



ICS Standardisation Committee meeting Agenda

Tuesday 12th September 2017,

Venue: Fortezza da Basso

Room: n5 Palazzina Lorenese

Time: 13:30-16:30

Known Attending: Bernard Haylen (Chair), Jane Meijlink, Rizwan Hamid, Luis Abranches-Monteiro, Sohier Elneil, Salma Kayani, Elizabeth Shelly, Stergios Doumouchtsis,

Known Apologies: Alexis Schizas,

In Attendance: Jenny Ellis, Joe Lee, Sender Herschorn, Jacky Cahill, Alex Digesu

13.30-14.30 will cover the below topics:

1. Committee picture to be taken
2. Welcome to new members
3. Approval of Tokyo meeting minutes and June minutes (Attached)
4. Terms of office (Attached)
5. Terms of Reference (Attached)
6. London Actions update:
 - I. Action: Joe Lee to provide the office with an SOP for joint terminology documents.
 - II. Action: Office to create a WG covering letter template to assist WG applications.
 - III. Action: Committee to discuss a follow up document to the Surgical Management of Male LUT dysfunction terminology which will include colorectal surgery.
 - IV. Action: LAM & RH to produce first draft of SSCWG17 by December 2017.
 - V. Action: Female Pelvic Floor Dysfunction (Haylen, 2010 document) to be revised in 2019
 - VI. Action: All SSC members to review the wiki website and email suggestions to Beth.
 - VII. Action: SSC to invite friends/colleagues to attend the wiki session in Florence.
 - VIII. Action: Consistency consultant to review glossary and suggest updates.
 - IX. Action: BH to group current SSC documents and email the information to JE to create a graphical version of this information.
 - X. Action: BH to email SUI scoping document to SSC.

7. Wiki- update from Beth

8. Any other projects for 2017/18- discussion

9. AOB

14.15-15.30 Working group reports from WG Chairs

15.30-16.30 Individual working group meetings

Day & Time	Working Group	Additional Information
12th September, 15.30-16.30	Male MUT/PF (SSCWG15)	Booked into room n5 Palazzina Lorenese
12th September, 15:30 - 16:30	Fistula Group (SSCWG18)	N15 Palazzina Loreense
12th September, 15:30-16:30	Female Obstetric trauma Group (SSCWG20)	N2 Palazzina Loreense

Other working group meetings in Florence:

Day & Time	Working Group	Additional Information
14th September, 08:30-09:30	Male anorectal dysfunction (SSCWG14)	N5 Palazzina Loreense
14th September, 11:00 – 12:00	Surgical Management of Male LUT (SSCWG17)	N6 Palazzina Loreense
14th September, 13:30 – 14:30	Pelvic Floor Muscle Function and Dysfunction (SSCWG16)	N5 Palazina Lorenese room
14th September, 13.30-14.00	Incontinence Products (SSCWG11)	Booked into room Spadolini C



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

SSC Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
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.
Rizwan Hamid	Committee Member	23-Oct-14	14-Sep-20	3	N	6 year term will finish is 2020- CANNOT renew	would like to renew. JE updated on website, need to check 2020 date when this is confirmed.
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 Elneil	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish is 2019- CANNOT RENEW	
Jacky Cahill	Committee Member	14-Sep-17	03-Sep-20	3	N	3 year term will finish in 2020- can renew	
Alex Digesu	Ex-officio	17-Oct-16	05/09/2019	3	N	Ex-officio	

Quorate No=4

Nominations 2018

Key	
Colour	Meaning
	Stepping down in Florence
	Stepping down in Philadelphia
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Florence
	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](#)

The LUT Working Group; report to the ICS SSC September 2017

We are working on a “hub” document which;

1. States the fundamental standardised definitions for symptoms, signs and urodynamic diagnoses- “the ones that matter most”. These will be taken verbatim from the respective Standards which have come out over recent years. No redefinitions will be included, so as to ensure the terminology developed in recent standards can be entrenched.
2. Provides steerage towards the more detailed reference standardisations of specific areas

This document fills an area of need which is to engage the full medical community in the ICS Standards. The take up of ICS Standards is strong in the ICS/ IUGA membership, but for other people who deal with LUTS as part of a broader clinical portfolio, awareness of the existence of the Standards is very limited, and the benefits are thus lost.

Our aim; something that a non-specialist could read and understand in 20 minutes to have the fundamentals readily assimilated.

Accordingly, the hub document covers in Part 1; micturition cycle, categorisation of LUTS, specific definitions of the LUTS (tabulated), symptom syndromes, nocturia (N, NP, with worked example bladder diary), pain (CPP domains), neurogenic bladder (exact content being decided due to recent completion of the Standard). In part 2; the Fundamentals of Urodynamics; flow rate testing, urodynamic equipment, quality control during cystometry/ PFS.

Questions for the SSC;

- What is the progress with the Male LUTS Standard? Are the key symptoms definitions going to be the same as in the ICS/ IUGA Standard, Haylen et al. 2010?
- What is the state of play for Underactive Bladder?
- We propose to include signposting to the ICS/ IUGA Standards, but no specific content, as the extensive scope of the documents will potentially increase the size of the hub document too far, and detract from the succinct text (aim, readable in 20 minutes). Does the SSC agree?
- Since the document will offer the foundations of key knowledge, it will appropriate to consider publication in a range of journals, with a view to enhance engagement of wider medical community (e.g. care of the elderly journals, paediatrics, neurology, medical student education, etc.). Is the SSC happy for a broad publication plan for synchronous publication in more than one journal?

Marcus Drake