

# USANZ Trainee Week

Week-long programme provides incisive updates and cordial links



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Each year all residents from Australia and New Zealand gather for a five-day long Trainee Week and every year the Urological Society of Australia and New Zealand (USANZ) invites eight residents from over the world to join this event. The Trainee Week is held in a different section every year and the clinical programme is developed by the convenor in consultation with their local training, accreditation and education committee.

The programme also includes exam practice and interactive clinical sessions. This year USANZ trainee week was held from November 20 to 24, 2016 at the Crowne Plaza Hotel in Coogee, Sydney. Coogee is one of Sydney's most picturesque beachside suburbs with a beautiful white sandy beach with calm waters for swimming and surfing. The hotel overlooked Coogee Bay and the great Southern Ocean.

Trainee Week started on Sunday with a written and practical examination for the fifth-year urology residents (SET5's) while the fourth-year residents observed the examinations to prepare themselves for the examination next year. Fifth-year residents also completed a laparoscopic session under the supervision of Anthony Hutton. The day ended with a welcome barbeque on the terrace overlooking Coogee beach. We met the trainee board and all the residents who made us feel really welcome.

Monday morning started with a group training session on the iconic Coogee beach at 6 a.m. under the supervision of two professional trainers. After an hour of physical drilling everybody lingered for some healthy Australian breakfast. At 8 a.m. Simon Bariol, the Convenor of the Trainee Week gave us a special warm welcome. Apart from my EAU college Anneleen Verbrugghe, six other trainees, from the Urological Association of Asia (UAA), the Specialist Urology Registrars Group from the UK (SURG) and from the Canadian Urological Association (CUA), were invited.

The next four days featured lectures by renowned urologists from Australia and New Zealand and case discussions prepared by residents. Monday covered topics in uro-radiology, uro-pathology and trauma. Radiologist Dr. Daniel Moses lectured on MRI prostate. He showed that MRI gives a better soft tissue image and better borderlines than conventional imaging. He also explained diffusion weighted imaging and enhancement scans and clarified the difference in PIRADS grading between the peripheral and central zones. He clearly explained all the PRIADS stages and location of the tumour.

Dr. Nina Wines, dermatologist, started with a quiz on different genital skin diseases and medications. After showing some interesting pictures she emphasized that male patients prefer to apply ointments rather than creams. She also discussed the clinical presentation of intra-epithelial neoplasia and treatment with Imiquimod, 5-fluoracil, photodynamic therapy and laser. Dr. Fiona Maclean, pathologist, showed practical aspects of cancer pathology for urologists. Aside from giving an overview of the changes of pathological renal cell carcinoma which results to a wide pathology classification for this type of carcinoma, she also showed the nuances in a report. Among other things, she explained some terms used in pathology, e.g. why a sarcomaoid CCRCC is merely a 'bad looking' renal cancer and not a real sarcoma. She also pointed out the changes in the grading system, i.e., from Fuhrman to the ISUP nucleolar grading.

#### Session on urological traumas

Dr. Anthony Chambers, General Surgeon and Colonel of the Army Reserve, gave an overview of the management of severe trauma, which mainly involves resuscitation and damage control. This lecture was followed by interesting case presentations on renal injury, pelvic fracture and concomittant bladder and urethral injury and intraoperative gynaecological ureteric injury. Thereafter, Dr. Paul Sved enlightened us in the simple, but potentially



All residents from Australia and New Zealand and eight invited residents gathered for the lectures by renowned urologists

dangerous world of the optimal TURBT. He discussed techniques, challenges, tips, material use, complications and risk factors. Dr. David Gillatt, chair of the afternoon sessions, gave recommendations on optimal management and follow-up of NIMBC.

We had a free Monday evening and some of the registrars invited us to dine in a local restaurant at Bondi Beach. On the advice of the programme committee I walked with two fellow invitees, Dr. Anneleen Verbrugghe and Dr. Sergey Tadtayev, the famous and really beautiful coastal cliff path from Coogee to Bondi Beach.

