



JOINT ANNUAL MEETING OF THE  
INTERNATIONAL CONTINENCE SOCIETY (ICS) AND  
INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION (IUGA)

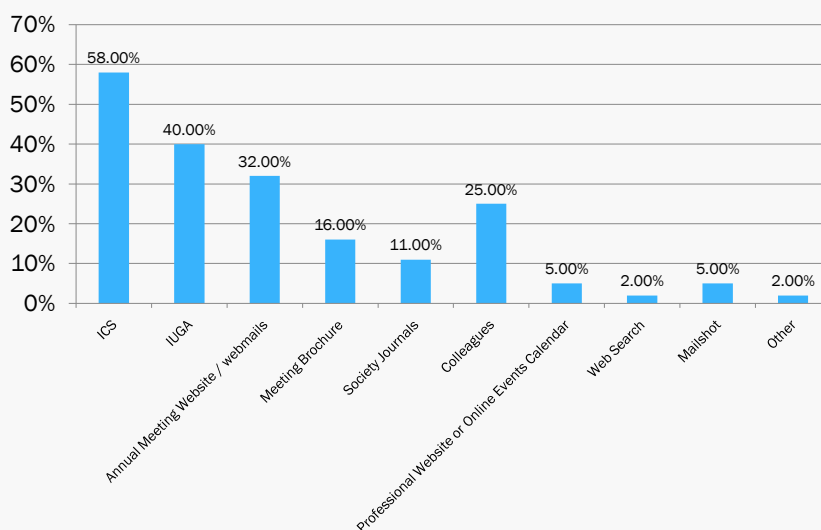
23-27 AUGUST, 2010, TORONTO, CANADA



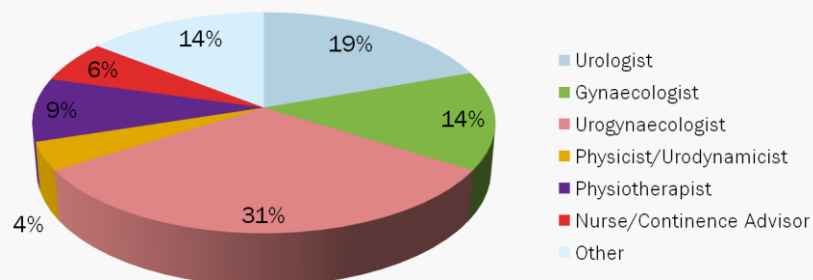
## ICS-IUGA 2010 Post-Meeting Survey Results

- ✕ Survey was sent to all joint meeting participants, committee and industry contacts
- ✕ 274 responses analysed

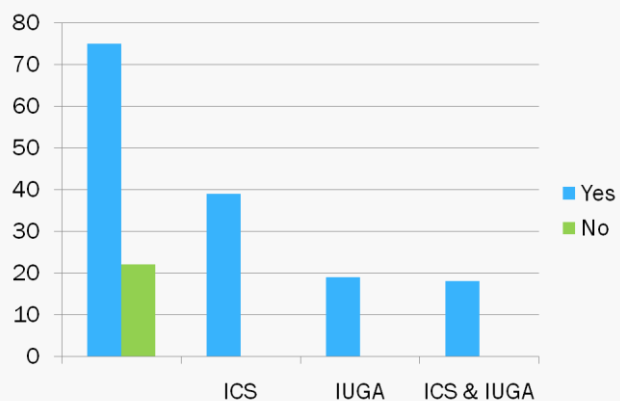
### Q 1 – HOW DID YOU LEARN ABOUT THIS MEETING?



## Q2 - PROFESSION



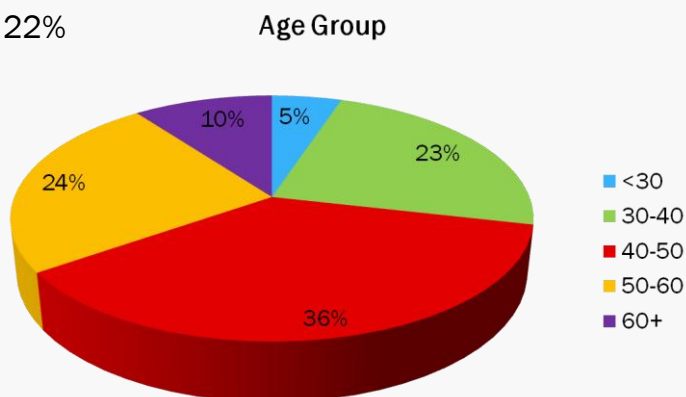
## Q3-4 - ARE YOU A MEMBER OF ICS OR IUGA? IF YES, WHICH SOCIETY?



### Q5-6 – IS THIS YOUR FIRST TIME TO AN ICS OR IUGA MEETING? WHAT IS YOUR AGE GROUP?

× Yes – 75%

× No – 22%



### Q7 – WHICH ASPECTS OF THE MEETING ARE THE MAIN REASONS FOR YOUR ATTENDANCE?



### Q8-9 - WOULD YOU BE INTERESTED IN SEEING MORE PRESENTED SESSIONS FOR SPECIALIST TOPICS? WHICH TOPICS?

YES	68%
NO	29%

- ✖ 372 suggestion for topics received – for complete list see appendix
- ✖ Reoccurring responses included: Basic science, female incontinence, fistula, interstitial cystitis, LUTS, Male Incontinence, mesh, Neuromodulation, neurourology,, Over Active Bladder, Pelvic floor rehabilitation, pelvic organ prolapse, physiotherapy, prolapse, sexual dysfunction, stress incontinence, surgery, urodynamics

### Q10- THIS YEAR HAD MORE PARALLEL SESSIONS THAN USUAL. WOULD YOU LIKE TO HAVE MORE PARALLEL SESSIONS IN THE SCIENTIFIC PROGRAMME?

