The official newsletter of The International Continence Society

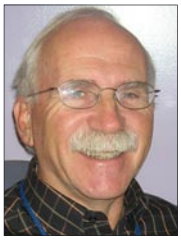
ICS News

July 2009
Volume 5 Issue N°2

San Francisco Awaits You…!

39th Annual Meeting of the ICS to be held 29 September to 3 October 2009, San Francisco, USA

Anthony Stone



Anthony Stone, 2009 Annual Meeting Chair

The 39th Annual Meeting of the ICS will be held in the beautiful and vibrant city of San Francisco and hopes to attract over 3,000 professionals in fields including urology, gynaecology, physiotherapy, nursing, neurourology, anorectal surgery and paediatric urology. Leading experts from around the world will present a rich scientific programme covering breakthroughs in science, research and medicine. Don't miss this unique opportunity for international, multidisciplinary networking, meeting old friends and making new ones.

Venue

The meeting will be held at Moscone West, the newest addition to the famous Moscone Convention Center in the heart of the city of San Francisco, within walking distance of all our conference hotels and many of the city's tourist attractions. For those travelling by car there are numerous parking facilities in the vicinity. San Francisco International Airport (**http://www.san-francisco-sfo.com**) has connections from all over the world and is only 20 minutes from the city centre while Oakland and San Jose airports are also within reasonable distance.

Great scientific programme planned

The scientific and local organising committees have planned a great programme for the 5-day meeting, starting with 53 educational courses and workshops spread over the first two days: Tuesday and Wednesday. The number of abstracts received by the ICS office this year reached a record for annual meetings: 1003 abstracts and videos were recently reviewed by the ICS scientific committee. A wonderful team effort between the ICS Office and Karl Kreder and the Scientific Committee, along with help from Werner Schaefer, Chair of the Education Committee, and consultants from the Editorial Board of Neurourology & Urodynamics, led to a very smooth selection process. A decision had been taken before this year's scientific committee meeting to increase the number of selected abstracts. In order to accommodate this increase, the committee has constructed a meeting with parallel sessions, both podium and discussed posters, following the traditional morning plenary session.

This year's state-of-the-art lectures will be given by William C. de Groat on "Bladder Reinnervation", John Delancy on "Pelvic Floor Biomechanics, Imaging and Modelling" while Chris Winters will be discussing "Urodynamics: Utilisation, Education and Best Practices". The meeting will be rounded off with some lively panel discussions, and the increasingly popular lunchtime "Meet the Expert" sessions.

Social Events

All ICS Annual Meeting registered participants are invited to the traditional **Welcome Reception** which will be held on Wednesday, 30 September at the magnificent San Francisco City Hall (just a short distance from the Moscone Center). The ICS will be hosting the annual **Gala Dinner** on the beautifully renovated San Francisco Belle cruise ship on Friday, 2 October. The ship will dock while guests arrive and then take a cruise around San Francisco Bay to enjoy the breathtaking sights of the city.

We are confident that ICS 2009 will maintain and improve on the high standards of previous annual meetings. San Francisco will provide a wonderful setting to enhance and share our scientific knowledge and offer a unique environment to renew those friendships so vital to the International Continence Society.

For further details, please go to the meeting website:
www.ics-meeting.com

Please note that the ICS ANNUAL GENERAL MEETING has been moved to the late afternoon session on the second day of the meeting, Friday 2 October 2009 at 15.30-16.30.

HIGHLIGHTS

REGISTER NOW
www.ics-meeting.com
The full Scientific and Educational Programme is available on the website

THE INTERNATIONAL CONTINENCE SOCIETY

The International Continence Society, originally known as the Continent Club, was founded in 1971 by Eric Glen. The Society was set up with the primary aims of studying and diagnosing the storage and voiding function of the lower urinary tract, the management of lower urinary tract dysfunction, and to encourage research into pathophysiology, diagnostic techniques and treatment.

The International Continence Society is a company limited by guarantee.

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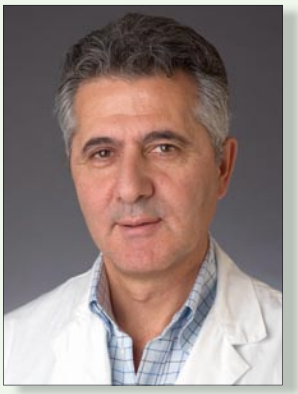
Contents

Letter from the ICS General Secretary



Jacques Corcos,
General Secretary

Dear Members,

The Trustees

IN THE LAST newsletter I introduced the new Trustees. The Trustees met for the first time in Bristol in January 2009. This was an opportunity for the Trustees to meet and get to know each other. The Trustees were also shown the ICS office in Portland Square and the office organised a welcoming drinks reception in our honour. The main points on the agenda for the inaugural meeting were to appoint the Executive Committee and discuss in full the 3-year strategic plan.

Executive Committee

In accordance with the new bylaws the Trustees needed to appoint an Executive Committee that would deal with the day-to-day business of the Society. The Trustees as a whole should take more of a management position and concentrate on the finance and strategy of the Society. The General Secretary and Treasurer are automatically on the Executive Committee and three more were required. Some Trustees volunteered to stand on the Executive Committee and the Trustees voted on these people. As this was a newly created committee and the bylaws stated that one member of the committee would move off each year, a way of devising how to start this process was required. It was decided that the person with the most votes would stay for three years, the second for two and the third would stay until the 2009 annual meeting in San Francisco. Dirk De Ridder received the most votes (term will finish 2011), then Heinz Koelbl (term will finish 2010) and Ted Arnold (term will finish 2009).

ICS Three Year Strategy

As General Secretary, I presented the 3-year strategy to the Board, the main objectives of which are:

- The development of science with greater accessibility by all to research, training and scientific information
- A revisit to the Society's structure and governance, including a deep analysis of how our money is acquired and spent
- Attention and pro-action to address incontinence among the disadvantaged

The Board discussed each of the objectives in full and, in order to make the targets of the strategy achievable, several Task Forces were set up. Each Task Force was assigned an area to focus on. It was agreed that each group should design their group's mandate and decide on a Chair. The Task Forces were given until the June 2009 meeting to review their specific areas and bring recommendations and an update on their current workings. Below is a description of each task force as well as the result of their progress report in June 2009:

Meetings Survey Task Force: Adrian Wagg, Ted Arnold, Limin Liao, Jennifer Skelly.

This group is tasked with reviewing issues surrounding the annual meeting and ensuring the increase in flow of scientific information to members and non-members. The committee created an annual meeting survey which was sent to the membership in March. The aim of this survey was to find out what the membership wanted from the annual meeting and this task force would collect the comments and make recommendations to the Board of Trustees. A summary of the results of the survey can be found on page 4 while the full survey results are available on the ICS website. Members' comments are currently being analysed and may lead to some changes in the future.

Fundraising Industry Task Force: Ajay Singla, Clare Fowler, Jerzy Gajewski, Jean-Jacques Wyndaele

The ICS wishes to develop new and strengthen existing relationships with industry. This task force is reviewing potential new partnerships and ways in which to make the ICS more attractive. For example, offering more interesting sponsor opportunities which will benefit the ICS membership overall i.e. scholarships, grants, fellowships etc. Contacts have been established with numerous companies. Further meetings are necessary to concretise some initial discussions. At least 2 agreements have already been concluded (one signed) and several more are in discussion. Ajay Singla, whose tasks as treasurer are taking up all his time, will hand over to another chair in the near future.

Awards Task Force: Mandy Fader, Chris Payne

In order to encourage scientific creativity this task force is reviewing the current scientific awards offered by the ICS and the possibility of other awards such as honorary membership and life-time achievement. This task force had some varied and interesting suggestions which now need the requisite regulations and categories to be put in place.

