2016
ICS – Turkish Continence Society (TCS) joint session ICS add on course, Antalya, Turkey	October 2015	ICS Guest Lecture in conjunction with the Japanese Society of Stoma & Continence Rehabilitation, Kofu	February 2016
The Interdisciplinary Team for Pelvic Floor Dysfunction, Add on course, Italy	October 2015	Joint ICS-European Association of Urology Nurses (EAUN) pelvic floor rehabilitation course, Munich	March 2016
ICS Education Course at SOBEST XI Brazilian Congress of Enterostomal Therapy, Add on course, Brazil	November 2015	4th Post IUGA/ ICS Brazil 2016, Belo Horizonte	April 2016
ICS Guest lecture at the CAU-SMU Joint annual meeting, Mexico	November 2015	ICS Roundtable at the 104th JUA Annual Meeting, Sendai	April 2016
ICS Guest lecture at the 67th Annual Meeting of The Korean Urological Association, Seoul, Korea	November 2015	ICS Guest Lecture in conjunction with the SMU, CONAMEU and SINUG joint annual meeting, Mexico	June 2016
Female Urology – Pelvic Floor Conference and ICS Joint Meeting, Bangkok	November 2015	ICS Guest Lecture in conjunction with the Brazilian Society of Urology, Curitiba	June 2016

London Cadaver Masterclass in Urogynaecology, UK	December 2015	ICS Guest Lecture at the Disturbed Bladder Control Symposium, Maastricht	June 2016
		ICS Guest Lecture in conjunction with the Italian Society of Urodynamics , Perugia	June 2016
		ICS Guest Lecture at the XIV SINUG Congress, Oporto	July 2016
		Paulista Congress of Urology, Sao Paulo,	September 2016
		Urogenital Apparatus: Physiology and pathophysiology, Mexico	September 2016
		Neurogenic Bladder Day Course, CAU Congress, Panama	October 2016
		Vaginal Fistula Repair and Female Urethral Reconstruction Cadaver course, London	October 2016
		Queen Square Uroneurology Course, London	October 2016

Workshops for ICS 2016

The entire committee was engaged in selecting workshops for ICS 2016. The committee also successfully reviewed all the workshops and held a very useful face-to-face meeting to create the educational program and discuss the future activities of the committee. The committee also reviewed the effect of the workshop attendance on whether it was free and where scheduled during the program. It was decided that there was no real impact as to whether the workshop was free or not whilst running alongside scientific sessions. If the workshop had a good enough program it was still popular. Therefore the workshops are now fully integrated into the meeting week, still with the majority however on the first day mixed with the ICI sessions. The free workshops were scheduled for during the meeting week. Each committee workshop has been branded an ICS Education Course and is Core Curriculum. They are also all free to attend. All speakers were contacted in advance of the meeting and advised that unless they opted out all workshop slides will be available in pdf format after the meeting on the ICS website.

Other ICS 2016 activities

Online Education Content

There have been discussions throughout the year as to the online eLearning strategy. At the time of writing the Board will provide a top level strategy for the committee to work within going forward. The ICS Educational Modules, started by the Urodynamics and nursing committee will be defined as the gold standard online content. The Education committee has

prepared a standard operating procedure to create a module and is disseminating to the other committees and will encourage commissions. Any other type of online content will be supported by an SOP and the task for the committee over the coming year is to put those in place. Also a best practices for preparing online content will be prepared. ICS TV will be the platform for this content and the office is working on having membership only sections. For this activity Nadir Osman and Nikolaus Rubin were crucial in initiating these activities. During the process of coordinating the learning modules the strengths and some weaknesses of existing modules were recognised. The need to prepare best quality and clear, up to date modules appears to be crucial. The Committee is working on preparing guidelines for the modules. These include the speaking skills required to make good modules, but also the analysis of the current needs in the scientific community to be able to create revenue-generating modules.

Early Career Session

This session, organized again by Kari Tikkinen will continue at ICS 2016 followed by a night out for the younger professionals. These become a new tradition among the early career ICS members.

Submission of articles to e-news & other publications

The committee have been preparing articles for the e-news in conjunction with the publications and Communications committee. Nadir Osman also prepared an article for Urology News.

Plans for 2016-2017

- Standard operating procedures to be produced for each type of online educational content.
- Check list for the minimal required characteristics to produce better quality modules.
- Best practices document for preparing online content.
- Expand the E-learning activities
- Rationalize the reviewing Process for the Workshops during the Annual meeting
- Coordinate the ad on activities with the Chair persons of the incoming Annual Meetings
- Expand the Basic Science visibility within ICS

Ethics committee report 2016

1. Activities/Achievements

- The **EC TOR** was extensively revised and submitted to the Trustees for their imprimatur. The revised document was subsequently approved and published. The emphasis was placed on educational activities and continued monitoring of disclosures and conflicts of interest. I am particularly pleased to report that

there were no controversies within the organization that required EC involvement this past year.

- **The Basic Ethics Workshop** offered at ICS 2015 was very well attended and rated highly by the attendees. In reviewing the evaluations, a majority of the attendees requested a more advanced workshop on biomedical ethics. The EC therefore prepared an interactive, case-based workshop for IC 2016 in Tokyo. After a brief introduction and review of ethical principles by Elise De, 3 topics will be addressed: a) the question of who should pay for women’s health care in general and fistula-related treatment in particular in developing countries to be led by Ruwan Fernando. Suzy Elneil has kindly agreed to appear as Guest Discussant for this case; b) the question of “medical salami” and other questionable practices in medical publishing to be moderated by Ryuji Sakakibara; and c) the issues surrounding the provision of surgical care to elderly adults kindly prepared by Martha Spencer but presented by me (Nina Davis) since Martha is unable to attend and could find no surrogate. The room will be set up in a half-round, and slides will only be used for presenting the cases and summaries of the key points so that the focus can be on discussion among the participants. It is hoped that this will not only be a very effective and enjoyable learning activity, but, also, that discussion will lead to topics for presentation in future ethics forums and will stimulate ideas that might be used in future white papers.

- As our second major project during the past year, the EC successfully put forth a proposal to the Trustees to create a new award, the Best Ethics Poster which carries a £500 prize. The proposal came from Alvaro Bedoya-Rongo and was enthusiastically supported by the entire EC. In spite of efforts to publicize the new award on the abstract application site, in the ICS e-News, and elsewhere, no appropriate abstracts were submitted for the Tokyo meeting, so no award will be given this year. However, the EC is already working with Dominic and Avicia to make sure the criteria for the award are well-publicized and that trainees and early-career professionals are encouraged to submit abstracts in the Ethics category. We look forward to a robust competition next year.

- Through the extraordinary efforts of Elise De and 2 colleagues from Burkina Faso, the EC produced its first white paper. It is currently submitted for approval by the Trustees, and it is hoped that the document will be published in NUU in the very near future.

2. Future Projects

- The EC will continue to provide a workshop or other educational activity for next year’s Annual Meeting.

- The EC will produce another white paper, topic to be decided upon at the upcoming committee meeting in Tokyo
- The EC will continue to ensure the integrity of the academic activities of the ICS.

3. Committee Membership

A number of EC members rotated off of the committee last year necessitating the election of 4 new members. Note that the EC settled on 10 members (including the Chair) as the ideal number for carrying out its business. We were extremely fortunate to attract a number of extremely qualified applicants, particularly in our areas of need. The composition of the EC is now as follows:

Nina S. Davis (US)	Chair/Urologist
Alvaro Bedoya-Rongo (UK)	Urogynaecologist
Elise De (US)	Urologist
Ruwan Fernando (UK)	Urogynaecologist
Cristina Naranjo-Ortiz (Spain)	Physiotherapist
Heidi Moosdorff-Steinhauser (NL)	Physiotherapist
Ryuji Sakakibara (Japan)	Scientist/Neurourologist
Chris Chatterton (UK)	Scientist/Ethicist
Martha Spencer (CAN)	Geriatrician
Tamara Dickenson (US)	Nurse

It should be noted that Tamara, Martha and Ryuji are serving as co-opted members pending starting their terms on the committee.

I want to take a moment to convey my sense of great good fortune that I have such dedicated colleagues who ALL contribute considerable time, thought and effort to the activities of the EC. All of our meetings and teleconferences have been quorate and the latter have all been on weekends demonstrating just how committed they are! The ICS is very much enriched by their involvement.

4. Budget Request

The EC budget request for 2016-17 has been completed and is attached below.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Nina S. Davis". The signature is stylized, with a large, sweeping initial "N" and "S" that connect to the first letters of "Davis".

Nina S. Davis, M.D.

