



ICS Standardisation Committee meeting Agenda

Monday 12th September 2016,

Venue: Tokyo International Forum

Room: G407

Time: 15:00-18:00

Known Attending: Marcus Drake (Chair), Jane Meijlink, Alexis Schizas, Salma Kayani, Rizwan Hamid, Stergios Doumouchtsis, Luis Abranches-Monteiro,

Known Apologies: Bernie Haylen, Elizabeth Shelly,

Unconfirmed: Sohier Elneil,

In Attendance: Jenny Ellis, Adrian Wagg, Joe Lee

1. Committee picture to be taken
2. (Welcome to new members)
3. Approval of Montreal meeting minutes and June teleconference (Attached)
4. Terms of office (Attached)
5. Terms of Reference (Attached)
6. Working Group progress;
 - a) IUGA - ICS Joint Working Group on Conservative Management
 - b) IUGA - Female ano-rectal function
 - c) IUGA - Female POP
 - d) IUGA - Sexual Health
 - e) (IUGA-ICS Terminology for Imaging in Women with Pelvic Floor Dysfunction)
 - f) CPPS
 - g) Good Urodynamics Practice Review
 - h) Standardisation of Terminology of Lower Urinary Tract Function
(WHO ICD-11 Revision Conference discussion
<http://www.whofic2016.org/index.html>)
 - i) NeuroUrology
 - j) Basic Science
 - k) ICS Nocturia and Nocturnal enuresis
 - l) Detrusor underactivity/Underactive Bladder

m) Standardisation of Terminology for Incontinence Products

7. New working group-laparoscopic anatomy of the female and male pelvis- landmarks, variations, boundaries, important surgical points of interest from urology/urogynae aspect. (Salma)
8. Fundamentals of Urodynamics Practice- review of where we are
9. New Standard Operational Documents discussion from the ICS office (Attached)
10. Core documents and their role within ICS
11. Wiki Page- Beth Shelly to provide an update.
12. Glossary
13. Summary of our activities in the past 3 years - what we have achieved against what we set out to do and have a 2-3 plan for future.
14. AOB

ICS SSC teleconference Friday 3rd June 2016 Minutes

Attending: Marcus Drake (Chair), Beth Shelly, Jane Meijlink, Salma Kayani, Stelios Doumouchtsis, Luis Abranches-Monteiro

Not attending: Adrian Wagg, Alexis Schizas, Rizwan Hamid, Suzy ElNeil

Also in attendance: Jenny Ellis

MD thanked everyone for attending.

1. Discuss working group progress (see attached spreadsheet.)

MD advised on the current updates for all the working groups, see below:

Sent to NAU

- Chronic Pelvic Pain- JM submitted the conflict of interest form. JE to contact NAU to update conflict of interest form on NAU website.

Action: JE to contact NAU to update conflict of interest form on NAU website.

- IUGA - ICS Joint Working Group on Conservative Management- office working with IUGA to ensure joint submissions and promotions.
- IUGA - Female ano-rectal function
- IUGA - Female POP
- Good Urodynamics Practice Review
- NeuroUrology

MD consistency with terms, need to evolve terms and not focus on past terms for terminology documents. LAM agreed enuresis is an issue in Greece for terminology. Need term to cover the cause of incontinence, is undefined but could be involuntary voiding, need to make clinicians to stop and think about what's happening here. This was an intense discussion within the groups and will need to be explained and explored further. How do we handle these inconsistencies? We need a framework to make clear where the definitions used have been taken from? LAM questioned database? MD; we need to be clear where these definitions come from and a statement 'using the terminology recommended by ICS in the following documents' then have short phrasing of these titles. So it's not too wordy. We shouldn't prevent adaptations of terminology- they simply need to adhere to a framework to enable clear citation.

JM thinks we might lose credibility if we have different terms in new documents. MD it will depend on the content and terminology/document. Need to have clear cut/brief headers, clear citations.

BS think there should be a footnote to introduce this discussion so it's clear to the reader. Footnote will state this is the new definition for XXX. Concerned that a minority make a decision on behalf of everyone. MD 'so has procedure been followed?' Very difficult to ensure that this is the case. MD thinks for enuresis need something more than a footnote. SD thinks a check list would be useful to create a consensus- should be included in an appendix. MD thinks SSC should create and be part of the process for all working groups. MD thinks that would be good- would you design the check list? SD yes.

Action: SD to create checklist for expectations when developing a working group's document.

All agree this would be beneficial. MD keen to support and publish this document. Need to highlight authors and readers where this has come from and if there's a better one that they could use. BS disagrees, how do authors pick which one they use? There will be a lack of consistency. You can clarify by adding in the location e.g. anal etc. MD I agree, would be nice to be consistent but the reality is its unrealistic, at what point do we make a final decision and accept it and move on. There's an administrative risk of being bogged down in differing terms. SD need consistency but any valid version has to be widely accepted and adopted.

MD is there any harm having 2 terms that cover the same thing? Harm is when you withdraw a term that affects patients. Slightly duplicate terminology wouldn't be seriously harmful. SD thinks it opens a can of worms with translations. BS asked who decides whether a term is dangerous or not dangerous? What is the role of the SSC then? JM thinks that in the past no one considered the practical impact on patients of changes in terminology and definitions. Today clinicians and researchers are becoming more aware that changes in terms can potentially have a harmful impact on patients further down the healthcare chain (e.g. diagnosis, reimbursement, eligibility for social benefits etc).

