



## **Neuro-urology Promotion Committee Minutes**

**Tuesday 12th September 2017, Florence, Italy**

**Chair:** Emmanuel Chartier-Kastler

**Members:** Magdy Hassouna, Collette Haslam, Melissa Davies, Pierre Denys, Marcio Averbeck, Doreen McClurg, Charalampos Konstantinidis, Rizwan Hamid, Juan Castaño, Jalesh Panicker, Thomas Kessler, Giulio Del Popolo, Emmanuel Braschi,

**Apologies:** Daniele Minardi, Pawan Vasudeva

**Also in Attendance:** Avicia Burchill, Carlos Ancona

### **1. Approval Tokyo minutes**

The minutes were agreed

MH updated the committee with regards to the SNS meeting held in January with Howard Goldman. MH explained that it will be presented here and will be published to NUU.

### **2. Committee Terms of Office**

EM will ask the Board if it possible to add a neurourologist to keep the committee multi-disciplinary. India and Iran ask for courses and so they should targeted when recruiting for new members.

EB and JC both confirmed they would like to extend their term.

**ACTION POINT:** Office to find out from Daniele Minardi and Pawan Vasudeva if they intend to extend their term.

### **3. Committee Terms of Reference**

No changes required

### **4. Next step with ICS office for MOOC proposal (P Denys and B Schurch): budget request up to ICS agreement.**

PD we discussed that there is a need for medical education in the field of neurourology for rehab physicians and they are asking for an educational programme. PD explained that he has discussed with them there is a big platform for MOOC in science but we want the support of the ICS. It was also discussed with Michael Kennedy from the Physical Medicine and Rehabilitation Society in the US. EM explained that the budget was declined as now the ICS has capacity to film and edit content. AB explained and showed the ICS studio quality content that can be produced. PD as long as the video is available to the students and there is an agreement with the European society of physical medicine and Rehabilitation (PRM) then it should be OK.



JP asked what was the aim of the course as not all countries would be able to accept the content. PD explained that it would be approved by both the ICS and the European society of PRM. RH thought there should be a memorandum of understanding between the two institutions. A discussion was held as to whether the course would be recognised by students organisations and it was felt that a certificate noting that the course fits with the ICS standards would be sufficient to encourage people to view the content. RH asked about the target audience and PD explained that it would be for residence so the content would be basic. EM explained that RH has been appointed interim director of the institute and should be kept informed at all stages.

**ACTION POINT:** PD to bring societies together to discuss online education course.

**ACTION POINT:** Office to send PD SOP and template for proposal for educational video.

## 5. INUS

EK explained that within the last year we went to an agreement to share meetings with INUS at ICS or in Zurich. Then at EAU Sherif Mourad explained that we must not have links with INUS. EK explained we discussed with Thomas and he is in agreement but how to proceed. EK stated that most of you are also with INUS but there has to be a separation in the activities. Ek felt that Sherif Mourad should meet with Helmut Madersbacher to explain the situation. TK stated that as he is representing INUS its important to have clear line and this has not been communicated with INUS which is disappointing. AB explained that all future Society sessions can only be run by societies affiliated with the ICS so INUS would not be allowed a session anyway. EK explained that if any committee member wanted to run an ICS course it must come through the ICS office. All agreed that the aim is to bring neurourology forward and not to compete.

## 6. SIU/ICUD document:

A discussion was held whether to promote the spinal cord injury document produced by SIU as ICS was not involved. EK explained that this a full book of management of spinal cord injury and will be produced in Lisbon next month. EK my question is whether we promote this document. A discussion was held and it was agreed that if it's a good resource then it should be promoted but how to define "promotion". It was agreed that EK would circulate the document link so that the committee can preview before general promotion.

**ACTION POINT:** EK will send link for SIU spinal cord injury document and committee can review.

## 7. 2018 workshops

EK asked for topics ideas and wanted all committee members involved. CH explained that her workshop was turned down but would like to put it in again. JP stated that there should be a



collaboration between the nursing committee. MH suggested something related to urinary infection/neurogenic bladder and urinary tract infection with a special goal to reduce the chance of infection. MA suggested indexing clinical case discussions – present a clinical case and have a pre-discussion. This was discussed as the speakers would have to discuss before and needs to sync nicely but that this also favours the multidisciplinary set up. EB suggested neurourology in undeveloped countries. EK will consider proposals and prepare application.