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Tuesday morning started with a session on male infertility and andrology, chaired by Dr. Shannon Kim. David Templeton, senior staff specialist of RPA sexual health lectured on the basics of sexual health medicine. He underlined the necessity of putting the patient at ease and the use of non-judgmental questions during consultations. He also discussed several infectious and non-infectious causes of genital ulceration calling them the "Derm Down Under". Thereafter, Chris McMahon, sexual health physician, enlightened us regarding office management of male sexual dysfunction. He stated that by year 2020 up to 322 million men would suffer from erectile dysfunction. Subsequently, Dr. Kenneth Vaux, from the Royal North Shore Hospital discussed medical and operative management including PDE-5 inhibitors, intracavernosal injections, vacuum devices to penile prosthesis. He explained the "Wilson" rear tip extender stitch and the proximal sock in proximal perforation. Urologist Gerard Testa from Shire, noted that Peyronie's disease was first described in 1265 in France. He discussed the two stages of the disease and both the surgical (Nesbitt, Yacchia and Plication) and non-surgical management. For the latter there is scant literature, besides the use of steroids and



Boat trip Sydney Harbour

collagenases. Dr. Kishani Kannangara, endocrinologist and andrologist, lectured on testis conditions, risk factors and causes of testosterone deficiency. The current and approved indications for testosterone therapy are not really different than in Europe and these are summarized in the PBS criteria.

Tuesday afternoon was reserved for social activities. I was invited by Dr. Ross Fowler to a catamaran boat cruise in Sydney Harbour with 20 other fellow residents. The boat cruise was really marvellous. Everyone enjoyed the nice weather especially after three days of lectures. We had a wonderful party in the waters off Sydney Harbour, and sailed under Sydney Harbour Bridge with a fantastic view of the Opera House and City Center. The cruise also brought us to a quiet beach near Tarongoo Zoo where we had an Australian barbeque in the boat.

#### Functional urology session

On Wednesday, functional urology topics were covered. The day started with presentations on risk factors and treatment of pelvic organ prolapse. Dr. Vincent Tse discussed 'Pelvic Politics' which is about the intercollegial discussions among surgeons, gynaecologists and urologists. Thereafter, SET 5 trainees presented on topics such as the treatment of overactive bladder and stress urinary incontinence in females and in men who underwent radical prostatectomy.

Wednesday afternoon was reserved for the "Masters of the Uroverse", a section versus section quiz were residents from all seven Australian states and New Zealand competed against each other in a Jeopardy-style quiz on urological subjects. It was real fun to watch and the participating residents impressed with the knowledge they gained after five years of training. That evening we were invited for a chique dinner at the Watsons Bay Hotel, located at the south bank of Sydney Harbour, which overlooks the city center. After the dinner some of the residents showed us Sydney's nightlife, and I can say that the Aussies really know how to party!

Thursday morning started with lectures on testicular cancer. Dr. Manish Patel discussed the principles of retroperitoneal lymph node dissection and indications like NSGCT growing teratoma syndrome and desperation surgery. Thereafter, Dr. Peter Grimson lectured on the follow-up and treatment of advanced testicular cancer. In contrast with the EAU guideline on testicular cancer, he recommended to only perform a chest X-ray in the follow-up of advanced germ cell tumours to prevent accumulative radiation dose due to repetitive chest CT-scans and the concomittant risk for secondary cancers.

After lunch the last lectures of this week were on prostate cancer with topics such as active surveillance, the role of PSMA-PET CT-scan and chemo-therapeutic treatment in hormone-sensitive prostate cancer. The prostate cancer session ended the five-day-long Trainee Week with all participants gaining updates and insights on management options.

I would like to thank USANZ and the EAU for this opportunity to travel "Down Under" and meet my fellow colleagues from Australia and New Zealand.

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