Action: Aspirations of consistency with documents.

Working group final drafts- will be submitted to SSC in due course.

- IUGA - Sexual Health- in next month
- ICS-ICCS Nocturia and Nocturnal enuresis- HH just updating document

Working on first drafts

- Basic Science- **will be ready in August**

- Detrusor underactivity/Underactive Bladder- **Terminology pulled together, text is being worked on at the moment**
- Standardisation of Terminology for Incontinence Products; working group of the International Continence Society (ICS).-**Might take a bit longer, JE working on questionnaire**
- ICS-IUGA joint terminology document on reporting urodynamics in women- **active, in early stages.**

Initial stages- scoping documents draft

- ICS-IUGA joint terminology document on reporting urodynamics in men- **need a revised draft following SSC review.**

BS most standards have stated in full definition but GUP refers to Schaefer et al 2002. Would be good to have the definition and stated in full- save from hunting down the document referenced. BS how do you know which is superseded unless you read them all? MD that's why I think the citations need to be clear as discussed.

Action: Develop framework for citations- where specific terms have come from.

2. Fundamentals of Urodynamic Practice

MD one of the things we need to ensure is approachability- should be able to read in 40 minutes. Need to have 5 page long document. Needs to be understood for nurses as well as clinicians. SD, LAM and SE offered to assist- still ok? SD & LAM happy to be part of this review. MD to send sections to SD, LAM and SE.

Action: MD to send sections to SD, LAM and SE. To start Fundamentals of Urodynamic Practice.

BS & JM offered to review for clarity and English.

Action: BS & JM to review Fundamentals of Urodynamic Practice for clarity and English of document.

Need health care professionals to be able to read and understand. BS to look into this.

3. ICS scoping document- urodynamic testing in Men discussion

3. ICS Wiki- Beth update

BS would like to know when we can start including the document in wiki? MD advised contact the chair and start adding in. BS advised POP has been published- JE to check.

Action: JE to check if POP has been published and update our database.

New wiki members- very exciting. Had hoped to have 30 new pages this year- hard to achieve but working towards it. Hoping to add POP document.

Members interested in social media and generating interest via these platforms.

4. Bowel terminology scoping document discussion (following on from the forum discussion: <http://www.ics.org/Documents/Documents.aspx?DocumentID=3467>)

BS stated that needs to be added to overview spreadsheet. Need to revise and then start promoting for members.

Action: JE to add to SSC overview spreadsheet.

5. AOB/ next meeting-

Glossary

BS how do we decide when to add documents to the glossary? MD 2 documents in glossary Abrams et al and Haylen et al, they are the key documents. We can request pulling in all documents as the desirable aim, but as it requires office staff to spend time to add in- would need Board confirmation that this is a key area for staff to be working on. BS thinks it is and we should have a discussion with Board. How do we encourage people to use glossary with the conflicts between the 2 documents? MD agrees that this goes back to previous SSC group, Haylen is only for men, Abrams dual. This is why we need to review Abrams et al, this would then supersede that document. There will be inconsistencies but this is due to this issue and we are aware of this. BS the new LUTS document is male and female? MD yes, the core of the document is Abrams. Men and Women are the same except for prolapse, prostate, vaginal etc. BS should we choose as a society not to use Haylen definition? MD tricky. Regarding the glossary will try and make compatible, BS to highlight any key issues in glossary.

Action: BS to review glossary and feedback to MD/office any issues.

BS confirmed that she had fed her comments back to authors, will continue to do so.

MD confirmed a number of changes to urgency e.g. "complaint" being removed from all definitions- changing to "report". Need change from "desire" e.g. "need to pass urine" etc. JM thinks we need 2 sub definitions for urgency.

Action: MD need to extract urgency definition from CPP document.

SD thinks important to check how these can be translated into different languages- needs to be generic rather than English term.

Action: Need to retweet POP on Twitter. Need to generate more interest in document.

MD thanked everyone for taking part. Don't forget to take part in fundamentals of urodynamic practice, would like draft for Tokyo.

Call Ends



ICS Standardisation Committee meeting minutes

Tuesday 6th October 2015,

Venue: Palais des Congrès

Room: 512C

Time: 10.30-13.30

Attending: Marcus Drake (Chair), Jane Meijlink, Elizabeth Shelly, Rizwan Hamid, Luis Abranches-Monteiro, Alexis Schizas

Apologies: Stergios Doumouchtsis, Suzy Elneil, Salma Kayani, Susie Orme

In Attendance: Jenny Ellis, Adrian Wagg, Bernie Haylen, Joe Lee

AW introduced Bernie Haylen and Joe Lee to the committee from IUGA, JL will be taking over BH's position on the joint working groups.

1. Committee picture taken

All involved in committee picture.

2. Welcome to new members

MD confirmed Alexis Schizas was joining the committee, MD welcome AS to the committee. We are happy to have a colorectal member join us.

MD advised that the planned colorectal working group was on hold, following a meeting with Caroline Vaizey. Following the meeting Caroline advised that a standards group had already been created so this was not possible with the ICS at that time. MD advised office would contact Caroline to see whether there was the opportunity for this group to start with her involvement.

Action: Office to contact Caroline Vaizey regarding joint working group.

3. Approval of Rio meeting minutes (Attached)

BS nominated, RH seconded.

