



ICS Standardisation Committee meeting minutes

**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, Sohier Elneil,

In Attendance: Jenny Ellis, Adrian Wagg, Joe Lee

1. Committee picture to be taken

Committee picture taken, this is available on the committee page.

2. Welcome

MD welcomed everyone to the meeting. BH, ES and ES send their apologies. All members introduced themselves. MD asked RH to formally welcome BH to the committee on Friday.

3. Approval of Montreal meeting minutes and June teleconference (Attached):

Montreal- 1st RH, 2nd JM

June Teleconference- 1ST RH, 2nd JM

4. Terms of office (Attached)

We need a patient representative, JM discussed this with AW- we need more patients involvement in ICS. JM advised that we need Board discussion on patients reps as part of the work of ICS. MD we all agree that we need a patient group for working group involvement and other input- unanimous view.

Action: SSC to discuss with Board patient representation within ICS. Need to recruit more patient reps.

5. Terms of Reference (Attached)

No changes required.

6. Working Group progress; (see the attached SSC working group overview information)

a) IUGA - ICS Joint Working Group on Conservative Management- received Board approval. This is now with both journals and waiting for date of publication. MD advised that both do early online view so should be easy to advertise when online.

Action: JE to email Paul and Roger regarding online date for IUGA - ICS Joint Working Group on Conservative Management.

JE asked JL to notify the office when you receive IUGA dates, JL confirmed that he would.

- b) **IUGA - Female ano-rectal function**- waiting for DOI for early view, this should be available within the next few weeks. RH enquired whether the order of names means who's leading the project e.g. ICS first means we are leading? MD confirmed that was correct. JL stated that the documents starting with IUGA were IUGA project, we approached ICS to be involved. MD highlighted an amendment to this title- should include dysfunction.

Action: JE amend ICS-IUGA - Female ano-rectal function to dysfunction.

MD advised that this group had slow progress (*4 years) due to discussion on Rosier et al document. But this is now resolved and all authors are happy that the paper is final. JL agreed.

- c) **IUGA - Female POP**- JL advised published in January 2016. Copy is available [here](#).
- d) **IUGA - Sexual Health**: JL advised that this had gone through ICS consultation and the final draft is available to review now. There were a number of conference calls regarding this draft and the working group is looking to have a final public consultation. The document has gone through IUGA committee review prior to public review. We will now look at having an experts review and then it will be ready for SSC sign off.
- RH asked how do IUGA review these drafts, is it similar to ICS? JL confirmed that the committee review the draft and they select relevant groups/people to do the review. Once final then it goes to the IUGA board. JM asked what if they don't like the document? JL confirmed that they do an early review which should pre-empt any issues, so it shouldn't get to that stage. JM questioned disputes over terminology, JE advised that the Board should resolve this. JL confirmed that IUGA would use the Delphi approach to review and vote on the definition. MD felt that there would always be difference so it's based on discipline/practice which term you use. Things evolve and we can't make everyone use it. JE advised that some working groups are using footnotes to enter these different definitions in, so it's clear to the reader.

JL confirmed that the next steps would be for the authors to provide feedback within 2 weeks. The draft will then be sent to the office and then can go for SSC review. The final draft will be available for public consultation.

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

MD advised that there was a lot of interest in the group but after reviewing the other topics that the SSC had planned we have decided to hold off proceeding with this working group.

But the committee discussed other possible, similar, topics e.g. MRI, photography, ultra sound etc. MD felt that the committee needed to pick one area rather than the whole field. This will be more manageable than the whole topic.

AD advised that there are no standards for ultra sound for example, but there are lots of papers comparing ultra sounds but not what they actually mean. MRI is a lot simpler. JM suggested that we could do a part 1 and part 2 document. MD felt that the committee needed to discuss further whether there was a clear proposal for a group and if not then an editorial should be produced on why the SSC are not doing a report in this area.

Action: SSC to discuss the imaging project- is there a case to produce a report on this? If not the committee needs to produce an editorial on why this is not required.

MD advised that he would pass this to Bernie to discuss and take forward with the committee.

f) **CPPS-** MD declared this report a great achievement. JM advised that the current early view in NAU was not correct due to an issue with the table. But JM was working with NAU to rectify this and have the correct final version available online. JM asked MD to discuss with NAU what software they use for publishing- would be beneficial for other working groups to be aware going forward.

Action: MD/BH to confirm with NAU the software that they use for publishing. All working groups needs to be informed.

g) **Good Urodynamics Practice Review-** Imminent publication.

h) **Standardisation of Terminology of Lower Urinary Tract Function**

Currently being reviewed by WG, but still awaiting the final versions of the Neuro-

urology and Nocturia groups, after which the WG will do second round of consultation. MD is planning an initial glossary version, which will be followed by an “engagement” version to enhance uptake, this is nearly completed JM expressed a concern regarding the nocturia definition. MD advised that this is a master document sign posting to other documents, therefore drawing it all together.