YES	32%
NO	63%

**Q11-** Was the certification provided at the meeting and after the workshops satisfactory for your personal CME programme requirements?

YES	80%
NO	13%

**Q12-** This year there was online access to the scientific programme and all abstracts 2 months prior to the meeting. This material was also distributed on a USB stick. Do you feel that this is an adequate replacement for an abstract book, given that the society journal is received prior to the meeting and web access is advertised in good time?

YES	78%
NO	18%

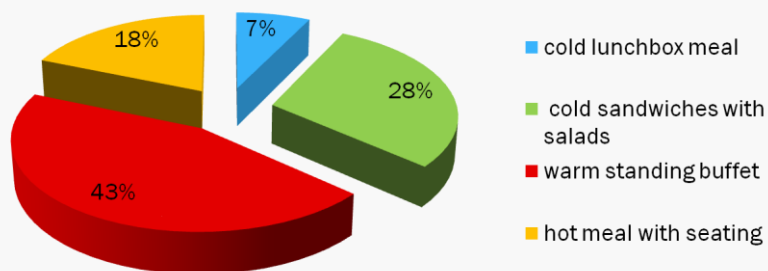
### Q13 – PLEASE RATE EACH STATEMENT BELOW

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Adequate information was available before the meeting	34%	50%	8%	5%	1%
Registration process was easy and efficient	50%	36%	7%	1%	1%
The selection of registration types and rates was appropriate for my profession and/or academic level	27%	51%	14%	4%	0%
Hotel selection was adequate	20%	44%	23%	5%	1%
Hotel booking was easy and efficient	22%	35%	32%	4%	0%
Participants who booked accommodation through the organisers: hotel gave value for money	9%	24%	38%	6%	3%
On site registration desk service was good	35%	39%	18%	2%	1%
Food and Beverage on site was on time and of good quality	20%	39%	22%	12%	4%
On site meeting staff service was satisfactory	29%	52%	12%	4%	1%

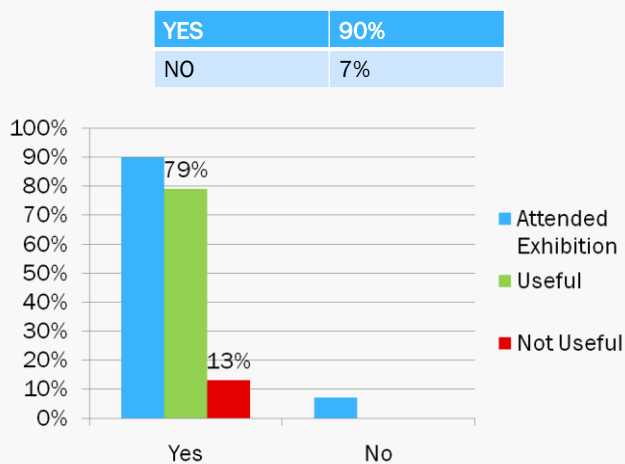
### Q13 – PLEASE RATE EACH STATEMENT BELOW

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Scientific programme topics were of value	31%	53%	10%	1%	0%
Presentations were interesting and of a high quality	27%	56%	11%	3%	0%
Audio visual was of high quality	32%	52%	11%	1%	0%
Exhibition was of interest and value	18%	50%	26%	4%	0%
Social events were enjoyable	18%	37%	34%	3%	1%
The venue was attractive	23%	50%	17%	5%	0%
The professional networking and contacts with colleagues was satisfactory	28%	53%	14%	1%	0%
My overall satisfaction level from the meeting was high	26%	60%	8%	3%	0%

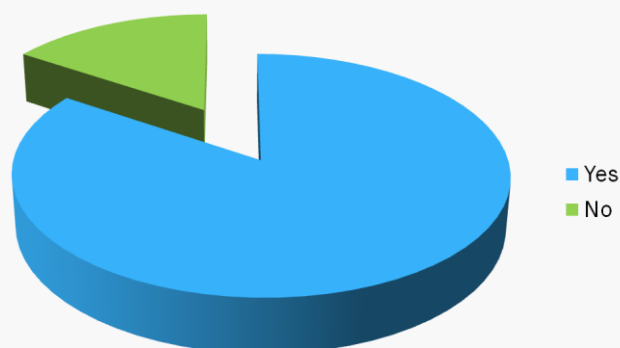
### Q14 – LUNCHES: WHAT WOULD YOU PREFER REFLECTED ACCORDINGLY IN YOUR REGISTRATION FEE?