#### **8. Neurourology in the Developing Countries - Emmanuel Braschi presentation and discussion**

EB presented his slides on neurourology in developing countries. EK thanked EB for his thought provoking presentation. EB requires simple non complex recommendations to work around situations where the resources are not available. EK we need to take the international recommendations and translate them into the situation where they don't have the resources and also teach the nurses. EB need people who have the experience of working to the restricted resources. MD explained that there are several patient recommendations available that could be adapted to into restricted resources guidelines. RH suggested that this is something the developing world committee could take on. RH a course is a good way to start but it's a culture change – how much can actually be applied as it needs to be supported within a framework. All thought it was a great topic and the nurses must be involved in its development. CK proposed that ICS through NPC could actively ask to organize courses in junction with local meetings in developing countries.

**ACTION POINT:** It was agreed to discuss the concept of preparing resources for developing countries and EB will be the leader on this project.

EK mentioned the possibility of having an informal meeting of the neurourology committee in Zurich.

**ENDS**

## **Neuro-urology Promotion Committee Agenda**

**Tuesday 12th September 2017,**

**Venue: Fortezza da Basso**

**Room: n4 Palazzina Lorenese**

**Time: 10:30-12:30**

**Chair:** Emmanuel Chartier-Kastler

**Members:** Magdy Hassouna, Collette Haslam, Melissa Davies, Pierre Denys, Marcio Averbeck, Doreen McClurg, Charalampos Konstantinidis, Rizwan Hamid, Juan Castaño, Jalesh Panicker, Thomas Kessler, Giulio Del Popolo, Emmanuel Braschi,

**Apologies:** Daniele Minardi, Pawan Vasudeva

**Also in Attendance:** Avicia Burchill, Carlos D'Anconca

1. Committee picture to be taken
2. Approval Tokyo minutes (attached)
3. Committee Terms of Office (attached)
4. Committee Terms of Reference (attached)
5. Actions- updates/outstanding;
  - Action: Working on Parkinson & MS paper
  - Action: Action: ECK to create questionnaire to confirm available resources/fellowships with linked organizations/members. This information can then be advertised on the ICS website.
6. Neurourology in the Developing Countries-Emmanuel Braschi presentation and discussion
7. AOB



## **ICS Neuro-urology Promotion Committee Meeting Minutes**

**Tuesday 13<sup>th</sup> September 2016,**  
**Venue: Tokyo International Forum**  
**Room: G405**  
**Time: 08:30-10:30**

**Known Attending:** Emmanuel Chartier-Kastler (Chair), Waleed Altaweel, Marcio Averbeck, Emmanuel Braschi, Juan Castaño, Carlos D'Ancona, Melissa Davies, Enrico Finazzi Agro, Magdy Hassouna, Thomas Kessler, Charalampos Konstantinidis, Daniele Minardi, Brigitte Schurch, Jalesh Panicker, Limin Liao, Pawan Vasudeva,

**Apologies:** Pierre Denys,

**Also in attendance:** Collette Haslam (New), Doreen McClurg (New), Giulio Del Popolo (New), Rizwan Hamid (New), and Jenny Ellis

**1. Committee picture to be taken**

Picture taken and it is available on the ICS website.

**2. Approval of Montreal meeting minutes (Attached)**

All members approved the minutes, no changes requested.

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

CK and MH would like to renew for a second term. JE to email PD to confirm whether renewing for a second term.

**Action: JE to email PD to confirm whether renewing for a second term.**

ECK confirmed he would like to renew, JE confirmed the process- all Chairs need to re-apply for their position. This requires a 1<sup>st</sup> and 2<sup>nd</sup> nomination and a completed application to be submitted to the office.

If PD renews then no new positions for the committee next year.

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

ECK and committee confirmed no changes to the TOR.

**5. Budget 2017**

No funding required unless the committee decide to have a face to face meeting.

**6. Plans 2017**

MA confirmed that the first draft of the systematic review on botulinum toxin will be ready for



review by December 2016. ECK discussed the cateterisation projects- this is with Jerzy for review, this is in first draft stage but not ready for committee review. MD confirmed that they now have a PT helping with this project.

Surgical techniques- just classifying and updating the document, this should be ready by the end of the year.

TK felt that there was limited financial support from the ICS Board for these projects. JE confirmed that the board will fund projects as long as they are aligned to the overall ICS strategy. ECK would need to submit a request if the committee need financial assistance. MH suggested using graduate students for additional support with projects. ECK advised that he would review the topics selected by the committee and decide which areas require focus and if funding is required to move these forward. JP suggested linking the fellowship to these projects, could obtain additional assistance this way. JE advised that the office can assist the committee in contacting trainee members- we have a database with this information and can send targeted mailers on your behalf. ECK thought this would be a good idea once we have selected the final projects.