- i) **NeuroUrology-** This is going for another round of public consultation. JE advised that Jerzy had requested a 2 month review. MD asked that this be reduced to 1 month.

Action: JE to amend the NeuroUrology deadline from 2 months to 1.

- j) **Basic Science-** MD was working on draft, this has been slow but steady work. MD had received comments from each working group member, and is involving an Associate expert, Basu Chakrabarty to project manage- this should be turned around within 4 months.

- k) **ICS Nocturia and Nocturnal enuresis-** 1st draft has been received. The language used is verbose, MD has therefore suggested changes to ensure that it is clear and easy to use. Group discussed wording regarding nocturia- some people don't sleep at night but during the day. JM and MD agreed that a change in term would affect pharma companies and the treatment available to patients, we are therefore reluctant to change this wording.

- l) **Detrusor underactivity/Underactive Bladder-** The deadline for comments is 14th September.

- m) **Standardisation of Terminology for Incontinence Products-** The working group have just finished drafting the questionnaire and it's going for WG review.

- n) **ICS-IUGA joint terminology document on reporting urodynamics in women:** There is 2 parts to this (1) description and (2) suggested performer e.g. tick boxes etc. The draft is available, JE circulated to the committee to review. We need review and will then update. Committee asked whether there would be further changes to GUP? MD confirmed no further changes. MD advised that we need the SSC to pick up and run with this, we need urology members to be involved. LAM volunteered to compile comments interacting with SSC members.

Action: LAM to compile -IUGA joint terminology document on reporting

urodynamics in women comments and confirm to working group chair.

MD advised that we will need a male equivalent. We will need to do a formal call, will need to involve the urodynamics committee in this and GUP members. RH advised that we need to be clear that it is reporting of urodynamics. So that people understand the differences. MD agreed, we need an easy to use document. JL advised of the potential overlap in these documents, we need to ensure this is user friendly. The document is 3 pages in length with the proforma, it could be 2 pages. JL suggested that the committee review the document and give their feedback.

Action: JL to send SSC the GUP proforma to review and provide feedback.

JL stated that the front page needed to be clinician friendly and back more technical. MD advised that we need to ensure a blank space so people can add the notes that they want (for their own purposes.)

JL asked MD: We normally list authors on working group, some work more than others. MD advised that only contributing authors should be names in the final document.

The committee discussed similar issues that they had experienced in working groups. MD advised of the above and stated that this is the ICS SSC policy regarding authors.

MD advised that the current WG deadline (18 months) is too short and would recommend increasing to 2 years. MD would inform the BOT of this change.

Action: MD to inform the Board that all working groups will now be completed within 2 years as a general guide rather than hard requirement.

JM suggested that WG have co-chairs to assist in the admin of the group. JE advised that this is the role of the office- please do contact me if you need assistance.

JM asked whether there was a set layout for working groups/documents? MD confirmed that there wasn't.

Action: Template to be created for working group documents.

MD advised that BH might have a template/guidelines- JE to check.

Postscript notes: BH has templates that the committee can use and will email these

over to everyone.

- 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)

The document from Salma was included in the agenda pack, could all committee members review and discuss with Bernie at the Friday meeting. AS advised that there was no male definition. MD asked the office to email AS the proposal template.

Action: Office to email MD proposal template.

- 8. Fundamentals of Urodynamics Practice-** review of where we are MD advised that we are creating short sections.

Action: JE to pool all comments and send to MD.

Action: Teleconference to discuss further and take Fundamentals of Urodynamics Practice to the next stage.

- 9. New Standard Operational Documents discussion from the ICS office (Attached)**

JE advised that the education committee have created this SOP based on the SSC SOP and should anyone produce a news article/video etc. Then please refer to this document to confirm the process.

- 10. Core documents and their role within ICS**

The core documents are the essentials of what you need to know e.g. you should know this if you are seeing X patients.

- 11. Wiki Page- Beth Shelly to provide an update.**

JE provided an update on wiki- increased engagement via social media platforms. MD stated that BS has done a fantastic job! But the committee need to assist/support BSs with this task, please could all members join ICS wiki and engage online.

- 12. Glossary**

This has not changed since the last announcement and there are no plans to change this currently. JM would like it to be changed so terms are A-Z. JE suggested any comment to be sent to the office and these will be sent to the IT team.

Action: Any comments on the glossary to be sent to the office.

- 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.**

MD advised that we have revised most of the standards and managed to keep momentum going. The committee is in a strong position. The next strategy should be engagement- we need everyone on board. The final working groups should be delivered within the next 3-4 months. There is a new Chairman coming in, very experienced, and MD is sure that he has a lot of ideas and plans for the committee going forward. This will be discussed at the follow up meeting on Friday.

14. AOB

All thanked MD for his service to the committee.



Meeting Ends