The EAU-ICUD Consensus Meeting takes a comprehensive look at current treatment options in onco-urology with the aim to provide recommendations.

European Urology Today publishes in print and digital formats the collated views of a collaborative effort, which has the goal to eventually publish in print and digital formats the collated views and expert opinions on first-line and follow-up treatments.

Prospects and challenges are diverse in the management of urological cancers prompting onco-urology experts to identify key areas in the diagnostics of these diseases and help boost current efforts in aligning care treatment strategies.

This was one of the aims of the EAU-International Consultation on Urological Diseases (ICUD) Consensus Meeting held on November 13 in Lisbon, Portugal, which preceded by a day the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC) (See full EMUC report on page 5) and coincided with the 3rd Meeting of the EAU Section of Urological Imaging (ESUI) (Full report on page 1).

“Your aim was to provide an overview and assessment of state-of-the-art systemic or medical treatment of urological cancers and we were grateful for the work of many experts from Europe and North America. They have identified major areas, where lies the challenges, which issues we can improve on and draw more attention,” said Prof. Christian Stief (DE), who co-organised the meeting in Lisbon together with Christopher Evans (USA) and Karim Fizazi (FR).

To come up with an inclusive and in-depth assessment, 12 committees were created to examine a wide range of diagnostic and treatment issues in testicular, kidney, bladder and prostate cancers. Prostate cancer has the most extensive coverage with four committees investigating six areas such as androgen dependence and castration resistance, immune- and gene-based therapies and androgen pathway targeted agents.

The meeting in Lisbon served as a preview to the collaborative effort, which has the goal to eventually publish in print and digital formats the collated views and expert opinions on first-line and follow-up treatments.

The discovery of a new class of drugs and checkpoint inhibitors have given rise to this renewed interest, and Cora Sternberg (IT) further described the committee’s recommendations on medical alternatives such as interferon-α, interferon, cytokines plus targeted therapies, immune checkpoint inhibitors and therapeutic cancer vaccines.

“Regarding interferon-α, high dose intravenous IL-2 is currently the only approved treatment for mRCC that offers the possibility of long-term remission, but should be used as first-line treatment only in carefully selected patients,” said Sternberg. On cytokines combined with targeted agents, the committee said IFN with bevacizumab has yielded encouraging results and remains a first-line treatment option for kidney cancer patients.

Prostate cancer was thoroughly discussed with the experts looking into the challenges and unresolved issues in castration resistance, cytotoxic chemotherapy, immune- and gene-based therapies and androgen pathway targeted agents, to name a few.

“Dendritic cell-based vaccines are promising but challenging strategies,” said Charles Drake (USA) who spoke on immunotherapy and other alternative treatments. He said more work needs to be done in the area of guidelines. Regarding DNA-based vaccines, he noted the flexibility of this treatment as a key attribute.

Anders Bjartell (SE) gave an in-depth overview of the various issues in the chemotherapy of prostate cancer.

“Chemotherapy with docetaxel has been the first treatment that provided an overall survival (OS) benefit in metastatic castration resistant prostate cancer,” said Bjartell. He added that taxanes exert an AR-axis mediated anti-prostate cancer effect which may be the background for future combinations with other AR-directed agents.

On testicular cancer, Sophie Fasas discussed the long-term adverse effects in testis cancer survivors and said future research should examine how to reduce late complications and the mechanisms behind these adverse effects. Recommendations on urothelial carcinoma of the bladder, meanwhile, stated that cisplatin-based combinations, mainly gemcitabine and MVAC, have an established role both in metastatic and perineoplastic settings.
Update from the EAU Guidelines Office

EAU Guidelines on NGC

Updated versions of three of the EAU Guidelines; Paediatric Urology, Male LUTS and Trauma, have recently been published on the National Guideline Clearinghouse™ (NGC). These can be viewed here:

- Paediatric Urology: http://www.guideline.gov/content.aspx?id=43172
- Trauma: http://www.guideline.gov/content.aspx?id=41760

EAU Guidelines on Social Media

The Social Media Group are currently preparing to post Guidelines communications using the EAU Facebook: Like here: https://www.facebook.com/EAUpage and Twitter accounts: Tweet @Uroweb:
https://twitter.com/Uroweb

Each panel chair has been contacted and asked to nominate a panel member who will act as a liaison with the Social Media Group, providing content from their panel that deserves special attention and dissemination to the urology community, such as interviews and information from panel meetings. This will be a highly engaging project and collaboration and comments are gratefully appreciated.

Publications

A systematic review by the EAU Muscle-invasive Bladder Cancer (MIBC) Panel on the impact of lymphadenectomy (LND) on oncological and perioperative outcomes in patients undergoing radical cystectomy (RC) for MIBC has recently been published in European Urology. The panel reviewed 23 studies reporting on 74,000 patients and found that any kind of LND was advantageous over none in terms of prolonged survival. However, it was evident that quality of data was poor and there is a need for higher quality studies.

Read more on this interesting work here:

Guidelines Office Workshops

Following the recent changes to the Guidelines (meaning that all of the Guidelines are based on detailed and evidenced literature searches, the EAU Guidelines Office Board are offering workshops to all panels. The workshops will cover systematic review methods as the backbone of guidelines production and will discuss the upcoming projects of the panel. The workshops will cover two days and are coordinated by Prof. James N’Dow’s team from Aberdeen University and Prof. Richard Sydeseter. The Bladder Cancer Panels recently had a successful workshop and the aim is to complete these workshops for all panels by mid-2015.

Guideline Summaries

European Association of Urology

- Guidelines on paediatric urology. This updates a previously published guideline summary.
- Guidelines on the management of non-neurogenic male lower urinary tract symptoms (LUTS), including benign prostate obstruction (BPO). This updates a previously published guideline summary.
- Guidelines on urological trauma. This updates a previously published guideline summary.

New This Week

Review: Bladder Cancer

The Impact of the Extent of Lymphadenectomy on Oncological Outcomes in Patients Undergoing Radical Cystectomy for Bladder Cancer: A Systematic Review


EAU Pocket Guidelines App

Available now in your Appstore

search for “EAU Pocket Guidelines” in your appstore

EAU Pocket Guidelines App FREE for EAU members

European Urological Scholarship Programme (EUSP)

Do not forget to submit your online applications for Short Visit, Clinical Visit, Clinical and Lab Scholarship, and Visiting Professor Programme, before the next deadline of 1 January 2015!

For more information and application, please contact the EUSP Office - eusp@uroweb.org or check our website http://www.uroweb.org/education/scholarship/
How (and why) to serve as a Peer Reviewer

Serving as a reviewer can be a rewarding, fulfilling experience.

The currency of academics is peer-reviewed publications. These form the basis for contributions to the literature. Young academics may reap numerous opportunities as a direct result of their reviewing activities as a direct result of their work in the manuscript review process.

A rewarding service
In summary, the reviewer should consider four central issues, the critical findings of the manuscript, (b) contextualise what each of the other reviewers and editors took as overwhelming. However, with time and practice, one can rather quickly become quite adept at performing a manuscript review – did the editor agree with your recommendations? What were the other reviewers’ comments? A great deal can be learned by seeing the manuscript through another reviewer’s commentary. Don’t be concerned if your comments and/or recommendations disagree – more important is it gain what each of the other reviewers and editors took as the “50,000 foot view” of the manuscript’s strengths and weaknesses.

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European Urology

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October/December 2014

Benefits of Serving as a Manuscript Reviewer

The critical elements discussed above to evaluate when you are reviewing a manuscript are in turn the critical elements to include when writing a manuscript. As such, the practice of peer review will sharpen your writing for subsequent independent manuscript submissions. Through seeing what “works” as well as what doesn’t in papers, investigators can significantly enhance the quality of their own work. Moreover, appropriately contextualising the data from a manuscript under review, and being able to thereby determine the novelty of the topic and findings being reported, necessitates an understanding of the relevant literature on the topic in question. In this process, one gains an increased knowledge base that not only further improves research activities but also enhances one’s approach to clinical practice. Furthermore, by serving as a manuscript reviewer, you are the “front line” for what is often new data, and the opportunity to get a first glance at such findings can be quite exciting.

Professional gain
Young academic urologists often feel as if they are in a lonely, isolated, and redundant cog in the greater machine of urology. However, the time-honored and essential service.

The service though demanding can be quite rewarding – through the process, you are contributing to the very essence of academics, and have the opportunity to provide support and enhance research activities but also enriches one’s approach to clinical practice. Furthermore, by serving as a manuscript reviewer, you are the “front line” for what is often new data, and the opportunity to get a first glance at such findings can be quite exciting.

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This 74-year-old man has hydronephrotic atrophy of the left kidney, with displacement of the abdominal aorta to the left side. A left retrograde ureterogram showed marked medialisation of the left ureter and a double-J stent was inserted on the left side. A CT scan of the abdomen was performed (Fig. 1 and 2).

Abdominal pain is present in 85% and back pain in 55% of cases and it is associated with hydronephrosis in 20-30% of patients. The latter usually leads to deterioration of renal function, eventually with elevation of serum creatinine. In addition, 90% of patients have an elevated erythrocyte sedimentation rate (ESR) indicating a systemic inflammatory state. There are several characteristic findings of this condition to be seen on the CT scan such as medialisation of the left ureter and four distinct layers of the aneurysm: lumen, mural thrombus, thickened aortic wall and associated fibrosis. Furthermore, contrast injection shows increasing density of the uniform paraortic inflammatory layer. An MRI scan might provide further useful information for the differential diagnosis, which mainly is retroperitoneal fibrosis.

Medical treatment with corticosteroids is controversial, and may be indicated in symptomatic patients with an aneurysm size that does not require surgery. The surgical treatment of choice is challenging and would be the retroperitoneal resection of the aneurysm instead of a classical transperitoneal approach.

Immunosuppressive treatment for periarteritis

Case Study No. 40 continued

The most likely diagnosis seemed inflammatory aortic aneurysm with left renal hypodensification. The patient was treated medically with anti-inflammatory drugs including corticosteroids and continued left double-J ureteric drainage. This led to improvement in symptoms and renal function remained stable. Improvement of the para-aortic inflammation was also noted on follow-up CT scans. However, the patient complained of continuing, and subjectively very bothersome symptoms related to the double-J stent which had been changed at regular intervals. He was offered reconstructive surgery for the left ureteric obstruction but instead he insisted on left nephrectomy which was ultimately performed.

References

Case study No. 40

This 34-year-old man suffered a motorcycle accident. There was a fracture of the right hand and otherwise no bony injuries at all. He was seen at Accident & Emergency where right flank pain and some abdominal distension was noted. A urinary catheter was inserted and marked microscopic hematuria noted. The abdominal CT scan is shown in Figures 1 and 2. There were no other associated injuries except the hand fracture and the patient was hemodynamically stable at all times.
By Joel Vega

With 1,456 participants from 66 countries, the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC) held in Lisbon, Portugal from November 14 to 16, marked the highest number of attendance for the annual meeting which aims to bridge various urological specialties, medical oncologists and radio-oncologists.

“Afther seven years of holding this congress, we have always focused on the central aim to foster education and knowledge in urological cancer and improve diagnosis and treatment through a multi-disciplinary approach. Optimal treatment for cancer patients can only be achieved if we continue with collaborative activities such as the EMUC,” said EAU Secretary General Per-Anders Abrahamsson (SE) in his opening remarks.

Together with Jaquem Bellmunt (USA) of the European Society for Medical Oncology (ESMO), Philip Poortmans (NL) of the European Society for Therapeutic Radiology and Oncology (ESTRO), Gertraud Heinze-Peer (AT) of the European Society of Urogenital Radiology (ESUR), and Antonio Lopez-Beltran (IP) of the European Society of Pathology (ESPN), Abrahamsson said the surge in attendance testifies to the shared goal of oncology experts to benefit from the synergies of collaboration.

During the voting in the first plenary session around 44% in the audience for urologists, 29% for radio-oncologists, 15.6% medical oncologists and 0.6% radiotherapists. Based on the initial survey voting, a typical EMUC participant was academically-based (33%), either a staff member or consultant physician (39.6%), based in Europe and a member of the EAU (42%).