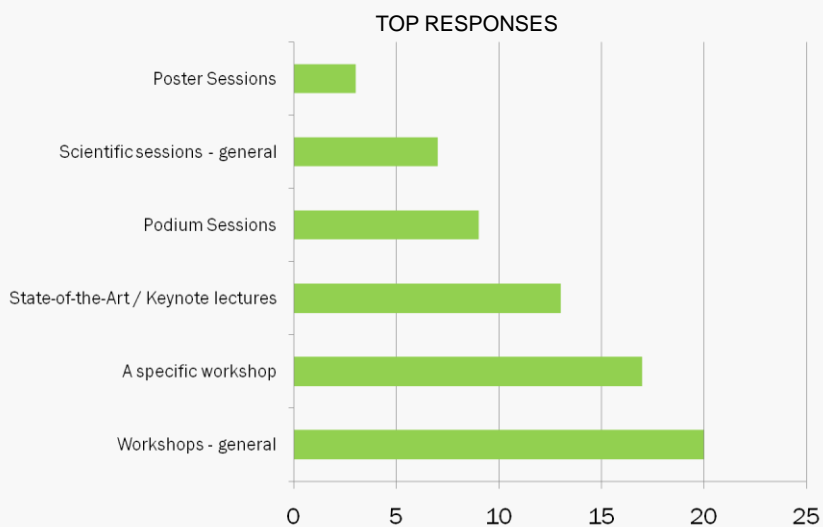
### Q15-16 - APART FROM PARTAKING IN LUNCHES AND COFFEE BREAKS DID YOU VISIT THE EXHIBITION AREA? IF SO, WAS THE EXHIBITION USEFUL?

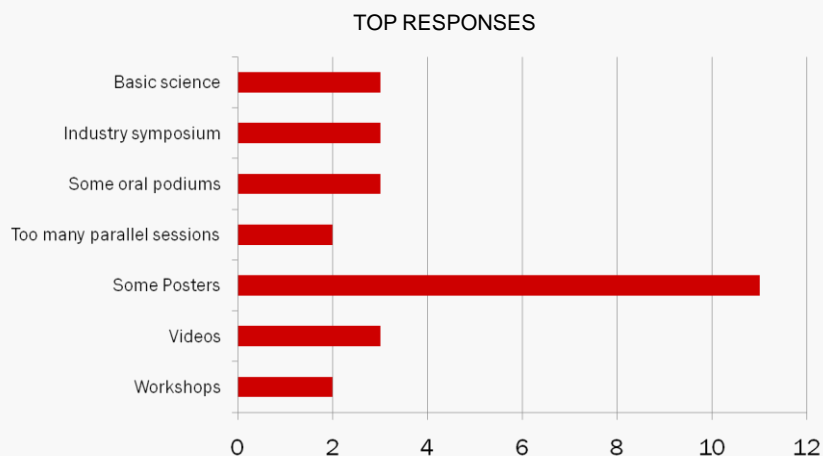


**Q17 - DO YOU THINK THAT ITS IMPORTANT TO  
CONTINUE TO HAVE JOINT MEETINGS BETWEEN ICS  
AND IUGA?**

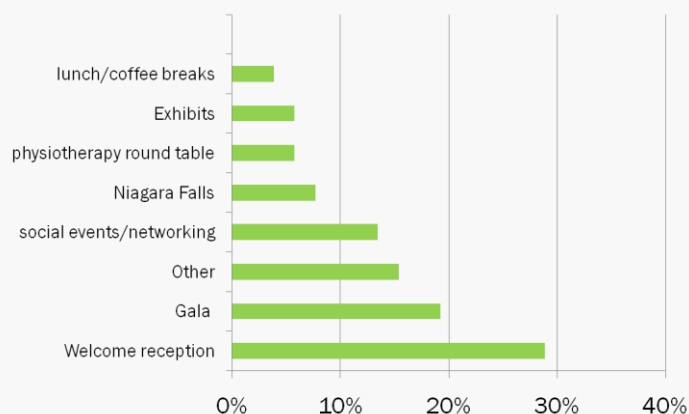


**Q18 - WHAT WAS THE MOST USEFUL ACADEMIC EVENT?**



**Q19 – WHAT WAS THE **LEAST** USEFUL ACADEMIC EVENT?****Q18 – WHAT WAS THE **MOST** USEFUL NON-ACADEMIC EVENT?**

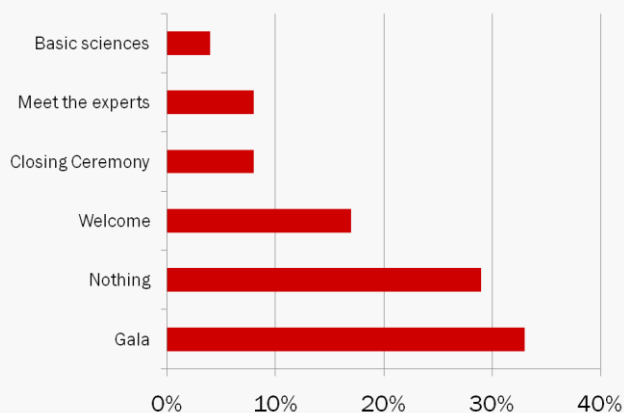
✕ 52 valid responses received



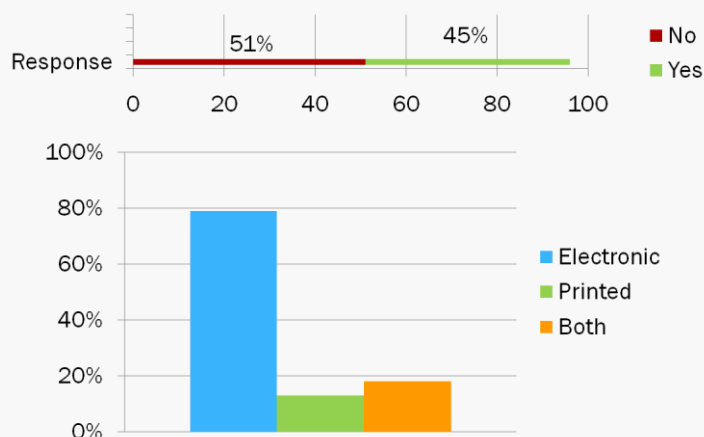


### Q19 – WHAT WAS THE **LEAST** USEFUL NON-ACADEMIC EVENT?

✕ 24 valid responses received



### Q19-20 - NO CONGRESS NEWSLETTER WAS PUBLISHED THIS YEAR. WOULD A NEWSLETTER (ELECTRONIC OR PRINTED) BE A DESIRABLE ITEM FOR A FUTURE ICS OR IUGA ANNUAL MEETING?



