

**ICS Standardisation Committee meeting minutes**

**Tuesday 12<sup>th</sup> 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**

The committee picture was taken and is available on the ICS website.

**2. Welcome to new members**

BH welcomed everyone to the committee and a special welcome to Jacky, our new patient representative. Sadly this means we are saying goodbye to Jane. On behalf of the committee BH wanted to thank Jane for her hard work and invaluable efforts over her term with the committee.

Jane thanked ICS for the opportunity to be on the committee. Jane has found the experience to be very beneficial both personally and professionally. ICS is the only organisation to have patients involved in this capacity.

Jane was presented with a certificate of appreciation.



BH stated he wanted to thank Jenny for all her hard work over the last year- it's been a busy year! The committee applauded Jenny for her efforts.

3. **Approval of Tokyo meeting minutes and June minutes (Attached)**

Tokyo minutes 1<sup>st</sup> RH and 2<sup>nd</sup> SD.

June minutes 1<sup>st</sup> BS and 2<sup>nd</sup> SK

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

Three new members for 2018.

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

No changes required.

6. **London Actions update:**

I. ***Action: Joe Lee to provide the office with an SOP for joint terminology documents.***

JL will be working on a joint SOP with BH. BH advised there would be a group discussion on joint documents. Following the London meeting it was discussed that the IUGA SSC also review applications and score them. Then the two SSC chairs will review and make the final selection. Following this final selection the chair of the working group will be notified and a discussion between the 3 chairs will take place.

The committee discussed how this would work.

The committee ran through the below actions- some just reminders to committee members.

II. ***Action: Office to create a WG covering letter template to assist WG applications.***

JE confirmed that this would be completed by December.

III. ***Action: Committee to discuss a follow up document to the Surgical Management of Male LUT dysfunction terminology which will include colorectal surgery.***

Will be discussed next year.

IV. ***Action: LAM & RH to produce first draft of ICS Report on the Terminology for Surgical Management of Male Lower Urinary Tract Dys-function (SSCWG17) by***

**December 2017.**

This is just a reminder.

- V. ***Action: Female Pelvic Floor Dysfunction (Haylen, 2010 document) to be revised in 2019***

JL advised that we should finish this update by 2022 at the latest. RH asked whether we could start this earlier? BH thinks not, as we need the SSCWG15 to be completed first. RH suggested that we have a 10 year cycle for reviewing and updating documents. All agreed that this sounds reasonable.

**Action:** All ICS documents to be reviewed after 10 years.

- VI. ***Action: All SSC members to review the wiki website and email suggestions to Beth.***

This is an ongoing action.

- VII. ***Action: SSC to invite friends/colleagues to attend the wiki session in Florence.***

This was a reminder to everyone in Florence.

- VIII. ***Action: Consistency consultant to review glossary and suggest updates.***

Will be discussed in 2018.

- IX. ***Action: BH to group current SSC documents and email the information to JE to create a graphical version of this information.***

This is just a reminder.

- X. ***Action: BH to email SUI scoping document to SSC.***

This is just a reminder.

Group discussed advertisement of final documents- JE clarified that all completed documents would be included in ICS news, eNews and social media.

**Action:** Office to ensure latest published documents sent to ICS members.

## 7. Wiki- update from Beth

BS advised that lots of updates on content have taken place since Tokyo. Regular content is being posted on wiki and we have run a social media campaign to engage members and non-members to use wiki. This has generated a limited response so far but the wiki working group will continue with the campaign going forward. BS highlighted the session on Friday morning- please can everyone attend.

## **8. Any other projects for 2017/18- discussion**

BH advised that he had discussed the publication issue with Roger and this has now been resolved. Going forward ICS content will be published asap in NAU.

## **8. Any other projects for 2017/18- discussion**

### ***14.15-15.30 Working group reports from WG Chairs***

**IUGA – ICS Sexual Health (SSCWG6)**- JL advised that the document had gone for peer review with ISSM and the working group are in the process of updating the document based on these proposed changes. Not everything that was suggested can be included/updated but the chair is working on a compromise to try and include these. Aiming for late 2017 publication.

BH asked whether the SSC would need to re-review? JE advised if the document had major changes to content then it would need a further SSC review. Minor changes can be signed off by the chair. JL confirm it was minor/cosmetic changes. BS asked whether JL had seen Helena Frawleys comments? JL thought so but asked BS to send these to JL.