Scientific Task Force: Vasan Srini, Ted Arnold, Chantale Dumoulin

This task force is examining different ways in which to develop the fields of science in which the ICS is involved. They are looking at the possibility of creating 'expert cells', composed of few members recognised as experts in a very specific domain and will be responsible for keeping the members aware of developments (e.g. selection of best articles posted on our website and/or via direct emails to members, information about new products etc.) They are also looking into the creation of national or international 'research networks' and providing them with the logistics and support to achieve their objectives. (e.g. geriatric research network, stem cells etc.)

Foreign Affairs Task Force: Helmut Madersbacher (Chair), Heinz Koelbl, Limin Liao, Jane Meijlink.

An ideal way to increase ICS visibility worldwide and to enhance awareness and interest in our specific areas of expertise is to foster and create new relationships or affiliations with national continence societies. The Foreign Affairs task force is examining how these new relationships can be developed and how these Societies can be supported through education and possibly finance. The task force will also look into relationships with patient forums. This task force has already made some contact with other societies who are

.../continued on page 4

Letter from the ICS General Secretary

.../continued from page 3

interested in becoming affiliated with the ICS. If you are a member of a society who you think might benefit from being affiliated with the ICS, please contact me.

Governance Task Force: Ted Arnold, Dirk De Ridder, Katherine Moore, Piotr Radziszewski.

Even though much work has been put into the ICS governance and structure over the past two years, it does not mean that we should not continue to review and put in place checks and balances. The Governance task force is responsible for defining a mission statement for the ICS. It will also continue to ensure that the ICS structure corresponds to the wishes of ICS members. In addition, it will review the ICS internal committees and examine how the structure of our committees can be standardised. The Governance task force is formulating its ideas and will contact the ICS membership for their views very shortly in order to make a final decision.

Incontinence and Fistula for the Disadvantaged Task Force: Sherif Mourad, Dirk De Ridder, Chantale Dumoulin, Limin Liao, Vasan Srini, Jane Meijlink.

The ICS should be one of the major players in the field of incontinence issues in disadvantaged countries. Training, teaching, prevention and well focused interventions must become one of our priorities. This task force is investigating ways in which the ICS can become involved in existing programmes or develop and fund new ones. A proposal to form an ICS committee for incontinence and fistula for the disadvantaged was accepted by the Board of Trustees in June. (See also Fistula Update)

The agenda, minutes and strategy can all be found in the documents section of the website. The Trustees met again on 15 June 2009 in London, UK. The agenda items mainly focused on reports and recommendations from the task forces and issues concerning the ICS finances. The actions resulting from the strategy are so intrinsically linked to ICS finances that the Board must be fully aware of this before setting in place new actions.

I welcome any feedback from the membership, so please do not hesitate to contact me via the office on **info@icsoffice.org** ■

Jacques Corcos

ICS General Secretary

ICS Scientific Meetings Survey – Results

● Adrian Wagg

Adrian Wagg

AS PART OF the drive to be more responsive to the membership, the Board of Trustees commissioned a survey about the current structure and format of the scientific meetings and gave various options for change. Replies were received from 1037 members by the closing date on 29 May 2009.

Of the 628 members who replied, 324 (51.6%) favoured no change to the way in which our meeting locations are selected and 455 (72.4%) wanted the meetings to be yearly and preferred no change to the timing. Likewise, 418 (67.1%) wanted the meeting to remain a week long.

Although most people were happy with the current mixture of activities in the meetings, voting for no change, there were some areas which Trustees felt should be considered (see table). These will be examined again after this year's meeting in San Francisco.

	More	Fewer	As Now
State of the Art Lectures	**46.8% (283)**	3.6% (22)	**49.6% (300)**
Podium Presentations	**32.2% (192)**	10.7% (64)	**57.5% (343)**
Discussed Posters	25.5% (150)	19.7% (116)	**55.0% (324)**
Non-discussed Posters	10.8% (63)	**33.3% (194)**	**56.4% (329)**
Moderated Video Posters	22.4% (129)	19.4% (112)	**58.8% (339)**
Debates Point Counterpoint	**44.2% (259)**	10.8% (63)	**45.6% (267)**
Educational Workshops	**33.0% (197)**	12.7% (76)	**54.8% (327)**
Industry Sponsored Symposium	8.9% (52)	**39.1% (229)**	**52.3% (306)**
Meet the Professors or Expert Lunches	**31.5% (177)**	22.1% (124)	**46.4% (261)**

Social aspects of the meeting

Most members were happy with the current arrangement of an informal reception (503 = 82.9%) and a more formal Gala dinner (328 = 55.6%) with only the informal reception being included in the registration fee.

Registration

Members asked for fee reductions to continue to be made for training grades, non physicians and those from less advantaged countries. The Board of Trustees will continue to make sure that, where possible, allowance will be made.

Summary and action

The Board of Trustees asked for there to be an evaluation of the yearly scientific meeting on an annual basis, so as to receive more detailed feedback and to allow for future planning. The suggestions about content will be passed on to the local committee responsible for meetings organisation. ■

Education

ICS EDUCATION COURSE, Pattaya, Thailand, 3-4 April 2009

In cooperation with the Thai Urological Association (TUA)

● Werner Schaefer and Bannakij Lojanapiwat

THE EDUCATIONAL COURSE held in Pattaya, Thailand 3-4 April 2009 was an add-on to the Thai Urological Association's (TUA) Annual Meeting, with the ICS taking up the first day and a half of a three-day congress. There was great interest in the course with a total of 450 participants, including 169 nurses, attending from Thailand and neighbouring countries.

The ICS sent eight international speakers whose presentations displayed the full multi-disciplinary spectrum and approach of our Society. Discussions during the pleasant social events organised by our Thai hosts included the possibility of a South-East Asia chapter of the ICS to be set up in Thailand. The TUA also welcomed future collaborations with the ICS in Thailand and the surrounding region. Another Educational Course is already under discussion to be hosted in Vietnam in 2010 or 2011.

This was a most successful and economical course, thanks largely to the organisational and financial support of the TUA. Further courses of this kind are at the planning stage and we hope to continue to collaborate with other continence societies and organisations in the coming years.

We would like to mention that Helmut Madersbacher was instrumental in the organisation of this course. The interest and full appreciation on the part of our hosts was demonstrated by Helmut being officially honoured by being made a Fellow of the Royal College of Surgeons of Thailand as of July 2009.

Photo left to right: Krisada Ratana-Olarn; Helmut Madersbacher; Jean Hay-Smith; Engelbert Hanzal; Bannakij Lojanapiwat

Future Education Courses

The ICS Education Committee has now confirmed two add-on education courses for late 2009. First of these will be Beijing, China over 29-31 October 2009. This is in conjunction with the Chinese Continence Society and will be the ICS' third visit to China. Limin Liao and Werner Schaefer are course Chairs. Our final education course of 2009 will be held in Goiania, Brazil on 7 November 2009. This is an add-course to the Brazilian Society of Urology's main meeting, which will continue after the ICS meeting until 11 November. Carlos D'Ancona will be the course Chair for the Goiania course. Further details and joining instructions for these courses can be found on the ICS website.