ECK suggested a nursing workshop for 2017 and asked CH to assist with this project, CH confirmed she would be happy to be involved. JE confirmed the deadline for workshop applications is 4<sup>th</sup> January 2017.

#### **7. New Standard Operational Documents discussion from the ICS office (Attached)**

JE highlighted the new SOP created by the education committee. This document outlines the process that all ICS committees must follow when producing materials for publication as ICS information. This includes reports, white papers, news articles, videos etc. Please could members all refer to this document prior to proceeding with projects.

#### **8. Magdy Hassouna- SNM consensus report**

Committee need a protocol for SNM. This needs to be a concrete plan for members to follow. Aim is to assess SNM worldwide to create guidelines. The data was collected via a survey (22 questions) covering all aspects of SNM. This was reviewed by the committee. The 49 responses to the survey were from people involved in implants. The majority of respondents have under 5 years' experience and they annually treat 1-10 patients per year. The majority of respondents confirmed that government or insurance covered the cost of treatment. Most of the patients were affected with refractory OAB.

RH asked whether any respondents confirmed neurologic conditions. MH confirmed that this was an open question and no one indicated neurologic condition. GDP asked whether this included ultrasound? MH confirmed it did not.

MA mentioned that PNE was not available in Brazil before 2016. MH confirmed that all implanters do screening by implanting. ECK advised in North America a lot of colleagues use PNE and this takes place within their offices.

*EB joins meeting.*

MH confirmed that discrepancies in the responses would need to be addressed within the guidelines.

The group discussed whether the committee has what is required to complete the guidelines. It is likely that a second questionnaire will need to be created within the committee to address the issues raised in the first questionnaire. The committee will need to decide whether it is possible to benchmark based on a majority of responses. All of the committee will be required to give feedback on the 2<sup>nd</sup> questionnaire and how the committee moves forward with this project.

ECK thanked MH for his work on this project. ECK asked the committee whether they would like to proceed with a consensus document for SNM, similar to the artificial sphincter document. Or should the committee stop after the consensus meeting?

WA thinks the committee should proceed, this is an interesting topic and everyone has different ways in managing SNM. ECK advised that this could mean funding is required from ICS to support the project e.g. for a face to face meeting. MA thinks this would be a best clinical practice document for people doing SNM. But this would need to be an evidence based document. RH thinks this would be a large project to undertake and may require assistance from the neuro-urology committee. MH agreed- 90% of respondents highlighted the neuro-urological issues. JP thinks that one committee should lead this, we could start the project and look at having a roundtable in Florence to obtain feedback. TK suggested a literature review would be useful for the project but felt that this area might not be a hot topic for the committee. JE suggested contacting the Board for feedback. ECL agreed, there are a lot of issues in SNM and not a lot of conclusions.

**Action: ECK to contact the Board to obtain their feedback on the SNM project.**

The committee discussed the areas of concern regarding this project- lack of literature, technical information, evidence. TK suggested that the committee could still publish their findings to date to highlight the lack of information/consensus in this area. This is a possibility if the committee decide not to proceed in a follow up survey.

**9. Jalesh Panicker- Update about the Queen Square/ICS Uroneurology course in October 2016. A discussion about double-badging a Neurourology workshop being organised at a national neurology conference in India in July 2017**

ECK confirmed that the committee had received interest from national and international societies for ICS members to speak at their courses/events. This year we have sent a number of speakers to the events to speak on behalf of ICS. 1 course in Brazil, Greece, Panama and Japan.



All courses are labelled ICS courses and sit under the education committee banner. ECK suggested that the committee increase their teaching as best practice to promote ICS.

JP confirmed the London course takes place next month, 5 members of the committee will be involved, and most of whom are local. This is a 2 day course covering bladder, bowel, sexual dysfunction etc. This is a small meeting with around 40 delegates attending, some international delegates. The course has been advertised via the ICS office- online and via eNews. The group discussed funding for speakers and courses, JE advised that funding can be requested via the education committee or via the Board. JP asked whether courses could be filmed, JE advised this is possible, we would need funding confirmed to send a member of the IT team to film the session. EFA suggested creating a module rather than just filming courses, JE advised modules were possible- see the SOP for further guidelines. These modules would be available via ICS TV.

EB suggested a 1 day course in Argentina, this is currently under discussion.