### Q21 - WHAT WILL AFFECT YOUR DECISION IN ATTENDING ICS \ IUGA FUTURE MEETING?

Top Responses	No. of responses	Percent
venue/ location	88	37%
topics / scientific program	60	25%
costs / funding to attend	45	19%
dates / availability	17	7%
abstract acceptance	16	7%
workshop topics	8	3%

### Q22 - WHAT ARE YOUR SUGGESTIONS FOR IMPROVEMENTS FOR THE NEXT MEETING?

### Q23 - DO YOU HAVE ANY FURTHER COMMENTS YOU WISH TO ADD?

✕ See appendix

## APPENDIX – Q8 TOPICS OF INTEREST

adolescent LUT problems anatomical causes of incontinence Anatomical/Histological background of new devices Anatomy anatomy of pelvic floor muscles Animal model for IC/PBS animal models overactive bladder applied urethral anatomy and physiology artificial sphincter artificial sphincters basic bladder cancer Basic bladder research Basic clinical research Basic research in POP and incontinence basic science basic science basic science Basic Science/ Pharmacology Basic Science/ Physiology Behavioral therapy Behavioural therapy beta3 agonist pharmacotherapy for OAB Biofeedback in incontinence Biomechanics Biomechanics (mesh related) bladder function for gynaecologists bladder outlet obstruction bladder pain Bladder pain syndrome Bladder pain syndrome management bladder perception bowel disorders bowel dysfunction BPH brain control of LUT / functional brain imaging brain imaging - fMRI bulking agents Cadaveric dissection causes of SUI related to fascial pathology; prevention and treatment using conservative methods (eg. exercise, birthing methods to reduce injury) Chronic Pelvic Pain Chronic pelvic pain chronic urinary retention with incontinence CIC Clinical assessment techniques coding/billing Comparison between T.V.T and T.O.B. procedure COMPLETE PELVIC FLOOR PRATIC CLASS (LIKE KARI BO & MARGARET) complications conservative managements of Incontinence Conservative therapy conservative treatment Conservative treatment continence Continence devices controversy in POP surgery controversies wrt prolapse surgery cost effective devices Cost efficient medical practice cost-effectiveness of urodynamics & treatment cystoscopy Dealing with complications Defecatory Dysfunction defect specific surgery Detrusor overactivity Detrusor underactivity detrusor underactivity developing world Disease marker qualification for drug development purpose DISORDERS OF INCONTINENCE IN ELDER POPULATION Double incontinence Drugs in DI economic impact electrical stimulation for bladder dysfunction electrotherapy in pelvic floor muscle training encopresis Endoscopic treatment of SUI Engineering (mesh related) equipment standards erectile dysfunction after radical prostatectomy ethic issue about using industrial product etology and pathophysiology of urgency incontinence evaluation mesg surgery evidence based medicine Exploration of brain-bladder themes faecal incontinence failed slings Fecal incontinence Fecal incontinence fecal incontinence Femal Sexual Dysfunction Female continence Female fecal incontinence Female incontinence female incontinence, prolapse Female Sexual Dysfunction Female voiding dysfunction fistula FISTULA fistula Fistulas fundamental urodynamics Future of Urodynamics genital prolapse geriatric incontinence geriatrics Grafts gynaecology I LOVED the POP-Q workshop....more "hands on" workshops....particularly anatomy and alignments for function Imaging Improvements in imaging techniques incontinence Incontinence incontinence Incontinence incontinence and children INCONTINENCE IN CHILDREN incontinence therapy innovation in the treatment for impaired bladder contractility intermittent catheterization interstitial cystitis interstitial cystitis interstitial cystitis Laparoscopic reconstructive surgery Laparoscopic repairs Late results of standard procedures Low invasive treatment of incontinence LUTS LUTS LUTS male bladder problems (not prostate) Male continence Male Incontinence male incontinence male incontinence Male Incontinence male urinary incontinence management of chronic pelvic pain managing chronic pain Menopause and