4. Committee engagement

MD advised that he needs all committee members to be engaged in online discussion and comment in a timely fashion. RH asked how engagement was monitored, MD confirmed via forums.

a) Would smaller groups be preferable to review draft working group documents?

JE asked the committee whether splitting the committee into groups for tasks would raise engagement? BS felt that if the topic was not their specialty then people felt they shouldn't comment. BS advised on some subjects she would only comment on wording not the science. MD felt this was a good point- the SSC are here not to review the science, as we are not specialists in all topics, rather to check the document is clear to the reader. This is the type of feedback required but members can provide more detailed feedback if it's their area of expertise. Groups discussed this and felt this needed to be clear when posting on the forum.

Action: When posting on to the forum the office should clarify that it is feedback on the clarity of the document rather than the science.

MD suggested a self-completing log by members to provide MD to confirm engagement in discussions. This would be visible within the SSC so all could review.

Action: MD and office to draft log and provide to committee members.

b) How to increase engagement.
See above.

5. Working Group progress;

MD advised that the same process should be followed for all working groups (WG), they need to be user friendly and ethically sound. MD also advised that all WG should pick manageable/achievable topics.

a) CPPS

This WG has experienced some technical difficulties regarding references that has delayed the final publication. MD keen for this WG to be finalized as soon as possible.

b) IUGA - ICS Joint Working Group on Conservative Management

MD confirmed that this document would be published in April 2016. JM asked whether WG could employ people, MD felt that they shouldn't, tasks should be delegated to members.

c) IUGA - Female ano-rectal function

JL set up by BH and lead by Abdul Sultan. Bary Berghman is the physiotherapy representative on this committee. The WG has created 34 versions of this draft

report to date. BH has a long discussion with the WG in Barcelona to discuss the draft report. MD advised that the group had been moving quite slowly as this was set up before the official SSC WG procedure and office involvement. But the document is moving forward. We will need to ensure that there is a statement attached to the report that this WG precedes the Rosier guidelines.

Action: Add statement to IUGA - Female ano-rectal function that the report precedes the Rosier guidelines.

AS joins meeting. MD asks AS to review this report on behalf of the committee, AS agrees to review.

Action: AS to review IUGA - Female ano-rectal function draft report.

JL advised this was in the final stages and would soon be finished. BH asked what type of statement, regarding the Rosier guidelines was required, MD confirmed just a short statement.

This document has already received an extensive public consultation. JL confirmed that BS's suggestions had been incorporated into the document. JL asked if it would be possible to receive AS's contact details, JE advised she would email these over but AS confirmed would discuss at the meeting.

JL advised that he would like this to be published jointly in NUU and RUJU, at the same time. MD confirmed he had just discussed this with our publisher and they advised that we would need a lead journal- suggested RUJN. JL asked for contact details, MD advised he would email these.

Action: MD to send JL Vikki's contact details.

JM asked whether there would be an overlap with CPP terms? MD felt that this was a possibility and the CPP may need to take these terms on board, rather than the other way around. JL asked if the CPP document was available? JE advised this was not yet final. MD suggested a meeting with JM to discuss further.

Action: MD & JM to discuss the CPP terms in reference to the IUGA-Female ano-rectal function WG terms.

RH thought that common terms that have been discussed and finalized should be consistent. MD advised that they would need to pick out pain terms and discuss with Ragi. BS felt an official statement on who (ICS or IUGA) decides/ who has the final decision, should be prepared as there are a lot of overlaps and each committee will make up new terms, when terms already exist. JM felt that this was due to lack of communication between working groups. MD advised this wasn't restricted to ICS, this issue covers most organizations. The group discussed the use of footnotes when referencing terms for clarification. MD felt a discussion was required on this.

Action: SSC to discuss referencing and the concern of different terms used by different WG and linked organisations.

MD would like JM and AS to review. Once reviewed it is ready to submit to the Board for approval and then publishing.

Action: JM and AS to review IUGA-Female ano-rectal function report.

d) **IUGA - Female POP**

BH confirmed WG were on version 14. This has been opened up for peer review this week, the WG will incorporate these changes and then ready to be sent to the Board. BH advised he would send JE an updated version.

Action: BH to send updated IUGA - Female POP report to office.

Action: Office to submit IUGA - Female POP report to Board once received from BH.

BH confirmed 2010-12 papers were joint reports, IUGA would like to submit for dual publication in January. BH felt the 1st edition of the journal would be preferable

Action: Board of Trustees to review IUGA - Female POP report this week to meet printing deadline.

BH advised that they plan to submit 3 reports to the journal in January. JE highlighted as NUU is now online only the timeframes for submission should be preferable.

MD would like to make POPQ more accessible- we therefore need to extract this

from chapter 3.

e) **IUGA - Sexual Health**

JL confirmed that he had received the second draft, WG have discussed this via teleconference and plan to have a draft ready for January. This draft will be for SSC review. RH enquired whether this would cover males and females? MD confirmed that it would need to be discussed in the future. JL confirmed that they were just tidying up the terms and were encouraging involvement from all members and incorporating these suggestions. BS asked whether this could be added to wiki after publication? MD stated that all reports would be reviewed regularly and wiki assists the committee with this aim. MD encouraged all members to engage via wiki. The wiki can be found here: <http://wiki.icsoffice.org/> BS provided an overview of wiki to the committee and stressed the need for WG to engage with the wiki following publications.

f) **Good Urodynamics Practice Review**

Peer review at 17.00 today all SSC members should attend.