The two-and-half day scientific programme examined prostate, testis, penis, kidney and bladder cancers in lectures, roundtable discussions, debates and abstract presentations. Hands-on training on radiotherapy delineation contouring workshops were also offered. For the first time, the EMUC was preceded on November 13 by two simultaneous, complimentary meetings—the EAU—International Consultation on Urological Diseases (ICUD) Consensus Meeting and the 3rd Annual Meeting of the EAU Section of Urological Imaging (ESUI).

Progressing prostate disease

Prostate cancer (PCa) was the first topic in the plenary session of the first day with a case presentation, followed by lectures on imaging, treatment for progressing PCa and a point-counterpoint presentation on intermittent androgen deprivation (IAD) versus continuous androgen deprivation (CAD) in the treatment of castration-resistant prostate cancer (CRPC). Maha Hussain (USA) argued for CAD while Abrahamsson said no sufficient data to determine whether IAD is able to prevent the long-term complications of CAD. “And more comparative analysis focused on QoL issues is warranted.”

“Malignant and normal stem cells possess multiple mechanisms of resistance to radiotherapy.” — Norman Maitland

In the same session, Jelle Barentsz (NL) discussed optimising imaging for biochemical recurrence, Martin Gleaves (CA) examined the natural history of progressing PCa and whether treatment is always needed, Marco Van Vulpen (NL) spoke on curative radiotherapy for local recurrence, Steven Joniau (BE) on curative surgery and salvage lymph node dissection, and Gerhard Attard (GB) on optimal treatment for metastatic CRPC.

A few of their concluding remarks are:

- Van Vulpen on focal therapy: “Focal therapy seems the best approach, but there are no large series or long-term follow-up. In my opinion what technique to use is not relevant, but quality assurance is more essential.”
- Joniau on salvage lymph node dissection (LND): “If salvage LND is considered, extended LND templates are necessary, and for majority of patients salvage LND will postpone hormonal therapy and has limited toxicity.”

Chemoresistance in kidney cancer

The second half of the first day was largely focused on renal cell carcinoma (RCC), tests and bladder cancer with topics ranging from the role of LND in renal surgery, new drugs in the pipeline for RCC, checkpoint inhibitors in oncology, the role of minimally invasive radical cystectomy and management of bladder cancer.

Michael Blute (USA) spoke on LND in renal surgery, Bernard Escudier (FR) on new drugs for RCC, Joaquim Huddart (GB) on nephron-sparing surgery and checkpoint inhibitors, and Heinze-Peer examined the various imaging approaches in bladder cancer. On RCC, Escudier gave an overview of new targets and highlighted concerns about chemoresistance.

“Although VEGF and mTOR inhibitors are still the backbone of renal cell carcinoma (RCC) treatment, new treatments are coming,” said Escudier. He, however, cautioned that patients are developing drug resistance.

“Understanding and overcoming resistance is a major challenge and drugs to overcome resistance are needed,” he stressed.

Escudier enumerated several drugs being eyed as the next generation in the fight against kidney cancer, the 5th most deadly cancer worldwide, and which accounts for only 4% of all adult malignancies in industrialised countries. However, kidney cancer kills many since 3 in 10 patients present with metastasis at the time of diagnosis. With a 25% mortality rate, it is the most malignant of urological tumours.

“There are several categories with regards to new drugs which target the VEGF/mTOR pathway, those aimed to overcome resistance, and drugs for new generations of therapy,” said Escudier.

“Need to carefully select patients who can benefit from radiotherapy,” said Huddart with patients who have small, small tumours are suitable candidates.

“There is a feeling that surgery is the only way to go. But if you have a proper discussion with patients, radiotherapy can be an acceptable option to many,” said Huddart during the Q&A and in response to a query on why radiotherapy is not widely considered as an option in bladder cancer management.

Torben Orntoft (DK) discussed the translational approach in bladder cancer. Among the core challenges, Orntoft said: identifying which tumour will recur, how physicians can simplify the follow-up process, which will tumour will progress, and in case of muscle invasive cancers, which bladder tumours will benefit from cystectomy and radiation therapy. He discussed the work being done on surveillance markers and expressed optimism current research will eventually yield a considerable amount of insightful data. “Genomic-wise, bladder cancer is a very complex disease. But we hope big data will be coming,” he added.

Best presentations

EMUC highlighted innovative research work, selecting the best unmoderated posters and the best oral presentation. P. Al-Ubaidi (SE) won the first prize for his study “Castration promotes radiosensitivity by direct regulation of DNA repair in prostate cancer.”

Per-Anders Abrahamsson and his team (SE) took the second prize for their work on “Disease characteristics influencing the duration of the off-treatment period during intermittent androgen deprivation treatment with androgen deprivation in prostate cancer.” Third prize went to W. Ong (AU) for the study, “Comparison of short term anaesthetic blood pressure responses to general and epidural anaesthesia.”

The best unmoderated poster prizes on Sunday went to K. Irimi (IP) “The impact of andrognine deprivation therapy on bladder cancer recurrence: Retrospective analysis,” (First Prize); P. Neiman (NL) won the second prize for his study “Clinicopathological factors associated with the development of androgen-induced hyperplasia (HIN) in patients with metastatic Renal Cell Carcinoma (mRCC),” and T. Yapi (GR) study “Does pelvic lymph node dissection have a role in the treatment of penile cancer?”

Bogdan Geavlete (RO) beat four other candidates to win the first prize in the best oral presentations with his study “The long term outcome of combined NBI-pyelomotor vapourisation approach in large NMIBC cases – a prospective, randomized controlled comparison to the standard management.”

Hussain said CAD has a role for the adjunctive setting while survival can be prolonged with androgen deprivation therapy (ATD) and local therapy. Regarding non-metastatic PSA-only relapses, neither approach yields added benefit based on current data, but for IAD, she noted: “There is possibly a role, but a balanced discussion is needed considering the lack of data to support significant outcome impact of either approaches.”

Abrahamsson, arguing for IAD, underscored the discussion basically centres on the question whether “to give more drugs or giving less drugs” while noting that in maximal androgen blockade (MAB), majority of trials are sponsored by industry compared to a few trials for IAD. “There is no clear evidence for inferiority or superiority of intermittent androgen suppression (IAS) in terms of time to CRPC,” said Abrahamsson as he insisted that IAD is equivalent to CAD in selected patients.

IAD is effective as continuous ADT but with better tolerability, according to Abrahamsson. “There is insufficient data to determine whether IAD is able to prevent the long-term complications of ADT,” he said. “And more comparative analysis focused on QoL issues is warranted.”

Drugs in development include AZD-8055, Buparlisib, NVx-206, GDC-9908/BEZ-235 and perfosine, which are in phase 1 or 2 or studies. Regarding immunotherapy, Escudier said PD-1 blockade is a strategy for immunotherapy, which experts consider a promising option in the coming years. “New targets are arising, CR/ET being the most advanced one; targeted immunotherapy is very promising, but ‘when and how are the questions,’ Escudier said.

Bladder cancer management

Heinz-Peer discussed imaging procedures in bladder cancer and new approaches in the evaluation of haematuria, the strengths of new imaging techniques such as PET-CT and multi-detector computed tomography urography (MDCTU), which provides high quality multi-planar reconstructions (MPRs) and 3D reconstructions including virtual cystoscopic views.

Although MDCTU has excellent detection rates including lesions less than 5 mm, it has low sensitivity for T1/T2 lesions and does not provide biopsy.

In her concluding remarks, she noted the clear advantage in using MDCTU and flexible cystoscopy as a triage test for rigid cystoscopy and follow-up. Furthermore, the feasibility of voided urine cystoscopy is inferior to CT-ultrasound and flexible cystoscopy.

Carc Magnus Annerstedt (SE) discussed minimally invasive radical cystectomy such as robot-assisted radical cystectomy (RARC), a safe procedure which yields similar results as open radical cystectomy. He said intracorporeal diversion in RARC procedure is truly minimal but stressed standardisation is important in RARC.

Regarding bladder preserving strategies, Robert Huddart (GB) said radiotherapy has now wider appeal regarding patients who want to preserve their bladder and sexual functions. Moreover, elderly patients and those with co-morbidities have more benefits with radiotherapy compared to surgery. “But there is a need to carefully select patients who can benefit from radiotherapy,” said Huddart with patients who have small, small tumours are suitable candidates.

“Understanding and overcoming resistance is a major challenge and drugs to overcome resistance are needed,” he stressed.

Escudier enumerated several drugs being eyed as the next generation in the fight against kidney cancer, the 5th most deadly cancer worldwide, and which accounts for only 4% of all adult malignancies in industrialised countries. However, kidney cancer kills many since 3 in 10 patients present with metastasis at the time of diagnosis. With a 25% mortality rate, it is the most malignant of urological tumours.

“There are several categories with regards to new drugs which target the VEGF/mTOR pathway, those aimed to overcome resistance, and drugs for new generations of therapy,” said Escudier.

Meaning several so-called inhibitor drugs such as nintedanib, linifanib and cediranib, which are currently in phase 3 studies but with efficacies that are still unclear.

October/December 2014

Selected key messages

• On Prostate Cancer: “Active surveillance (AS) should be regarded as a temporary but indispensable solution for PSA screening related over-diagnosis and overtreatment.” — Monique Roobol (NL)
• On Cancer Stem Cells: “Every human prostate cancer contains a therapy resistant, quiescent population of stem-like cells...Malignant and normal stem cells possess multiple mechanisms of resistance to radiotherapy. The stem cells are stimulated to amplify by our current therapies.” —V. Neiman (NL)
• On Immunotherapy: “Immunotherapy (Sipuleucel-T) has demonstrated effect on overall survival in prostate cancer.” — Karen Fazioli (FR)
• On Small Renal Masses: “Percutaneous biopsy is safe and adequate cores have good diagnostic yield and accuracy for diagnosis of malignancy.” — Alejandro Volpe (IT)
## Scientific Programme

### Friday, 16 January

- **08.30 – 08.40** Welcome
  - A. Heidenreich, Aachen (DE)
  - M. Brausi, Modena (IT)

- **08.40 – 09.00** Opening address
  - A. Heidenreich, Aachen (DE)

- **09.00 – 09.55** Prostate cancer I: Low Risk PCA and active surveillance
  - Chairs: M. Brausi, Modena (IT)
  - A. Heidenreich, Aachen (DE)

- **09.55 – 10.05** Can multiparametric MRI alone identify low-risk PCA?
  - M. Emberton, London (GB)

- **10.10 – 10.30** Discussion

- **10.30 – 10.45** Molecular markers in the decision-making process of active surveillance versus active treatment in low risk PCA – are they ready to be used?
  - J. W. Moul, Durham (CA)

- **10.45 – 10.55** Discussion

- **10.55 – 11.05** Can multiparametric MRI alone identify low-risk PCA?
  - M. Emberton, London (GB)
  - F. Montorsi, Milan (IT)

- **11.10 – 11.30** Follow-up of patients under active surveillance: rubrics versus mPfMRI
  - J. Hugosson, Gothenburg (SE)

- **11.30 – 11.40** Coffee break

- **11.40 – 11.44** DEBATE: Phase to phase comparison of PIVOT and SPF/C
  - PIVOT Trial: G. Andreoli, St. Louis (US)
  - SPF/C Trial: H. Wagener, Gothenburg (SE)

- **11.40 – 11.44** Radical prostatectomy in low-intermediate risk prostate cancer – how to achieve maximum cancer control and best functional outcome
  - Moderators: M. Emberton, London (GB)
  - Y. Fradet, Quebec (CA)

### Saturday, 17 January

- **08.30 – 08.50** Prostate cancer II: Localised, high risk PCA and active surveillance
  - Chairs: M. Brausi, Modena (IT)
  - M. Colombi, Lyon (FR)

- **08.50 – 09.00** Debate: Radical prostatectomy leads to lower mortality rates than radiotherapy: D. Peeters, London (GB)

- **09.10 – 09.40** Debate: Adjacent radiation therapy following radical prostatectomy – do we still need it?
  - Pro: M. Boix, Grenoble (FR)
  - Contra: J. W. Moul, Vermont (US)

- **09.40 – 10.00** Debate: the role of chemio/PSMA / PEI CT in relapsing prostate cancer following local treatment
  - Pro: A. Briganti, Milan (IT)
  - Contra: J. W. Moul, Duke (US)