Courses confirmed for 2010 include Sharm-el-Sheikh, Egypt, 4-6 February 2010, with Sherif Mourad as course Chair. This is an add-on course in collaboration with the main meeting of the Pan Arab Continence Society (PACS). Also confirmed for 2010 is Bucharest, Romania, 7-8 May, where Andrei Manu-Marin and Nicolae Calomfirescu are course organisers. This is an add-on course to the 9th Scientific meeting of the Romanian Uro-Gynaecology Society. Other education courses in discussion for 2010 include Santiago (Chile) and Buenos Aires (Argentina). ■

OBITUARY

A Tribute to Rodney Appell, 1948-2009

● Peter Sand

Rodney Appell

PERHAPS THE SADDEST words I have heard in my life, "We lost Rod" echo daily in my mind as I struggle to reconcile the loss of an incredible friend and mentor. Rod grew up in Philadelphia and completed his undergraduate work at Franklin and Marshall College in Lancaster, PA. He received his medical degree from Jefferson Medical College in Philadelphia and did his residency training in urology at Yale University School of Medicine. After his second year of medical school he married his wife Susan in 1972 and was blessed with 2 sons, Gordon while he was in residency in 1977 and Jarett in 1981 while working at Louisiana State University. Rod started the Female Urology Division at Louisiana State University and in New Orleans where he first started training fellows. He then moved to the Cleveland Clinic where he established the Division of Female Urology and a successful fellowship program. He moved to Houston in 2000 to become the Brantley Scott Professor of Urology at Baylor College of Medicine. In 2008, he moved to the Vanguard Urologic Institute in Houston, serving as Director of the Texas Continence Center, and as a faculty member for both Baylor College of Medicine, and University of Texas Health Science Center. He authored well over 150 publications in urology, and received countless honours for his professional contributions, being listed on numerous occasions in Best Doctors in America, and recently receiving the Lifetime Achievement Award from the Society for Urodynamics and Female Urology (SUFU). Dr. Appell was an extraordinary teacher and mentor. He is survived by his wife, Susan, and his sons, Jarett and Gordon and daughter-in-law Jennifer of New York City. Rod's untimely death leaves a great void for his family and his colleagues. He will be remembered for his honesty, integrity, skills as a mentor and teacher, and for his limitless love for his family, friends, and his work.

Rodney Appell, MD, FACS sadly passed away on 19 January 2009 at the young age of 61. ■

Standardisation Committee

Where are we going with the ICS Standardisation Committee?

Dirk De Ridder, Chair

THE ICS HAS always been involved in standardisation of terminology. In some cases the way a standard was reached was clear and transparent, but in other cases it was not. The process of achieving a consensus and producing a standard has been variable and has been dominated by a few experts in the field. In the social sciences, the process of consensus is now being studied and new insights might be of benefit to our society. Furthermore, other organisations involved in industrial or scientific and clinical standards can give us clues on how to standardise the standardisation process. The following text represents the ideas of the chairman of the standardisation and guidelines committee of the ICS and can serve as a basis for discussion and for the design of a standardised standardisation process.

We cannot imagine a scientific world without standards and definitions. Clinical work also has a great need for definitions of signs, conditions and diagnosis that are accepted worldwide, so as to allow exchange of data, ideas and patients. Although we may think that definitions cannot be changed once they have been defined, we should realise that making or updating definitions and standards at regular intervals is necessary to refine our understanding of the underlying concepts. Through progression of science, our understanding gradually improves and our definitions can be refined. No definition is perfect, but the use of a standard definition in clinical trials leads to better understanding of the underlying condition, precisely by pointing out where the definition is not adequate. A good example is the clinical research on *urgency* in the development of many recent anticholinergics, where it is clear that the current definition of *urgency* will probably need some refinement with respect to the 'suddenness' of the symptom. At the same time the field of incontinence diagnosis and treatment keeps expanding. New treatments generate new complications and create the need for new vocabulary, e.g. mesh erosions, extrusion, exposures after vaginal prolapse repair.

Some ICS members have emailed us with the simple question as to why the ICS has no definition of *continence*. Furthermore, the editor-in-chief of *Neurourology & Urodynamics* recently wrote in an editorial on the lack of standardisation in the use of the term *urinary retention*. So clearly there is a need for a thorough update of existing terminology.

Creating definitions and standards

Defining and standardising are very important to allow exchange of clinical and scientific data, but the way these standards are made and used needs to be further studied and improved. Several processes exist to create standards or definitions: from a simple experts' consensus meeting to a structured Delphi process. When an international standard is produced, the process by which this has been done should be transparent and explicitly described in the publication. The International Standardisation Office (ISO) is a well-known international organisation which creates standards for many industrial applications. Recently their methodology was also implemented in hospital logistic processes and even in clinical settings. Their guidelines for creating a new standard could be adapted to our needs:

Dirk De Ridder

Proposal stage: The first step in the development of a new standard is to confirm that a particular new standard is needed. This could be done by a working or interest group that submits a proposal to the chair of the standardisation committee. If the committee accepts this proposal and if a sufficient number of people declare their commitment to actively participate in this project, the next steps can follow.

Preparatory stage: A working group of experts and their chairman who is the project leader is set up. This group will prepare a working draft.

Committee stage: As soon as a first draft is available, it is then forwarded to external and internal experts. Once consensus has been attained, the text is presented as a draft standard. This draft standard is made available on the ICS website.

Enquiry stage: The draft standard document is circulated to all members for commenting within a period of three months. Criteria for acceptance can be set (e.g. the proportion of votes required).

Approval stage: The final draft is circulated to all members for a final yes or no vote within a period of two months.

Publication stage: Once the final draft has been approved, only minor editorial changes may be introduced into the final text. The final text is sent to the international peer-reviewed journal of choice and will then be referred to as the new standards.

Review of international standards

All standardisation documents are reviewed at least three years after publication and every five years after the first publication. The majority of the members decides whether the standard should be confirmed, revised or withdrawn. This cycle of standardisation is widely accepted within the industry and quality control organisations, but is only just starting to find its way into clinical medicine.

What is consensus?

Currently most clinical standards are based on consensus processes, usually governed by experts in the field of interest. The selection of the experts is not always transparent and the way these consensus meetings are held is usually neither transparent nor clearly described in publications following these consensus meetings. Several types of bias might interfere with the outcome of this type of consensus meeting. The International Continence Society should take the lead in developing a standard on standardisation processes.

Consensus methods

There are several types of consensus methods that can be used:

- Interactive or consensus groups
- Nominal group techniques
- Delphi technique
- National Institutes of Health process

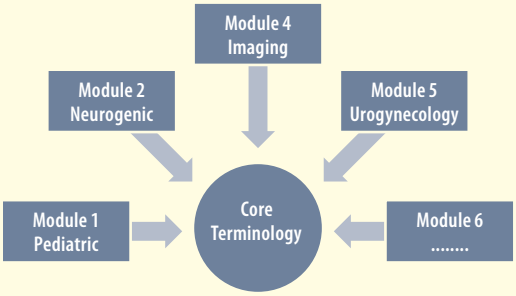
Key principles are

- an explicit and transparent method for recruiting expert participants with disclosure of conflicts of interest;
- a comprehensive data-driven approach to informed item generation and production;
- to limit the opportunity for strong personalities with firm convictions to dominate the process;
- the use of a plenary thresholds for the agreement or consensus;
- a process for facilitating ongoing iterative improvements in the consensus results.

Updating standards

Until a few decades ago, terminology papers could still encompass an entire field of medicine. Technical evolution and the ongoing explosion of clinical research data no longer allow for a general terminology paper. A modular approach could be a way forward, where a 'core terminology' will form the backbone for several modules relating to it. This core terminology should define the key concepts, while the modules should define or standardise specific applications of the core terminology. Applied to the lower urinary tract, the core terminology could consist of definitions of incontinence, urgency, stress incontinence, pelvic organ anatomy etc, while modules could apply this to neurological patients, children, the elderly or to technical investigations such as urodynamics, imaging techniques or even basic science models. This approach will allow for a dynamic set of standards. This set of standards can be depicted as a central core with modules or as a matrix.

In conclusion, at the present time standardisation and terminology definitions in clinical medicine are often designed by some form of consensus process. Scientific societies should invest in further professionalisation of these processes within their society. In other words standardisation should be standardised. ■



Nursing Committee

Nursing Committee Update

● Mandy Wells, Chair

Mandy Wells

THE NURSING COMMITTEE met in Bristol in May 2009 for the purpose of developing and refining the terms of reference as well as engaging in strategic planning. The Nursing Committee is multidisciplinary and welcomes ICS members from any health care discipline.