2016-2017 BUDGET REQUEST - ICS ETHICS COMMITTEE				
Budget Item Request	Cost	Justification	Alignment to ICS strategy	Objectives (should be specific and measurable)
<i>Conference calls, 3/year for up to 10 individuals including co-opted member(s), Jenny Ellis from the ICS Office and Dr. Castro-Diaz, Trustee member</i>	£500	<i>The conference calls are integral to conducting the business of the committee including communication of important information, sharing and expanding upon ideas regarding projects such as composing white papers or organising courses/activities for the ICS Annual Meeting, as well as discussing issues of concern to the committee.</i>	<ul style="list-style-type: none"> -Ongoing EC monitoring of COI compliance ensures that the integrity of the organization is maintained -A programme currently in the planning stages will attract the interest and participation of early career members and others who might not ordinarily present at the meeting -Produce consensus papers that will advance the academic objectives of the ICS and enhance its standing in establishing global policy 	<ul style="list-style-type: none"> -Maintain the highest level of academic integrity through monitoring of COI reporting and assessing commercial bias in the ICS-sponsored programmes -Publish 1-2 white papers/year on ethical topics of global concern, e.g., FGM -Provide an annual workshop to the scientific programme for the ICS Annual Meeting -Contribute a unique activity of interest to the general membership dealing with one or more “hot topics” in global ethics
<i>Best Ethics Poster Award at the Annual Meeting</i>	£500	<i>As approved by the Trustees. The cost would be applied to annual meeting budget.</i>	<i>Encourages submissions by trainees and early-career attendees</i>	<ul style="list-style-type: none"> -Increased number of submissions under the Ethics category -Increased number of submissions by trainees and early-career professionals
Total Cost	£1,000			

Neurourology promotion committee report 2016

July, 6th 2016



Picture of the NU group, Montreal 2015

Chair: Emmanuel Chartier-Kastler (Urologist, France)

Members: (multidisciplinary committee)

- C D'Ancona, Urologist (ex officio member)
- E Chartier-Kastler, Urologist, F
- M Hassouna, Urologist, C
- T Kessler, Urologist, CH
- C Konstantinidis, urologist, Greece
- M Davies, Urologist, UK
- E Finazzi Agro, Urologist, I
- M Averbeck, Urologist, Br
- W Altaweel, Urologist, Saudi Arabia
- J Panicker, neurologist, UK
- B Schurch, neurologist, CH
- P Denys, Rehabilitation physician, F
- Juan Botero, Urologist, Colombia

- Pawan Vasudeva, Urologist, India
- Emmanuel Braschi, Urologist, Argentina
- Daniele Minardi, Urologist, Italy

New members (2016) approved after electronic voting process and admitted at ICS Tokyo 2016

- Collette Haslam
- Doreen McClurg
- Giulio Del Popolo
- Rizwan Hamid, Urologist, London

Members ending term at ICS Tokyo 2016 and cannot be renewed

- Brigitte Schurch
- Enrico Finazzi Agro
- Limin Liao
- Waleed Altaweel

Request from the office:

- Activities and achievements over the past year and plans for the next year
 - See below
- Notification of any new subcommittees (as the Trustees should formally approve these, per the ICS Bylaws)
 - None
- Details of any budget requests for the coming year
 - None
- Confirmation of whether the committee will call for expressions of interest for new committee members, **as of the 2016 AGM in Tokyo**
 - Yes
- Special request for any members whose terms are ending to be renewed for one more term, or part of a term.
 - To be completed

Report:

1 Publication activities

Ongoing process, upon PRISMA procedure and journal's peer review process. Some authors have been suggested outside of the committee to try to promote young neurourologists as future active members of the committee and attract them:

« Elaboration of disease specific recommendations for urological management of LUTS in

central nervous system disorders: final steps «

Multiple sclerosis: Thomas M. Kessler et al.

(Alpha-blockers: Schneider / antimuscarinics: Kessler / baclofen: Denys / botulinum toxin: Schurch / cannabinoid: Abo Youssef / catheterisation: Gajewski / desmopressin: Phé / Neuromodulation: Kessler / pelvic floor muscle training: Davies / surgical techniques: Chartier-Kastler / vanilloids: Phé)

The chairman proposed (y. 2015) a digital book edition « atlas of surgery for Neurourology » which may be written by members of the committee and available through the ICS website for all members.

This project is going to be started this year. Committee members were busy with some other projects and the SIU/ICUD conference on SCI (Buenos Aires, October 2016) made all very busy.

2 Teaching activities

The NU committee and the education committee took part to the following educational activities

- Japanese urological congress (Sendai) (ICS support) march 2016
- South Brazilian congress (Curitiba) June 2016
- CAU congress (Panama)

To follow:

- ICS Neurourology course: London, J Panicker (October 2016)
- 23rd Panhellenic Urological Congress (Rhodes) October 2016

The choice is to have committee activities and/or ICS activities dedicated to Neurourology through regional and/or national meetings and to focus less on individual meetings except major Neurourology worldwide renowned centres.

NB: Reminder to organize any activity in name of the committee:

To obtain standard agenda for one day basic and advanced Neurourology courses to be proposed to those who would like to have ICS Neurourology courses organised in their country

To submit all courses projects to ICS education committee to obtain ICS label (must be a quick process)

To select members of the committee able and willing to give courses

3 International Relationship and specially with the annual international Neurourology meeting (Zurich)

A session including INUS and ICS NU committee will take place in Tokyo as a plenary session. (See congress programme)

It is planned to have an ICS NU session at the INUS congress in Zurich (January 2017).

4 Other topics to discuss:

Promotion of Neurourology needs to find and attract young colleagues to ensure scientific activities and future members: How to proceed and what are the objective of ICS in this area? Probably we should list young promising neurourologists in our countries to work with them.

Neurourology in developing countries: a special section of our committee could focus more on this specific topic and suggest some ideas to help colleagues to join us or to be interviewed to know more about their wishes.

The SIU/ICUD conference on SCI has been designed and prepared out of any ICS and ICS NU committee information. The committee suggest that ICS (through its general secretary) could request to be co-author/ co-partner/ co-promoter of this publication with SIU?

ICS Nursing Committee

Full-Term Report to Board of Trustees Prepared by Donna Bliss, PhD, RN Chair

1. Activities and achievements in the past year

Notes: Activities are organized by Education and Practice, Research, and Communications areas (as they are our subcommittees) although some activities and Task Forces cut across these areas.

- a) **Education and Practice Related Activities**
 - i) We submitted an application for and planned the Nursing Workshop for the 2016 annual conference in Tokyo
 - ii) Planned the Nursing Forum for the 2016 annual conference in Tokyo
 - (1) #1 and 2 involve a collaboration of local (Japanese) and international speakers and ICS Nursing Committee members
 - iii) Assisted in obtaining sponsorship for simultaneous translation of the Nursing Workshop and Nursing Forum
 - iv) Assisted in obtaining volunteers from the local ICS planning committee to translate slides of main speakers for Nursing Workshop and Nursing Forum
 - v) The chair assisted with seeking sponsorship for a nursing symposium at the annual meeting but none materialized
 - vi) Completed several e-learning activities focused for nurses: Dr. Kathleen Hunter's presentation on pharmacology for UI for the advanced practice nurse at the Nursing Workshop at the ICS annual meeting in Montreal in 2015 was filmed in and the ICS staff is working on making it available. Dr. Mary Wilde developed voiceover slide modules on catheter care (see below for more details).

(1) Dr. Mary Wilde developed three educational modules on “basic urinary catheter care” and “self-management of catheters for people with an indwelling or intermittent catheter” She had obtained contractual arrangements with her university’s department of intellectual property to make her intervention research materials available for no cost, i.e., educational booklets and urinary diaries, (including the intermittent diary in web-format). The first drafts of the Power-point presentations were sent to the Nursing Committee chair and to sub-committee leaders for communication and education (Drs. Donna Bliss, Sharon Eustice, and Kathleen Hunter, respectively). Many times during the development of the modules, this group reviewed content and advised modifications.