- **10.10 – 10.30** Discussion

- **10.30 – 10.50** Testicular cancer
  - Chairs: H. Dzen, Ankara (TR)

- **10.50 – 11.05** Active surveillance in clinical stage I testis cancer: the new standard?
  - T. Tandstad, Trondheim (NO)

- **11.05 – 11.20** Long-term toxicity following systemic treatments: what to expect, how to monitor patients?
  - S. Gillieson, St. Gallen (CH)

- **11.20 – 11.25** Coffee break

- **11.25 – 11.35** Pathology and management of non-urothelial bladder cancer: Panel discussion
  - A. Heidenreich, Aachen (DE)

- **11.35 – 11.50** Prostate cancer III: Metastatic and castration resistant

- **11.50 – 12.00** Prostate cancer, localised and locally advanced

- **12.00 – 12.15** The Best of Uro-Oncology in 2014 – ESOU Grand Auction

- **12.15 – 12.30** The Best of Uro-Oncology in 2014 – ESOU Grand Auction

- **12.30 – 12.50** Coffee break

- **12.50 – 13.15** Debate: Adjuvant radiation therapy following radical prostatectomy – do we still need it?
  - Pro: M. Boix, Grenoble (FR)
  - Contra: J. W. Moul, Vermont (US)

- **13.15 – 13.30** Discussion

- **13.30 – 13.50** Urinary bladder cancer III: Muscle invasive and advanced disease
  - Chairs: Y. Fradet, Quebec (CA)
  - A. Stenzl, Tubingen (DE)

- **13.50 – 14.00** Discussion

### Sunday, 18 January

- **09.00 – 09.10** Management of postoperative functional complications following radical surgery in the small pelvis
  - Chairs: J. Hugosson, Gothenburg (SE)
  - M. Montorsi, Milan (IT)

- **09.10 – 09.40** Management and evaluation of urothelial dysfunction (including videos)
  - F. Montorsi, Milan (IT)

- **09.40 – 10.00** Evaluation and management of urinary incontinence (including videos)
  - B. Bauer, Munich (DE)

- **10.00 – 10.10** Discussion

- **10.10 – 11.25** The Best of Uro-Oncology in 2015 – ESOU Journal Club
  - Chairs: B. Rocco, Milan (IT)
  - A. Stenzl, Tubingen (DE)

- **11.10 – 11.20** Kidney cancer TBC

- **11.20 – 11.40** Bladder cancer TBC

- **11.40 – 12.00** Testicular cancer TBC

- **12.00 – 12.20** Prostate cancer, localised and locally advanced TBC

- **12.20 – 12.30** Coffee break

- **12.30 – 12.45** Timing of salvage surgery and chemotherapy in advanced prostate cancer: Panel discussion
  - S. Gillieson, St. Gallen (CH)
  - C. M. Annerstedt, Copenhagen (DK)
  - A. Heidenreich, Aachen (DE)

- **12.45 – 13.00** Options of palliative surgery in symptomatic CRPC
  - D. Pitter, Aachen (DE)

- **13.00 – 13.15** Discussion

- **13.15** Close of the ESOU meeting
  - A. Heidenreich, Aachen (DE)
  - M. Brausi, Modena (IT)
Controversies and key issues in Madrid congress

Optimising your participation in EAU15

Prof. Morgan Roupret (FR)

The Scientific Congress Office (SCO) decided to introduce a bit more of controversies during the plenary sessions especially regarding hot topics such as the debate around robotics becoming a new standard or the current limits of partial nephrectomy, said Prof. Morgan Roupret (FR), member of the committee which is responsible for preparing the Scientific Programme.

With the 30th anniversary and expectations of a bigger attendance in Madrid, the SCO has carefully selected prime topics and salient issues that address the core of urological practice, research challenges and the impact of emerging technologies on medical treatment strategies. A line-up of four Plenary Sessions, 19 Thematic Sessions, 10 Section Meetings and 2 joint EAU meetings with national and regional societies, not to mention the long list of poster and video presentations plus courses organised by the European Society of Urology (ESU), among other activities, will require congress participants to select and prioritise their own interests.

Prof. Morgan Roupret (FR) provided some tips: “From a personal perspective, it would be interesting to follow the discussions on BPH and surgical laser therapy, chemotherapy in treating urothelial carcinomas, robotics in prostate surgery and its potential use for lymphadenectomy, key findings from basic research on polymorphism from kidney and prostate cancer, and insights from molecular mechanisms in bladder disability in neurogenic patients.”

New findings from Magnetic Resonance Imaging and its usefulness in the diagnosis (and staging) of prostate cancer and ability to provide very targeted, accurate and a limited number of biopsies is another topic that will draw audience interest. For participants tracking research breakthroughs, Roupret mentioned findings on PD1 for bladder cancer, new androgen deprivation and sequential treatment for prostate cancer.

Regarding social media, Roupret encouraged participants to use platforms such as Twitter. “With Twitter one has the unique opportunity to be in a room, while having the capability to monitor what is going on elsewhere, and maybe change rooms during simultaneous sessions. Twitter is one of the best options if one wants to be fully involved and reactive,” he said.

Tips on how to optimise your Scientific Programme coverage

• Prepare for the congress in advance by looking carefully at the programme
• Attend the highlight session early in the morning to have an overview of the best scientific data that will be presented
• Stay until Tuesday and attend the vanguard session with all highlights of the EAU15 congress
• Download the EAU15 Congress App a few weeks before the congress on your smartphone or tablet and build your own personal agenda or meeting planner
• Use social media such as Twitter to monitor topics that are generating extra interest

Morning sessions usually have intense discussions and debates that can prompt insights and fresh ideas.

Important dates

Congress participants are recommended to avail of the advantages in completing their registration ahead of the closing dates. Please mark the following important dates into your agenda!

Early fee registration deadline: 12 January 2015
Late fee registration deadline: 9 February 2015

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Enthusiasm and opportunities at the 12th EUREP
Participants and faculty commend comprehensive programme

With more than a decade in the frontline of educating and training young urologists, the 12th European Urology Residents Education Programme (EUREP) this year received commendations from participants and faculty members for its comprehensive programme and achievement to link veteran urologists with their junior colleagues.

Held from 5 to 10 September this year in Prague, Czech Republic, this year’s edition gathered 360 participants from 44 countries. Twenty faculty members from across Europe led the five teaching modules, together with experienced mentors for the 10 hands-on training (HoT) sessions that is part of EUREP’s core programme. The modules cover the breadth of urology including uro-oncology, prostate cancer and BPH, andrology, stones and upper tract endourology, functional urology, and paediatric urology, trauma and infection.

“The EUREP is known among young residents for its inclusive approach, not only in the education programme that emphasises practical insights with sound theory, but also in its aim to foster professional links among young urologists,” according to the organisers.

With Profs. Hein Van Poppel (BE) and Juan Palou (ES) as course directors, the annual programme is on its second decade of providing both practical and theoretical orientation to the scope of urology and the challenges young doctors may encounter in actual practice.

“The success of the EUREP programme really depends on the interaction between the faculty and the residents,” said Mr. Jay Khastgir (UK) who joined the EUREP faculty for the first time this year. Khastgir noted the friendly atmosphere the programme is known for and said that this obviously prompted young urologists to freely discuss with and inquire from the faculty and experienced tutors.

In the HoT sessions, where 15 laparoscopy stations, 4 TUR and 3 URS were available, the one-on-one mentorship guidance was much appreciated by all participants. “At the hands-on training sessions, it was remarkable not only to have the time to improve your skills but also to learn tips from experienced mentors,” said Dr. Katherine Henriquez from Panama. (See her full article on these pages).

“HoT is a winning and solid format, thanks to the hard work by Ben (Van Cleempenbrouck) and the support of Olympus. Everything went smoothly this year just like in previous years. Our aim is now to bring the EUREP hands-on training to the next level and this goal will certainly require a lot of work from all those involved,” said Dr. Domenico Veneziano (US), who succeeds Ben as coordinator of the HoT programme.

This year’s ‘PERUE’ residents, part of the 360 residents from 44 countries held in Prague, the Czech Republic, which is its permanent venue.

The delegates rotate through five modules which are designed as a series of interactive lectures and discussions that address a specific area of urology each day. This provides a comprehensive update of all the key areas of urological practice. However, the talks are not mere lectures or updates one would listen to but to hear at scientific sessions of meetings. Instead, as an active teaching programme, the discussions are focussed on being interactive, which fosters learning by direct involvement of the audience.

In addition there are excellent hands-on training (HOT) sessions. The teaching is delivered by a carefully selected faculty from several centres of excellence, which effectively brings together a large resource of experience and knowledge that urology trainees can tap into. There is a social element to the EUREP as well which enables professional networking. Although the obvious benefits of this social interaction may not be immediately evident to a resident, this will certainly become apparent in the long-term. I am not aware of the existence of a comparable course for urology residents elsewhere, and it’s a testament to the EUREP’s success and reputation that the programme is now being emulated in some countries outside Europe.

Preparing for EUREP
Held since 2003, the EUREP is now in its second decade. Although an ever increasing number of residents apply each year, I would like to see it become a course that all residents can attend. I sincerely believe that those who did not attend during their training have missed a valuable opportunity to interact with, and learn from other residents and an excellent faculty of experts. Consequently if you haven’t attended the EUREP as yet, apply for it now!

To get the most out of the EUREP, residents should review as many of the scheduled topics as possible in advance, as this will lead to more insightful discussions, reinforcing the participants’ current knowledge and help clarify areas of uncertainty by engaging in one-to-one discussions. The slides from the previous year’s presentations are available online and these provide a framework for the areas to be covered.

The success of the HoT programme derives from the interaction between the faculty and the residents, and although this is already superb it is an area which we should continually try to improve. There are several means of achieving this and one way is to encourage residents to bring examples of difficult clinical cases from their own practice for discussion with the faculty, both at the formal sessions as well as over lunch or coffee. The ability to apply the taught information to their own real-life practice will foster deep and long-term learning.

It was clear to me that the friendly and informal approach of the faculty clearly helped many residents realise that no question was too basic to bring up for discussion, and this helped them overcome any reservations they might have had, enabling them to freely discuss difficult issues.

Functional urology
Regarding functional urology which I enjoyed being a part of the faculty for, I found residents enthusiastic and eager to learn as much as possible within the time allocated to the module, and I was posed interesting questions over coffee and lunch every day. It is common for some residents to lack confidence when dealing with various aspects of functional urology. This is because often the diagnosis of various functional conditions poses challenges which require a logical approach not too different to that required for solving a puzzle. From the discussions I had with several residents, topics such as the role and interpretation of urodynamics, the rationale for the choice of management options for stress incontinence and prolapse and the management of chronic pelvic pain are common grey areas of uncertainty—consequently trainees were grateful for the opportunity to discuss such topics on a one-to-one basis.

I certainly do think there was an increased interest in functional urology among residents during the EUREP.

Honing surgical, medical skills in a friendly environment
Dynamic faculty-residents discussions spur faster learning process

Mr. Jay Khastgir
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The EUREP is an excellent opportunity for urology residents to update themselves in all the key areas of urology in a six-day course, a programme annually held in Prague, the Czech Republic, which is its permanent venue.

The delegates rotate through five modules which are designed as a series of interactive lectures and discussions that address a specific area of urology each day. This provides a comprehensive update of all the key areas of urological practice. However, the talks are not mere lectures or updates one would listen to but to hear at scientific sessions of meetings. Instead, as an active teaching programme, the discussions are focussed on being interactive, which fosters learning by direct involvement of the audience.

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This probably reflects the inspiring teaching by my colleagues as well as a realisation that the subject requires analytical minds and a very different approach than other aspects of urology.

Elevator pitch
Residents attending the EUREP have already chosen their career path and consequently I don’t see them in need of persuasion or so-called ‘elevator pitch’. All of us who practise urology are aware that this very interesting surgical specialty involves the diagnosis and management of a vast range of pathology ranging from various common and uncommon cancers, functional and neurological disorders, and so much more.