The committee members debated and then defined the purpose as follows:

The nursing committee of the ICS provides leadership to advance the science of bladder, bowel and pelvic floor health by fostering collaboration in research, education and evidence-based practice.

Once the purpose was clear, the function of the committee was articulated as

- Development of science and promotion of research into the issues related to nursing care
- Development of educational materials and programmes
- Promotion of evidence-based nursing practice
- Raising awareness by communication on the website & in *ICS News*

Based on the functions above, the subcommittees were then defined as **Research** (lead Mary Palmer), **Education** (lead Donna Bliss), **Practice** (lead Jan Paterson), and **Communication** (lead Mandy Fader). As part of the Communication subcommittee, discussion revolved around the content and visibility of the Nursing web page which is under construction. In terms of Research, the committee agreed to move forward on a project involving the development of a web-based Quality of Life tool which could be used to collect clinical and research data from nursing (and other) continence clinics around the world. This project is now being submitted for approval by the ICS Trustees.

Further meetings will be held annually at the ICS. There will be two meetings at the ICS annual meeting in San Francisco: a committee meeting and an open meeting and guest speaker to present on issues related to faecal incontinence. ■

ICS HISTORY PROJECT REMINDER

● Ted Arnold

On behalf of the editors, Norman Zinner, Eric Glen and myself, I would like to remind members that we are in the process of gathering material to document a booklet on "History of ICS", but also to maintain in the ICS archives. Anyone who has material that would be of interest, please get in touch with me.

This can be actual events, or interesting things that were tried, or memories that could be of interest to readers. Since the history of the various committees is being included, any material from former years concerning these would also be of value. In addition, any photos from past ICS activities would be greatly appreciated. Please send to: **ted.arnold@chmeds.ac.nz**.

Neurourology & Urodynamics Update

Dear Colleagues,

Chris Chapple

It is a great pleasure to bring you up to date on what's happening with *Neurourology & Urodynamics*. The editorial team, ably supported as ever by Jen Tidman, is progressing with the previously reported plans. I hope that the ICS membership is satisfied with the appearance of the journal. With the support of our readership and authors, we are trying to provide regular reviews and up-to-date research publications.

Later this year, we will be issuing a separate supplement which will contain the deliberations of the International Consultation on Incontinence last year. Another supplement will focus on recent developments in pharmacology and the innervation of the lower urinary tract.

I thought it would be helpful if you had insight into how the journal office works. We are always very willing to receive communications in the office with comments relating to how the journal can be improved and obviously would ask you please to continue to submit manuscripts for publication. In addition to original articles, we are accepting reviews, sounding board articles which are critical, concise articles detailing new developments or areas of research which are at an early stage.

As editor-in-chief, I work in close collaboration with eight associate editors who are as follows: Karl-Erik Andersson, Lori Birder, Linda Brubaker, Dirk de Ridder, Heinz Koelbl, Roger Dmochowski, Ron van Mastrigt and Chris Winters. I would like to welcome Roger Dmochowski, who has joined the board following the sad loss of Rodney Appell who made a huge contribution to the journal.

When papers are submitted, they are allocated, based on subject matter, to an associate editor who then commissions and supervises the review process. The articles and reviews are then passed back to the journal office and an appropriate decision is made based on the suggestions of the reviewers and the associate editor.

Please do continue to support us and let us know any suggestions that you may have. ■

Chris Chapple, Editor-in-Chief
Neurourology & Urodynamics

The 2008 Impact Factor for *Neurourology & Urodynamics* is 2.733
This is a rise on 2007's Impact Factor of 2.671
(The impact factor measures the number of citations to science and social science journals)

Physiotherapy Committee

8th Physiotherapy Round Table San Francisco

The ICS physiotherapy committee will be holding its 8th Round Table meeting at ICS 2009 in San Francisco on Monday 28 September starting at 16.00 hours. The programme will be as follows:

16:00: "Meet and Greet"
16:30: Introduction by Chantal Dumoulin, Marijke Van Kampen and Marijke Slieker ten Hove
16:45: Presentations of Scientific Studies
18:30: Discussion with a team of experts
19:00: Dinner

Continence Promotion Committee

World Continence Week 2009

● Diane Newman & Tamara Dickinson

THE ICS CONTINENCE Promotion Committee launched a very successful global event: **World Continence Week (WCW)** from June 22 to June 28. The aim of **World Continence Week** is to raise awareness of bladder and bowel health issues and improve the lives of people with incontinence worldwide by drawing the attention of the general public and the global medical community to the life situation of people with incontinence. During **WCW**, events were organised by many CPC Continence Organisations in several countries and a few are highlighted below:

The WCW team in Chicago prepare for their visitors

Singapore: Despite the H1N1 problem in the background, CPC member Rani Vadiveloo reported on the scaled-down events in Singapore that included a public forum in Kovan which attracted 200 people and a public forum in SunTec City which included both sessions in English & Mandarin.

USA: In steamy downtown Chicago, surrounded by a myriad of office buildings, there was a health fair during lunch hours on June 24 promoting continence education. The event had a steady stream of people stopping to ask questions or listen to information. The group passed out 400 tri-fold brochures and gave away over 500 ice-creams or waters. The USA event was planned and executed by CPC members Cheryl Gartley of the Simon Foundation, Tamara Dickinson and Diane Owens. Mary Anne Wasner, president of the US urology nursing group supported a website: **www.worldcontinenceweek-usa.org**. The USA event could not have been held without generous donations from Hollister, American Medical Systems, Medtronic and support from Women's Health Foundation, Women's Center for Continence and Pelvic Medicine, International Foundation for Functional Gastrointestinal Disorders, Us Too International, and the City of Chicago's Health Commissioner's Office.

Australia: CPC member Barry Cahill reported that **WCW** was promoted in the Australian Continence Foundation journal and CPC member Deb Gordon noted a public awareness event.

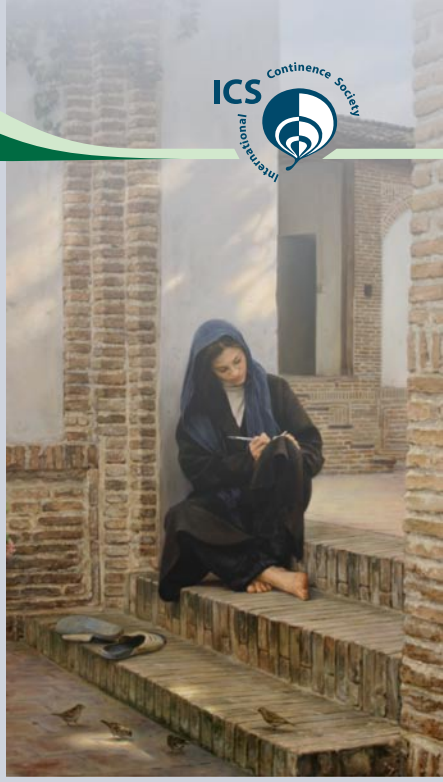
Germany: CPC member Christa Thiel reported that 38 events in 24 cities were held.

Canada: CPC members Frankie Bates and Jacky Cahill noted that the public was invited to join a Urology Wellness Clinic event where staff were available to answer questions and provide information on treatment options. National Continence Associations are participating and Urology Nurses of Canada are involved. An article on WCW is to be included in the Urology Nurses of Canada newsletter. In addition, the nurse continence advisors from Regional Health Authority B held a booth on Bladder Health.