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LUT dysfunction mesh Mesh complications Mesh imaging Mesh in prolapse repair mesh surgery Meshrepair Mini slings for SUI minimally invasive surgery for pelvic organ prolapse modeling More basic science More basic science More basic science More neuro-urology more on pelvic floor repair More on Sacroneuromodulation More rehabilitation with electrical stimulation More topics on Lower Urinary Tract Dysfunction secondary to BPH More workshops on male incontinence post surgery Motivating clients to do PFE Multidisciplinary Approach to all Pelvic Floor Disorders Multidisciplinary patient management Neuro Urology neurogenic bladder neurogenic bladder surgery neuromodulation Neuromodulation Neuromodulation and Chemodenervation Neuromodulation for Neurogenic Bladder neurogynecology Neurourology neurourology neurourology Neurourology neurourology neurourology neuro-urology New applications from basic sciences into clinical urology New developments in Neurourology new devices new drugs OAB new technology in urology New therapy for neugenic bladder nocturia Nocturnal enuresis issues non surgical treatment for urinary incontinence OAB OAB OAB OAB OASI obstetric fistula Occult Incontinence Office based procedures other conditions of interest to ob/gyn and infertility nurses other conditions of interest to urologists Over Active Bladder Over Active Bladder Over Active Bladder Over Active Bladder Over Active Bladder Over Active Bladder Over Active Bladder Over Active Bladder over-active bladder agents and future directions Overactive Bladder Recent developments Paediatrics Pain syndromes painful bladder painful bladder Particularly mesh and complications PBS PBS/IC pediatric issues pediatric lower urinary dysfunction pelvic floor pelvic floor pelvic floor pelvic floor pelvic floor pelvic floor anatomy Pelvic floor exercises for the elderly Pelvic floor physiotherapy Pelvic floor prolapse Pelvic floor rehabilitation Pelvic Floor Rehabilitation Pelvic floor Rehabilitation Pelvic Floor Trauma Pelvic floor ultra sound Pelvic floor ultrasound Pelvic floor ultrasound pelvic floor ultrasound pelvic organ prolapse pelvic organ prolapse Pelvic organ prolapse Pelvic pain pelvic pain pelvic pain/pain/vulvodynia/pudendal nerve neuropathy pelvic reconstructive surgery perineal muscle training for women Perineal tears Pessaries physiotherapy and incontinence physiological measurement challenges physiology and pharmacology physiology of lower urinary tract physiotherapy physiotherapy Physiotherapy in foecal incontinence Physiotherapy in pregnancy Physiotherapy in sexual disturbances physiotherapy management POP post prostatectomy incontinence Post prostatectomy rehab post prostatectomy incontinence Practical surgery workshops practical workshops in Gynecology Pre & post natal bladder management Pregnancy and Childbirth pregnancy, delivery and incontinence Presentations from continence nurses Prevention of Incontinence preventive approach related to obstetric events problem in developing countries regarding this prolapse Prolapse Prolapse prolapse prolapse prolapse prolapse

## APPENDIX – Q8 TOPICS OF INTEREST

prolapse in childbearing age Prolapse prevention research Prolapse surgical techniques prolapse surgery Prolapse surgery prolapse surgery Prolapse surgery Psychology of motivation pudendal nerve pain Pudendal neuropathy QOL after prolapse & incontinence surgeries quality of life radical prostatectomy recurrent incontinence recurrent urinary infection recurrent UTI relationship of OAB to dementia (clinical, basic science) RO Robotic procedures for prolapse Robotic Surgeries robotics in reconstruction SEXUAL DISORDERS sexual dysfunction SEXUAL DYSFUNCTION sexual dysfunction SEXUAL REHAB SSLF MESH standardisation of terminology Stem cells stress incontinence Stress incontinence stress incontinence stress urinary incontinence stress urinary incontinence study outliers: why are they different sui Surgery Surgery for fecal incontinence surgery with or without meshes Surgical abuse in urinary incontinence surgical advances surgical anatomy surgical complications surgical complications and treatments Surgical techniques surgical tips/tricks surgical tips/tricks surgical treatment for male stress incontinence Surgical videos the future of surgery The real benefit of mesh in prolapse surgery, with control groups and more evidence tissue engineering Tissue engineering of the pelvic floor tns topics related to sexual health traditional repair for POP traditional repair techniques traditional surgery Treatment of Lower Bowel Dysfunction UDS ULTRASOUND REHABILITATION HANDS ON ultrasonography in men ultrasound in urogynecology underactive bladder Underactive bladder underactive bladder: clinical parameters Understanding medical imaging "for dummies" - esp. fecal incontinence up date in nocturnal enuresis Updates in functional pelvic anatomy Updates on new surgical techniques Updates on pelvic reconstructive surgery Urethral obstruction urethral reconstruction urge incontinence Urgency urinary incontinence urinary incontinence urinary surgery urodynamics Urodynamics urodynamics urodynamics urodynamics urodynamics urodynamics Urodynamics urodynamics Urodynamics hands-on urodynamics new concepts Urodynamics value Urothelial biology/physiology urothelium urothelium physiology use of mesh to augment prolapse repairs Vaginal procedures for prolapse vaginal reconstructive surgery Voiding dysfunction Vulvar pathology vulvar pain which mesh to use which procedures do others surgeons and what are their experiences