The rapid expansion in evidence base that underpins our knowledge have now made it impossible for any individual to know all the various aspects of urology in great depth, which gives trainees the freedom to choose from a wide range of subjects to sub-specialise in or to remain proficient in, which includes core aspects of urology. The use of ever-advancing developments in technology keeps this specialty quite literally at the cutting edge of medicine and makes it both exciting and interesting.

In many countries the expanding ageing population will guarantee that urologists will be kept busy. Urology is well recognised as a “family-friendly” surgical specialty which allows improved work-life balance, and this has attracted more female residents to the profession in recent years. Most importantly, the almost universal sense of humour that urologists seem to possess guarantees a good working environment in which to pursue a surgical career.
Bringing resident training to another level
Efficient organisation impresses young urologist from Panama

I first heard about EUREP a year ago from fellow urology residents during my clinical visit at Fundació Puigvert in Barcelona. Although they recommended it as a useful tool for a review of urology with an excellent faculty, I considered its value as a programme that provides opportunities particularly for residents who are training outside Europe.

I submitted my application eight months prior to the programme, paying close attention to the requirements for non-European residents and taking into account that applications are screened for the limited slots. Thus, when the acceptance letter came, I was thrilled for having the privilege to participate as a resident representative of Latin America.

The organisers were efficient, quickly responding to my queries about the registration and details of the event. Study materials were accessible two months before the course, and a schedule for the hands-on training and European Basic Laparoscopic Urological Skills were provided. With the efficient logistical information, participants can prepare well ahead of time such as reviewing the guidelines, studying the content of the lectures, watching videos of endourological techniques and training for the laparoscopic exercises using simulators. Certainly, careful preparation is important when joining this programme.

I traveled from Panama to Prague with the best disposition, and has resolved to continue learning and training.

At the hands-on training sessions, it was remarkable not only to have the time to improve your skills but also to learn tips from experienced mentors. The course has certainly succeeded in its aim to enable participants to consolidate and expand the knowledge we have acquired during our resident training.

We also had the opportunity to exchange views and share experiences during the coffee breaks and make new friends at the social programme (BBQ/Karaoke) where everyone had a great time singing and dancing. Although the residents came from different countries, we share the same dreams and concerns regarding our future urological practice which, in some ways, united us.

I’m thankful to the European Association of Urology, the European School of Urology and the extraordinary team of dedicated professors who have shown outstanding work to make this programme a success. Undoubtedly, the EUREP as a continuing medical education programme is a worthwhile investment with lasting gains that transcend cultural barriers.

I first heard about EUREP from a colleague who participated in the programme and I was encouraged to apply for this year.

I continually invest in my learning and education by reading articles in scientific journals such as the European Urology, or by assessing my knowledge in the MOGs and getting EU-ACME credits. I consider the EUREP as another criterion which would offer me some benefits, and I was therefore delighted when I received an e-mail confirming my admission to the EUREP.

The EUREP courses we attended were led by well-known doctors and they were all very well organized and structured in such a way that held our interest and enthusiastic participation. It was a pleasure to discuss clinical issues with the faculty due to their insights and helpful tips.

Another beneficial feature of the course discussions was the opportunity to debate or discuss in detail about the cases during the coffee breaks, since the participants are in a more informal and relaxed setting, making the learning process less intimidating.

I was also particularly impressed with the dedication and stamina of the expert faculty. Their ability to present new tips on reviewing the guidelines, studying the content of the course, and a schedule for the hands-on training and simulator. Certainly, careful preparation is important when joining this programme.

Regarding the hands-on training (HoT) sessions, I learned new tips and tricks in laparoscopy and uroendoscopy. These sessions helped me a lot to prepare for the E-BLUS exam which was also held during the EUREP. Moreover, the Olympus endoscopic simulators. Certainly, careful preparation is important when joining this programme.

EUREP is certainly a great opportunity to meet urology residents from all over the world. It was interesting to discover the differences and challenges we encounter in both medical and surgical management. For my improvement and training, I welcome and can see the benefits of new ideas. In the social programme, the karaoke night was certainly unique and special, a fitting occasion to even get to know each other better.

For those who are interested, I can also give the same recommendation and encouragement to urology residents to participate in the EUREP, which to me is one of the best opportunities for young residents to improve their skills and bring their training to another level.
Five years of clinical training. Two residents are educated to educate residents for them to independently provide, at the end of their training, comprehensive and expert care to patients suffering from adult and paediatric urological diseases. In addition, the programme provides the opportunity for residents to engage in research and teaching activities giving them a foundation in these areas they should pursue to enter a career in academic urology.

To achieve these aims, the full and part-time faculty collaborate with investigators, provided they receive an efficient approach in managing clinical problems, or collaborate with investigators, provided they receive hybridization facilities. Residents are encouraged to collaborate with investigators, provided they receive adequate mentorship and support and perform quality, hypothesis-based research related to a urologic topic. Residents are also encouraged to take an active part in regional, national and international educational courses and meetings, and the EBU In-Service assessment. Although the EBU exam is not mandatory to certify a Spanish urologist, we believe the assessment is the best way to validate the residents’ knowledge and practical skills based on high European standards. Our fifth-year residents attend the EUREP course in Prague and participate in the written part of the EBU exam.

We believe that the EBU certification we recently gained is a mark of excellence and reflects our commitment to maintain high residency training standards. Furthermore, the application itself is a mark of excellence and reflects our commitment to maintain high residency training standards. Furthermore, the application itself is a mark of excellence and reflects our commitment to maintain high residency training standards.
ESUI holds well-attended meeting in Lisbon, Portugal

Dr. Jochen Walz
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ESUI Section of Urological Imaging (ESUI)
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Leading European experts active in imaging and image-guided treatment in urology gathered in Lisbon, Portugal on November 13 for the 3rd Meeting of the EAU Section of Urological Imaging (ESUI) which was held in conjunction with the 6th European Multidisciplinary Meeting on Urological Cancers (EMUC).

With the aim to provide insights into the latest developments in imaging especially in oncology, the ESUI meeting organized a comprehensive program. The high attendance was beyond our expectations, proving that combining an imaging and multidisciplinary oncology meeting responds to the needs of physicians active in urological oncology. The program also complemented the EMUC program, adding details about the value of imaging in the management of urological malignancies.

Representatives from the European Society for Urogenital Radiology (ESUR) and the European Association of Nuclear Medicine (EANM) also participated. The overarching theme is that key improvements in future cancer management will be driven by better imaging. Providing better detection, staging, and better follow-up and salvage treatments will lead to improved and individualized treatment strategies. During the EMUC it was also apparent that individualized treatment and better disease classification are among the major aims to address in the future. Outstanding presentations examined thematic blocks that prompted a lively interaction. Participants went home with actionable take-home messages, some of which are mentioned below:

Real-time tissue characterization

One of the main observations regarding imaging in urological surgery was the increasing possibility to improve surgery by adding information gained from imaging and by creating what is called augmented reality. Several drugs and optical processing techniques allow real-time information on tissue function and tissue quality improving the safety and outcome of surgery. Moreover, new navigational computer systems and new imaging techniques such as the DYNAC-CT allow real-time 3D navigation during surgery of renal masses or prostate cancer, providing major potential for improvements of surgery in the future especially when done by minimal invasive surgical techniques.

Image-guided therapy of SRMs

This session provided valuable information on how a focal therapy programme could be implemented in a urological department. The European leaders in this field gave tricks and hints to establish such programmes and stressed that these programmes require a multidisciplinary effort between urology and radiology, as well as pathology. This concern reflects the need for multidisciplinary meetings such as the EMUC and ESUI meeting.

Joint ESUI and EANM

One of the meeting’s highlights was the joint meeting between the European Association of Nuclear Medicine (EANM) and the ESUI. The role of PET/CT in the different urological malignancies was critically assessed and clarified the value and limits of PET/CT in managing individual pathology. There was a clear consensus that such information is essential when using this imaging tool in daily practice. Moreover, a point-counterpoint discussion concluded that the selection of the right patient with the right pathology in the right clinical situation plays a crucial role to improve the value of PET/CT as a diagnostic tool.

Best poster award

ESUI granted the prize for the best poster to Dr. T. Maurer (Munich, DE) for his study entitled “Preoperative lymph node staging of intermediate and high-risk prostate cancer using whole body integrated PET/MR with 68Gallium-labelled ligand of prostate-specific membrane antigen.” The number of abstracts submitted increased substantially and the quality can be commended. We are confident that future meetings will attract even more talented urologists to submit their research on urological imaging.

Advanced imaging in PCa treatment

Another highlight session was the imaging of prostate cancer (PCa), clearly the hottest topic in urological imaging. The session opened with an excellent point-counterpoint discussion between Hashim Ahmed (UK) and Alberto Briganti (IT) who took pro-con positions regarding focal therapy in PCa. Currently available imaging tools for PCa such as multiparametric MRI, elastography, contrast enhanced ultrasound AANN/C-TRUS and HistoScanning were also critically assessed during the same session.

There was unanimous agreement that standardisation, training and quality control are mandatory and essential before MRI or its alternatives (based on ultrasound) could reliably be used on a large-scale in daily practice outside specialised research centres. Well-designed trials are also necessary to clarify the real role of these tools and their potential in clinical practice. Future developments such as dispersion analysis for contrast enhanced ultrasound and multiparametric ultrasound were presented.

The ESUI organised a very informative round-table discussion with the industry to improve communication and interaction between clinicians and engineers. Such meetings are important since the needs of urologists and radiologists can be skewed and joint efforts implemented to improve the quality of care. With the value of round-table discussions, the ESUI will organise them as regular feature in future meetings.

With the success and the very positive feedback from the participants, the 4th ESUI meeting is planned for November 12, 2015 again in conjunction with the 7th EMUC in Barcelona. Save the date and we hope to see you in Barcelona!

www.erus15.org

ERUS15
12th Meeting of the EAU Robotic Urology Section
15-17 September 2015, Bilbao, Spain

In 2015, join us Down Under

Abstract Submission Deadline: April 9, 2015

www.siu-academy.org

European Association of Urology

European Urology Today
Infectious complication in prostate biopsies
Alarming rate of Extended Spectrum Beta-Lactamase producing Escherichia coli in TRUS-guided biopsy

Arectal swab culture performed in all men undergoing biopsy showed that 19% were carriers of E. coli in the fecal reservoir. The authors noted that this high prevalence is one of the most important problems together with resistance to fluoroquinolones. They found that quinolone/antibiotic use within the last two months, and DM are risk factors for ESBL-producing Enterobacteriaceae carriage before biopsy. In particular, 20% of men had received a treatment course of fluoroquinolones in the previous two months.

Despite the isolation of E. coli in the urine of 13% of patients on the third-day after biopsy, only 4% suffered symptomatic UTI and repeat urine culture on the 14th post-biopsy day showed no growth (Table 3). Interestingly, E. coli carriage was not associated with development of symptomatic UTI in the study group.

Still, of the patients with UTI symptoms on the post-biopsy third day, 68% were ESBL-PE carriers. The authors suggested that the findings from their study deserve attention by all those involved in TRUS-Bx and further studies are needed concerning prophylaxis protocols as well as management of patients and TRUS-Bx of the prostate.

Table 1: Results of clinical follow-up of patients undergoing TRUS-Bx of the prostate (modified from Ref. 2)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Pre-biopsy (focal lesions)</th>
<th>Post-biopsy (delay day)</th>
<th>Follow-up (symptomatic UTI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESBL-producing bacteria</td>
<td>200 patients</td>
<td>35 patients (38%)</td>
<td>289 patients</td>
</tr>
<tr>
<td>Post-biopsy 7th day follow-up</td>
<td>289 patients</td>
<td>35 patients (38%)</td>
<td>27 patients (9%)</td>
</tr>
<tr>
<td>Post-biopsy 14th day follow-up</td>
<td>247 patients with no symptoms</td>
<td>27 patients (9%)</td>
<td>37 patients (13%)</td>
</tr>
<tr>
<td>Post-biopsy 21st day follow-up</td>
<td>37 patients (13%)</td>
<td>27 patients (9%)</td>
<td>37 patients (13%)</td>
</tr>
</tbody>
</table>

References

Mirone@unina.it

Co-authors: Zafer Taskutoglu, Tommaso Cai, Robert Pickard and Truls Erik Bjerkund-Johansen of the EU Working Group on Urological Infections.