India: newly elected CPC chair Vasan Srini noted an article in the "Times of India" newspaper that mentioned the problem of incontinence in India and referred to the ICS WCW. This article can be found at: **http://timesofindia.indiatimes.com/Jaipur/Awareness-for-incontinence-in-city/articleshow/4712561.cms**

Czech Republic: The Czech Health Promotion Society organised a press conference on recent incontinence prevalence data. The Inco Forum (**www.incoforum.cz**) announced and presented recent representative public opinion poll results on the national public Czech TV. ■

Faecal Incontinence



Taboos and stigma determine healthcare-seeking behaviour for faecal incontinence in Middle Eastern women

● Diaa E.E. Rizk, Cairo, Egypt

WHILE SEVERAL STUDIES have commented on the psychosocial consequences of having faecal incontinence in women from western communities, ethnic differences in attitudes to faecal incontinence have not been studied. Some years ago, we ourselves published a study on healthcare-seeking behaviour for faecal incontinence in a sample of Middle Eastern women randomly selected from community and healthcare centres[1]. Although 51 of the 450 participants admitted to having faecal incontinence, it was quite remarkable that only 21 incontinent women had actually sought medical advice. The reasons given were: they were too embarrassed to consult their physician, preferred to discuss the issue with their friends, assumed that their faecal incontinence would resolve spontaneously or that it is "normal", and opted for self-treatment because of low expectations regarding medical care.

Effect of faecal incontinence on prayer adversely impacts quality of life

Sufferers in our study were most bothered by the inability to pray. Perceived causes of faecal incontinence were: paralysis, old age, childbirth or menopause, in that order. The specific nature of the Middle Eastern culture, where religion plays an important role and women's roles are clearly delineated within this context, represents a strong factor in shaping the health behaviour of women in the region. Although these women are just as individualistic as elsewhere in the world, their lifestyle and social norms may be different and are principally dictated by their religious faith – Islam in the vast majority. Praying is a daily and ritually prescribed activity in Moslem women that involves kneeling down during prayer and requires ablution or thorough washing after defecation for cleansing.

Interference with prayer can in itself severely impair the quality of life of Moslem women with faecal incontinence and highlight cross-cultural and ethnic differences in the stigma associated with this disorder.

Many misconceptions about faecal incontinence

There are many misconceptions about faecal incontinence which is perceived by most women to be a neurological or senile disorder rather than a gynaecological condition caused by childbirth or related to menopause. This underlines the social taboos about faecal incontinence and the significant gap between lay and biomedical knowledge of faecal incontinence in the Middle East. Perceptions and consequences of faecal incontinence in women are unique in the Middle East.[2] Misconceptions about the causes and available treatments and reluctance on the part of affected women to seek medical advice, despite the negative influence on their religious practice, are exacerbated by the high prevalence of this disorder. Expert medical advice to women in the Middle East is therefore necessary in order to correct the myth about faecal incontinence being either normal or untreatable. This also requires education of more women and health professionals in the region about the process of defecation. On a broader, societal level, a constructive way is needed to disseminate information to Middle Eastern women about this disorder because of its adverse effect on the quality of life. The message is that faecal incontinence interferes with a Moslem woman's daily activities with respect to her prayer and is a source of frustration unless she seeks proper medical care and does not shy away from the situation. ■

7 year Strategic Plan for Faecal Incontinence in Singapore

Rani Vadiveloo

Rani Vadiveloo and colleagues in Singapore have recently drawn up a 7 year strategic plan for faecal incontinence development which may be of interest to ICS News readers in other regions of the world:

- Promote awareness of faecal incontinence through public forums
- Get industrial support on regular/yearly basis
- Allocate yearly budget for public awareness programmes
- Provide in-service training in nursing homes on patient care
- Tap expertise from overseas
- Establish training materials for teaching
- Work towards a publication on faecal incontinence
- Work towards clinical guidelines for faecal incontinence
- Work towards patient care handbook for care-givers
- Yearly: programme for "World Continence Week"
- Work together with Nanyang Technological Institute (institute providing nursing diploma) ■

[1] Rizk DEE, Hassan MY, Shaheen H, Cherian JV, Micallef R, Dunn E. The prevalence and determinants of health care-seeking behavior for faecal incontinence in multiparous United Arab Emirates females. Dis Colon Rectum 2001; 44: 1850-6.

[2] Rizk DEE, El-Safty MM. Female pelvic floor dysfunction in the Middle East: A tale of three factors; Culture, Religion and Socialization of health role stereotypes. Int Urogynecol J 2006; 17: 436-8.

Fistula Update

Tackling the problem of obstetric fistula in the developing world: a role for the ICS and a new committee

Sherif Mourad, Cairo

A new ICS Committee on Incontinence and Fistula for the disadvantaged

Sherif Mourad

AT THEIR MEETING on 14 June 2009, the ICS Trustees decided that an ICS committee should be set up on obstetric fistula and incontinence for the disadvantaged. Since obstetric fistula causes the worst imaginable form of incontinence in women, it is essential for the ICS to take the lead and play an international coordinating, cooperating and communicating role in this field, including prevention and education. The Trustee Task Force on Incontinence and Fistula for the Disadvantaged is currently working on the details of this new committee.

Impact of obstetric fistula

Millions of women and young girls in the developing world are living as outcasts from their society, isolated and rejected by their husband and family and ostracised by their community because they are suffering from fistula caused by damage from obstructed labour. An obstetric fistula causes continual and uncontrollable leakage of urine and/or faeces, causing soiling, wetting and a terrible smell. This smell and soiling is further exacerbated by the fact that many of them live in regions where water is a scarce commodity. If you have to walk six kilometres to fetch a bucket of water, it cannot be used for personal hygiene. These women cannot turn on a tap or take a shower several times a day like women in developed countries. They live in embarrassment, shame, pain and depression. Their babies may also have been born dead. They may be rendered infertile. These women mainly come from poor communities and traditional cultures where their status in life is determined by their ability to bear children. Fistula means that they cannot work to earn money and consequently fall into the most abject poverty.

What is obstetric fistula?

Fistulas result from tissue ischaemia and subsequent necrosis during labour. During normal labour, the bladder is displaced upwards in the abdomen so the anterior vaginal wall, bladder base, and urethra are compressed between the foetal head and the posterior pubis. Although ischaemic damage is the principal cause of obstetric fistula, many factors contribute to its widespread prevalence in the developing world. These important contributing factors explain why this problem persists in the developing world, but is essentially obsolete in the developed world.

Physical immaturity and genital tract mutilation

In developing countries, many women have a contracted pelvis, most often a result of malnutrition and increased infection rates in adolescence leading to growth stunting and poor development. This, compounded by the fact that women often marry young and begin childbearing before growth is complete, partially explains the high prevalence of obstetric fistula in the developing world. Genital tract mutilation also contributes to a high fistula rate. In particular, the Gishiri cut – a cut through the introitus into the anterior vaginal wall against the pubis - is quite common among the Hausa women in Nigeria. It is used to treat dyspareunia, infertility, prolapse and of course, obstructed labour.

Reliance on traditional healers

Another factor is the lack of skilled obstetric providers in the developing world. It has been said that the incidence of obstetric fistula is a direct indicator of quality of obstetric care in an area. It is easy to understand that Ethiopia has one of the highest rates of obstetric fistula, considering that there are more Ethiopian doctors in New York City than in Ethiopia. As a result, many women rely on traditional healers. They are viewed as more accessible and more familiar. In addition, parturition is regarded as a normal process not requiring medical attention; a hospital is viewed as a place to die, not a place to give birth. Even if women did not want to deliver at home, the physical barriers are so great, and the transportation is so limited, that it is nearly impossible for some to deliver within a medical facility.

Exact prevalence unknown

The human misery produced by obstetric fistulas is enormous, widespread, unacknowledged and generally neglected. In the developing world, the true incidence of obstetric fistulas is unknown, as many patients with this condition suffer in silence and isolation. Some estimates place the worldwide prevalence as high as 2 million women. In some rural areas of Africa, the fistula rate may approach 5-10 per 1000 deliveries which is close to the maternal mortality rate in Africa. As many as 3.5 million women may currently suffer from this affliction, and at least 50,000 to 100,000 new cases occur each year.