## APPENDIX – Q22 SUGGESTIONS

- ✖ better tasting food, more available water stations, more available coffee - the water and coffee ran out every single day
- ✖ Catering
- ✖ make popular arrangements for popular workshops be available to all, and if necessary allocate more resources for this
- ✖ As a basic science researcher, I found that the exhibition and a lot of the scientific programme was highly clinically orientated, and I would have found the meeting more beneficial with perhaps more of a scientific basis.
- ✖ Invite exhibitors from laboratory/basic science networks.
- ✖ each room has to follow the proposed time schedule; otherwise it is impossible to follow different oral presentations in different rooms
- ✖ There were too many parallel sessions, often of similar interests - missed some things I wanted to see, but had gaps where there was nothing of interest. Much as I have to say that the abstract book should be given out at the meeting when they've already sent them out, but it's extremely useful to be able to flick to the abstract just before a presentation to get some background - not possible with a USB stick if you aren't carrying your laptop. Perhaps a few reminders to bring your own abstract book before the meeting and then some piles of them to pick up and put down when you've finished, which would cut down on production costs but not convenience. I don't see the particular usefulness of USB sticks when all abstracts are accessible on the internet.
- ✖ Lunches in the exhibition hall is a good idea, but there needs to be either room to sit or more tables to stand at. Water or soda should also be provided.
- ✖ Hold it in Glasgow
- ✖ Not all workshop handouts were available on line or just partly. This is very annoying
- ✖ Kenes does an extremely good job! Keep on! Bravo
- ✖ better catering
- ✖ Better lunches with an assortment of drinks - not just coffee/tea/water.
- ✖ ensure there is enough food for registrants coming out later from workshops.. this was not always the case.
- ✖ I think we all need to have much more Extended mind!
- ✖ none
- ✖ More science and less vaginal tapes!
- ✖ I need the ADDRESS of the conference venue (both years - San Francisco and Toronto - I had difficulty figuring out the exact location of the venue - for public transit, walking, accommodation purposes. I prefer to book a (vrbo.com Vacation Rental by Owner) condo so I can cook myself and keep restaurant bills down. It's been difficult not knowing the address of the venue for "google" purposes.

## APPENDIX – Q22 SUGGESTIONS

- ✖ There were few PCs available in the conference center and internet access was not included for those attending the conference. Other conferences including FREE wireless access at their conferences. Why can't ICS provide the same or increase amount of work stations available.
- ✖ more podium sessions
- ✖ coffees and tea queues shorter and enough food at these for everyone - even for those who stop their w/shop later
- ✖ Having cheap accommodation options is important. I would suggest more use of university campus accommodation. More sessions of meet the expert. More discussion sessions.
- ✖ the costs of the workshops especially when registering on site are not realistic
- ✖ Try not repeating/duplicating themes
- ✖ different scheduling for oral posters. Frequently, it was difficult to attend all interesting posters, because of parallel sessions.
- ✖ Better to have fewer presentations with more time for discussion
- ✖ There is a clear need for a abstract book when attending the poster and podium presentations. Abstracts on a USB stick is wholly inadequate and does not allow abstract data to be easily correlated with the presentation nor does it permit easy note taking.
- ✖ More practical workshops
- ✖ More neurourology
- ✖ Too heavy on IUGA related activities. Make a balanced program using all the subspecialities
- ✖ emphasis on practical procedures with videos
- ✖ NO as first visit i was very impressed with the whole event thank you
- ✖ Reduce cost of registration fee, esp. for students who have no income
- ✖ to have more joint meetings for efficiency, effectiveness and to avoid same presentations being made repetitively
- ✖ Put IC on the program.
- ✖ Improve conference venue. Hotel and conference center temperature was uncomfortably and ridiculously high. Food options scarce.
- ✖ Continue the physiotherapy Round Table, it was good to have the day before workshops. Food service, that there is enough for all the sessions, and timely refills (often there was no more coffee, tea at our break and by the time they re-filled stations, we had to be back in session).
- ✖ more days with workshops

## APPENDIX – Q22 SUGGESTIONS

- ✖ Breaks - insufficient refreshments - our sessions ran late and when out - no coffee etc left. I prefer a place to sit down for meals. It is very difficult to juggle food, drink, handouts, This also interfered with looking at the posters
- ✖ The workshops should be free for attendants of the congress. And popular workshops could be prepared and the local changed so everybody who have chosen it can attendance.
- ✖ more stringent quality criteria for selection of abstracts presented.
- ✖ less parallel meetings, i missed some interesting parts
- ✖ Avoid compromising scientific standard in order to attract more attendees. The largest component of these meetings should be cutting edge research.
- ✖ The only thing I didn't like about the meeting was the quality of the hotels (moved from the first one as it's aircon was too noisy. The second one wasn't much better)
- ✖ Group topics better. Hold talks or poster presentations based on the topics discussed. One meeting room for female pelvic surgery, one for male surgery, one for scientific research, one for female incontinence, etc.
- ✖ make sure good communications between hotels and venue esp glasgow
- ✖ Do not recommend 29 Chestnut as an appropriate hotel for out of town professional attendees. This is student housing and when traveling a great distance from home it would be nice to have a television, bright room, wireless internet service, room service and wake up calls.
- ✖ The dates. I would prefer that these meetings wouldn't be held on holidays month, like June, July or August. It is more expensive to travel.
- ✖ I thought the meeting was excellent
- ✖ less conflicting programing, many concurrent abstracts of the same topic
- ✖ You had many subject of speech, so I had more than 2 topics to attend at the same time. So, if you can, I hope that you would reduce a meeting space in some degree.
- ✖ More time and emphasis on discussion
- ✖ 1. Some easy and efficient arrangement so that poster-viewers can meet poster-presenters (especially of non-discussion posters). (Via cell phone? by email? via some social networking site?). 2. Welcome reception needs (almost) zero speeches, no "entertainment", music or noise. Just food and drink and opportunity for networking.
- ✖ Continue with the joint meetings
- ✖ more workshops less presentations of abstracts
- ✖ SELECTION OF MORE INTERESTING TOPICS.