Transrectal ultrasound-guided biopsy (TRUS-Bx) of the prostate is a frequently performed procedure for the detection of prostate cancer. The main risk of the trans-rectal biopsy technique is infective complications including urinary tract infection (UTI) and bloodstream infection.

The rate of these infections after biopsy was reported at 7% in the Global Prevalence of Infections in Urology (GPS) Study. A number of studies have shown that fluoroquinolone-resistant microorganisms, particularly Escherichia coli (E. coli), are frequently and, secondly, carbenepen-resistant organisms worldwide is a major concern in this regard.

A multi-institutional study from Istanbul, Turkey, reported the prevalence of false carbapenems of Escherichia coli in 400 patients undergoing TRUS-Bx. The investigators also searched for risk factors for carbapenem resistance in this group of patients, as well as reporting on the prevalence of UTI and infective complications following TRUS-Bx of the prostate.
Unique and exclusive training opportunity

EUREP 15 - Important information for applicants!

From 2015 European participants in EUREP will no longer have their travel costs reimbursed. This means that all selected participants must pay for their travel to and from Prague. The EAU/ESU will continue to cover the cost of accommodation for European residents in a shared room as well as the cost of the course (incl. lunches, coffee breaks).

Registration information

Important dates
Online registration opens on 6 January 2015. The selection process will be made after the close of registration on 1 May 2015. A total of 360 participants will be selected. Participants will be notified by email if they have been selected. If selected, the deadline for cancellation is 1 August 2015 after this time a cancellation fee of €500 will be charged.

Selection criteria
Registrations can only be submitted through the online registration system. The registration will only be considered complete if the registration is accompanied by:
1. A letter from the head of department indicating the date that the participants training will end
2. A copy of your passport

Additional criteria
1. EAU membership. Priority is given to those who are or become a member before the registration deadline
2. Year of training. Priority is given to residents in their final year of training (i.e. training should be finished before September of the following year based on the information received from the proof of status)
3. It is required to obtain CME credits by completing European Urology multiple choice questions (MCQ’s). For further information please check http://eurep.uroweb.org
4. First come – first served
5. English skills
6. Target per country
7. It is only allowed to attend the EUREP course once

For further detailed information regarding the registration rules for the 13th EUREP course we strongly recommend that you visit http://eurep.uroweb.org

Registration non-European residents
If you are a non-European resident that is interested in taking part in the 13th EUREP workshop please send a registration request to eurep@uroweb.org.

For all selected participants, please be aware that the following documents are required:
• A copy of your passport
• A letter from the head of department
• A copy of your university training schedule

Additional criteria:
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“If you meet the criteria we would encourage you to register for this opportunity,” Prof. Palou, course director

Preliminary programme 2015

Module 1 Urological cancer
Tests
Diagnosis & treatment of stage 1 disease
Management of metastatic disease
Penile cancer
Treatment of primary lesion
Management of inguinal lymph nodes
Urethelial cancer
Non-muscle invasive bladder cancer
Diagnosis, staging and risk stratification
Management of low, intermediate and high risk disease

Module 2 Prostate cancer and BPH
Prostate cancer
Screening, early detection and staging
Treatment for localised disease
Active surveillance, surgical treatment, radiation, focal therapy
Locally advanced and metastatic prostate cancer

Module 3 Andrology, stones and upper tract endourology
Andrology
Physiopathology diagnosis and treatment of erectile dysfunction
Penile curvature
Priapism and metabolic syndrome
Male infertility diagnosis and treatment
Surgery for male infertility and vasectomy
Male hypogonadism

Module 4 Functional urology
Essential terminology
Initial assessment
Fundaments of urodynamics
Stress urinary incontinence and pelvic organ prolapse

Module 5 Paediatric urology, trauma and infection
Paediatric urology
Essentials of obstructive uropathy
Congenital malformations of the external genitalia
Infections
Urinary tract infections
Trauma
Diagnosis and management of kidney, bladder and urethral trauma

Hands-on-training workshops

Participants can only participate in 1 session.
Lap plus a TUR or URS. Places for URS and TUR are limited.

Sharpening Your Skills: TUR, URS, and Laparoscopy
As an essential part of the European Urology Residents Education Programme (EUREP) in Prague, intensive hands-on training will be delivered. This year’s programme consists of hands-on interaction with state-of-the-art equipment in laparoscopy, ureteroscopy (URS) and transurethral resection (TUR) – all of which are sponsored by Olympus.

The workshop provides the participants with a unique opportunity to train basic techniques with complex training models and under expert supervision. Thanks to the intense tutoring scheme - with a personal tutor per training station - a fast learning effect can be expected.

The courses in laparoscopy are specifically designed for individuals with minimal or no prior experience in laparoscopic suturing. Tutors will, of course, gladly adapt tasks for more experienced individuals. Basic techniques will be trained in a dedicated step-by-step programme including intracorporeal suturing depending on individual skill level.

The training curriculum for the uroscopy workshop is designed by Prof. Olivier Traxer of Tenon Hospital, Paris. Residents will learn about the proper use of flexible ureteroscopes using a variety of stone disposables in order to remove kidney stones.

The course in transurethral resection of the prostate gives residents the great opportunity to learn more about the basics of high-frequency surgery, the instruments needed, as well as tips and tricks for daily surgery.

More information about the different training modules can be found at http://eurep.uroweb.org

The hands-on-training workshops are sponsored by an unrestricted educational grant from:

Olympus
Results of a randomised trial in prostate cancer

Uncertainties about population screening, the risk of over treatments and concerns about what is the most effective management strategy led to the Prostate Tumor Trial. This trial aims to investigate the clinical- and cost-effectiveness of active monitoring, external beam conformal radiotherapy with neoadjuvant androgen suppression and radical prostatectomy for men with PSA-detected clinically localised prostate cancer. The analysis of the primary outcome measure disease-specific mortality at 10 years will not be available until 2016 but this paper presents the trial design and the initial results of the PSA testing and diagnostic phase.

In the late 1990s and opening in October 2012, this phase III trial invited 22,666 men between the age of 55-70 years, with a PSA level of 3.0-19.9 μg/l. 106,044 (46%) attended their initial appointment and 88,249 had a PSA test. Previous PSA testing results were checked in the medical record but were not an exclusion criterion. Participants with a PSA of at least 3.0 μg/l were invited for digital rectal examination and standardised trans-rectal ultrasound guided prostate biopsy. Participants with a PSA of 20 μg/l or more were offered biopsy but excluded from the study because of the high likelihood that they had more advanced cancer.

Of the 8566 men with a PSA of 3.0-19.9 μg/l, 7414 underwent biopsies, 2866 men were diagnosed with prostate cancer, 4% of the tested men and 9% of those who had a biopsy, these 2417 had clinically localised disease based upon assessment by DRE, and prostate biopsy. Of these 2417 men, 1524 (63%) were treated with a daily dose of 200 μg of CYP-17 inhibitor, 545 to radiotherapy and 533 to radical prostatectomy. Median age 63 years with a median PSA of 4.6 μg/l. Gleason score 6 in 1266 (77%) men, 7 in 555 (36%) men and 8 in 40 (2%) men. All biopsies were performed with 12-core biopsy. Clinically, 67% and 26% in 124% of patients.

In men assigned active monitoring PSA was measured every 3 months in the first year and twice yearly thereafter. A rise of 50% or more over the previous 12 months triggered repeat PSA within 6-9 months.

In men assigned active monitoring PSA was measured every 3 months in the first year and then annually. Biochemical recurrence and subsequent prostatectomy were considered to be an indication of clinical significance of disease. The analysis of the clinical significance of biochemical recurrence and subsequent prostatectomy was organised.

The initial results of the PSA testing and diagnostic phase.

MRI versus risk predictor in calculating significant prostate cancer

Following the introduction of PSA testing there has been a steady rise in the detection of clinically significant prostate cancer (CaP) and subsequent over-treatment. The Prostate Cancer Prevention Trial risk calculator for high grade disease is a multi-parametric mathematical model attempting to predict the risk of clinical progression of CaP. Recent data suggest multiparametric magnetic resonance imaging (mpMRI) has a high level of agreement with the risk of a clinical progression of CaP.

The analysis used data collected on men enrolled into a phase II trial evaluating MRI/US fusion-guided prostate biopsy (NCIo15646q). Men with an abnormal DRE or PSA level (>4.0 μg/ml) underwent mpMRI using a 3-Tesla MRI and an endorectal coil. The images were reviewed by three radiologists who graded all lesions that were suspicious according to the Epstein criteria. mpMRI was performed after the patient had been up to 2 MB of staging for was used during the investigation of the diagnostic interval.

During the study, the most common treatment-emergent adverse events were fatigue or asthenia (5% of 1212 (74%) men, high flushing (6) and decreased appetite (5). At 12 weeks 11(29%) of the patients in the placebo group and 15 (38%) of the patients in the ODM-201 group reported at least one adverse effect. During the study the most common treatment-emergent adverse events were fatigue or asthenia (5% of 1212 (74%) men, high flushing (6) and decreased appetite (5). At 12 weeks 11(29%) of the patients in the placebo group and 15 (38%) of the patients in the ODM-201 group reported at least one adverse effect.

...ODM-201 had a favourable safety profile and no side effects were noted

The phase 2 randomised dose expansion study (ODM-201) randomly assigned 1375 patients at doses of 100 mg b.d, 200 mg b.d and 700 mg b.d. It assessed the proportion of patients with a 50% or greater decrease in serum PSA levels in the phase 2 study patients were stratified by previous exposure to both CYP19 inhibitor and chemotherapy.

Findings from this phase 1-2 analysis show that ODM-201 had encouraging antitumour activity in both castration-naive and chemotherapy treated men with metastatic castration-resistant prostate cancer. ODM-201 had a favourable safety profile and no side effects were noted despite the fact that patients with a medical history of seizures were allowed to enter the trial. These results support for investigation of ODM-201 in a larger phase 3 trial in men with castration-resistant prostate cancer.

...mpMRI out performed PCPTHG in predicting clinically significant prostate cancer

275 men met the inclusion criteria and consented to participate in the study. The overall cancer detection rate was 6.6% (17/261) and 44.3% (87/197) had high grade disease. Using the Epstein criteria, 28% (92/327) of men diagnosed with CaP had clinically significant disease. Age, abnormal DRE, PSA, PSA density, T stage, and clinical grade were all significant predictors of high grade disease (all p < 0.05). The individuality of high-grade CaP was calculated using the PCPTHG which suggested that the incidence should be 20.2% compared with 0.6% had the AUC of PCPTHG and mpMRI were similar (0.69 vs. 0.63, p = 0.02). Nevertheless when clinically significant prostate cancer was defined using the Epstein criteria the AUC for mpMRI was 0.82 vs. 0.63 for the PCPTHG (p = 0.008).

PCPTHG cantering has been limited by poor specificity at high sensitivity. In this study, mpMRI out performed PCPTHG in predicting clinically significant prostate cancer. Interestingly, only patients with a suspicious lesion on mpMRI were included and therefore it was not possible to compare the detection rates for cancer and the grade of cancer between those with and without a suspicious lesion on MRI.


More antiandrogens on the way in prostate cancer

In Europe it is estimated that ≥200,000 men die a year of prostate cancer despite castrate levels of serum testosterone. Disease progression remains dependent upon the prostate receptor (AR) signature and therefore a consequence of adrenal or intratumoral androgen synthesis, increased AR expression and or constitutive AR activation due to splice variants or activating mutations.

ODM-201 is a novel AR inhibitor which along with its major metabolite ORM-3591 has a higher AR-binding affinity than do bicalutamide, enzalutamide and AR-V7. ODM-201 inhibits nuclear translocation of AR in AR-overexpressing cells and significantly inhibits tumour growth in the murine VCaP CRPC xenograft model. Non-clinical data have also shown negligible penetration of ODM-201 through the blood-brain barrier, thus suggesting a low risk of seizure.