(2) As the process was new to us and to ICS, we worked closely with Jenny Ellis and Avicia Burchill. Dr. Wilde used ICS slide template. She provided voice-over with Penopto to better engage the learner. Her university assisted with obtaining access to Penopto and assisted with the recording, and sent the web-links for the presentation to ICS. ICS also requested a short video clip introduction, and this was done at Dr. Wilde’s university using their studio. The MP# file of the video clip was sent to Dominic Turner. An overview of the presentations was requested by ICS to accompany the video introduction and modules. In addition, information was created to accompany these educational modules for the Nurses Committee Library about: 1) a description of content in the educational materials, 2) how to obtain access to a free contract for their use, and 3) links to several key publicly available references from this research. In early June, we were advised that our modules required review by the ICS Board of Trustees and Education and Standardisation Committees. After this process was completed, our educational modules were launched on July 6, 2016. Publicity for launching the modules had been requested months prior--written by Dr. Wilde and approved by Dr. Eustice, the Nursing Committee’s Communications Subcommittee chair. ICS launched the Nurses Committee modules at the time they launched those of the first modules from the Urodynamics Committee. So there are links from a general ICS educational modules site, linking just to the modules,

http://www.ics.org/news/549?utm_source=ICS&utm_campaign=37bade36cc-eNews_177_5_2016&utm_medium=email&utm_term=0_ed25e3afda-37bade36cc-291769985&goal=0_ed25e3afda-37bade36cc-291769985 as well as from our microsite which includes Dr. Wilde’s introduction and overview at the bottom of the page:

<http://www.ics.org/committees/nursing/icseducationalmodule>

vii) Having the ICS staff film a video demonstrating of catheter care using a nurse in the UK has been discussed as a possible addition

viii) Recruited an ICS nurse member, a nurse clinician from Australia, to write an article for a miniseries in *Urology News* about current incontinence care from a nursing perspective.

ix) Ms. Karen Logan has taken the lead on the project of encouraging nurse members to apply for the ICS Clinical (mentoring) Awards and to develop a procedure for Nursing Committee to review applications and select winners.

Others assisting are Drs. Veronica Hagar and Sharon Eustice and Ms. Jaclyn Lee. After a Forum discussion and emails with Dr. Bliss, a telephone conference among the task force members was held during the week when this report was due. An update of the status of this activity is expected prior to the Nursing Committee meeting in Tokyo.

2. Research Related Activities

- a) Updated new Scientific Review Committee process to involve more members in reviewing abstracts. Seven (7) nurse members participated in the Scientific Committee Review process for Tokyo 2016, up from 3 the previous year.
- b) Research Subcommittee chair and Committee chair participated in a Task Force developing a guideline for writing and reviewing Qualitative Research Abstracts chaired by Dr. Joan Ostaszkiwicz and circulated it to Nursing Committee for feedback (See Task Forces below for more details).
- c) Worked with the Chair of Communications Subcommittee in February on “Top 6 reasons to submit an abstract to ICS” targeted to nurse members and circulated by ICS office.
- d) A “Guideline for Collaborative Continence Nursing Research” developed in the past by this subcommittee was circulated to the Nursing Committee for information following Nursing Committee Meeting in Montreal 2015 and it was agreed to archive the project given new priorities by the Committee and ICS strategic plan.
- e) Subcommittee provided review of material/ process of evidence based management of catheter resources submitted for educational modules and Nursing Library resources.

3. Communications Related Activities

- a) Abstracts from ICS Montreal were made available for access on our webpage until 31 March 2016.
- b) Recruited and reviewed a Nursing Committee member to write a publicity piece for the ICS conference in Tokyo that was emailed to members by the ICS office
- c) Removed and replaced past citations of publications of ICS nurse members from our Reference Page on the ICS Nursing Committee microsite with current citations for the year.
- d) Coordinated committee peer review of documents submitted to be included in Nursing Library and Reference Page. Continued and added resources to Nursing Library on the ICS Nursing Committee webpage
- e) Continued regular review of pages on the ICS Nursing Committee microsite in terms of fit for purpose and updating and adding pages/information where necessary.
- f) Wrote numerous news items (for ICS emails and e-newsletter) with a strap line to funnel nurse members to our website.
- g) Uploaded recent sub-committee reports into the relevant microsite pages.
- h) A member of the ICS Nursing Committee Joined the ICS Wiki sub-committee providing nursing representation and developed forum discussions on topics being worked on by the Wiki sub-committee

4. Activities of Task Forces: Qualitative Research abstracts

a) At its 2015 annual general meeting, the ICS Nursing Committee discussed strategies to increase the number of abstracts submitted to the ICS Scientific Committee from nurses. It was thought that the low submission rates may, in part, relate to the lack of guidance about qualitative research, which is a common area of research for nurses. This led to agreement to draft an informational document about the nature of qualitative research, how to judge its quality, and how to construct a qualitative abstract. In early 2016, a task force consisting of Drs. Joan Ostaszkievicz, Donna Bliss and Kathleen Hunter, developed a draft document titled 'Qualitative Research Abstracts', and subsequently invited input from the ICS Nursing Committee membership.

i) The feedback centered on whether or not the document should be redrafted into a set of rules/guidelines/criteria for submitting abstracts to the ICS Scientific Committee from qualitative research and/or from mixed methods research. Concern was also expressed that the document may be viewed as an additional and parallel set of ICS criteria for abstract submissions. Currently, the document will be available on the Nursing Committee webpage as a resource guideline supporting nurses interested in submitting abstracts to the ICS annual meeting

ii) A number of changes were made to the document, (which is attached with this report) which now provides the following general information:

- (1) What qualitative research is and what it isn't
- (2) Characteristics of good qualitative research
- (3) Reliability and credibility of qualitative research
- (4) Generic criteria for evaluating the quality of one's own qualitative research
- (5) Writing an abstract for ICS about qualitative research
- (6) The working party decided that the document should in the first instance, be posted on the ICS Nursing Committee website page, and that further discussion was warranted at committee level about proposing the document be reviewed by the Scientific Committee with a view to it informing their adjudication process and/or included as part of the suite of general abstract submission resources/guidelines.

5. Activities of Task Forces: Best Practice for Bladder and Bowel Training

a) A project whose initiation involved of all Nursing Committee subcommittees and members now chaired by Dr. Jo Booth of Nursing Committee.

i) At the Montreal ICS Nursing Committee meeting it was agreed that a Best Practice Statement on the practice of Bladder and bowel training would be developed by a sub-committee of the Nursing Committee. This subject was selected because bladder and bowel training are highly prevalent in practice yet the evidence base is very limited. Consequently, Clinical Best Practice Statements (BPSs) are principal-based and depends on expert consensus. Anecdotal reports of variability in practices are common.

ii) There is currently no process for Best Practice Statements development within ICS so a Project Task Force was established to develop and agree on the process then develop the BPS. The group is comprised of Drs. Jo Booth (lead), Sharon Eustice, Kathleen Hunter, Veronica Hagggar, Wakako Satoh, Sandy Engberg

and Ms. Karen Logan and reviewed by the Nursing Committee chair, Donna Bliss. Communication via an ICS Forum has been established.

- b) A flowchart of the BPS process was circulated and, in summary involves:
 - i) developing a draft BPS from the results of a rapid review of the current evidence
 - ii) surveying ICS members on current bladder and bowel training practices and incorporating into draft BPS
 - iii) consulting on the revised BPS with stakeholders from ICS and wider organisations
- c) Progress to date:
 - i) BPS development process and topic have been agreed by main ICS.
 - ii) Rapid review of the literature has been completed.
 - iii) First draft of BPS written. This will be presented at the Nursing Committee meeting in Tokyo.
 - iv) Questions for survey of practice have been identified.
 - v) It is intended that the survey together with the draft BPS, will be circulated to the ICS Nursing Committee, prior to the annual meeting in Tokyo; however consultation with members attending the Nursing Forum will also be undertaken.
 - vi) Following this process the draft BPS will be revised and a final draft will be circulated to the Nursing Committee and to all the participants before the end of the calendar year 2016.

6. Other activities/projects

- a) The chair, Dr. Donna Bliss made a proposal to the ICS Trustees about offering committee awards for outstanding contributions to ICS in three different areas. She was recommended to broaden the awards for all committees as others might be interested. However, the trustees said there was not much interest in this idea. In further communication with Dr. Chris Payne, Dr. Bliss explained that other multi-disciplinary and nursing organizations have such recognitions as a way of providing some benefit to members re: their professional evaluations for what is volunteer work and as a way of promoting membership retention. Unlike physicians, for example, nurses are not independent practitioners, and such recognitions assist us in obtaining permission for our professional volunteer activities and count considerably toward a positive performance review. Dr. Payne agreed to re-visit this idea for the Nursing Committee with the Trustees.

7. Planned projects for 2017

- a) **Task force and Joint Subcommittee Projects**
 - i) The Nursing Committee will discuss ideas for new projects at the annual meeting in Tokyo then have a forum discussion including committee members not present in Tokyo. The chair will review resources and time and decide if a new project will be planned for 2017. A project related to disseminating the IC16 review information is an example.
 - ii) By the end of March 2017, we will complete the Best Practice Statement for Bladder and Bowel Training then submit it for review to appropriate ICS bodies, disseminate it and include it in the Nursing Committee Library. We will possibly

write a publication about the statement and process to be submitted to a journal by the end of 2017.

b) **Education and Practice**

- i) The committee plans to continue organizing the Nursing Workshop and Nursing Forum and will plan topics and speakers for the 2017 ICS meeting in Florence.
- ii) Dr. Hunter has been on sabbatical and the article about UI pharmacology for advanced practice nurses she will write/publish will be completed in 2017
- iii) Develop and implement a plan to identify opportunities and needs for global nursing courses in areas of need and submit proposals to ICS Education Committee

(1) Dr. Bliss has been emailing with Dr. Elise De of the ICS Education Committee about a request to organize an education course in Nigeria Africa about incontinence management. We will continue to work on this as we learn from the requesting physician in Africa.

