



Neuro-urology Promotion Committee Agenda

Tuesday 28th August 2018,

Venue: Pennsylvania Convention Center (PCC)

Room: Meeting Room 3

Time: 13.30-15.30

Chair: Emmanuel Chartier-Kastler

Members: Charalampus Konstantindis, Márcio Averbeck, Rizwan Hamid, Giulio Del Popolo, Pierre Denys, Emmanuel J Braschi, Pawan Vasudeva, Collette Haslam, Doreen McClurg, Jalesh Panicker, Melissa Davies, Desiree Vrijens,

Apologies: Thomas Kessler, Carlos D'Ancona, Sanjay Sinha, Juan Carlos Castaño Botero, Ryuji Sakakibara, Daniele Minardi, Magdy Hassouna

Also in Attendance: Avicia Burchill

1. Welcome to new members - Ryuji Sakakibara, Sanjay Sinha and Desiree Vrijens
Ryuji Sakakibara, Sanjay Sinha and Desiree Vrijens term starts on Thursday, runs until 2021. Ryuji returns to the committee after his formal 2 year break. Welcome to Desiree. EC said that in the future members will not be replaced until the committee size reaches the maximum 10 person allowance on ICS Committees.
2. Marcio/Jalesh & Melissa were finishing their term and EC presented them with certificates of appreciation.
3. Approval Florence minutes

The minutes of the last meeting were approved

4. Committee Terms of Office

-Thomas Kessler stepping down in Gothenburg as his 6 year term will finish.

-Collette Haslam, Doreen McClurg, Giulio Del Popolo and Rizwan Hamid – 1st term finishes in Gothenburg and they need to confirm if they wish to stand for a second term.

ACTION POINT: Required Collette Haslam, Doreen McClurg, Giulio Del Popolo and Rizwan Hamid to confirm their second term.

5. Committee Terms of Reference
No changes needed.



6. INUS

EC briefly discussed the relationship between INUS and ICS and explained that this is a closed discussion. EC asked the committee members to work for the ICS neurourology committee.

7. Activities of the paediatric committee

EC explained that the Childrens and transitional care committee wanted to do some neurourology transitional care work. EC has heard from the Chair, Giovanni said it was a project but heard nothing more.

ACTION POINT: ICS Office/EC to contact Giovanni – Chair of Childrens Committee – to find out if neuro project proceeding and to provide details.

8. Publications

Intravesical vanilloids for treating neurogenic lower urinary tract dysfunction in patients with multiple sclerosis: A systematic review and meta-analysis. A report from the Neuro-Urology Promotion Committee of the International Continence Society (ICS).

V Phe 37(1)67.8

Catheterization for treating neurogenic lower urinary tract dysfunction in patients with multiple sclerosis: A systematic review. A report from the Neuro-Urology Promotion Committee of the International Continence Society (ICS)

Jure Tornic et al - Version of Record online: 19 June 2018

EC explained the above articles were published this year and there will be more work on the content but felt it better to focus on the online video content at the moment in conjunction with RH and the Institute.

9. Courses & Workshop

ACTION POINT: Send Education Course Guidelines to whole committee and state that 6 months advance notice is required for applications.

The following courses were noted as being potential applications.

- London 2020
- Urological Society India
- Turkish Urological Oct 2019
- Saudi March 2019
- B Schurch – Laborie funded – Morocco congress of urology

A discussion was held around the request from CAU and the lack of funding for MA. AB explained that there was no budget but it had been raised at Board level and AB and MA will discuss further.

10. Workshops



EC explained that since 2016 we have been producing workshops which are filmed. In 2017 we recorded 2 but only one was recorded. 2018 we have 2 to be filmed. EC asked for ideas for 2019 – which topics to prepare – circulate the titles of presentations for idea. MD infection an increasing issue in particular neurogenic bladder as a significant part of her day is spent preventing infection. It would be multi-disciplinary as well. JP maybe have external speakers i.e. a microbiologist. EC explained that all speakers are the committee members. AB explained that there is funding available for people to speak who would not normally attend ICS – it just needs to be noted on the application. PV suggested a semi live video on operative cases. JP suggested neurourology in the developing world. CH sexual function with the neuro. MD Interface between bladder/bowel perspective. JP another topic psychology co-morbidities and bladder problems. It was agreed that DV will send some ideas. GP we need it to be attractive to younger urologists for functional urology and suggested something robotic.

11. ICS & E rehab physicians ESPRM

EC provide an update to the committee of where this project is. EC explained that there is a prepared list of topics to be recorded. The slides are currently being prepared with a view of 2 or 3 people will go to Bristol to record. PD explained that the idea came from the ESPRM society as they want to promote a more multidisciplinary team with urologists. PD also explained that there is a World Congress of Physical Medicine happened in Paris – its something that needs promoting. Its also every day clinical processes.

ACTION: URGENT Sherif needs to call Alan Du Lac – president of ESPRM to discuss how their members get access.

A discussion was held about the benefit to the rehab society compared to ICS in view of the fact the ICS is doing all the content preparation. Concerns were raised that who can access and how and this needs to be discussed. Also about remuneration for the ICS. PD explained that perhaps the discussion with the presidents could be to get the list of residents. It was also suggested there should be a review process once the project is live. GP thinks that other neuro societies would be interested. DV concerne that no one is going to look at all 70 videos. EC explained that it's not meant for one person to look at all the content but to select what is needed to improve their practice.

ACTION POINT: Need to resolve the bibliography format for the rehab project slides.

AB commented whether it was possible to concentrate on a smaller number of slides to complete. EC felt that for the societies is best to that we can do it all in one go.

12. Committee meeting at the regional meeting

EC suggested that the committee meet in Brussels if anyone attending. It would be good as before the deadline for workshops. EC gave the details of the regional course and stated that he hoped for great success.

ACTION POINT: Office to identify who is attending the Brussels meeting and see if possible have a committee meeting.



13. Recommendations on Intermittent Catheterization for the Developing World" Dr Emmanuel Braschi

EB continued the discussion presented in Florence. 80% of disabled people live in developing countries. The challenges are high controversies and low evidence. The committee should be generating recommendations to apply to developing countries. For example creating a guidelines and recommendation on intermittent catheters for developing countries. Specific recommendations for single and multi use capacity. Multiple use there is very low indication, not considered but for developing it's the only option.

EC said that we strongly promote this project. Need to establish a working group and budget.

PD suggested that there should be a link to the WHO. GP this is a great idea – important to have the diagnostic approach as well. RH said maybe we have the expert opinion of those experts in the developing and then find out what they do and that's OK. And then how to manage a complications. PV suggested to maybe identify 10 countries/experts and to survey them.

JP the concern is that there are no evidence and this would be difficult as people would use in developed countries and there is potential for complications with insurance companies. Perhaps it would be best as how they practice but to say they are guidelines are strong word.

The following people agree to work on this project with EB. GP & CH & JP & RH & PD & PV.

The next steps are as follow:

ACTION POINT: EB will make a survey through ICS committees members from such countries about their practice and needs. He will then circulate results and suggest the topics we may discuss and work on it. (TBD before end 2018)