JL advised he would like to review the document, MD advised to attend the peer review and discuss further with Peter. JL advised that he would like to create a reporting template with ICS- MD to discuss further.

Action: JL and MD to discuss reporting template for WG's.

JM advised she would be happy to review GUP following consultation to check Dutch-English translations.

Action: JM to review GUP document for language errors.

g) **Standardisation of Terminology of Lower Urinary Tract Function; working group of the International Continence Society (ICS) and collaborating professional societies to revise the ICS Standard**

This is a revision of the joint document in 2010, this document only concerned females, and this revision will therefore be for both sexes. This amendment will therefore have wider engagement from professional. MD advised that we would need to create a core version of this and all WG documents to increase engagement from professional. JL asked whether there will be revisions of specific terms, MD felt

some couldn't be redefined, so a footnote could be provided instead (therefore not changing the terms but highlighting relevant amendments, to avoid interfering with regulatory implications).

BH wondered whether it was time for a revision, the male component need to be revised. BS asked whether this would be a separate document, BH felt that it would. There are gaps in the male knowledge so this would be beneficial and would increase engagement. The hub document would be a go to place for professionals. BS felt it would be clearer to have male, female and hub document. The group discussed the differences between male and female terminology.

MD confirmed that this would be a collaboration with multiple groups-IUGA, ICCS etc. MD confirmed a scoping document has been prepared for this WG.

h) NeuroUrology

MD advised that the WG were doing well, the document is clear and simple. There will be a presentation after this meeting- peer review of the document. MD expressed no concerns regarding this document and encouraged all to attend.

i) Basic Science

MD chair of WG, he has experienced some issues with engagement from WG members. MD advised they would be informed that no engagement will mean their authorship is removed from the report. MD advised that a draft will be ready in 6 months.

j) ICS-ICCS Nocturia and Nocturnal enuresis

MD attended their meeting this morning, all going well. The WG plan to cover all aspects- adults, children etc. The WG plan to amalgamate all information so there will be no difference between adults and children. RH enquired whether the conflict with the book, discussed previously, had been resolved? MD confirmed that it had been.

k) Detrusor underactivity/Underactive Bladder

MD advised this WG were actively progressing. There will be a meeting tomorrow at 2pm, please attend.

Action: Office to amend MD from member to ex-officio on UAB WG.

l) IUGA-ICS Terminology for Imaging in Women with Pelvic Floor Dysfunction

This WG was previously discussed, it is an important topic but there were concerns regarding the applications received from members to be on this working group. The committee therefore felt it was best to delay this topic until 2016. This will be discussed again in 2016.

Postscript note SK: Working Group on Laparoscopic Pelvic Floor Surgery:

Laparoscopic Sacrocolpopexy, Laparoscopic Sacro Hysteropexy, Laparoscopic Colposuspension. (These are the three main ones)

There are many variations in technique, however, there is a need to standardise some aspects on the basis of evidence.

There is a huge interest and drive to move towards Laparoscopic Pelvic Floor Surgery now since vaginal meshes have come under scrutiny. A Working Group to give this technique more definition, highlight the risks and put in good practice points would be timely.

m) Standardisation of Terminology for Incontinence Products; working group of the International Continence Society (ICS).

MD advised that he informed the WG it would be best to tackle 1 product, and they have selected containment pads. There is a good mix of people on this group, active and engaged. No further updates at this time.

n) Additional WG's

Committee discussed classification of GM fistula- bowel and bladder. JL thought this would be a good topic. RH agreed this would be of interest to define low and high fistulas. JL working on scoping document. MD advised that this wouldn't necessarily sit with the SSC and may be better under Fistula committee, MD suggested a discussion with Suzy Elneil.

JL Leaves.

MD discussed possible press flow study, group discussed whether this should be linked to GUP document. It was felt that it needed to be a separate document. MD will discuss further and develop scoping document and start WG.

Action: MD to prepare pressure flow scoping document.

6. **Wiki Page- Beth Shelly to provide an update. Discuss conflicts of interest.**

BS Chair of the WG. Following a review and engagement via ICS social media we have found engagement on the wiki has increased 500% since she took over. But there is still limited engagement and we need to develop awareness. BS invited members to attend the wiki meeting on Thursday 7-8am 512D. BS suggested a representative from each WG be assigned to the wiki group, following publication of the report, to produce 1 page overview of the new report. MD agreed and suggested regular tweets, 2 a week on wiki, to increase engagement. BS asked BH & JL to be prepared following the publications in January to be involved in the wiki pages, JL asked if BS could provide more details that they could confirm to the WG's? BS will send.

Action: BS to send wiki information to JL.

BS highlighted a concern raised by JM that there is a conflict of interest if wiki mentions a product- if could be seen as bias from the ICS. All agreed a disclaimer would be the best course of action.

Action: BS to add a disclaimer to all wiki posts that reference products. BS to finalise disclaimer wording with the office.

7. **Terms of office (Attached)**

JE advised that the Chair position would be available for application- please apply. BS confirmed renewing. JE advised that Board had approved an extension of JM for a further 2 years as per the bylaws. The committee will need to look into a replacement for JM.

8. **Terms of Reference (Attached)**

No changes.

9. **AOB**

➤ **Glossary discussion.**

MD suggested a teleconference to discuss further with DT.

Action: MD and DT to have teleconference to discuss glossary.

MD advised that this would need constant reviewing to ensure that it is clear and consistent. MD asked members to review and suggest changes.