- iv) Complete plan for encouraging nurse members to apply for the ICS Clinical (mentoring) Awards and to develop a procedure for Nursing Committee to review applications and select winners; as Karen Logan's term is ending, identify a new lead for this project

v) Bliss has been in communication via Avicia at the ICS office with the EU Urology Nurses about providing a speaker for their conference in London in fall 2016

- vi) Determine if video demonstration about catheter care will be completed.

(1) We will communicate with Dr. Peter Rosier about plans for future e-learning modules, opportunities, and needs

c) **Research**

- i) Explore possibility and procedures for making portions of the qualitative research abstract guidance regarding abstract reviews part of the criteria used by the ICS Scientific Committee in reviewing abstract submissions

- ii) Develop and implement a strategy to identify and increase the number of nurse scholars to participate in the "Early career" section of the main meeting.

(1) Concern was raised that having Nursing Committee members provide feedback/guidance to early career nurses prior to their submission of an abstract could potentially interfere with a graduate student-supervisor relationship, as a majority of submissions would likely be from doctoral/graduate students' studies/projects.

(2) No committee members indicated they would be available to participate. Requires follow up discussion and planning a different strategy

- iii) Develop and implement a plan to increase the number nurses to submit abstracts to annual Scientific Meeting and have them accepted.

d) **Communications**

- i) The communications sub-committee will continue to assist the Nursing Committee achieve its overall objectives by the following:

- (1) Engage effectively with other ICS committees and build strong relationships.
- (2) Demonstrate the success of our work and regularly showcase examples of output from the nurse membership.
 - (a) Abstracts with nurse contributors will be posted on the ICS Nursing Committee webpage
 - (b) Publicity for completed projects in progress above will be developed and rolled out in a timely/strategic manner
 - (c) A call for citations of 2016 publications, new awards/recognitions and resources for our webpage will be emailed to members after the Tokyo meeting
 - (d) Special feature sections of our webpage will be updated according to schedule (e.g., citations annually)
- (3) Ensure that the nurse membership and wider ICS community understand what we do.

8. Budget for 2017

- a) Support from ICS staff as needed for offering the Nursing Workshop and Forum at the 2017 meeting and free admission for nurses
- b) Assistance from ICS staff for seeking sponsorship for translation of Nursing Workshop and Forum at the 2017 meeting
- c) Assistance with seeking sponsorship for a possible Nursing Symposium for 2017 ICS meeting
- d) Assistance from ICS staff to complete the review, formatting, and dissemination of the Best Practice Statement on Bladder and Bowel Training
- e) Two to three conference calls among Nursing Committee members to discuss project planning and completion as needed
- f) Online forum discussions for committee communication about projects as needed
- g) Continued assistance from ICS staff to update our webpage with annual and periodic new information
- h) Assistance from ICS staff with initiatives (when developed) to increase submissions of nursing early career abstracts, nursing abstracts in general, applications for clinical awards and planning global educational courses
- i) Possible support for a video about catheter care and TBD new committee project

9. Committee membership e.g. changes to committee TOR, committee set up, positions starting in 2017

- a) Ms. Jaclyn Lee who was a co-opted member was elected as a new regular member of our committee as Ms. Karen Logan's term is ending.
- b) Re-assess role of deputy chair of committee appointed this year as Dr. Bliss was on sabbatical from her academic job.
- c) Education and Practice Subcommittees were merged this year and with good results.

ICS Physiotherapy Committee Annual Report 2016

(NB: final report to follow Physiotherapy Committee teleconference in early September)

Chair: Doreen McClurg

Term of Office: September 2015-September 2018

Date report submitted 1st August 2016

Committee members 2015-2016: Doreen McClurg(DM) Chair, Cristiane Carboni(CC), Rebekah Das(RD), Rhonda Kotarinos(RK), Adelia Lucio(SL), Stephanie Madill(SM), Peter Meyers(PM), Heather Moky(HM), Melanie Morin(MM), Cristina Naranjo-Ortiz(CNO), Petra Voorham-van der Zalm(PZ), Paula Iguualada-Martinez(PI) and Myung-Soo Choo Ex(MS) officio representing the ICS Board of Trustees

Petra Voorham-van der Zalm had taken over the responsibility of organising the Round Table Meeting but unfortunately had to go off on long term sick leave early in the year. Jacqueline de Jong who had helped to organise the event for many years was co-opted to help the other members of the organising team.

Stephanie Madill resigned from the committee in the New Year for personal reasons. This meant we had one vacancy which was filled during the recent elections. The proposed new committee member – Nelly Faghani from Canada

We have had 3 x meetings in the last year, one face to face in Montreal Sept 2015, teleconference X2 with full committee (February 2016 and August 2016).

The Physiotherapy Committee represents and supports ICS physiotherapy members and the physiotherapy contribution to various ICS committees in order to encourage and maintain the multidisciplinary strength of the ICS. It acts as a liaison body between the Chair of ICS, ICS Board of Trustees and its physiotherapy members regarding matters of mutual concern. It is pleasing to see that there are PT representation on many of the ICS committees, including the Board of Trustees.

The Physiotherapy Committee has 3 functions: communication, research and education.

Activities and achievements over the past year:

- Committee membership:
 - Chair continuing in second year (D McClurg)
 - New members elected Sept 2015 Adelia Lucio, Health Moky, Petra van der Zalm and Paula Iguualada-Martinez)
 - One person resigned during the year for personal reasons. One position vacant for 2016-17 and one person elected Nelly Faghani
 - Jacqueline de Jong co-opted for a further year to help with Round table preparations as Petra had to go off ill
 - We have 4 members of the committee who will have served 3 years in 2017 and are eligible to stand for a further 3 years, Cristiane Carboni Rhonda Kotarinos Rebekah Das and Peter Meyers. I also have one more year as Chair and can stand for a further 3.

- We would like to co-opt Gill Brooks a PT from the UK to lead work on a Physiotherapy Fistula handbook

Physiotherapy Round-table sub-committee (Jacqueline DeJong, **Cristina Naranjo Ortiz**, Petra Voorham-van Zalm and Adelia Lucio) are responsible for the organisation of the Montreal 'Physiotherapy Round-table' meeting.

There have been efforts to advertise the round table event to the local hosts but this has proved difficult as pelvic floor PT is not recognised in Japan. However there has been some input. The first half of the program is aimed at the physiotherapists that usually attend the ICS and the roundtable workshops are more basic.

A full afternoon program has been organised. The speakers in the early afternoon are:-

- Physiotherapy for women with vulvodynia: Is it effective? Melanie Morin
- Assessment of Nocturia: a new assessment tool. Wendy Bower
- Pelvic floor physiotherapy in the past, where are we standing today, and how will the future look? Kari Bo

Following these talks we will have reports from the Chair and from the representatives on the Scientific and Education Committees.

Later we will hold round table workshops

1. Pelvic floor evaluation, Chantale Dumoulin
2. Anal incontinence, Bary Bergmans
- 3 Overactive bladder, Margaret Sherburn
4. Effect of Peripartum PFME, Siv MØrksved
5. ICF as an assessment tool, Barbara Koehler
6. Neurogenic Bladder/Bowel, Doreen McClurg
7. Male Incontinence, Heather Moky
8. Assessment of Nocturia Wendy Bower

PT and ICS Tokyo

PT is represented in a wide variety of workshops and podium and poster presentations. A basic workshop, with content aimed at local physiotherpists has been accepted and will be translated. Presenters include Margaret Sherburn, Chantal Dmoulin, Doreen McClurg and a Japanese Physiotherpist Japanese physio (Yuka Yokoi). Other workshops being undertaken by PTs include The Overactive Pelvic Floor, Pelvic floor defaecatory Disorders and from **pelvic floor muscle training to functional training in women with urinary incontinence; bottom line solution for adherence?** In addition there will be 2 sessions of PFME, one for ageing women and one for pre and post natal women

Membership and Communications Sub-Committee (CC and RK)

The communications sub-committee is chaired by Cristiane Criscarboni and assisted by RK. A rota for members of the committee to provided articles for the web-site. In addition the information from the Round Table will be uploaded on to the web-site and newsletter following the Tokyo meeting.

Education and Professional Development Sub-Committee (RK, PM, AL, & HM)

Peter Meyers is the Chair of this sub-committee and has been working on putting our educational guideline in to a paper for publication. This is now in draft form.

