

Scientific committee Annual Report 2017

Following a very successful Scientific Program Meeting, which took place from May 2nd to 5th in Rome, The Committee is pleased to report:

A further and significant increase in the number of abstracts submitted to 1158. This certainly suggests an increased interest in the ICS as a worthwhile meeting to present original work. The committee do however recognise that increased numbers alone do not reflect our drive to continually improve the quality of work presented. With this in mind Steinar Hunskaar presented his considerations on how we can continue to improve the quality of presented work.

This is based on minimising variance, by ensuring as far as possible, scorers only mark areas where they have genuine expertise, and a reduction in repetitive integer scoring (1,1,1, 2,2,2 etc) which skew the system and which appear to have been used by some non committee members, as their only means of trying to ensure rejection of an abstract breaching inclusion rules.

Steiner's recommendations are:

- Every scientific committee member should aim to review 200 abstract.
- Every marker to watch a 2 min video to refresh marking skills and hopefully therefore mark to the same criteria using more of the scale.
- Aim for 5 markers for each abstract and then eliminate top and bottom to use only 3 marks to give final score.
- IT set to prevent more than 5 markers per abstract.
- If only 4 markers, then eliminate the score that is causing the greatest variance.
- IT to produce a button to allow non-scientific committee members to suggest rejection because of breaking the rules.

These recommendations have been accepted by the committee and will be implemented for the next round of abstracts in April 2018.

The shortened Program Meeting was very successful and allowed sufficient time for the production of a full meeting program over the two days. This two day format will be continued for next year. Although we recognize the financial pressure to try and reduce this further it is the considered opinion of the committee that a face to face meeting remains essential.

Feedback from Tokyo on the rapid communication format of very short presentation, was not favourable. Most of the questions from the floor were about information that would have been presented if they had been given more time or there was no time for questions. Very little if any useful discussion took place. We

have therefore decided to abandon this format in the Florence meeting in favour of more e-posters.

We had much discussion about the increasing use of parallel sessions. This however appears inevitable as we try to accommodate increasing numbers of submitted abstracts, and although we recognize this increase in numbers is good for the ICS as a whole, it cannot be allowed to be at the expense of quality.

An alternative model would be to restrict the number of abstracts presented and provide additional time for discussion, even structured discussion, which would provide greater audience participation, and greater added value.

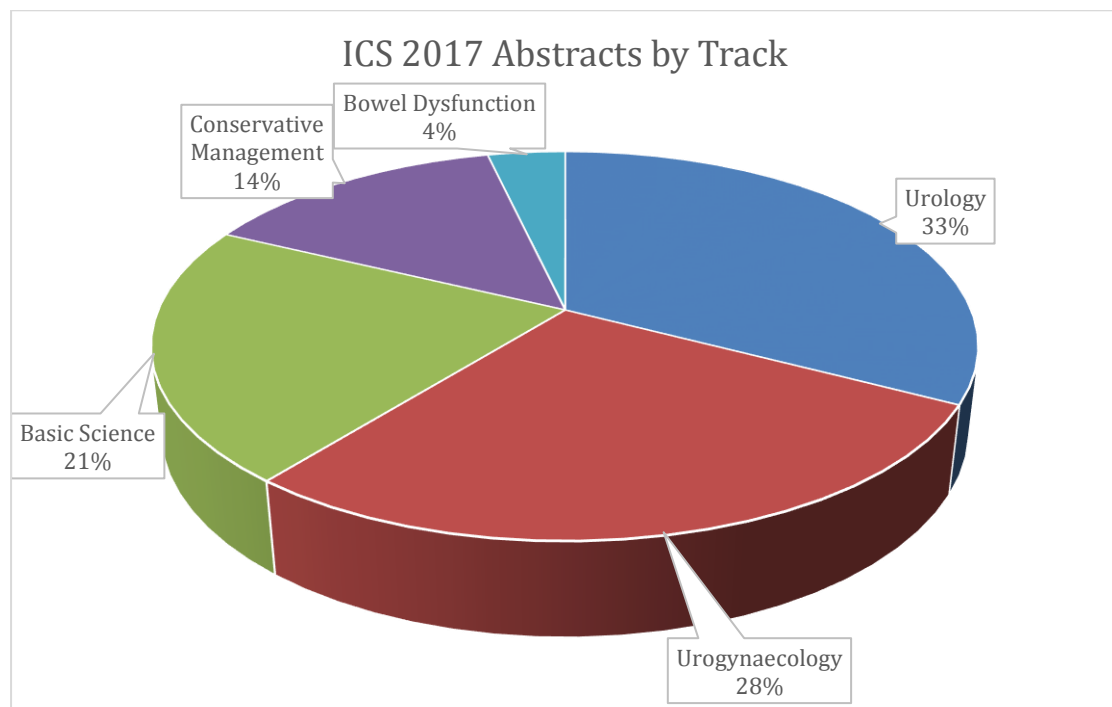
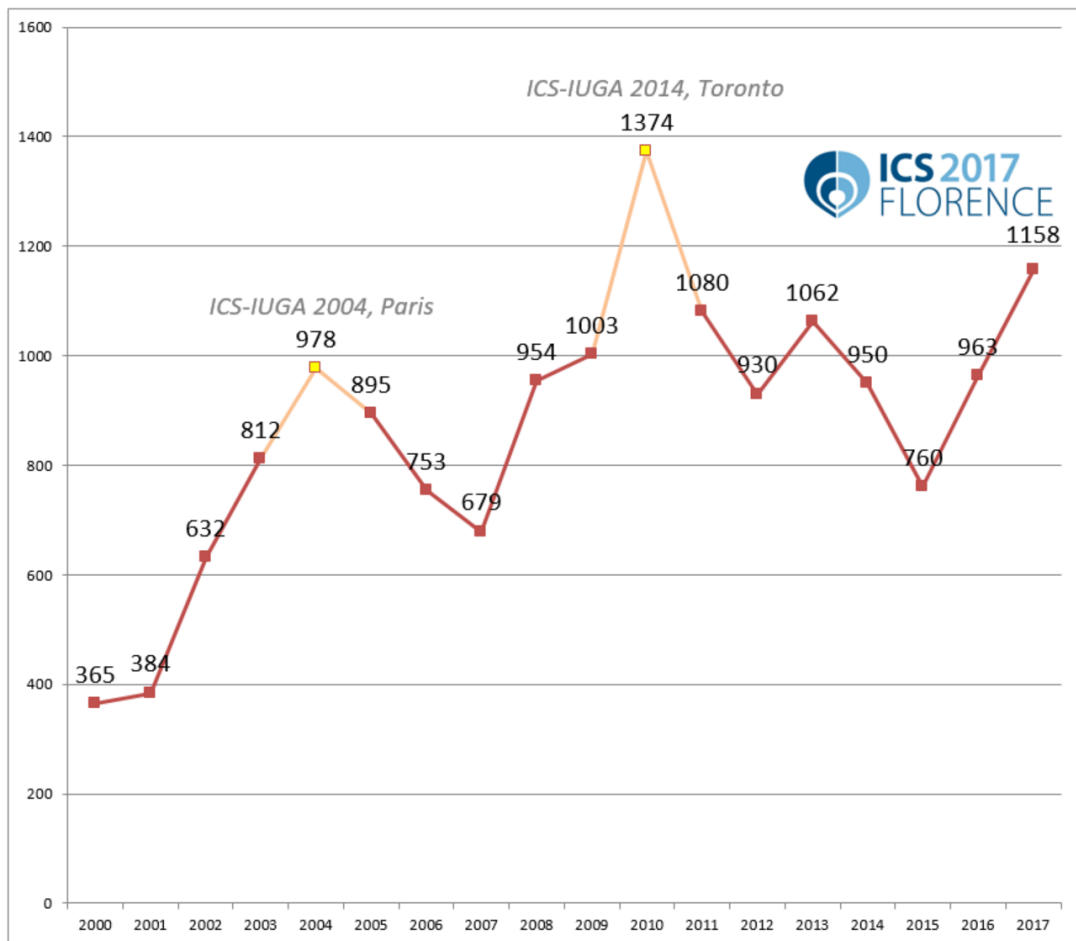
This may initially reduce the numbers attending, as those with rejected abstracts may not, or not be able to attend. But if the value of the meeting was viewed to have increased greatly, more delegates are likely to return even if they are not presenting.