Action: All to review glossary and send changes to office.

BS suggested links to wiki.

Action: Link Glossary to wiki.

AS advised that the glossary was missing anal/faecal pain. MD advised a proposal would be required and asked AS to prepare a list of priorities of what ICS is missing and what should be tackled first.

Action: AS to look into possible anal/faecal topics for the committee to pursue.

JM suggested CPPS document, MD thought this would be good.

MD suggested Andrea Cocci to have a meeting with MD at ICS office.

Action: Office to arrange a meeting with MD and Andrea Cocci at ICS office.

➤ **AUS consensus document.**

RH has just finished the artificial sphincter document. MD advised that there was some conflict of interest within this document and suggested that SSC review document and provide feedback.

Action: RH to submit AUS document to office. Office to obtain feedback from committee.

BS advised that the conflict was on 1 specific device, does the ICS want to be seen as supporting this device? RH advised that they were looking at one area but would look into this further. BS suggested that names be removed and replaced with a generic name to get around this issue. All thought this was a good suggestion. JE suggested this might be worth discussing with the Board, MD suggested RH attend Trustee-Chair meeting to discuss.

Action: MD to raise whether devices/products should be named in reports, to the Board.

Not discussed:

- Location of links on the website- wiki etc.
- Guidelines for referencing ICS on publications.

Meeting Ends

SSC Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Marcus Drake	Chair	29-Aug-13	15-Sep-16	3	Y	6 year term will finish in 2016- cannot renew	
Bernard T Haylen	Chair	16-Sep-16	05-Sep-19	3	Y	3 year term will finish is 2019- can renew by election	
Jane Meijlink	Committee Member	24-Aug-08	14-Sep-17	9	N	9 year term will finish 2017 – cannot renew	Jane was granted an extension by the Board for one year, MD to confirm whether this will be extended for another 2 years.
Susie Orme	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish is 2017- can renew	Stepped down early.
Rizwan Hamid	Committee Member	23-Oct-14	14-Sep-17	3	N	3 year term will finish is 2017- can renew	
Salma Kayani	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Stelios (Stergios) Doumouchtsis	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Luis Abranches Monteiro	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW	
Alexis Schizas	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish is 2018- can renew	
Beth Shelley	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish is 2019- CANNOT RENEW	
Suzy Elniel	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish is 2019- CANNOT RENEW	
Adrian Wagg	Ex-officio	20-Mar-15	15-Sep-16	1	N	Ex-officio	

Quorate No=4

Nominations 2017

Marcus steps down in Tokyo, Bernie starting in Tokyo.

Jane stepping down in Florence. Position to be advertised after Tokyo.

Rizwan to confirm whether he would like to renew. If not then the position will need to be advertised after Tokyo.

Key	
Colour	Meaning
	Stepping down in Tokyo
	Stepping down in Florence
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Tokyo
	New member/position
	No action

ICS Standardisation Steering Committee Terms of Reference

1. PURPOSE:

The Standardisation Steering Committee establishes terminology and methodology in the International Continence Society's areas of activity, to underpin professional standards of clinical management and research

2. FUNCTIONS:

- Working to develop and support a programme of development of professional Standardisation documents relating to terminology, diagnostics, clinical management and research in the areas of activity of the ICS
- Undertaking timely revision of Standardisation documents to ensure they retain contemporaneous relevance, assimilating feedback from all stakeholders
- Promoting adherence to Standardisation document recommendations in professional practice of all clinicians and allied professionals working in ICS areas of activity
- Providing regular information on SSC activity to the ICS membership
- Supporting infrastructure for reciprocal and responsive dialogue between the SSC and the ICS membership
- Developing and maintaining a high-quality SSC microsite on the ICSOffice.org website
- Providing advice to the ICS Trustees in relation to policy issues that relate to the SSC activities
- Developing effective working relationships with other ICS Committees and allied organisations outside the ICS

3. RESPONSIBLE TO: ICS Board of Trustees and ICS General Secretary

4. COMPOSITION:

Total Members	Method of Appointment	Name	Term of Office
General Secretary	Ex officio	See Membership Page	3 years
Chair	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being current ICS members. The nominee for Chair would be a current or recent member (past 5 years) of the Standardisation Steering Committee. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st March for current members all other applications by 1st April. Voting regulations as stated.	See Membership Page	Term of office: 3 years, renewable once by formal election
Membership	All members of ICS committees must be active ICS members (paid for current	See Membership Page	3 years, renewable once by

	membership year) (By-law 2.3.2) and have completed a disclosure form.		Chair/committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees.
Subcommittees (if any)	The SSC will establish <i>ad hoc</i> Working Groups, comprising a Chair and multidisciplinary expert panel, to derive professional consensus in areas of priority identified by the Committee	See Membership Page	Up to 3 years, subject to satisfactory progress as deemed by the SSC
Updated January 2016			

5. **MEETINGS:** One face-to-face meeting during the Annual Scientific meeting; other deliberations normally by email.
6. **QUORUM:** One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.
7. **MINUTES:** Minutes are recorded at each meeting and posted on the ICS and CPC website in accordance to 2009 ICS Bylaw 6.1-6.4).
8. **REPORTING & ROLES:** The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. The Chair is also required to be present at the Annual General Meeting should the membership have any questions over committee activities.

The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid term meeting. The date that this report will be required will be given in advance each year.