Scientific and Research Sub-Committee (MM, RD, CNO, DM, PI)

The new project for the Scientific and the Education committee is to pull together the methods for training physiotherpists in pelvci floor examination. RD is collecting and collating this project.

We are considering producing a handbook on the role of physiotherapy in the management of obstetric fistula, which Gill Brook was going to base on a book chapter

Committee members serving on other ICS committees

- Scientific Rep: Melanie Moran –
- Trustee Committee - Cristina - Naranjo Ortiz
- PT is represented on the Ethics committee by Cristina - Naranjo Ortiz.
- Continence Promotion Committee – Peter Meyers
- Neurourology Committee – Doreen McClurg (2016/17)

Liaison with ICS Physiotherapy members serving on other ICS committees

- ICS Education - Marijke Slieker-ten Hove – This will be included in the report when Submitted
- Paediatric Committee – Nelly Faghagni
- **Standardisation: Beth Shelley**
Beth Shelley is also Editor in Chief of the ICS Wiki

Fistula Committee - disbanded

Summary: full or part progress made on all goals set 12 months ago.

Part progress on goals during the year with a paper soon to be presented for review before submission for publication around the educational guidelines and information is being gathered on the project around PT assessment of the pelvic floor.

Plans for the next year:

- Membership and Communication sub-committee:
 - Planning for 2017 Round-table.
- Scientific and Research sub-committee:
 - Standardisation in training in the assessment of the pelvic floor
- Education and Professional Development:
 - Publication of the educational guideline
 - Continue to contribute physiotherapy topics and speakers to multidisciplinary educational activities
 - Contact key physiotherapy members to contribute to submission or workshops for 2017 Meeting

- Guidelines on PT and Fistula

Combined project for Education and Scientific is to complete the educational standards for pelvic floor examination

Notification of any new subcommittees (as the Trustees should formally approve these, as per the ICS Bylaws):

- nil

Details of any budget requests:

- Jan & July teleconferences 2016

Confirmation whether the committee will call for expressions of interest for new committee members, as of the 2016 AGM in Tokyo):

- It is expected that 4 positions Cristiane Carboni, Rhonda Kotarinos, Rebekah Das and Peter Meyers will be vacant but are eligible res-stand. Nominations invited by 1 April 2017 if not re-standing

Special request for any members whose terms are ending to be renewed for one more term. This is permitted assuming this Bylaw change is voted in by the membership at the 2013 AGM:

- Not known at this stage

Doreen McClurg

Publications and Communications Committee Report 2016

August 2016, Jacqueline Cahill

The PCC has overseen and contributed to the ICS E-News, Social Media output, and Urology News.

- PCC Composition:

As of August 2015, the PCC members comprised of 3 members and the Chair, this proved inadequate as members struggled to provide articles in a timely manner due to other commitments. To address this it was decided to increase the PCC membership to 6. Early 2016 we co-opted Nucleio Lemos onto the committee, he and 2 other applicants were accepted as permanent committee members to begin in September 2016, (one of whom is a Colorectal Surgeon). It is hoped that the additional members from diverse disciplines will increase and improve the PCC contributions to the ICS E-news

- E-news:

Each committee member is responsible for one latest scientific article review and two Social Media contributions per month, in addition members are encouraged to contribute, "pieces" of interest on an ad hoc basis. Articles are sent to the Editor, (Sophie Fletcher), Social Media to ICS office, (Jenny Ellis). To date with such a small committee we have contributed many such articles but it has been a challenge to

obtain such reviews in a timely manner, now, with the increased committee membership we will, during the PCC September Committee meeting be looking at a new streamlined process to ensure articles are received on time and also distribute the workload amongst the committee members and increase our output.

We have been successful in garnering articles of interest from members of other committees, it still however remains a challenge to receive articles from committee chairs reporting on their committee updates and activities. How to better engage committee Chairs will be discussed during the PCC September meeting, as these updates are integral to engaging the ICS membership in ICS initiatives and activities.

Nucelio has been producing additional E-news articles on the ICS 2015 webinars. These articles provide readers with an insight into the sessions and who these are of interest to.

ICI: In May PCC Chair Jacqueline Cahill interviewed Linda Cardozo regarding the 6th International Consultation on Incontinence, September 2016 Tokyo, Japan, it will be published in the ICS E-news.

Below are the top 10 articles for all of 2015 and until the end of May 2016*:

Top 10 Articles for 2015

Year	Article Title	Website Link	Views
2015	ICS Trustee or Committee vacancies	http://www.ics.org/news/359	1601
2015	Committee Vacancies – 4 Weeks Left to Apply	http://www.ics.org/news/359	1601
2015	ICS Bids 2018- Last chance to vote!!	http://www.ics.org/news/346	1317
2015	ICS position statement: “Renew Insert” – a new product to alleviate accidental bowel leakage	http://www.ics.org/news/401	1315
2015	Apply now for the IUGA / ICS Working Group - Deadline Monday 19th January 2015!	http://www.ics.org/news/357	1303
2015	ICS Lifetime Achievement Award 2015 - deadline extended!	http://www.ics.org/news/354	1230
2015	Children's Committee publish new leaflet addressing continence in children with disabilities	http://www.ics.org/news/355	1209
2015	Faecal incontinence article - When to do surgery?	http://www.ics.org/news/446	1139
2015	ICS 2018 Voting Results	http://www.ics.org/news/370	1059
2015	ICS 2014 award winners donate prize to Unicef	http://www.ics.org/news/350	948

Top 10 Articles for 2016 (Up until May 2016)

Year	Article Title	Website Link	Views
2016	LUTS FORTA	http://www.ics.org/news/474	4232

2016	Top Tips for submitting an abstract	http://www.ics.org/news/473	1868
2016	5 ways you will benefit from attending ICS 2016	http://www.ics.org/news/471	1788
2016	Sacral Neuromodulation Survey	http://www.ics.org/news/485	1627
2016	Why should Physiotherapists submit an abstract to ICS 2016?	http://www.ics.org/news/486	1618
2016	ICS 2016 State of the Art Lectures Confirmed!	http://www.ics.org/news/492	1274
2016	Record High Abstract Submission for 2016 Annual Meeting in Tokyo	http://www.ics.org/news/522	1228
2016	Kari Bø awarded ICS 2016 Lifetime Achievement Award	http://www.ics.org/news/496	1214
2016	ICS Awards 2016!	http://www.ics.org/news/518	1207
2016	Intrapelvic Neuropathies Webinar now available on ICS TV	http://www.ics.org/news/532	1181

*News article views are recorded after 3 months.

The 2015 news articles which have had the most click-through have been the announcements regarding, Trustee and committee vacancies. In 2016 they concerned LUTS FORTA and abstract submission/ICS 2016. The PCC will review these statistics annually to help focus their content for the following year.

The ICS office moved over to the email marketing system Mail Chimp this year. Mail Chimp has assisted the office in streamlined the mailing process but it also provides data on emails that we would otherwise not have access to.

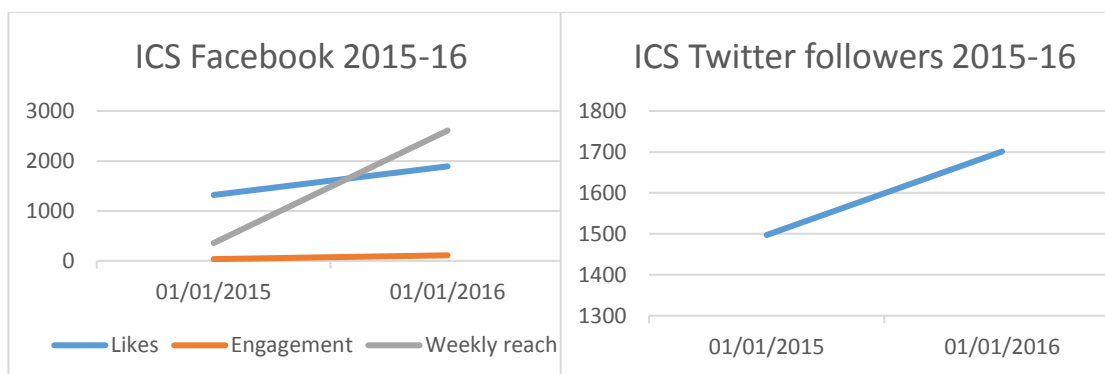
We can now track how many people have opened and read eNews, which news articles are the most popular, where these were opened and when. This also helps provide the PCC with data on what content it of interest to the membership. Below is an overview of all of the eNews mailers sent via Mail Chimp this year:

Campaign Send Time	Sends	Opens	Open Rate	Clicks	Click Rate
22 Jan, 2016 - 22 Jul, 2016	171593	39866	23.2	7544	4.4

If you compare this with the industry average open rate (22.56) and Click through (2.48) ICS is performing well and we aim to continue this trend in 2016.