Prevention better than cure

Although many women have now had their fistulas repaired successfully, many continue to suffer other consequences of obstructed labour, including gynatresia, amenorrhea, incontinence, and leg weakness. By far the most satisfactory solution to the problem would be to prevent it.

Creative approaches but lack of funding

Potential problems for Fistula Prevention Centres include lack of funding since such facilities are rarely self-sufficient, difficulty in establishing referral systems and reimbursement for village-level practitioners, reluctance on the part of women and their families for her to be away from home for an undetermined period of time prior to delivery and the financial burden this may pose. However, creative approaches to address these problems have been implemented by many programmes and include allowing women to bring someone with them to the Fistula Prevention Centre to assist them: participating in income-generating activities, such as selling handicrafts, food, and t-shirts, and linking other services to the facility, such as education on maternal and infant nutrition, family planning and income generation skills.

In the next issue of ICS News, we will give you further details of the plans and proposed activities of this new Committee. ■

An overview of the 2008 consolidated accounts for ICS Ltd and Conticom-ICS Limited

● Ajay Singla, ICS Treasurer

Ajay Singla

WHILE THE GLOBAL economy witnessed some upheaval during 2008, I am pleased to say that the ICS has remained largely unaffected. However, the Trustees and I have been taking extra care to ensure that the ICS reserves are secure, thereby ensuring the financial security of the ICS. The ICS has not experienced the devastating problems that have been faced by other UK charities due to the collapse of overseas banks. The ICS reserves are held in the COIF Charities Deposit Fund. This remains a Triple A rated institution and the investments made by the fund on our behalf are low risk. However, we have all experienced a reduction in interest rates, so ICS and Conticom-ICS will feel this over the next year, although it should be noted that a large return on reserves is not a main objective for the ICS. The reserves policy (shown in full in the annual report) needs to ensure running costs for the office and to cover any unexpected financial issues with regard to the annual meeting. In 2009 the Trustees have been looking into other very secure investment opportunities and have been seeking professional financial assistance with this. I shall report at the AGM in San Francisco on how this is progressing.

Before going into details of the accounts, I would like to remind you that UK Company and Charity law requires us to produce an Annual Report. This document explains what the ICS has achieved during 2008 and sets out our plans and objectives for 2009. It also includes the consolidated accounts of both the ICS and its trading subsidiary company, Conticom-ICS Ltd. Conticom-ICS was established to receive all the funds in relation to the annual meeting and any other sponsorship received from other sources, such as Educational Courses. In order to avoid corporation tax, Conticom then donates or gift aids the minimum required to the ICS so that the Charity may continue with its charitable objectives.

Principal funding sources

This year the ICS achieved a record number of 2047 membership subscriptions in 2008 (1753 in 2007 and 1976 in 2006). The reason for this increase may be attributed to a number of reasons. The internal issues of structure and governance were resolved, giving the membership confidence in the ICS again. New Trustees were appointed as well as a new General Secretary. In addition, the ICS in conjunction with Kenes International developed an advertising programme which advertised the ICS membership as well as the annual meeting. New members were also sought at the Education Courses and exhibitions attended by the ICS staff. The increase in membership could also be accounted for by the new annual meeting registration structure. ICS members were given a substantial reduction on the Cairo registration fee plus workshops and courses. If the member was also a physiotherapist, nurse, trainee or from an African country, the discount was even greater. This increase in membership was represented by 444 new members and 1603 returning members. It was also a long membership year (Aug 2007-Oct 2008) which may have played a role in the increase.

The principal funding sources of the Charity in the year aside from the donation from Conticom-ICS Limited, were membership fees £99,784 (2007: £85,390), other donations £52,866 (£38,365) and investment income £58,796 (2007: £54,748).

With this funding, the Charity has been able to finance additional educational activities, the running costs of the ICS Office and continue to produce the membership book and newsletters. In addition it has allowed the Trustees, Executive, Education, Publication and Communication and Continence Promotion Committees to meet outside the Annual Meeting which has been found to be extremely useful in driving forward their ongoing projects.

The total profits of the trading subsidiary, Conticom-ICS Limited were £223,822 (2007: £190,721). £227,912 (2007: £190,319) was gifted to the Charity to minimise any tax liability. The Trustees are pleased with the commercial success of the subsidiary which supports the Charity in meeting its objectives.

Resources Expended

The Charity's principal resources expended in 2008 were Publication of Research £146,139 (2007: £116,839) and Governance Costs £34,805 (2007: £74,116).

The Educational Courses held during the year were organised under a new contract between Conticom ICS Limited and Kenes International. The overall net cost of the 2008 courses has been included in Conticom ICS Limited's financial statements under educational course costs. During 2007 and earlier years, before a formal contact was put in place, registration income and expenditure of the educational courses were included within the charity's financial statements, and sponsorship and exhibition income were included in Conticom ICS Limited's financial statements. The presentation in future years will be the same as this year's.

Direct costs (not including staff wages and other general office costs which are applied to the education activities through the accounting process) for the Berlin and Istanbul Education Courses exceeded the allocated budget. The reason for this overspend was due to a lack of revenue (registration and sponsorship) for the course. This was due to a short lead in time for the courses and also reduced attendance. The continuation of these courses in the current format will be reviewed by the Trustees. The total net cost for all three Educational Course activities was £120,843 (2007: £65,641). The main objectives for 2008 were to host the 2008 Annual Meeting in Cairo, Egypt and to increase delegate numbers and consequently income. A further aim was to organise a Public Forum for incontinence sufferers. Other aims were to continue the work of the Constitutional Review Committee and implement revised Articles of Association and Bylaws. It was important to appoint a General Secretary and develop the Board of Trustees. The Trustees encourage all members to review the Annual Report so that you are aware of all the ICS activities that take place.

Looking ahead

In this issue of the newsletter, the General Secretary has explained what the Trustees have been planning for the next three years. Obviously our plans for 2009 are to have a successful meeting in San Francisco chaired by Tony Stone. In addition, there are plans to host education courses in conjunction with existing local meetings to minimise overall costs as we add these courses to existing local meetings. Overall we also wish to continue to increase membership and attendance at the annual meetings.

I am always happy to hear feedback and if there are other ways in which you would prefer to see this information or in a different format, please do not hesitate to contact me on **info@icsoffice.org**

Fig 1: ICS and Conticom-ICS Consolidated Summary 2003-2008

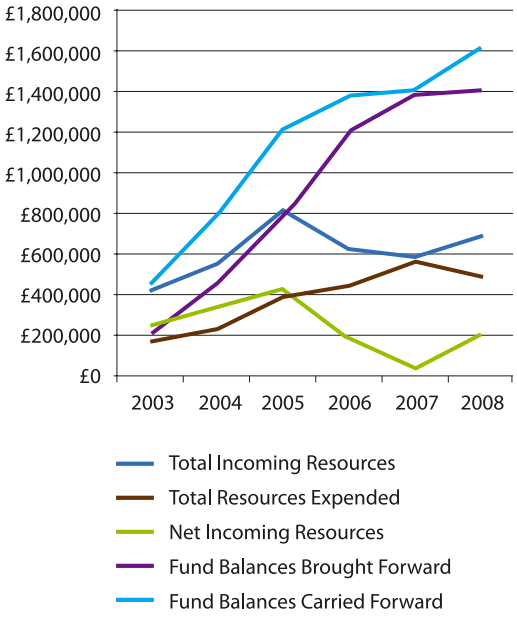


Fig 3: Annual Meeting surplus and related donation (£)