## APPENDIX – Q22 SUGGESTIONS

- ✖ Urodynamics workshop
- ✖ More podium presentations and fewer poster presentations.
- ✖ Not the same old speakers at each meeting- let's have some diverse opinions not just what opinion the IUGA committee want to promote
- ✖ For the scientific committee: Strict guidance of chairmen in sessions (the first speakers in the session are usually allowed more time than the last speakers and chairmen should not ask (obligate and nonsense) questions when the presentation has been too long)
- ✖ seated lunch, more workshops , professional discussion forums
- ✖ There should be an opportunity to increase the room space for workshops, the first two days. There were problems with card before the event and on the spot the rooms were full.
- ✖ provide adequate seating for participants at coffee and lunch breaks either in the exhibit area or in the hall ways. Expecting people to stand and eat lunch is not a good option.
- ✖ Stricter screening before posters or papers are accepted. More clinically relevant stuff More debates from Eminent speakers on controversial topics like Mesh surgeons, different treatments for Hysteropexy, Different types of posterior compartment prolapse repair
- ✖ 1.) Non-discussion poster: let participants present their poster only one day and make it obligatory to stand next to the poster during the breaks (it is only 1 day!). Present different posters every day, maybe based on the topic. It should be more attractive to have different posters every day. In that way it should also be possible to present more non-discussion posters in total.2.) the printed abstract book should be back and available for everyone.
- ✖ Please arrange for a public WIFI for the delegates at the next meeting. Maybe password protected for delegates. Many delegates need access to the internet during that conference
- ✖ A better selection of studies, maybe less, but of better methodological quality
- ✖ Maintain a good balance between clinical and academic practice (including basic research.
- ✖ different drinks (like soda and water) at lunch and not only coffee , good catering
- ✖ Insist on adhering to ICS guidelines for content of slides. Larger room for AGM. Ensure name tags for chairpersons are large enough to be read from back of hall and/or ensure that each individual chair is named at start of session - did not always happen.
- ✖ To choose a better place for social events. The prices also needs to be more reasonable. I attended the San Francisco Meeting and the dinner was included in my registration. This time I had to pay. I also paid US\$ 45 for my wife ticket to very nice welcome cocktail in San Francisco. This year I paid US\$ 100 for a horrible cocktail in a horrible place.
- ✖ Increase the number of conferences and round tables

## APPENDIX – Q22 SUGGESTIONS

- ✖ Coffee and basic beverages availability.
- ✖ Make the ICS separate from the IUGA
- ✖ more places to lunches and coffee breaks without waiting very much
- ✖ Have USB stick with conference material available immediately at start of workshops.
- ✖ To give certificate for every workshop, speak, round table...The Exhibition Area should have some exhibitors directed to physiotherapy (biofeedback, electrotherapy, vaginal probes, books, magazines...)
- ✖ More lectures , Clinical
- ✖ We would like to improve "Non-discussion poster", because nobody come ther. The place where non-discussion posters were presented was very bad. And presenters little were in the core hours.
- ✖ workshops was too loaded with industry driven talks- none attention was given to subjects which stand loose from specific products. more attention please for defect specific vaginal surgery!
- ✖ Abstract book available at conference
- ✖ last was just fine
- ✖ Less invaluable posters, more open discussions
- ✖ We came up early for the nurses meeting and was disappointed that the vendor exhibits did not open till later in the week
- ✖ I think the meeting was good
- ✖ less scientific sessions with research that changes nothing, that are just presentations of personal experiences, more panel symposia with controversial discussions
- ✖ Specific instructions for finding the registration desk.
- ✖ Balanced mix of clinical and basic science presentations.
- ✖ Hotel connected to conference center.
- ✖ Program was excellent. Events were fantastic. Food - this year was awful - - - not many healthy options (ie. decaf coffee, vegetarian options, variety in snacks and lunches)
- ✖ more varied programme, this year was too gynaecologic to the exclusion of other areas of interest related to the ICS.
- ✖ no improvement needed
- ✖ More concurrent sessions as these are most useful
- ✖ small meeting for discussion av different aspects

## APPENDIX – Q22 SUGGESTIONS

- ✖ Better notice of workshop handouts being on the web only and not at the site.
- ✖ TO ORGANIZE ANOTHER KIND OF "HOTEL" AS BED AND BREAKFAST AND CHEAPER & CLEAN PLACES TO STAY (NOR EVERYBODY GET INDUSTRY HELP).
- ✖ Keep the same standard for scientific and social events !
- ✖ Gala dinner on the latest evening
- ✖ Nothing - this has been a consistently well organized and informative conference for years. A lot of variety of papers/posters.
- ✖ Keep the high standards going as it is
- ✖ stronger selection of scientific papers
- ✖ need more seating
- ✖ arrangement for less cost devices and instrument
- ✖ less overlap
- ✖ There should be Internet access available for all journalists in the press room, plus long-distance phones available in the press room.