For Terms of Office information please see the [Membership Page](#)

SSC Working group overview

1. Standards recently proceeding through the publication process

- **CPP**- Available for early view in NAU:
<http://onlinelibrary.wiley.com/doi/10.1002/nau.23072/full>
- **Good Urodynamics Practice Review** – Peter confirmed that he will see the page proofs. Probably this week (1/09/16)
- **IUGA - Female POP**- Submitted for publication.
- **IUGA - ICS Joint Working Group on Conservative Management**: We have submitted the paper for publication in IUGJ and NUJ. They are accepted and we are waiting for proofs. JL confirmed the NAU doi for this paper is DOI 10.1002/nau.23107, IUJ version is: 10.1007/s00192-016-3123-4. Jennifer Chinworth from NAU is waiting for the XML version of this from IUJ after completion of proofs correction prior to formal publication.
- **ICS-IUGA Female ano-rectal function**- Joe Lee confirmed the NAU doi for this paper is 10.1002/nau.23055 it is awaiting IUJ typesetting (end of Aug) and to be published soon after that!
- **The Standardisation of Terminology of Adult Neurogenic Lower Urinary Tract Dysfunction**- Peer review will take place on Wednesday 14th September, 13:00-14:00 in Hall D5.

2. Working Groups Current:

- **The Standardisation of Terminology of Adult Neurogenic Lower Urinary Tract Dysfunction. Report of the Working Group of the International Continence Society**- I presented the draft at SUFU meeting in San Diego and I will do it again in Tokyo.
- **ICS Standardisation of Terminology for Continence Products Working Group**-Based on initial discussions, a subset of working group members created a draft online questionnaire (with particularly key contributions from Helena Engqvist), which Jenny Ellis kindly converted into SurveyMonkey format. This was circulated for review among the whole working group and the comments have informed the generation of a revised version which is close to being ready to circulate widely for comment to the whole ICS membership, and the memberships of a range of identified clinical, patient, industrial and academic organisations. Depending on the feedback that this attracts, a further iteration for comment and revision may be required.
- **Detrusor underactivity/Underactive Bladder**- Working group has provided a draft document for SSC review, currently on SSC forum, deadline 14th September.
- **IUGA - Sexual Health**- Version 5 is being collated after recent meeting in Capetown/IUGA. JL planning for this version to be made available for both societies member feedback, next steps are - external review, SSC/both Boards review. Hoping to have this completed before 2017's meeting.
- **ICS-IUGA joint terminology document on reporting urodynamics in women**- Phil Tooz-Hobson, Javier Pizzaro-Berdichevsky, Vivian Sung has co-written the following draft and working on a proforma, and finalise the names to be added as authors (Joe & Marcus). Draft is on the SSC forum, deadline 14th September.
- **Terminology of Lower Urinary Tract Function – Review**: Committee working on draft document. SSC reviewing ahead of peer review in Tokyo, deadline for comments 10th September.

- **Basic Science**- First draft should be ready August/September.
- **ICS-ICCS Nocturia and Nocturnal enuresis**- First draft reviewed by SSC. Comments sent to Hashim for updating. Working group working on revision. Peer review will take place on Wednesday 14th September, 13:00-14:00 in Hall D5.
- **ICS terminology document on reporting urodynamics in men**- Scoping document drafted, MD to revise and then can be advertised.
- **Bowel function terminology (include incontinence and defaecatory difficulties - male and female)**; Standardisation Report Working Group- Pending discussion.

Dear Committee Members,

Please review the standard operating procedure for producing an “ICS Educational Module”. Please note that this is still a working document and if you have any comments please direct them to Jenny or Avicia in the office. It is hoped that Educational Modules will be the gold standard of online educational content that the ICS produces. Over the next few months other types of online content will also have a procedure created so that any content that is placed on ICS TV will have followed the process of authorisation.

If you have not already we encourage you to view and review the content already on ICS TV <http://www.ics.org/tv> We require your feedback before this takes a prominent position on the ICS website.

ICS Educational Module Standard Operating Procedure

The ICS strategy over the next 5 years is to increase scientific and educational output and to become the go to society for scientific content. In addition to standardisation reports the ICS committees have been creating educational modules. Educational modules are central to the ICS strategy of facilitating the exchange of knowledge and experience among interdisciplinary health programmes. The ICS is seeking to develop and distribute high quality global health educational modules; define standards and competencies in health education; and address the needs of students, educators, and trainees as they seek to gain the skills and knowledge necessary to become healthcare leaders.

These modules consist of a PowerPoint available for download, a video and a peer reviewed published article. The outcome of these modules is that educators around the world can download the ICS module and present this to their students/colleagues. It is also expected that when an ICS speaker is invited to speak at an educational course or guest lecture the educational modules are used to provide the standardised educational content. The paper sent to NUU should be a systematic review of the content and should be in accordance to the 'PRISMA -checklist/guidelines'.

This document has been created to assist those Working /Committee groups who wish to create a module for the ICS and to ensure adherence with the approved process.

Vision for final product:

1. Has clearly outlined learning objectives at the beginning.
2. Peer reviewed paper published in NeuroUrology & Urodynamics
3. Video demonstrating/explaining key issues and/or techniques—goes beyond paper to increase depth of learning.
4. PowerPoint presentation.
5. The entire module could be used by an individual over the web or as part of a course for students directed by a mentor.