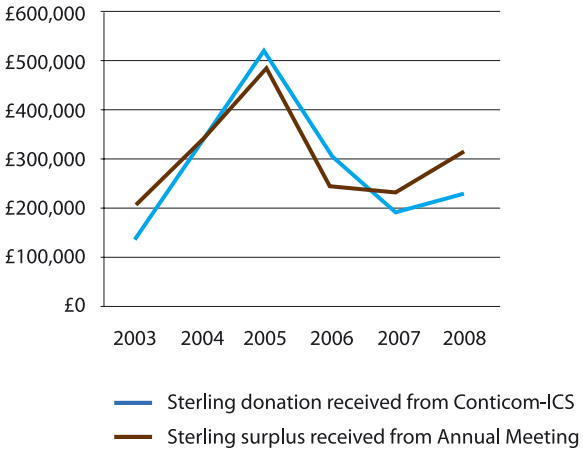


Fig 2: Overview of Annual Meeting Income and Expenditure (€)

	€	€	€	$ USD	€ (0.705498)
	2005	2006	2007	2008	2008
Sponsorship & exhibition	2,888,096	926,154	1,427,951	1,182,296	834,107
Registrations	1,191,488	792,799	1,042,561	1,304,673	920,444
Other income – inc social functions	115,086	73,050	117,574	137,794	97,214
Total income	4,194,670	1,792,003	2,588,086	2,624,763	1,851,765
Total expenditure	3,240,183	1,310,262	2,200,385	2,068,596	1,459,390
Surplus	954,487	481,741	387,701	556,167**	392,375**
Conticom's share 75%	707,680				
Translated into sterling @ 31.12.05	485,524				
Conticom's share 75%		361,306			
Translated into sterling @ 31.12.06		£243,381			
Conticom's share (after deducting tax)			311,619		
Translated into sterling @ 31.12.07			£229,136		
Translated into sterling @ 31.12.08					£380,539

** With Kenes International now the permanent congress organiser for the ICS Annual Meeting, all surplus after costs are due to Conticom.

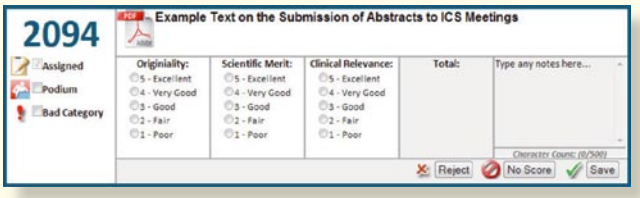
Web & Media

Dominic Turner, IT Director, ICS Office

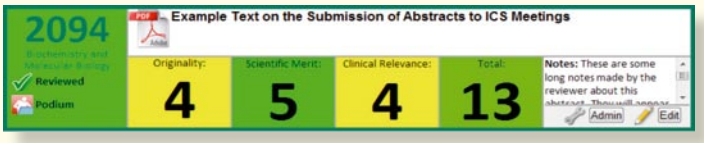
ICS Online Abstract Review System

One of the main projects in 2009 has been the new Abstracts Review system for the website. As you know, the ICS has now moved to a system of external review of abstracts for ICS 2009 onwards. This has led to a vast increase in the number of reviewers from 15 to 70! To manage this process the ICS IT Department have developed a new online review system, to allow reviewers to review abstracts online. Together with more reviewers, this system will improve the turn-around time of abstract reviewing and give the Scientific Chair greater oversight of the review system as a whole with the added benefit of viewing progress in real-time during the review phase.

Reviewers choose the categories that they specialise in, read the anonymous abstracts and score them – all online:



Once reviewed, the reviewer can see at a glance their previous scores:



ICS Website – Performance Review

As the ICS website has grown over the years, more and more systems have been added, giving greater access to members, providing new features and benefits and giving greater control of content to our members. One downside of the website "doing more" has been a general performance slowdown of our web pages over the years. In addition, the ICS website has grown in popularity with an average of 600 visitors per day (50,000 hits per day), with an increasing use of rich media including high resolution graphics and video abstracts. A victim of our own success, the high volume of traffic generated by our website has over time slowed down the response of our servers and increased download time of documents.

The performance of the ICS website was addressed this year in 2 ways. First the ICS moved to a new dedicated web-farm platform at our internet provider's secure data centre in London, giving us greater download bandwidth, faster processing and increased storage capacity. In addition we conducted a general website code performance review – resulting of a 400% performance increase in the speed of pages being rendered.

ICS Website – Integrated Search

As the ICS Website has grown, the number of data-driven services has grown with it – the ICS website now has 3 separate search engines – Membership Directory / Abstracts Search / Documents Search. In response to demand and to bring these services to the forefront, we have introduced a new integrated search feature available from every page in the website – simply click on the "Search" button in the top right of the website from wherever you are in the site and a new search panel will popup giving you instant access to our data services.

ICS Integrated Search Popup:

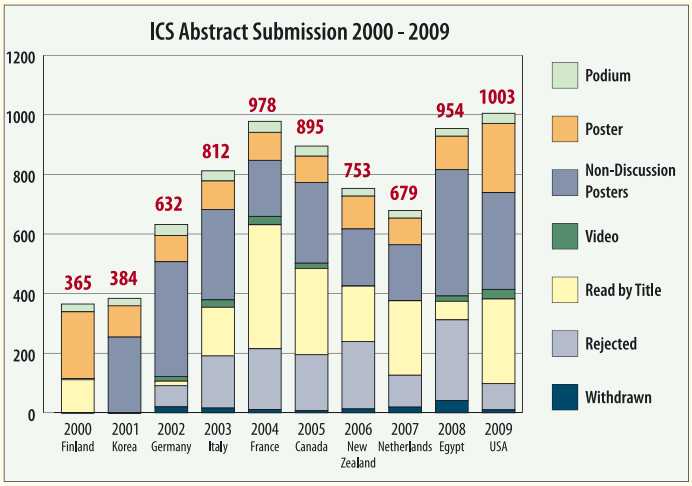
INTERNET CORNER

A number of websites provide good, clearly written information on faecal incontinence for both patients and professionals.

- The ICS has a fact sheet (number 06) on Faecal Incontinence: **http://www.icsoffice.org/ASPNET_Membership/Membership/Documents/Documents.aspx?DocumentID=288&Tn=P**
- The Bladder & Bowel Foundation (UK): **http://www.bladderandbowelfoundation.org/bowel/faecal-incontinence/**
- The National Association for Continence (USA) **http://www.nafc.org/bladder-bowel-health/types-of-incontinence/fecal-incontinence/**
- National Digestive Diseases Information Clearinghouse (NDDIC), a service of the National Institutes of Health/National Institute of Diabetes and Digestive and Kidney Diseases (NIH/NIDDK): **http://digestive.niddk.nih.gov/ddiseases/pubs/fecalincontinence/** NIDDK public information on its web pages is not copyrighted and is available for all to use and distribute freely or to translate into your own language in order to raise awareness or to help your patients.

ICS 2009 Call for Abstracts – A New Record!!

THIS YEAR WE have again broken all records for abstract submission – more than any previous year, beating the previous record held by the ICS & IUGA joint meeting in Paris 2004:

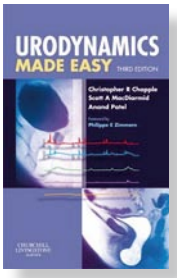


Sterling Effort!

This is a fantastic result and we would like to congratulate Tony, Karl, the local organising committee, the ICS Office Staff and Kenes for all their hard work promoting the meeting – this is a great starting point for a very high quality, exciting programme for San Francisco.

Book Reviews

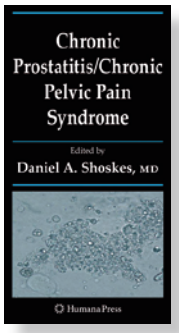
by Hashim Hashim and Jane Meijlink



URODYNAMICS MADE EASY (3rd EDITION)

Editors: Christopher R. Chapple, Scott A. MacDiarmid, Anand Patel
Publisher: Churchill Livingstone, Elsevier (January 2009). 221 pp. ISBN: 9780443068867. Price: £25.99

This book does what the title says, it makes urodynamics easy. The ten chapters are logically written starting with clinical evaluation of the lower urinary tract and ending with paediatric urodynamics. The book is available in paperback form and can be used as a pocketbook. It is easy to read and is supplemented by clear and coloured figures. Chapters also have tables entitled urodynamics in practice, which are clinically orientated. The appendices at the end of the book are very useful especially the one on example traces. This is definitely an invaluable resource for any person who is embarking on urodynamics and a quick reference guide for those who are already doing urodynamics.