This balance between being an outlet for juniors to present their work and therefore attend the meeting, and providing a showcase for cutting edge clinical and scientific work attracting interested delegates is one we must address to determine the role of the Annual meeting. The ultimate shape and role of our annual meeting, however, must be determined by the board.

The introduction of live surgery will be explored in Florence. We expect this to be a success with the great experience of Prof Giulio Del Popolo in running other such live surgery events. We aim to present live surgery of interest to both Urologists and gynaecologists, in the hope that this will help further encourage engagement from our gynaecology colleagues to attend future ICS meetings.

The statistics for this years meeting are attached.

Total Abstracts Submitted 2000 – 2016



Abstract Status	Abstracts
Accepted	1093
Not Accepted	41
Incomplete	31
Withdrawn	27
TOTAL	1192

Presentation	Session Type	Abstracts
Podium	Podium	18
	Podium Short Oral	344
	Podium Video	12
ePoster	Open Discussion ePoster	375
Non-Discussion	Non Discussion Video	23
	Non Discussion Abstract	321
TOTAL		1093

Track	Broad Category	Abstracts
Urology	Male Lower Urinary Tract Symptoms (LUTS) / Incontinence	105
	Overactive Bladder	99
	Urodynamics	63
	Prostate Clinical / Surgical	31
	Nocturia	25
	Urethra Male / Female	20
	Paediatrics	12
Urogynaecology	Female Stress Urinary Incontinence (SUI)	118
	Female Lower Urinary Tract Symptoms (LUTS) / Voiding Dysfunction	101
	Pelvic Organ Prolapse	86
	Imaging	27
Bowel Dysfunction	Anorectal / Bowel Dysfunction	26
Basic Science	Neurourology	105
	Pelvic Pain Syndromes / Sexual Dysfunction	52
	Pharmacology	31
	Research Methods / Techniques	16
Conservative Management	Anatomy / Biomechanics	36
	Continence Care Products / Devices / Technologies	32

	Quality of Life / Patient and Caregiver Experiences	30
	Conservative Management	24
	Rehabilitation	23
	Geriatrics / Gerontology	18
	Health Services Delivery	10
	Ethics	3
TOTAL		1093

Category	Session Type	Sessions
State of the Art	State of the Art Lecture	4
	Spotlight On	5
	Round Table Discussion	9
Industry	Satellite Symposium	4
Workshop	Workshop	37
	Committee Activity	7
Scientific	Podium	3
	Podium Short Oral	31
	Podium Video	2
	Open Discussion ePoster	3
Meeting	Committee Meeting	16
	Society Meeting	5
Networking	Social Event	6
	Lunch	4
	Coffee Break	7
Total		143