Working/Committees General Information

- The composition needs to be ICS members, multi-disciplinary, multinational and representing the most important stakeholders where appropriate. However if content is clearly for one discipline then sole disciplined groups are acceptable.
- Non ICS members can be part of a working group as experts or representatives of specific stakeholders but they must become an ICS member for the duration of their time on the project.
- Each group should choose a lead established at the outset who will also be the first or last author on the published paper. All members of the group will be responsible for the entire content of the module as a group. Note the lead of the group does not need to be the person who records the video. The presenter must have a clear speech, free of strong accent – see the guidelines document for preparing the module content (INSERT LINK WHEN READY).
- It is recommended that the module is presented to an audience at the annual meeting before it is recorded and where possible before the manuscript is sent for publication. This will provide valuable feedback.
- The module cannot be sponsored in any way and no bias should be given towards one particular product, pharmaceutical or equipment. Best practices must be followed in avoiding brand names. When there is any mention of specific product a disclaimer should

be added to the start of the document advising that ICS does not endorse this product over other products on the market.

- The ICS will not provide financial budget for face to face meetings of any group but will consider budget proposals for videoing the content.
- The ICS office will assist with setting up a forum for the group to exchange ideas and content for review. The office can also offer facilities for teleconference or WebEx, upon approval of a budget request.
- It is expected that a module should take no longer than 6 months to prepare.

Educational Module creation procedure

Stage	Action	Comment
Proposal Stage	Creation of committee/working group to prepare proposal.	This can be a committee who have decided to prepare a module or a group of ICS members.
Proposal Stage	Budget and proposal is sent to ICS office. Proposal should explain the module in no more than 2 pages outlining the aims and objectives, learning outcomes, target audience and requirement for module. Budget will only cover the costs of filming and editing costs. Budget can be prepared in conjunction with ICS Office who can assist with the best way to record the module.	ICS Office ensure no overlap with other working groups and will advise the appropriate committee. ICS office to notify Education, Standardisation committee of proposal in progress. Budget to be approved by Board of Trustees
Preparatory Stage	Working group reviews the literature, and prepares the manuscript.	Office will assist with creating online forums for easy discussion and monitoring/chasing if required.
Review Stage	Manuscript is sent to Education and Standardisation Steering Committees and Board of Trustees who review for educational value and standardisation adherence.	These committees are not commenting on the content of the module. The committees should respond within 2 weeks.
Publication Stage	Once approved the review paper can be sent for publication in the ICS journal, Neurourology & Urodynamics. The PowerPoint slides are then to be prepared and video recording will be completed in conjunction with the ICS office.	Article submitted to NUU should clearly reference International Continence Society (ICS) Educational Module. Discussion with the ICS office concerning best way to record content.
Implementation Stage	Once completed the ICS office will disseminate the content via the ICS website, social media and other outlets.	

Checklist:

- ☐ Working group created and chair appointed

- ☐ Budget and proposal sent to ICS Office
- ☐ Budget and proposal are reviewed and approved by Board of Trustees
- ☐ Working group prepares review paper
- ☐ Content reviewed by relevant Education, Standardisation Committees and Board of Trustees
- ☐ Paper submission to NUU
- ☐ PowerPoint and ideally video manuscript is prepared
- ☐ Video is recorded
- ☐ Video is edited
- ☐ Module is added to ICS website and advertised

Proposal: Standardisation of Terminology of Laparoscopic Anatomy of the Female and the Male Pelvis WG

Dr Salma Kayani

Introduction:

The International Continence Society (ICS) has been at the forefront in the standardisation of terminology of lower urinary tract function since the establishment of the Committee on Standardisation of Terminology in 1973. This committee's efforts over the past two decades have resulted in the world-wide acceptance of terminology standards that allow clinicians and researchers interested in the lower urinary tract to communicate efficiently and precisely. (1) This LUT terminology standards document is for terminology related to the external assessment of pelvic structures.

A similar document for terminology standards for the internal pelvic anatomy is now called for.

Laparoscopy has given a new dimension to appreciation of internal human anatomy per se, as well as in relation to the findings at clinical examinations.

With this in mind, an opportunity has arisen to refresh the way we appreciate, assess and document the terminology of pelvic structures in four aspects: for normality, for appreciation of anatomical structural variation, for assessment of pathology and for correction of the anatomical pathology where required.

It is now the right time to develop the standardization of terminology of the pelvic anatomy as seen at laparoscopy, of not only the urinary tract but also all related pelvic structures in the female and male pelvis, within the remit of the International Continence Society (ICS).

The Committee on Standardisation of Terminology of the International Continence Society (ICS), in keeping with its tradition of being a vanguard in setting terminology standards, proposes to develop a Working Group for the 'Laparoscopic Anatomy of the Female and Male Pelvic Structures'

Scope:

General gynaecological/ urological/ uroneurological/ anorectal examination is the basic assessment tool available to all practicing gynaecologists/ urogynaecologists/ urologists/ uroneurologists/ anorectal surgeons.

This examination formulates the foundation of any treatment plan – conservative, medical or surgical.

Traditional surgical treatment routes (urology/gynaecology/ uroneurology / anorectal) for any of the pelvic floor problems (bladder /urethra /vagina /uterus /prostate / ano-rectum) may be any one of the following: transurethral, transvaginal, transrectal or open abdominal.

The SSC would like to bring together experts on the laparoscopic approach.

Terminology:

To date there is no existing international agreement on laparoscopic terminology of pelvic structures.