- **Social Media:**

The ICS office along with input from the PCC posts on Facebook and Twitter on a daily basis both platforms have seen a great increase in engagement.



Twitter has close to 2,000 followers and Facebook just over 2200. Engagement via both platforms is steadily increasing on a monthly basis-Facebook’s reach doubled in June 2016 to 4,000 per month from 2,000 per month in January 2016!

- **Urology News:**

ICS was approached by Urology News to produce a mini-series on current updates on continence care within different disciplines. The series includes updates from ICS members in urology, nursing, physiotherapy, urogynaecology and basic science.

The PCC produced a condensed version of these articles for members to read, should they be interested in reading the full articles links were provided to Urology News. A cross social media marketing campaign also took place between Urology News and ICS aiming to increase ICS followers from Urology news and vice versa.

- **ICS 2015 Lifetime Achievement Award:**

PCC Chair, Jacqueline Cahill, took part in the one-off interview with Derek Griffiths on the ICS booth at ICS 2015. This was a promotional video-taped event to encourage engagement with delegates at the exhibition and also via social media using the hashtag #AskDerek. It was also included in the E-news and on the ICS website.

Scientific Committee Annual Report

Following the Annual Scientific Program Meeting, which took place from May 4th to 6th, the Committee is pleased to report an increase in number and average score of the abstracts submitted, suggesting an overall continuous enhancement of the quality of the science to be presented at ICS. All 934 submitted abstracts were reviewed by three or more reviewers, with at least one being a member of the Scientific Committee. This rule was implemented for Rio, raising the quality of the review and program building. Now with three years of experience on this system, we have reached the conclusion that some reviewers have consistently skewed reviewing, by giving an excessive number of extreme scores (1, 1, 1 or 5, 5, 5). Based on the fact that the average number of reviews per abstract was 5, we have

come to the conclusion that this number should be set as minimum and the highest and lowest scores should be systematically ignored, thus “normalizing” the scores.

Regarding the budget for the committee, the good news is that the e-Strip program – a new database interface built by the IT team which substantially improved the Committee program building experience – has brought the expected efficiency to program building and the committee has agreed that the Face-to-Face meeting can be reduced by one day in 2017, therefore reducing costs without compromising quality.

The program in 2016 also represents the consolidation of the “tracks” concept, which integrates the education and scientific programs, making sure that there is always “something for everyone”. This concept was first implemented in Rio, where the program grid was conceived on the basis of unifying areas of interest. State of the Art Lectures, Roundtables and Scientific Sessions were distributed throughout the program sequentially according to thematic content. Based on positive feedback from Rio and Montreal attendees, the Scientific and Education Committees have been working together to further improve this concept by integrating the workshops into the scientific program, reducing the total duration of the Annual Scientific Meeting to four days and creating a richer and more condensed program.

Together with the Local Organizing Committee in Florence, the Scientific and Education Committees will now look further into this concept to innovate even more, creating new session formats, such as interactive case discussion and live surgery sessions, to make the program even more attractive not just to cutting edge researchers, but also to daily practitioners, either subspecialized and/or GPs.

Based on the initial experience with e-posters in Montreal, we have adjusted this model after reviewing the feedback from attendants and lessons learned. Further clarifying, in Montreal, the highest scoring basic science abstracts will have dedicated e-poster sessions in parallel to the scientific sessions and will be displayed and manned for 90 minutes, as part of the integrated basic science track, aiming to promote networking and discussion will occur during these sessions. This was not as well evaluated as expected and most participants at this session claimed they would rather have a short podium slot than to be at that session. We, therefore, have struggled to increase the number of podium presentations, creating the rapid communications format, which has decreased the need for e-poster boards, thus saving costs while opening more podium slots. This new model will be tested and evaluated in Tokyo for definitive implementation in Florence.

Also being planned for Florence, under the suggestion of Enrico Finnazzi Agrò, a new system will be implemented to increase membership participation on the program building: the committee will create an extensive number of session titles and a survey will be sent to all ICS members asking them to vote which of those sessions would they like to see in the program. We believe that this is both a good way of increasing the interaction of the Scientific Committee, as well as excellent initial publicity for the Annual Meeting.

The statistics of this year’s meeting are attached.

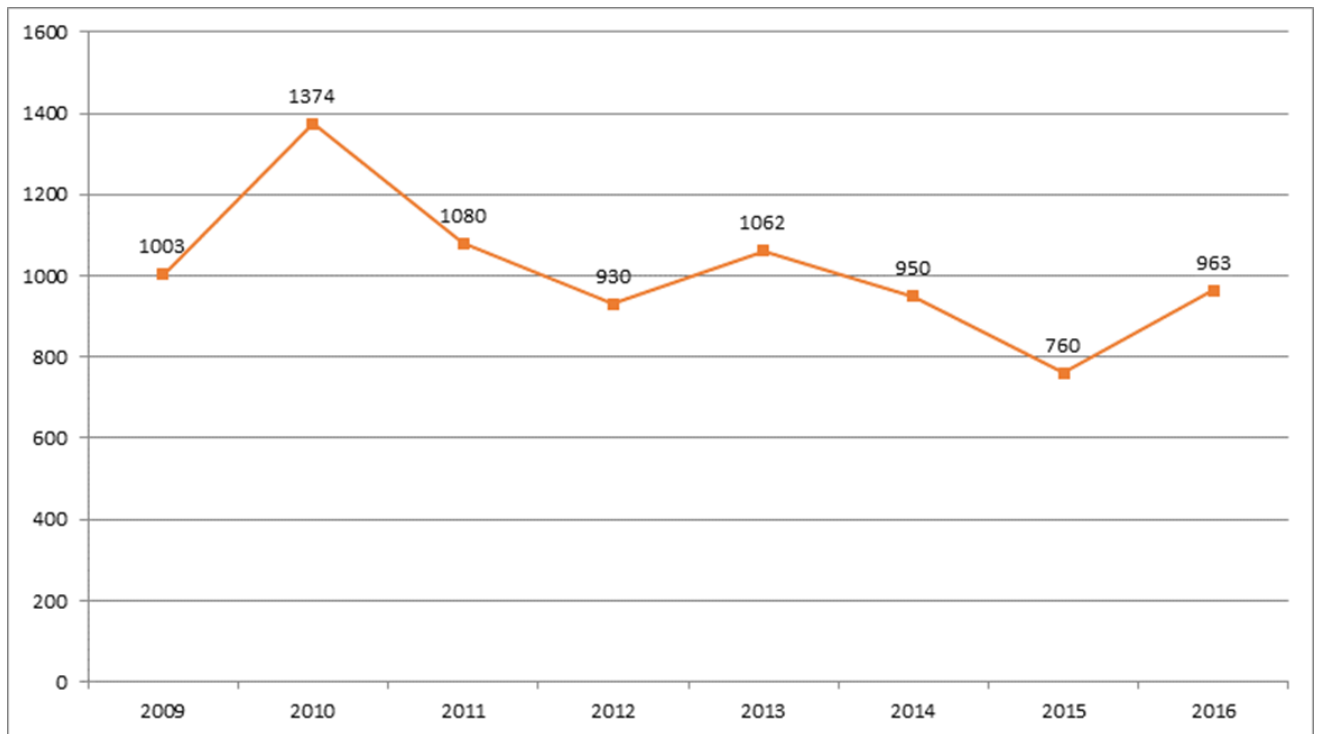
Abstract Status	Total
Accepted	885

Withdrawn	29
Rejected	49
TOTAL	963

Category	Session Type	Total	
Podium	Podium	16	322
	Podium Short Oral	244	
	Podium Express	56	
	Podium Video	6	
ePoster	Open Discussion ePoster	260	260
Non-Discussion	Non Discussion Video	18	303
	Non Discussion Abstract	285	
TOTAL		885	

Topic	Total
Anatomy / Biomechanics	34
Anorectal / Bowel Dysfunction	32
Conservative Management	31
Female Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction	67
Female Stress Urinary Incontinence (SUI)	82
Geriatrics / Gerontology	20
Health Services Delivery	15
Imaging	27
Male Lower Urinary Tract Symptoms (LUTS) / Incontinence	116
Neurourology	80
Nocturia	29
Overactive Bladder	87
Paediatrics	9
Pelvic Organ Prolapse	73
Pelvic Pain Syndromes / Sexual Dysfunction	52
Pharmacology	28
Quality of Life / Ethics	13
Rehabilitation	13
Research Methods / Techniques	29
Urodynamics	48
TOTAL	885

Total Submitted 2009 – 2016 – Highest total outside EU/US



Standardisation Steering Committee Report to ICS Trustees, August 2016

The committee has been active with several teleconferences of the subgroups. Beth Shelley has been very active with the Wiki subgroup, which has achieved impressive metrics, and engaged large numbers of new people to the standardisation process, many of them early in their careers.