## APPENDIX – Q23 FURTHER COMMENTS

- ✖ Thank you for your courteous service
- ✖ Because of the layout of the convention centre - many floors, it wasn't quite so good for networking - didn't have a particular communal area really - perhaps this was because it was so big - joint with IUGA. Perhaps a smaller meeting is preferable, more friendly and more chance to go to the sessions of your choice without them being all in parallel. 900+ posters was too many! I like to browse, but that took the fun out of it! Opening ceremony was atmosphere -less and just a bit odd.
- ✖ Good meeting
- ✖ I thought Drs. Herschorn and Drutz did a great job with this combined conference. The meeting went very smoothly - and Toronto was spectacular!
- ✖ make it possible to register in more than one stage..eg. I registered for the conference but not all the workshops at the same time.. It would be helpful to be able to add registration components online later if needed.
- ✖ I hope more scientists come to future meeting from developing countries, both as speaker or participant
- ✖ I don't know what you did but the peacock strutting and "p-ing contests" that marred the San Francisco conference seemed better controlled in Toronto. Thanks' did NOT like the venue. It really bothered me to go down three escalators to get to the conference. Again, you put on an exceptional event with absolutely top notch speakers and program....Well done! And thank-you!
- ✖ the 1st 3 days felt a bit barren with no central meeting area or exhibition stands. Large conference venue can seem very warehousey if not full
- ✖ Keep up the good work
- ✖ The abstract submission instructions were not clear. I followed the instructions as far as I could understand and still it was not considered saying that the official format was not used. Can't you put up a sample abstract and ask us to follow that format?
- ✖ Thanks
- ✖ I was very disappointed with the accommodation that I had and with the comments from the service desk as I tried to speak to them about the problem. The response from the service desk was basically "You get what you pay for". Not all of the attendees are physicians with large salaries. When I have attended in the past, the less expensive accommodations were clean and pleasant. I think if the place is to be recommended, it should be inspected first not just placed on the list. This was my third conference and if I attend again, I will not be using the hotel booking service.
- ✖ The joint ICS-IUGA is a unique, interesting and valuable event. I will always attend whenever I am able.
- ✖ i had a great time

## APPENDIX – Q23 FURTHER COMMENTS

- ✖ The type of food offered for lunches depends on the venue. If the venue lends itself to going outside, then box lunches should be offered. If not, then warm lunches with optional seating, but adequate seating would be appreciated.
- ✖ I liked the combined meeting as it provides "down-time" (i.e. times when there is nothing of huge interest to allow a break) which I am finding increasingly important as I get older
- ✖ Industry dinners need to be spaced out better. They all seemed to be grouped on one night with none on the other nights.
- ✖ I could have a great time. Thank you.
- ✖ It is a waste of time having presenters who can't really understand English present podium abstracts. There should either be a translator, or these should be non-discussed posters. It's embarrassing when they get asked questions and they don't understand the question and then just stand there.
- ✖ 1. Try to reduce registration fee(s) by making meeting less lavish. Ensure that post grads, post docs and junior faculty (especially non-medical ones, who have very limited access to sponsorship or funds) obtain a much reduced registration fee. 2. It concerns me that the nature of the contract between ICS and the conference organizer, as I understand it, provides the organizer with an incentive to maximize the cost of the meeting so as to maximize their own percentage. It seems to me that this inevitably drives in the direction of an over-lavish, over-expensive meeting. I hope that the ICS will seek out new ways of arranging the organization of the meeting which will be free of this problem.
- ✖ just keep on doing the good work
- ✖ kindly just to accept this comment about the bag of the conference, it should be of high quality, REGARDS.
- ✖ I won't be going next year
- ✖ Thanks
- ✖ some of the rooms were too small for the number of listeners - maybe in the future one can book a seat in advance. It is frustrating to need to change room for two different sessions that you wish to hear and one is a little late and the other is too full to get inside. If the rooms are big enough then of course this is not a problem.
- ✖ compliments
- ✖ The program included too much pelvic floor prolapse
- ✖ Too many expert advices sometimes with a lack of scientific evidence.
- ✖ Better provision of table surfaces when buffets are provided, eg. welcome reception, and at lunches. Pre-conference information about excursions/ tours, places of interest etc, including pre and post conference tours.
- ✖ ICS must choose better the places for social events. It doesn't make sense to not have tickets available for gala dinner and to have an expensive cocktail in a horrible room inside the convention center.

## APPENDIX – Q23 FURTHER COMMENTS

- ✖ booked hotel thru hotels.com - for much better rate than the congress rate.
- ✖ I thought the meeting was fantastic and has improved markedly over just a few years.
- ✖ Did not like to have a cold lunch on both days of workshops - prefer a warm buffet.
- ✖ You should make more courses in Brazil!!!!
- ✖ see you in Lisbon
- ✖ I was surprised that an RCT would get an oral poster as opposed to a full podium. This RCT won the award paper for clinical/surgical best paper at the American Urogynecologic Society. My thought process is that the International audience is not interested in the DaVinci assisted procedures. Just a comment. Nevertheless, thank you for the opportunity to present our work.
- ✖ Lunch supply between sessions lasted for around 30% of participants
- ✖ less low impact scientific presentations, more controversial discussions, analyze the topics of last year and don't present the same topics every year, topics may be the same but the discussion for example is not only mesh yes or no, but why do some people still use it, when the scientific background is so scarce
- ✖ Hotel prices through Kenes have been consistently more expensive than booking independently over the last several years. They should either stop arranging accommodation, or should have competitive pricing
- ✖ Enjoyable conference. Maybe more sessions specifically for nursing staff
- ✖ I always enjoy the meetings and return home buzzing with new ideas and a more critical eye on what is happening within my area of clinical practice.
- ✖ Excellent, well-planned meeting. Do whatever is necessary to insure seating availability for all small sessions. I stood in the back of the room for many of the sessions, if I could eventually negotiate the crowded entrance.
- ✖ Overall excellent conference - enjoyed it immensely!
- ✖ I have changed my hotel still have not been reimbursed for my deposit also for courses I canceled
- ✖ I support a joint ICS/IUGA meeting, but not too often! Going green is all very well but not if important conference aids and attributes are cut out. on the subject of food: food boxes are difficult because of the many religious or health diets etc. A selection of sandwiches would be better. Hot food is not necessary in the middle of the day.
- ✖ I found the conference staff really really helpful with distributing water bottles at the Physio round table and the exercise classes.

- END -