**Action:** BS to email JL Helena Frawley's proposed changes to the sexual health document.

SD expressed concern over consistency in ICS terms. This is something the committee will be reviewing going forward.

**ICS-ICCS Nocturia and Nocturnal lower urinary tract function (SSCWG9)**- Currently the final draft is on the SSC forum for review. RH stated he thought this was a well written document. All members to review and provide their feedback on the forum.

**Action:** All to review SSCWG9 draft on committee forum and provide their feedback online.

**ICS-IUGA joint terminology document on Comprehensive Female Pelvic Floor Assessment (SSCWG12)**- This WG started a while ago, it was supposed to be good Urodynamics 2, after the Rosier et al original. The document is easy and clinician friendly. We felt this was a repetition of other documents so we changed the title, the original mission remains but it now pulls in missing aspects. We are chasing the WG for the final version.

**Standardisation of Terminology for Incontinence Products; working group of the**

**International Continence Society (ICS) (SSCWG11)**- They are having a peer review on Thursday at 15.30, please could all attend.

**Male Lower Urinary Tract and Pelvic floor Dysfunction (SSCWG15)**- A review is taking place this afternoon, the WG have a draft ready to review.

**Pelvic Floor Muscle Function and Dysfunction (SSCWG16)**- The groups are working well and are split into subgroups; signs, investigations and symptoms.

**ICS-IUGA Joint Report on the Terminology for Female Pelvic Floor Fistulae (SSCWG18)**- Suzy and Lauri co-chairs. The WG will be split into 5 subgroups:

- >Introduction, Aetiology, Diagnoses
- >Symptoms and Signs
- >Classification and Conservative
- >Investigations
- >Imaging

The goal of the document will be a perspective from the fistula community- it will be an initial debate document.

**ICS Report on the Terminology for Male Anorectal Dysfunction (SSCWG14)**-Draft will be updated this week following the face to face meeting.

**ICS- IUGA Joint Report on the Terminology for Female Obstetric Trauma (SSCWG20)**- BH stated that he wants to keep the focus on terms, definitions, classifications. Rather than managing trauma. The draft will be ready by the end of the year/early April 2018.

**ICS Report on the Terminology for Surgical Management of Male Lower Urinary Tract Dysfunction (SSCWG17)**- The WG are meeting on Thursday to discuss their document. We will try to recruit an additional 3 people at the annual meeting.

**ICS-IUGA Joint Report on the Terminology for Female Laparoscopic Pelvic Anatomy (SSCWG19)**- The WG is available to review online, deadline for applications 30<sup>th</sup> September.

MD report- the committee didn't have time to review the report so this will be added to the committee forum for discussion post meeting.

**Action:** Office to add MD report to SSC forum for discussion.

**Meeting ends for subgroup meetings.**

15.30-16.30 Individual working group meetings

<b>Day &amp; Time</b>	<b>Working Group</b>	<b>Additional Information</b>
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 Lorenese
12th September, 15:30-16:30	Female Obstetric trauma Group (SSCWG20)	N2 Palazzina Lorenese

Other working group meetings in Florence:

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



**ICS Standardisation Committee meeting Agenda**

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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
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7. Wiki- update from Beth

8. Any other projects for 2017/18- discussion

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**ICS Standardisation Committee meeting minutes**

**Monday 12<sup>th</sup> 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- 1<sup>st</sup> RH, 2<sup>nd</sup> JM

June Teleconference- 1<sup>ST</sup> RH, 2<sup>nd</sup> 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-** 1<sup>st</sup> 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 14<sup>th</sup> 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:**

<b>Total Members</b>	<b>Method of Appointment</b>	<b>Name</b>	<b>Term of Office</b>
<b>General Secretary</b>	<b>Ex officio</b>	<a href="#">See Membership Page</a>	<b>3 years</b>
<b>Chair</b>	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.	<a href="#">See Membership Page</a>	Term of office: 3 years, renewable once by formal election
<b>Membership</b>	All members of ICS committees must be active ICS members (paid for current	<a href="#">See Membership Page</a>	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.
<b>Subcommittees</b> (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	<a href="#">See Membership Page</a>	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*