ARADIES was an open-label, multicentre trial in men with progressive mCRPC. PSA progression was defined as a rising PSA above 2 ng/ml on two or more visits within the modified RECIST criteria or on bone scan by the occurrence of 2 or more new bone lesions. In the non-randomized phase 1 dose escalation portion 24 men were treated with a daily dose of ODM-201 200 mg b.d. which was increased to 200 mg, 300 mg, 500 mg, 700 mg and 900 mg. Dose escalation was discontinued because a maximum plasma concentration was reached.

The authors concluded that the vast majority, if not all PTDs, after solid organ transplantation are of recipient origin.

With these methods, tumour origin of PTD could be determined in 86 of the 93 cases. All those PTDs were of recipient origin. They were found in recipients of kidney (n = 31), liver (n = 12), heart (n = 10) and lung (n = 7). The most common recipient-derived lymphomas were monomorphic B-cell PTDs (n = 45), monomorphic T cell PTDs (n = 19), indolent lymphomas (n = 6), and polymorph PTD (n = 4). Half of the recipient-derived PTDs were Epstein-Barr virus-positive. Twelve of the recipient-derived PTDs were located in the grafts; in four cases exclusively and in eight cases in combination with disseminated disease outside the graft. Tumour origin was indeterminate in 26 cases, probably due to low DNA quality.

The authors concluded that the vast majority, if not all PTDs, after solid organ transplantation are of recipient origin.

Source: Donor or recipient origin of posttransplant lymphoproliferative disorders following solid organ transplantation.


Chronic allograft nephropathy has a specific cause in many cases

Chronic allograft nephropathy leads to late loss of graft function. It is clinically common and accepted as almost inevitable.

This paper examined the pathology of chronic allograft nephropathy, i.e. the relative impact of specific versus non-specific chronic histological damage.

All 1,131 renal allograft recipients who were transplanted at a single center between 1991 and 2001 were included. All post-transplant renal allograft indication biopsies performed in the cohort during follow-up (mean, 14.5 ± 2.8 years after transplantation) were rescored according to the current histological criteria and associated with death-censored graft outcome.

This study conclusively shows that late graft loss is multifactorial.
Tolerance improved throughout the study in both groups whereas adherence decreased continuously. This well-designed prospective study shows that performing pelvic floor exercises at home and without supervision for six months is improved by the use of concomitant vaginal spheres. Beneficial results are still incontinent (defined by at least two pads per day for seven to 21 days after prostatectomy. Enrolled men were those who were continent at the end of the study in 19% versus 22%, p=0.04).

... no significant difference in the time to improvement favoring solifenacin over placebo was reported in the proportion of patients continent at the end of the study. (93% vs. 75%). As difference did not reach statistical significance, success rates could not be considered different from placebo. Moreover, rates did not correspond to the specified criteria for equivalence. Reasons for failure were urogenital symptoms in 85% of cases, and surgical re-treatment in 14% of cases.

...no significant difference in the time to return to continence between both arms... however, a slight but significant improvement favoring solifenacin over placebo was reported in the proportion of patients continent at the end of the study.

The number of pads per day was slightly improved from week 12 in the solifenacin arm as compared with placebo (p=0.01). In contrast, analysis of quality of life results showed no significant improvement in both groups. The control group did not improve their pad-test over six months whereas a significant improvement was seen in the treatment starting at one month and lasted during the remaining follow-up.

Subjective efficacy assessed by investigators and by patients and therapists were not blinded leading to potential interpretation biases.


Factors affecting spermagnotgenesis upon gonadotropin-replacement therapy

The authors performed a meta-analysis to systematically analyse the results of gonadotropin and GnRH therapy in inducing/restoring fertility in subjects with hypogonadotropic hypogonadism (HHG) and azoospermia.

An extensive Medline and Embase search was performed using key words: 'gonadotropins' or 'GnRH', 'infertility', 'hypogonadotropic', 'hypogonadism' and limited to studies in male humans. Overall, 43 and 36 studies were retrieved for gonadotropin and GnRH therapy, respectively. Of those, 43 and 16 considered the appearance of at least one spermatozoa in semen, whereas 26 and 10 considered sperm concentration upon gonadotropin and GnRH, respectively.

The combination of the study results showed an overall success rate of 75% (84/112) and 75% (80/107) in achieving spermagnotesis, with a mean sperm concentration obtained of 5.4 (2.7-12.1) and 4.7 (3.0-8.4) million/mL for gonadotropin and GnRH therapy, respectively. The results upon gonadotropin were significantly worse in studies involving only subjects with a pre-pubertal onset HHG, as compared with studies involving a mixed population of pre- and post-pubertal onset [58% (84/112) vs. 76% (80/107), p=0.01] and 3.7 (2.5-4.9) vs. 12.9 (8.0-13.8) million/mL, respectively (chisquare test and continuous data, respectively).

...gonadotropin therapy, even with urinary derivatives, is a suitable option in inducing/restoring fertility in azoospermic HHG subjects.

A similar effect was observed also upon GnRH. No difference in terms of successful achievement of spermagnotesis and sperm concentration was found for different FSH preparations. Previous use of testosterone replacement therapy did not affect the results obtained with gonadotropins. Finally, a higher success rate was found for subjects with lower levels of gonadotropins at the baseline and for those using both human chorionic gonadotropin and FSH.

The authors concluded that gonadotropin therapy, even with urinary derivatives, is a suitable option in inducing/restoring fertility in azoospermic HHG subjects. Gonadotropins appear to be more efficacious in subjects with a pure secondary nature (type 2 HHG) than in men suffering of type 1 HHG, whereas previous TRT does not affect outcome.

The Clinical Research Office of the Endourological Society (CROES) is a well-known international database with different branches investigating the clinical and surgical practice for the treatment of urolithiasis worldwide.

One of the latest publications of CROES was focused on the role of antibiotic prophylaxis in preventing the onset of urinary infection after ureteroscopic stone removal, in patients with negative baseline urine culture.

There were 3,728 consecutive patients included in the analysis, whose data were prospectively recorded. On trial, the data were pooled and analysed retrospectively to answer the study question.

The authors reported as main findings that administration of antibiotic prophylaxis differed from 13% to 100%...
incremental cost per quality-adjusted life years. With respect to the latter, interestingly the trial will not evaluate just the costs based on the National Health reported data; as the study has been designed to be societal, total costs will include expenses sustained also by the participants (travel, time, medications).

It is noteworthy that clinical outcome is defined as no “further intervention required” which encompasses subjective clinical conditions (symptoms and stone passage reported by the patient) and healthcare delivery; no imaging studies have been included to objectively report the stone status at the follow-up appointments (at 12 and 24 week).

Based on previous data, the null hypothesis will be rejected if the increased stone passage rate will be at least 25% in the MET arms compared to placebo (23% vs. 50%, respectively); moreover, the authors will investigate a supposed increase of 20% of stone passage in the treatments arms from 75% (Telmisartan group) to 85% (Tamilus group).

To test these hypotheses, the sample size has been calculated to be between patients per arm at a 90% of power and 5% of error.

This trial is expected to provide more robust and definitive information with respect to whether and which MET is effective in the management of ureteric stones; this is an important goal considering that the use of the MET is largely diffused worldwide from many years, even though the prescription of these drugs is still off-label.


Higher hospitalisation rates and infections following prostate biopsy

The authors conducted a population-based study of 75,350 men who underwent transrectal ultrasound guided biopsy in Ontario, Canada, between 1996 and 2005. Hospital and cancer registry administrative databases were used to estimate the rates of hospital admission and mortality due to urological complications associated with the procedure. Of the 75,350 men who underwent transrectal ultrasound biopsy 33,568 (44.4%) were diagnosed with prostate cancer and 4,482 (5.9%) did not have prostate cancer. The hospital admission rate for urological complications within 30 days of the procedure for men without cancer was 2.9% (782/4,482). The 30-day hospital admission rate increased from 1.6% in 1996 to 4.7% in 2005 (p for trend = .0001).

...the hospital admission rates for complications following transrectal ultrasound guided prostate biopsy have increased dramatically during the last 10 years ...

The majority of hospital admissions (72%) were for infection related reasons. The probability of being admitted to hospital within 30 days of having the procedure increased four-fold between 1996 and 2005 (OR 3.2, 95% CI 2.0–4.9, p < .0001). The overall 30-day mortality rate was 0.09% but did not change during the study period.

The authors concluded that the hospital admission rates for complications following transrectal ultrasound guided prostate biopsy have increased dramatically during the last 10 years primarily due to an increasing rate of infection related complications.


Population-based study of infections after transrectal ultrasound guided prostate biopsy

The authors estimated incidence and risk factors for infection after prostate biopsy as well as 90-day mortality using a nationwide Swedish sample. A population-based study was performed on data assembled between 2006 and 2011 of 51,321 men from Sweden. A nationwide population-based study was performed on data from 2006 to 2011 of 51,321 men from Sweden. A population-based study was performed on data assembled between 2006 and 2011 of 51,321 men from Sweden. A nationwide population-based study was performed on data assembled between 2006 and 2011 of 51,321 men from Sweden. A nationwide population-based study was performed on data assembled between 2006 and 2011 of 51,321 men from Sweden.

The primary outcome measures were dispensed prescriptions of antibiotics for urinary tract infection (UTI) and hospitalisations with a discharge diagnosis of a urinary tract infection. During the 6 months prior to biopsy, the background incidence of urinary tract infection was approximately 2%.

Within 30 days after biopsy, 6% had a dispensed prescription for urinary tract antibiotics and 2% were hospitalised with an infection. The strongest risk factors for an antibiotic prescription were prior infection (OR 1.99, 95% CI 1.41-1.83), high Charlson comorbidity index (OR 1.25, 95% CI 1.12-1.31) and diabetes (OR 1.32, 95% CI 1.17-1.49).

The risk of an antibiotic prescription after biopsy decreased from 2006 to 2011 (OR 0.79, 95% CI 0.70-0.89), whereas risk of hospital admission increased (OR 2.14, 95% CI 1.58-2.84). No significant increase in 90-day mortality was observed. The absolute 90-day mortality rates for patients with dispensed prescriptions and those hospitalised were 1% and 1.5% respectively compared to a 90-day mortality rate of 0% for patients without infection diagnosis.

...severe infections with hospitalisation after prostate biopsy are increasing in Sweden and the risk of post-biopsy infection is highest among men with a history of UTI ...

In total, 518 (1%) patients died within 90 days of biopsy and 34% (168) of these were registered as having died due to a urinary tract infection or sepsis. Of the patients hospitalised for infection the odds of dying of infection related cause was high (OR 12.6, 95% CI 9.4-16.8) compared to if they were not admitted, but the absolute numbers were low.

The authors concluded that severe infections with hospitalisation after prostate biopsy are increasing in Sweden. In the risk of post-biopsy infection is highest among men with a history of UTI and those with significant co-morbidities.


Freehand ultrasound-guided transperineal prostate biopsy

In this video, the authors demonstrated a technique that avoids the infectious risks associated with passing the biopsy needle through the rectal wall using a transperineal freehand technique under ultrasound monitoring.

Patients requiring prostate biopsy were offered the option of sedation and/or local anaesthesia. Intravenous access was obtained for a weight-based dose of cefazolin and propofol-induced procedural anaesthesia and bowel preparation. For rectal swab or pre-/postoperative antibiotics were used. Patients were draped in a dorsal lithotomy position, using tape before the penis and testicles. A powdered iodine swab, 10%, was used to prepare the perineum. Transrectal ultrasound of the prostate was performed for measurement and identification of potentially pathological regions.

None of the patients suffered any postoperative physician or hospital intervention nor experienced any complication = Clavien Grade I

A 14-gauge needle was placed into the perineum at the midprostate on each side. Approximately 10 mL of lidocaine was infiltrated into the skin, subcutaneous tissue, and pelvic floor. Under ultrasonovision, the Bard 18-gauge biopsy gun (Bard Max-Core23 mm; Bard Medical) was placed and reintroduced through the 14-gauge needle into the prostate, with ultrasound-confirmed tip location.

Three separate regions of the prostate (for lateral, middle, and apical) were sampled. Based on the size of the prostate gland, two to four tissue samples were obtained from each region. Pressure was applied to the perineum and a small amount of bacitracin was applied to the puncture site. Patients suffered a discharged recovery following propofol anesthesia and were instructed to avoid lifting for 24 hours.