## **10. AOB**

INUS session is on Friday morning, all welcome to attend. TK confirmed that a meeting (5<sup>th</sup> International Neuro-Urology Meeting) will take place next year in Zurich, ECK confirmed that this is a specialised meeting that will take place annually. ICS is invited to attend this meeting

JP was approached to produce a committee workshop in India. This would be a multi-disciplinary 4 hour session covering urology, neuro-urology etc. ECK confirmed that we are trying to promote ICS in areas where we are not well known but it is difficult to find people within these areas e.g. Africa is an issue. JE suggested that the committee request funding for the India course.

**Action: JE to send JP course application form.**

Committee discussed how best to reach people in areas where ICS has limited involvement, any ideas please contact ECK.

MD suggested creating a database of contact. ECK advised that the ICS office has a list of contacts and host centers that we can review to start with.

**Action: JE to send ECK host center and contacts in neuro-urology.**

Committee discussed how best to assist and advertise opportunities for young members, the group suggested creating a questionnaire to send to contacts so that we have this information. ECK will create questionnaire.

**Action: ECK to create questionnaire to confirm available resources/fellowships with linked organisations/members. This information can then be advertised on the ICS website.**





ECK thanked everyone for attending.

**Meeting Ends**

**Neuro-Urology Promotion Committee Terms of Office**

Member	Committee Role	Term Start	Term End	Term Yrs	Elected	Term details	Additional Information
Emmanuel Jean Chartier Kastler	Chair	23-Oct-14	03-Sep-20	6	Y	6 year term will finish in 2020- CANNOT BE RE-ELECTED	
Magdy Hassouna	Committee Member	23-Oct-14	14-Sep-20	3	N	6 year term will finish in 2020- CANNOT renew	Would like to renew, renewed on website
Charalampus Konstantindis	Committee Member	23-Oct-14	14-Sep-20	3	N	6 year term will finish in 2020- CANNOT renew	Would like to renew, renewed on website
Pierre Denys	Committee Member	23-Oct-14	14-Sep-20	3	N	6 year term will finish in 2020- CANNOT renew	Emailed 12/10/16 Confirmed would like to renew, updated website
Jalesh Panicker	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish in 2018- CANNOT RENEW	
Márcio Averbeck	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish in 2018- CANNOT RENEW	
Melissa Davies	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish in 2018- CANNOT RENEW	
Juan Carlos Castaño Botero	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Daniele Minardi	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Emmanuel J Braschi	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Pawan Vasudeva	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew	
Thomas Kessler	Committee Member	29-Aug-13	05-Sep-19	6	N	6 year term will finish in 2019- cannot renew	
Collette Haslam	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Doreen McClurg	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Giulio Del Popolo	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Rizwan Hamid	Committee Member	16-Sep-16	05-Sep-19	3	N	3 year term will finish in 2019- can renew	
Carlos D'Ancona	Ex-officio	19-Feb-15	14-Sep-17	2	N	Ex-officio	

Quorate No=6

**Nominatons 2011**

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 Neuro-Urology Promotion Committee Terms of Reference**

### **1. PURPOSE:**

Aim of this committee is to promote Neuro-Urology and to assist centres requesting help, to set up and develop this sub-specialty

### **2. FUNCTIONS:**

1. To promote educational efforts, including materials related to Neuro-Urology
2. To manage and run the Neuro-Urology Fellowship
3. To encourage multidisciplinary and multicentre research relating to Neuro-Urology
4. To contribute to the creation of standards and guidelines in Neuro-Urology in collaboration with other relevant committees and organisations

### **3. RESPONSIBLE TO:** ICS Board of Trustees and ICS Membership

### **4. COMPOSITION:**

<b>Total Members</b>	<b>Method of Appointment</b>	<b>Name</b>	<b>Term of Office</b>
General Secretary	Ex Officio		2 years
<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 Neuro-urology Promotion 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 <a href="#">Membership</a>	Term of office: 3 years, renewable once by formal election.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form.  One position on the committee to be held exclusively for nurse applications.	See <a href="#">Membership</a>	3 years, renewable once by Chair and committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees. Members must attend at least 1 out of 3 annual meetings to be considered for a renewal of term.

Subcommittees (if any)			
	Neuro-Urology Guidelines	See <a href="#">Membership</a>	
Updated January 2016			

**5. MEETINGS:**

One face-to-face meeting during the Annual Scientific meeting; other deliberations normally by electronic media. Another meeting will be considered if necessary and will ideally be combined with a major European conference.

**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 website in accordance to 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 [Neuro-Urology Promotion Committee Membership page](#).