The chairman has been well supported by the office, and visits the office in person regularly.

SSC focus (the elements that define current scope of SSC activity); Development, Governance, Access, Education, Response

Standards recently proceeding through the publication process.

Chronic pelvic pain; chaired by Ragi Doggweiler, mentored by Kristene Whitmore. A consultation workshop was run at the Rio meeting, and preliminary final report drafted. The SSC Chairman worked with Kristene Whitmore to move this to submission version, and this has now been received by the SSC.

Good Urodynamics Practice (revision); chaired by Peter Rosier and co-chaired by Werner Schafer, mentored by Marcus Drake. External consultation will take place at Montreal meeting.

Neuro-urology; chaired by Jerzy Gajewski. First draft reviewed with SSC Chairman and external consultation will take place at Swiss Continence Foundation meeting

Joint working groups with IUGA

a) **Pelvic Organ Prolapse**; chaired by Bernie Haylen.

b) Conservative management of female pelvic floor dysfunction; chaired by Kari Bo Helena Frawley

c) Female ano-rectal terminology; chaired by Abdul Sultan

Working groups (WGs) - current

Nocturia (joint with ICCS); chaired by Hashim Hashim, mentored by Stergios Doumouchtsis. Working group active, consultation completed, final tweaks being done

Joint working groups with IUGA;

a) Female Sexual Health; chaired by Rebecca Rogers. Working group active, and external review is planned for end of year/ early 2016

b) Reporting Urodynamics in women; chaired by Phil Tooze-Hobson. Generating initial content

Basic science; chaired by Marcus Drake. Meeting in Pittsburgh in mid-August to generate first draft.

Voiding dysfunction; chaired by Chris Chapple. Recently completed working group consultations, shortly for public scrutiny.

Standardisation of terminology of LUT function; chaired by Marcus Drake. First draft completed except for inclusion of the final versions from the Nocturia working group. Once received, the consultations will start.

Incontinence Products; chaired by Alan Cottenden and Mandy Fader. Generating initial content

Bowel dysfunction. Scoping document done, for advertisement shortly

Reporting Urodynamics in men. Scoping document in preparation

Publications;

Terminology glossary; now accessed through ICS website, and excellent quick resource for easy access.

Translations of Core LUTS; validated translations done in various languages. Building on these to extend range of translations

ICS Wiki

Beth Shelley continues as chair of the Wiki. The ICS Wiki includes all current standardisation documents. A group of young volunteers is engaged in updating content. This is a comprehensive resource, and website access metrics indicate growing and frequent access to the wiki. Has shown good progress in the last year.

SSC Membership

Marcus Drake (Chair), Stergios Doumouchtsis, Sohier ElNeil, Rizwan Hamid, Salma Kayani, Jane Meijlink, Luis Monteiro, Alexis Schizas, Beth Shelley.

Chairmanship will transfer to Bernie Haylen at the ICS annual meeting in Tokyo

Budget requests; *none*

Marcus Drake, August 2016

Urodynamics Committee Report 2016

ICS teaching modules:

Published:

1: Rosier PF, Hermanns RK, Svihra J, Homma Y, Wein A. Authors' response: Re: Rosier PFWM, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2014 Sep 11. doi: 10.1002/nau.22660. *Neurourol Urodyn*. 2016 Apr;35(4):542-3. doi: 10.1002/nau.22748. Epub 2015 Mar 1. PubMed PMID: 25728171.

2: Rosier P. Authors' second response: Re: Rosier PFWM, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2014 Sep 11. doi: 10.1002/nau.22660. *Neurourol Urodyn*. 2016 Apr; 35(4):541. doi: 10.1002/nau.22747. Epub 2015 Mar 1. PubMed PMID: 25728029.

3: Schaefer W. Re: Rosier PFWM, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2014 Sep 11. doi: 10.1002/nau.22660. *Neurourol Urodyn*. 2016 Apr;35(4):539-40. doi: 10.1002/nau.22746. Epub 2015 Mar 1. PubMed PMID: 25727905.

4: Schaefer W. Response to authors; Re: Rosier PFWM, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ. ICS teaching module: Analysis of voiding, pressure flow analysis (basic module) *Neurourol Urodyn*. 2014 Sep 11. doi: 10.1002/nau.22660. *Neurourol Urodyn*. 2016 Apr;35(4):538. doi: 10.1002/nau.22744. Epub 2015 Mar 1. PubMed PMID: 25727689.

5: Asimakopoulos AD, De Nunzio C, Kocjancic E, Tubaro A, Rosier PF, Finazzi-Agrò E. Measurement of post-void residual urine. *Neurourol Urodyn*. 2016 Jan;35(1):55-7. doi: 10.1002/nau.22671. Epub 2014 Sep 22. PubMed PMID: 25251215.

6: Rosier PF, Kirschner-Hermanns R, Svihra J, Homma Y, Wein AJ.

ICS teaching modules:

1. Analysis of voiding, pressure flow analysis (basic module). *Neurourol Urodyn*. 2016 Jan;35(1):36-8. doi: 10.1002/nau.22660. Epub 2014 Sep 11. PubMed PMID: 25214425.

7: Tarcan T, Demirkesen O, Plata M, Castro-Diaz D. ICS teaching module: Detrusor leak point pressures in patients with relevant neurological abnormalities. *Neurourol Urodyn*. 2015 Dec 23. doi: 10.1002/nau.22947. [Epub ahead of print] PubMed PMID: 26693834.

8: Digesu GA, Gargasole C, Hendricken C, Gore M, Kocjancic E, Khullar V, Rosier PF.

2. Ambulatory urodynamic monitoring. *Neurourol Urodyn*. 2015 Nov 23. doi: 10.1002/nau.22933. [Epub ahead of print] PubMed PMID: 26594872.

9: Gammie A, D'Ancona C, Kuo HC, Rosier PF.

3. Artefacts in urodynamic pressure traces (basic module). *Neurourol Urodyn.* 2015 Sep 15. doi: 10.1002/nau.22881. [Epub ahead of print] Review. PubMed PMID: 26372678.
10: Krhut J, Zchoval R, Smith PP, Rosier PF, Valanský L, Martan A, Zvara P. Pad weight testing in the evaluation of urinary incontinence. *Neurourol Urodyn.* 2014 Jun;33(5):507-10. doi: 10.1002/nau.22436. Epub 2013 Jun 24. Review. PubMed PMID: 23797972.

(New) Ready for publication in NU&U (2014-2015 incl. slides and presentation):

- o Cystometry
- o Videourodynamics
- o Ambulatory Urodynamics (published 2015)
- o Recognize and correct artefacts in urodynamic traces (published 2015)
- o Leak point pressures (submitted 2016)
- o Leak point pressures in NLUTD (published 2015)

To be submitted

- o Background and philosophy of Urodynamics (yet unfinished)

(New) To be presented ICS 2016

- o Clinical neuro-uro-gynaecological examination (to be submitted 2016)
- o Pressure flow analysis in children (to be submitted 2016)
- o Cystometry in Neurourology (to be submitted 2016 including systematic review to be presented ICS2016)
- o Pelvic floor muscle surface EMG (draft 2015, to be presented ICS2016)
- o Bladder diary (draft 2015)
- o Physiotherapeutic initial clinical examination (to be presented ICS2016)
- o Uroflowmetry (draft 2015)
- o Pressure flow analysis (basis) Japanese version (to be presented ICS2016)

In preparation (for 2017)

- o Multiple sclerosis (draft 2015)

- o Pressure flow (advanced module)
- o Modules on the basis of the updated GUP (in preparation: clinical report of cystometry and pressure flow analysis 2016-17)

All new modules will be prepared preferably in a review adhering to PRISMA-guideline, and submitted to NU&U for peer review including a printout of the slides.

New endorsement process: is put into practice: reviewed by representative of respectively ICS Educational activities organizing Committee; Standardisation Steering Committee and Board and Trustees. Before submitting to NU&U.

New manual for working groups should include the PRISMA guideline

Urodynamics Committee supports other ICS Committees;

Neurourology committee (see the above).

Physiotherapy committee: module(s)) not yet established.

If availability of camera allows we will **try out talking head (studio) presentation** and recording. First module in ICS studio recorded 2015 (pressure flow analysis)

Linking of modules with NU&U manuscript and or with Campbell's urology **is agreed**.

Should be put in practice (Q4? 2015 of 2016). Not in effect

A standard and specific ICS layout for slides has been developed (by the office) and included in the committee's manual for the working groups. All existing modules have been transformed tot the new ICS teaching modules layout.

There are **no plans for subcommittees**. The committee steers ad hoc working groups.

Urodynamics Committee Budget Request 2016-2017

Filming of Urodynamics modules option- filming during EAU or at ICS office.