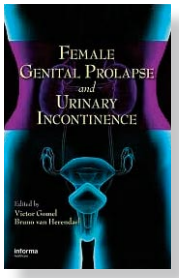


CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME

Editor: Daniel A. Shoskes
Publisher: Humana Press (2008). 278 pp. ISBN 978-1-934115-27-5. Price: € 75.95

Prostatitis is one of the great urological enigmas affecting men of any age worldwide. This clear and concise book, written by a multidisciplinary, international group of contributors, covers the NIH four categories of prostatitis: acute, chronic bacterial, chronic pelvic pain syndrome and asymptomatic inflammation, providing practical guidelines for evaluation, diagnosis and treatment. The most common but also the most debilitating and least understood form is category III, chronic prostatitis/chronic pelvic pain syndrome. The aim of this book is to achieve better understanding and management of this large group of patients and to help maximise quality of life, taking into account both physical and psychological functioning. Among the many different aspects covered in this book, chapter 2 on acute bacterial prostatitis includes a discussion on the special difficulties of HIV-infected patients.

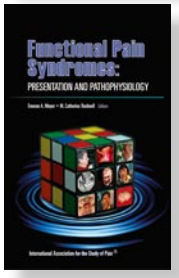
Since "patient and physician dissatisfaction with these syndromes is high, making it an area ripe for patient interest in nontraditional and alternative therapies", there has in recent years been much interest in phytotherapy. Chapter 9 discusses this for all types of prostatitis and for CPPS includes Saw Palmetto, Pollen extracts/Cernilton and Quercetin. Chapter 15 on Interstitial Cystitis in Men: Diagnosis, Treatment, and Similarities to Chronic Prostatitis by Jonathan D. Kaye and top IC expert Robert M. Moldwin will be very welcome to those faced with the dilemma of: is it IC, is it CP or is it both? In the coming years, we can expect many updates regarding chronic non-bacterial prostatitis. Current research into phenotyping classification, including the NIH/NIDDK MAPP project, means that we are likely to see big changes ahead in this field, with the emphasis on treating these patients as unique individuals rather than as a single group. Daniel A. Shoskes is to be congratulated on this excellent book which will be an indispensable guide to everyone involved in treating these patients.



FEMALE GENITAL PROLAPSE AND URINARY INCONTINENCE

Editors: Victor Gomel and Bruno van Herendael
Publisher: Informa Healthcare (2008). 253 pp. ISBN: 9780849336560. Price: £115

This hardcover book is written by authors from Europe and North America. It is logically divided into an introduction and three sections corresponding to the anterior, mid and posterior parts of the pelvis. It comprises16 chapters with black and white figures and diagrams. There are descriptions of the most common operative procedures performed in urinary incontinence and pelvic organ prolapse, though not in great detail.



FUNCTIONAL PAIN SYNDROMES

Editors: Emeran A. Mayer, M. Catherine Bushnell
Publisher: IASP Press, Seattle (2009). 578 pp. ISBN: 978-0931092-76-5. Price: $95 (IASP members: $75)

This book is making a very timely appearance at a moment when researchers are investigating and comparing chronic pain syndromes, looking at how they may be related and where they overlap. The impact on quality of life is enormous, affecting work, social life, finances and education. Until recently, little effort has been made to conduct multidisciplinary research into these complex disorders, to educate clinicians on diagnosis and management and to find more effective therapies. The authors were therefore of the opinion that it was now time to look at all functional pain disorders and other comorbid conditions together. An excellent team of experts has been assembled to review the pathophysiology of functional pain disorders, including irritable bowel syndrome, fibromyalgia, vulvodynia and interstitial cystitis/painful bladder syndrome, and to consider the relationship of these disorders with one another and with anxiety, depression, post-traumatic stress disorder and chronic fatigue syndrome. The book is divided into sections on: Somatic pain Syndromes, Visceral Pain Syndromes, Common Comorbid Syndromes in Relation to Pain, Neurobiological Mechanisms Contributing to Symptoms, Environment-Gene Interactions and Chronic Pain, Treatment Strategies and Synthesis. This book will shed new light on the complex links between various painful syndromes and disorders and is useful reading for specialists, general practitioners, researchers and other professionals engaged in diagnosing and treating patients with one or multiple pain syndromes, including the difficult chronic pelvic pain syndromes. Further information may be obtained from the International Association for the Study of Pain website: **www.iasp-pain.org** where it may also be ordered.

ICS 2009 in San Francisco

San Francisco: Gold Rush, Alcatraz, Science and Silicon Valley

Chris Constantinou

WELCOME TO SAN Francisco where people have been coming for centuries to seek their fortune! Initially attracting the gold rush pioneers, San Francisco soon became a magnet for traders and adventurers. Once providing "accommodation" for notorious inmates of the former penitentiary on Alcatraz Island, San Francisco is now a renowned conference venue. Such are the diverse interests that we offer in this bit of California that you are sure to find your stay truly memorable.

Alcatraz Island

Of course we also have universities and research institutions that have contributed to urodynamics and the treatment of incontinence in particular. At San Francisco's Mount Parnassus, the University of California San Francisco (UCSF), and 30 miles down the peninsula at the old horse farm that is now Stanford University, we have our own modern pioneers. In the late 60's, before urodynamics was the accepted word for diagnostic studies of lower urinary tract function, it was an etymological invention of Saul Boyarski who with Wolfgang Lutzeyer and Emil Tanagho promoted the concept and its principles.

Working with UCSF staff, as well as numerous visiting scholars from abroad, particularly Germany, Tanagho elevated the foundations of urodynamic investigations and from this technology arose the concept of neurostimulation to control bladder dysfunction. Neurostimulation technology has now been approved worldwide with thousands of devices in use while Graham Creasey continues its further development at the Spinal Cord Injury Centres at the Veterans Administration Hospital and Stanford. Where would be more appropriate for such an advance and evolution in technology than right here in the heart of Silicon Valley?

At the same time as Tanagho was investigating the neuromuscular aspects of micturition, Thomas Stamey at Stanford was instrumental in the treatment of female stress urinary incontinence. Subsequently, the "Stamey procedure" involving endoscopic suspension of the bladder neck emerged from Stanford's Urology department, complete with newly purpose-designed equipment. While Stamey was acutely aware of the need to establish optimum conditions for his procedure, urodynamic studies were not essential for its success. Indeed, the concept of an "unstable bladder" failed to inspire him with confidence. Nonetheless, urodynamic studies were performed on most endoscopic bladder neck suspensions, at least to prove that unstable or overactive bladders were not a threat to the Stamey procedure.

In parallel, and also at Stanford, Duncan Govan pioneered the need to establish normal values for urodynamics during micturition in asymptomatic volunteers. A considerable number of paid Stanford students were consequently recruited, providing an essential database for normal voiding parameters.

The peninsula, on which the city of San Francisco sits, has also been the birthplace of many other vibrant technological developments. At the time the above developments were emerging, "Silicon Valley" was laying the basis for its supremacy in microchips, semiconductor integration, computers, software and of course pharmacology. Stanford and UCSF are now principal partners in stem cell research and molecular medicine which are likely to revolutionise therapeutic aspects of incontinence.

Stanford University

The San Francisco peninsula has evolved and transformed itself many times over to become the home and inspiration of pioneers from all over the world in so many fields of human endeavour and we are delighted to welcome you here.