‘Despite more than a century of cadaver- and surgery-based research on Cardinal and Uterosacral ligaments, controversies still exist regarding terminology, definition, composition, and even their existence’. (2)

There is a clear need to understand and define anatomical landmarks, variations, boundaries, important surgical points of interest from urology/ urogynaecology/ uroneurology/ anorectal aspect.

(Anatomical landmarks are descriptions of neighboring structures crucial to identifying the proper target tissue for resection.)

Stakeholder scope:

Suggest seeking input from: clinicians, caregivers, academics, clinical and other professional bodies

Working Group:

This group should comprise of

- Laparoscopic surgeons (gynaecology/ urology/ Urogynaecology/ colorectal), anatomist, open surgeons, experts in laparoscopic nerve sparing surgery.
- Other stakeholders -.....

Target group:

Clinicians, researchers and students to provide insight into how to apply these terminologies to understand anatomy and the effect of a surgical assessment and intervention in practice and in research design.

This document aims to provide terminologies that improve anatomical understanding of students and terminologies with which clinician/researchers are able to choose outcome measures that best reflect their clinical or project goals.

Time line:

1. Draft of the time-line for the project
2. Draft document aimed to be presented at ICS 2017
3. Working group will liaise via emails and wherever possible by meetings

References:

1. Richard C. Bump, Anders Mattiasson, Kari B0, Linda P. Brubaker, John O. L. DeLancey, Peter Klarskov, Bob L. Shull and Anthony R. B. Smith. The Standardisation of Terminology of Female Pelvic Organ Prolapse and Pelvic Floor Dysfunction. Am J Obstet Gynec (1996) 175:10–17
2. Rajeev Ramanah, Mitchell B. Berger, Bernard M. Parratte, and John O. L. DeLancey. Anatomy and histology of apical support: a literature review concerning cardinal and uterosacral ligaments. Int Urogynecol J. 2012 Nov; 23(11): 1483–1494.

Laparoscopic Anatomy Of The Female And Male Pelvis WG

Standardisation of Terminology of Laparoscopic Anatomy of the Female and Male Pelvis; working group of the International Continence Society (ICS) and collaborating professional societies to develop the ICS Standard.

The ICS Standardisation Steering Committee (SSC) invites applications from ICS members who wish to contribute to a Working Group with the remit to develop the ICS Standardisation of Terminology of Laparoscopic Anatomy of the Female and Male Pelvis. The responsibility of the working group will be to develop the ICS Standard in line with contemporaneous research and stakeholder feedback into an up-to-date and evidence-based Terminology Standard as a basis for clinical practice and research. The selection of the chairperson and membership of the Working Group will be undertaken by a sub-group of the ICS Board of Trustees, chaired by the ICS General Secretary. Deadline for receipt of applications is All applications should be submitted electronically to nickie@ics.org. Your attention is drawn to the guidance on producing Standardisation reports available on the [ICS website](#) and published in Neurourology & Urodynamics [1]. A mentor from the SSC will assist the appointed chairperson with practical and procedural advice on the running of the Working Group. The final report of the Working Group will be expected within 18 months of commencement, comprising a detailed report intended for specialists, a brief “core” version for non-specialists, and supplementary outputs to encourage maximum engagement.

Applying to chair the working group

If you wish to be considered to Chair the Working Group, applications should take the form of a CV (max 4 pages), with a cover letter (max 600 words) describing how you would be suitable to Chair the Group, the areas you consider should be covered, and how the Working Group will interact with other organisations outside the ICS. Please also state whether you wish to be considered as a member of the Working Group, if not appointed to chair it.

Applying for membership of the working group

If you wish to be considered as a member of the Working Group, please send a CV (max 4 pages) and a cover letter (max 500 words) describing your potential contributions to the Group.

The working group's remit

The arguments for creating the Working Group and revising the documents are:

- Publications on Laparoscopic Anatomy are emerging
- Alignment of terminology is needed across the various patient groups
- Discrepancy in terminology potentially creates problems for care provision and interpretation of research
- Development of new therapies remains an issue in some key problematic conditions
- Scope: It is envisaged that this report will consider:
 - Definitions of terms in male and female laparoscopic pelvic anatomy
 - Consistency of application of definitions
 - User feedback on terminology, applied in line with professional, patient, industry and regulatory requirements
 - The Standard is not expected to make practice recommendations in regards to methods of assessment or treatment, but should ensure that terminology is developed in accord with current approaches to practice, and potential future modifications

Requirements

- Literature analysis will be the basis of the revision process; using published evidence (where available)
- Expert consensus will be transparently included where evidence is conflicting or lacking
- The Working Group will keep a digital working log of its activities through the ICS Office.
- The chairperson and the ICS Trustees/ SSC will make sure that the composition of the Working Group is well balanced, and that the process of standardization is transparent.
- The Working Group will use web-based and e-mail exchange of

information and monitor the execution of assignments within the assigned timeline.

- The Working Group will report to the ICS SSC on request, and/ or spontaneously every 6 months.
- The Working Group will be responsible for production of a first draft of the report within 18 months after permission to start from the ICS SSC.
- A process of open consultation of the first full draft will be included in the development of the standard
- The chairperson and working group will be responsible for submission to journals for publication and dissemination.

References

1. Rosier PF, de Ridder D, Meijlink J, Webb R, Whitmore K, Drake MJ: Developing evidence-based standards for diagnosis and management of lower urinary tract or pelvic floor dysfunction. *Neurourol Urodyn* 2012, 31(5):621-624.