Two hundred and thirteen patients underwent freehand transrectal prostate biopsy from January 2002 to October 2013. All patients opted for sedation. Biopsy was performed within 10 minutes, and total room time within 15 minutes. None of the patients suffered any postoperative physician or hospital intervention nor experienced any complication = Clavien Grade I. All episodes of haematuria were self-limiting.

The technique described uses the same equipment as the traditional transrectal technique except for a 14-gauge needle and may feasibly be performed under local anaesthesia within the time frame usually allocated for a single prostate biopsy with an incidence of infection and hospitalisation of zero.


Key articles
Benign Prostatic Hyperplasia (BPH)

Report on Berlin-Chemie/Menarini - sponsored satellite symposium 4

Chair: Prof. Bob Djavan, Professor of Urology, University of Vienna (AT)

It is always interesting and challenging to moderate a scientific symposium on the occasion of the CEM Congress. This year’s Berlin-Chemie/Menarini sponsored scientific event dealt extensively and appropriately with the role of phytotherapy and more in particular Serenoa repens extract for the treatment of voiding difficulties associated with benign prostatic hyperplasia (BPH).

The scientific session which took place at the Holiday Inn Hotel in Cracow on Saturday, 10 October 2014, was attended by approximately 150 urologists mostly coming from Central and Eastern Europe. In these regions phytotherapy is a largely accepted treatment option for voiding difficulties due to BPH. Hence the regions phytotherapy is a largely accepted treatment attended by approximately 150 urologists mostly coming from Central and Eastern Europe. In these regions phytotherapy is a largely accepted treatment option. Hence an extensive panel was agreed that the role of phytotherapy and more in particular Serenoa repens extract for the treatment of voiding difficulties associated with BPH is a promising approach in the treatment of BPH.

How can further aggravation of BPH be prevented (Prof. A. Z. Vinarov, Moscow (RU))

The last presenter was Prof. Andrei Vinarov, from Moscow (RU) who published several articles about Serenoa repens and gave a detailed update of the long-term Russian clinical study in which patients with mild to moderate BPH were treated with 300 mg of Prostamol® uno once daily for ten years. The results underlined the long-term benefits of Serenoa repens, namely, the reduction in IPSS score and the improved QoL. In addition, the treatment displayed the high tolerability of Serenoa repens extract with no serious adverse events confirmed and earlier results. This aspect may be the main advantage of treatment compared to other pharmaceutical treatment.

Furthermore, Prof. Vinarov displayed that the treatment with Serenoa repens decocted further deterioration of urethral symptoms and that the placebo group was slightly reduced when compared to the control group after ten years. These results suggest that this treatment and the assumed anti-inflammatory properties of Serenoa repens extract may contribute to the prevention of the further prostate enlargement.

Prof. Vinarov expressed that the active ingredient of Prostamol® uno, Serenoa repens extract, also a well-known expert on phytotherapy from Bratislava (Slovakia) and the author of a Slovakian monograph, included more than 80 patients who had a follow-up of 12 months, explained that the anti-inflammatory properties of Serenoa repens extract are mainly due to inhibition of the inflammatory enzymes cyclo-oxygenase and lipo-oxygenase.

At the end of this interesting symposium all speakers agreed that there is still a need to institute early treatment for these conditions before the disease process and require more extensive and costly intervention® and that patients suffering from voiding difficulties due to BPH the treatment outcome is more important than the scientifically based clinical evidence. Like in many diseases evidence based therapeutic results do not always equal the clinical (partly subjective) improvement seen in non-prospectively randomized trials, but as stated by the speakers further research, including well designed clinical studies, are needed to identify the mode of action and the long-term impact of Serenoa repens extract in the treatment of voiding difficulties in mild to moderate BPH.

References

incidentallyomas in elderly patients who often suffer from comorbidities which make them unfit for surgery. Sedelář showed that the mortality rate in this particular patient group is low because small masses in the kidney tend to grow slowly and there is a very low risk that they progress to metastatic disease.

Sedelář stressed that not all small lesions are harmless and partial nephrectomy remains the gold standard in young and otherwise healthy patients. Furthermore, the lack of biomarkers for kidney cancer makes it difficult to predict whether or not a tumour is aggressive.

Because of this, the role of renal tumour biopsy is also changing. Now that it has been established as a safe and accurate diagnostic tool, biopsy can be important in determining histology. Only for patients who are unfit for any type of active treatment is renal biopsy unnecessary. Alternatively, patients who are unfit for surgery can be treated with various ablative treatment. These techniques are still experimental and require a pre-treatment biopsy.

Dr. Dejan Bratus (Maribor, SI) discussed treatment options for patients with metastatic kidney cancer. Even though more randomised data is needed, surgery is indicated as a palliative approach, in combination with systemic therapy. Studies show that immunotherapy is more effective after nephrectomy. The chance of durable survival as well as overall survival, compared to radiation therapy. Only for the treatment of distant metastases is radiation better, data shows.

If radical nephrectomy is the gold standard, what is then the role of robot-assisted radical nephrectomy (RARP)? Djavan closed the prostate cancer session with a lecture on this topic. The latest data shows that the advantage lies in the short-term: patients treated with RARP show a quicker return to potency and continence, compared to open radical prostatectomy. Because of the favourable functional outcomes of RARP, young patients will benefit most from the treatment.

High costs of the procedure are the biggest downside. Another problem mentioned by both Djavan and Jankowski is a pelvic lymph node dissection (PLND), which is essential in high-risk cases. Data shows that PLND is less often performed in patients treated with RARP compared to open radical prostatectomy.

“There is no doubt that the robot will come, ‘Djavan concluded. It is therefore important to remember that it is a tool, and the role and skill of the surgeon remain crucial. Djavan: ‘The tool with a foil is still a foil.’”

Young Urologists Competition
The Young Urologists Competition is a recently-introduced feature of the Regional Meetings. Designing to help young urologists in their country and to present their work to a group of judges made up of world-renowned urologists. Most competitors presented research on kidney or prostate cancer but the awards went to those who chose non- oncological topics.

Dr. Dinko Hauptmann (Zagreb, HR) won third prize with his presentation on the kidney transplantation programme in Croatia. He described the country’s donor and transplantation programme. The latter consists of a transplantation centres in which multidisciplinary teams operate. The donor programme is based on presumed consent and has become very successful after Croatia joined Eurotransplant: the number of donors has increased and waiting time decreased.

Second prize went to Dr. Bogdan Geneleț (Bucharest, RO) for his comparative study on treatment options for enlarged prostates with a large volume. He compared bipolar resection, vapourization, and enucleation and concluded that enucleation is most feasible in high volume prostates, whereas vapourization is inferior in these high-volume cases.

Dr. Bîla Kîves (Bucharest, HIl) won first prize in the competition for his presentation on treatment of urinary tract infections (UTI). According to Djavan the presentation was “a good example of a good presentation that is not about oncology.”

Although not often thought about, UTI is common and rates of resistance are rising globally. Kîves demonstrated that, in contrast to what is commonly believed and practiced, antimicrobial antibiotic (ABU) can help in the prevention of UTI. According to Kîves, non-antibiotic prevention of UTI is the future. Nonetheless, he did advise to continue to treat ABU in pregnant women and before surgery in the urinary tract.
By Joel Vega

The two-and-a-half day meeting took up a range of topics including uro-oncology, andrology, female urology and pediatric urology, to name a few, in a scientific programme that features debates, panel discussions, a Country Competition, poster and video sessions and a hands-on training in laparoscopy co-organised by the EAU Section on Uro-technology (ESUT). The European School of Urology also presented a course in andrology and incontinence with overview lectures on erectile dysfunction, stress incontinence and male infertility.

Djavan gave the EAU Lecture on salvage lymph node dissection in prostate cancer during the opening session, and hammered on the message that although a viable option, salvage LND requires careful patient selection and the use of suitable imaging techniques. “The rationale for salvage LND might reside in the nodal metastasising spread of PCa which although a viable option, salvage LND requires careful patient selection and is not recommended for initial biopsies in the EAU Guidelines,” he said.

Profs. Raja Khraiss (Lebanon) discussed new PCA biomarkers and strategies while Prof. Axel Heidenreich gave succinct overview lectures on AS in young PCa patients and hormone therapy for PCa. “Active surveillance is an option but there are still a lot of questions,” said Heidenreich as he noted that molecular characterisation of biopsy specimens is necessary to identify aggressive cancers.

Following the poster and video sessions, a panel discussion focused on robotic and laparoscopic surgery, with the panelists and audience examining issues on robotic surgery in high-risk disease and whether laparoscopy is losing ground to robotic procedures.

Country Competition

A well-attended and new feature in the regional meetings, the Country Competition, took place on the second day with 10 young urologists discussing innovative approaches and findings during 10-minute presentations before a 12-man jury.

The context line-up was composed of 10 presenters from nine countries with Turkey fielding two candidates. The challengers were: Uros Bumbasirevic (Serbia), Denis Godaj (Albania), Ahmet Gudeloglu (Bosnia & Herzegovina), Ilija Hadziosmanovic (Bosnia & Herzegovina), Ilja Kulezurovski (Macedonia), N. Narimanovski (Iran), Tayfun Oktar (Turkey) and Prodromos Philippou (Cyprus). Topics included testis, prostates, pelvic and kidney cancers, female urology, incontinence and stone disease. Dr. Bumbasirevic of Serbia won the top prize for his discussion on quality of life (QoL) of testis cancer survivors in a self-made study on which he recommended that doctor’s close follow-up and assessment of the patient’s QoL issues can make a difference in their therapy.

Bladder cancer was highlighted in the second day with lectures on new imaging tools in superficial bladder cancer and controversies in high-risk non-muscle invasive bladder cancer (NMIBC), given by Profs. Gunter Janetschek (AT) and Levant Turkeri (TR), respectively.

In his take-home messages, Janetschek said PDD remains the standard tool by far, and new tools such as SPES, although easily available and with enhanced vision, still has missing data, with its value still unclear. Confocal laser endomicroscopy, on the other hand, remains experimental but has potentials in combination with PDD/NBI/SPES.

Turkey also topped this year’s abstract submission, with around 324 abstracts accepted for presentations in 14 poster sessions. From the accepted abstracts, 12 or more than half were submitted by participants from Turkey. Accepted abstracts came from at least 30 countries, with some of the submissions coming from as far as Taiwan, South Korea and Egypt. Researchers from the host country and Greece also topped the list of high submissions. Top winners for the best poster presentations were from Serbia, Greece and Macedonia (see list of winners).

10th SEEM reflects region’s growing role in urology

Participants from 44 countries gather in Belgrade

By Joel Vega

With a nod to the region’s growing stature in international urology, Regional Office Chairman Prof. Bob Djavan (AT) acknowledged the contributions and innovative work from South Eastern Europe during his opening remarks at the 10th South Eastern European Meeting (SEEM) in Belgrade, Serbia.

Around 500 participants gather in Belgrade from October 24 to 26 this year for the annual meeting, the third time the Serbian capital is hosting one of the Regional Office’s frontline events. With Professors Sava Micic (RS) as meeting chairman and Aleksandar Vuksanovic (RS) co-chairing the event, Djavan underscored the influence of urologists from the region.

“In the last couple of years I am happy to see that the SEEM has evolved to a more inclusive and dynamic event, not only gathering more participants, but also providing the necessary platform to both young and veteran urologists in the region. Your work and active contributions have made this meeting a success,” Djavan said.