Attendees: Roman Zachoval, Alex Digesu & Andrew Gammie

Also in attendance: Roger Blackmore

EAU

Room Hire: £700*

Travel: Roger Blackmore (ICS office). Train = £100

Total = £800

*Estimate cost, assuming this will be a day delegate rate including room hire and catering

ICS office

Room Hire: N/A

Catering: £50

Travel: Roman Zachoval, Alex Digesu & Andrew Gammie. Train = £300, Taxis = £100

Total = £450

Website hosting of the modules cost should be covered by ICS budget

Committee meetings at-hoc outside ICS annual meeting (are and) will be arranged cost-neutral.

Appendix

Nursing Committee: Qualitative Research Abstracts

Authors

- Joan Ostaszkiwicz, PhD, RN, MNurs
- Donna Z. Bliss, PhD, RN, FGSA, FAAN
- Kathleen F. Hunter PhD, RN, NP, GNC(C), NCA

The International Continence Society (ICS) Scientific Committee currently provides the following

- Abstract submission guidelines:
- RCT Consort Abstract Guidelines
- ICS Terminology Report 2002
- IUGA/ICS Terminology Report 2009
- ICS Video Abstract Submission Rules
- ICS Video Form
- ICS Abstract Submission Rules
- ICS Abstract Form <http://www.ics.org/Documents/Documents.aspx?FolderID=211>

At its 2015 annual general meeting, the ICS Nursing Committee discussed the concept of drafting an informational document about submitting qualitative research abstracts to the ICS Scientific Committee. Therefore, the purpose of this document is to provide guidance to promote understanding and submission of high quality qualitative research abstracts to the ICS Annual Scientific Meeting. The document does not replace the ICS Abstract Submission Rules, but aides in the interpretation and application of the rules for qualitative research.

Qualitative research: What it is and what it isn't

Qualitative research methods are an exploratory method of enquiry that typically involves Investigating unknown subject matter, sensitive topics, or difficult to access populations. Unlike in quantitative research, researchers do not start out with a hypothesis to test. The aim is to provide in-depth understanding, insight, or new ways of understanding an old problem. Qualitative researchers seek to develop a critical appreciation of social phenomena, meanings, understandings, interpretations, beliefs, behaviour, or social context. Qualitative research typically answers questions about the 'why' of human behaviour.

Qualitative research is not descriptive research using a quantitative method, and the inclusion of a section for comments on a quantitative survey does not constitute qualitative research. The results of qualitative research are an end unto themselves. The purpose of qualitative research is not to evolve into a quantitative methods study although findings often stimulate other types of studies.

Quantitative and qualitative research methods and approaches provide a more holistic understanding than can be achieved with one method/approach alone. As stated by Einstein, 'not everything that counts can be counted, and not everything that can be counted counts' (Albert Einstein). Both qualitative and quantitative research can answer important questions to advance scientific understanding and knowledge.

Characteristics of good qualitative research

Good qualitative research is underpinned by specific philosophical assumptions about the nature of knowledge and how it can be determined. The term 'qualitative research' is an umbrella term that covers numerous approaches. Some of the more commonly known ones include: Grounded theory, Ethnography, Phenomenology, Case study, etc. Others are narrative (life history, oral history, biography, etc.). As in quantitative research, the choice of approach in qualitative research is determined by the type of question. Table 1 provides examples of the types of research question that could be addressed using these different approaches.

Sample sizes in qualitative research are typically small (10-20 subjects), and the participants or sites are usually purposively sampled. For example, participants are selected on the basis of their knowledge or experience of the research phenomenon. Data are commonly sought through open-ended, semi-structured, in-depth interviews and/or through observations. Interview participants share their perspectives and experiences in their own words and other actions. Raw data and some results are usually in the form of text or they can be in a visual form such as from photography, or film.

Table 1.

Selected Qualitative approaches	Core characteristics	Type of research question
Grounded theory	A theory-generating methodology wherein data are analysed, named and used to generate theory (Glaser 1992; Strauss & Corbin 1998).	What theory or explanation emerges from an analysis of data collected about providing continence care in long-term aged care facilities?
Ethnography	The researcher is usually a participant-observer	What are the cultural characteristics of women with incontinence from Brazil?
Phenomenology	Seeks to describe lived experiences	What is the lived experience of having a long-term indwelling catheter?
Case study research	Facilitates in-depth exploration of a phenomenon within its context and using different data sources	What are the characteristics that facilitate adjustment to incontinence in a single case or in comparative cases?

Qualitative research is an interactive process between the researcher and participants. Therefore, unlike in quantitative research, the researcher does not aim to control for confounding variables or seek to totally remove themselves from the study. Context is important to understand the data, so researchers often participate in the study and setting. Lastly, qualitative researchers interpret the data and experience as a unified whole and not as separate variables.

Reliability and credibility of qualitative research

There are differences in ideas and philosophy between quantitative and qualitative research about

the ability and best way to avoid/reduce bias and portray truth. Within a positivist tradition, “a claim is considered objective and true to the extent that it is free from any biasing influence of context and background beliefs and accurately mirrors the way the world really is” (Schwandt, Lincoln & Guba 2007, p. 12). However, as some qualitative researchers assert, no interpretation is free of context and the very act of generating evidence, or identifying something as evidence is, itself, an interpretation. Therefore, qualitative researchers who align with interpretivist assert that generalisation is not a goal because the aim is not to reproduce a set of verifiable accurate descriptions of participants’ experiences, but rather, to produce an abstract and coherent representation that describes or explains the underlying situation and addresses the research objectives. The general criteria for evaluating the quality of qualitative research are similar to those for quantitative research (see below), however given the major paradigmatic difference of qualitative research and the range of qualitative approaches, writers of qualitative abstracts need specific knowledge of each approach in order to interpret and apply these criteria. For example, one must know what is considered an appropriate method and design to address a research question suitable for a particular type of qualitative research and whether the analysis is sufficiently rigorous.

Generic criteria for evaluating the quality of qualitative research

The following generic qualitative criteria have been included here for qualitative researchers to appraise the quality of their research.

1. Was there a clear statement of the aims of the research?
 2. Was a qualitative methodology appropriate?
 3. Was the research design appropriate to address the aims of the research?
 4. Was the recruitment strategy appropriate to the aims of the research?
 5. Was the data collected in a way that addressed the research issue?
 6. Has the relationship between researcher and participants been adequately considered?
 7. Have ethical issues been taken into consideration?
 8. Was the data analysis sufficiently rigorous?
 9. Is there a clear statement of findings?
 10. How valuable is the research?
- (Critical Appraisal Skills Programme)

Writing an abstract for ICS about qualitative research

All abstracts submitted to the ICS, regardless of whether they use quantitative methods or qualitative methods, must use the subtitles given on the ICS blank abstract form:

- Hypothesis / aims of study
 - Qualitative research does not start with a hypothesis to test. Writers of qualitative
 - abstracts should briefly state the nature and significance of the problem, followed
 - by the aim of the study.
- Study design, materials and methods
 - The type of qualitative method should be described under ‘design’.

- Other elements in this section would include addressing the following questions:
 - What was the sample? What were the sample's basic characteristics (number, age, gender etc)?
 - How was the sample selected and why?
 - What were the inclusion/exclusion criteria?
 - What were the data collection procedures?
 - What data were sought and how?
 - How were the data analysed?
 - Results
- In qualitative research, the results are usually termed 'Findings'. They are often presented as themes, or as narrative description.
- In qualitative research, the findings can be presented as themes, or as narrative description.
 - Interpretation of results
 - What is the meaning of the findings? What new knowledge do the quotes/narratives/themes illustrate
 - What can be learned from the findings?
 - Concluding message
 - What can be concluded from the study?
 - What is the significance/need for their study and findings? What gap (in science, practice or knowledge) does the research and findings address?
 - What message do you want readers to take away from the research/findings?
 - What are the implications for practice or further research?
 - How do the findings relate to other research—what is novel/new? How do the findings build on or add to what is known?

Resources

- Checklists for appraising research - Critical Appraisal Skills Programme (CASP) <http://www.caspuk.net/#!casp-tools-checklists/c18f8>.
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- De Witt L & Ploeg J. (2006). Critical appraisal of rigour in interpretive phenomenological nursing research. *J Adv Nurs*. 55(2):215-29
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- Jeanfreau SG & Jack, L. Jr. (2010). Appraising Qualitative Research in Health Education: Guidelines for Public Health. *Educators Health Promot Pract*. 11(5): 612–617. doi: 10.1177/1524839910363537
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- 4 major types of qualitative research. Available from Universiti Teknologi Malaysia. Retrieved 8th February 2016 from:
<http://www.staff.blog.utm.my/pszresearchsupport/2011/09/19/4-major-types-of-qualitative-research/>
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