Bladder cancer topped the Country Competition and also reaffirmed its dominant performance in the best poster and video prizes which went to Serbia, Greece and Macedonia. Mid-East countries such as Kuwait, Iraq and the United Arab Emirates also did well, bringing home four of the runner-up prizes. Below is the complete list of winners:

Country Competition

1st Prize: Uros Bumbasirevic (Serbia)
2nd Prize: Tayfun Oktar (Turkey)
3rd Prize: Prodromos Philippou (Cyprus)

Karl Storz Best Poster Awards

1st Prize: V. Kojovic, et al., “Reconstruction of complicated urethral stricture in two stages with buccal mucosal graft” (Istanbul, Turkey)
2nd Prize: O. Ivanovski and B. Shabani, “Reconstruction of complicated urethral stricture in two stages with buccal mucosal graft” (Skopje, Macedonia)
3rd Prize: O. Ivanovski, et al., “Microsatellite instability in urinary bladder cancer” (Skopje, Macedonia)
4th Prize: M. Ortac, et al., “Effects of low-energy shockwave therapy on angiogenesis factors at the penile tissue of diabetic rat” (Istanbul, Turkey)
5th Prize: S. Bajramovic, et al., “Surgery for incidental adrenal mass” (Skopje, Bosnia and Herzegovina)
6th Prize: O. Ivanovski, et al., “Renal tumors; clinical and endoscopic aspects in the diagnosis of female obstructive voiding” (Thessaloniki, Greece)
7th Prize: D. Godaj, et al., “Effect of long-term prostate cancer treatment on semen quality” (Skopje, Macedonia)
8th Prize: O. Ivanovski, et al., “The value of DRE and PSA in the diagnosis of prostate cancer” (Skopje, Macedonia)
9th Prize: B. Shabani, et al., “Computed tomography findings in patients with urinary bladder cancer” (Skopje, Macedonia)
10th Prize: O. Ivanovski, et al., “Diabetic polyneuropathy: clinical and endoscopic aspects in the diagnosis of female obstructive voiding” (Skopje, Macedonia)
11th Prize: B. Shabani, et al., “Computed tomography findings in patients with urinary bladder cancer” (Skopje, Macedonia)
12th Prize: Dragan Jankovski, et al., “Effect of long-term prostate cancer treatment on semen quality” (Skopje, Macedonia)
13th Prize: D. Godaj, et al., “Effect of long-term prostate cancer treatment on semen quality” (Skopje, Macedonia)
14th Prize: V. Kojovic, et al., “Reconstruction of complicated urethral stricture in two stages with buccal mucosal graft” (Istanbul, Turkey)
15th Prize: O. Ivanovski and B. Shabani, “Reconstruction of complicated urethral stricture in two stages with buccal mucosal graft” (Skopje, Macedonia)
16th Prize: O. Ivanovski, et al., “Microsatellite instability in urinary bladder cancer” (Skopje, Macedonia)
17th Prize: M. Ortac, et al., “Effects of low-energy shockwave therapy on angiogenesis factors at the penile tissue of diabetic rat” (Istanbul, Turkey)
18th Prize: S. Bajramovic, et al., “Surgery for incidental adrenal mass” (Skopje, Bosnia and Herzegovina)
19th Prize: O. Ivanovski, et al., “Renal tumors; clinical and endoscopic aspects in the diagnosis of female obstructive voiding” (Thessaloniki, Greece)
20th Prize: D. Godaj, et al., “Effect of long-term prostate cancer treatment on semen quality” (Skopje, Macedonia)
21st Prize: V. Kojovic, et al., “Reconstruction of complicated urethral stricture in two stages with buccal mucosal graft” (Istanbul, Turkey)
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24th Prize: D. Godaj, et al., “Effect of long-term prostate cancer treatment on semen quality” (Skopje, Macedonia)
such as detrusor over-activity, impaired contractility may also be involved in the pathogenesis of LUTS, pathologies. Various types of bladder dysfunctions management and not only on diagnosis. Urologists should treat the patient based on individual evolved in the last decade. He underscored that the medical practice and patient management have complaints in adult men. Course participants included the registered congress attendees and Hungarian residents in urology. The high-quality, well-structured presentations examined the topic clearly and concisely. The first half of the course examined pathophysiology and the investigation and evaluation of symptoms. Knowledge of this topic is essential to the daily practice of urologists since Lower Urinary Tract Syndrome represents one of the most common clinical presentations examined the topic clearly and concisely. The correct assessment helps the clinician to diagnoses and follow-up the patients,” he said. In his second lecture, Prof. Kasyan gave an overview of urodynamics studies in men. “The major aims of these studies are to explore the functional mechanism of LUTS and to identify potential risk factors for adverse outcomes. Most terms and disease condition are defined by urodynamics,” he said. In the second half of the course the medical and surgical treatment and their complications were highlighted. Prof. Van Der Aa spoke on conservative and medical treatments. “To give the best treatment to patients, it is necessary to perform a good history and clinical assessment in order to stratify the patients to the possible therapies. Depending on the spectrum of complaints, the risk of progression, the presence of complications and the potential side effects and cost of certain treatment, patients will be offered different possibilities,” he noted. "LUTS are not necessarily related to prostatic pathologies. Various types of bladder dysfunctions may also be involved in the pathogenesis of LUTS, such as detrusor over-activity, impaired contractility and detrusor underactivity. In addition, many other conditions may also contribute to LUTS,” he said. Prof. Kasyan discussed surgical and minimally invasive therapies for male LUTS. Kasyan: “The choice of treatment depends on the assessed findings of patient evaluation, ability of the treatment to change the findings, treatment preferences of the individual patient, and the expectations to be met in terms of speed of onset, efficacy, side effects, QoL and disease progression. Transurethral resection of the prostate remains a golden standard treatment of patients with enlarged prostate.” In the last presentation Prof. Van Der Aa discussed complications from therapies. “Even when no treatment for male LUTS is offered, complications can occur. All treatment decisions can have a complication. With a good follow-up of the patient the vast majority of these complications can be dealt with accordingly,” he said. After each part of the course, a one-one case discussion was presented by Dr. A. Tordé and the author. Both presentations described interesting and quirky cases, which led to in-depth discussions and debates. We are grateful to the ESU for organising this quality course which improved our knowledge and help us offer quality management to our patients.

Win a free registration to Madrid in 2015!

EU-ACME members, join the MCQ quiz published in European Urology
For details, visit: www.eu-acme.org/europeurology

European School of Urology Teaching activities 2015

February

1-6 Hands-on training skills programme on Laparoscopy and Endourology, Caceres (ES)
7-10 European Urology Forum 2015 – Challenge the experts, Davos (CH)

March

20-24 ESU Courses, HOT, Education and Innovation at the time of the 30th Anniversary EAU Congress, Madrid (ES)

May

30 ESU course at the time of the EAU Baltic Meeting, Riga (LV)

July

5-11 ESU – Weill Cornell Masterclass in General urology, Salzburg (AT)

September

3-9 19th European Urology Residents Education Programme (EUREP), Prague (CZ)

ESU Organised courses at National Urological Society meetings

December 2014

14 ESU organised course on LUTS and incontinence: Where is the truth? at the time of the national congress of the Georgian Association of Urology, Tbilisi (GE)

June

11 ESU organised course at the time of the national congress of the Slovak Urological Association, Presov (SK)
19 ESU organised course on Prostate cancer at the time of the national congress of the Ukrainian Urological Association, Kiev (UA)

October

23 ESU organised course at the time of the national congress of the Moldovan Urological Society, Chisinau (MD)

November

2 ESU organised course at the time of the national congress of the Scientific Society of Urologists of Uzbekistan, Tashkent (UZ)

Contact: esu@uroweb.org
ESU courses are accredited within the EU-ACME programme by the EBU with 1 credit per hour
ESU-Weill Cornell Masterclass in historic Salzburg
Collegial atmosphere in an intensive, quality masterclass

Dr. Kees Hendrickx
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It is Sunday, July 6, 2014, and I am travelling from Amsterdam, The Netherlands to Salzburg, Austria to attend the 10th European School of Urology (ESU)-Weill Cornell Masterclass in General Urology.

The week-long Masterclass is a collaborative programme of the ESU and the Weill Medical College of Cornell University which aims to provide a high-level post-graduate medical education programme on general urology for highly-qualified, English-speaking physicians from Central- and Eastern Europe, Russia, Central Asia and other countries in transition. Under the auspices of the Open Medical Institute (OMI) – Salzburg Medical Seminars International (SMSI), a programme of the American Austrian Foundation (AAF), the master class is annually held in Schloss Arenberg in Salzburg, Austria.

This year, 156 candidates applied via the AAF, and 67 candidates applied via the ESU (which I did), of which 36 young lucky urologists were selected. The participants originated from Albania (2), Armenia, Belarus, Belgium, Bulgaria, Croatia (3), Czech Republic, Germany, Greece, Hungary, Italy, Kosovo (2), Mexico, Republic of Moldova, the Netherlands, Romania (3), Russian Federation (1), Serbia, Spain (2), Switzerland, Tajikistan, United Republic of Tanzania, Turkey (3), Ukraine (3) and Uzbekistan (2). Due to the international heterogeneity of the group, the programme inevitably sharpens the English language skills of the participants as they learn from each other’s urological practices.

On Sunday evening, W.K. Aulitzky (Vienna), AAF medical director, warmly welcomed all participants and faculty members, and hinted that it will be a week of extensive scientific information, interaction, network-building opportunities and the start of new friendships. A toast to that!

At the start of the week we took a pre-seminar multiple-choice test (and at the end of the week a post-seminar test was also taken) to examine our knowledge-gap and prompt all participants to actively contribute to the course. During the week, major topics were clustered in the morning and presented by the American-European faculty. The topics that were lectured in the morning were subdivided into the topics that were lectured in the afternoon.

The medical and surgical treatment of BPH were covered by C.R. Chapple (Sheffield) and B. Van Cleyvenbreugel (Leuven). State-of-the-art in urological surgery was covered by C.R. Chapple. Finally, W.K. Aulitzky lectured on monitoring in medical education and metabolic syndrome in urology.

Case presentations
For the afternoon sessions, each participant prepared a case presentation, of which the five best cases were selected for the online library of the OM. These were subdivided into the topics that were lectured in the morning. Since the group is mixed one can imagine that the case selection varied from astonishing to extraordinary, sometimes almost hilarious to deadly serious, and from basic care in general urology to the most exquisite treatment opportunities in highly specialised urology. For example, there was a case where a shepherd got urological trauma after he was attacked by a buffalo, or another case of traumatic partial penectomy and penile reconstruction case after “circumcision at home by master.” Having such a case mix, it did not matter from which country participants were originating since there were ample opportunities to learn from each other, with enough room to ask questions. All participants were very respectful, open and willing to share ideas and opinions.

In two other afternoon sessions, the group was split to experience hands-on laparoscopy and endourology training on various excellent training models, coached by B. van Cleyvenbreugel and T. Kalogeropoulos. Participants who had the afternoon off visited the Salzburg’s beautiful historic city centre. We also enjoyed the wonderful Schloss Arenberg, which we had for ourselves the whole week. An evening chamber concert of classical music was also held in the castle’s premises.

After such a delightful week I can only recommend young urologists to apply for this free ESU course. It gave me a warm feeling that after an educative week, our diverse group had become more homogenous due to the collegial spirit and true friendships we have formed.

ESU-Weill Cornell Masterclass in General Urology
Excellent programme impresses Turkish urologist

Dr. Ece Can Serefoglu
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Istanbul (TR)
egecansenrefoglu@hotmail.com

Salzburg, the inspiring city and birthplace of Wolfgang Amadeus Mozart, hosted 36 young academic urologists from all over the world for the ESU-Weill Cornell Masterclass in General Urology in July 2014.

This one-week high-level programme is designed for young academic urologists and included state-of-the-art lectures, case discussions and laparoscopic hands-on training sessions. The participants obtained full scholarship and enjoyed the beauties of the city while benefiting from the scientific programme with excellent overview of the latest updates and multiple-choice test (and at the end of the week a post-seminar test was also taken) to examine our knowledge-gap and prompt all participants to actively contribute to the course. During the week, major topics were clustered in the morning and presented by the American-European faculty. The topics that were lectured in the morning were subdivided into the topics that were lectured in the afternoon.

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www.esusalzburg15.org

ESU - Weill Cornell Masterclass in General Urology
5-11 July 2015, Salzburg, Austria

ESU Events are accredited by the EBUC in compliance with the EBUC/ACRUC regulations
ESU offers comprehensive course to Armenian urologists

Participants appreciate key updates on functional urology

To us these are the multi-faceted goals and accomplishments of organising the ESU courses, making this event an ideal platform upon which urologists in Armenia can acquire new skills. By keeping us updated with the latest information, procedures and research findings we can find our place in the bigger and professional medical world.

The ESU course last September, headed by Prof. Aulitzky, has definitely left an indelible mark in Armenian urologists, having enriched us with new skills and advanced knowledge. Among the course topics are the functional aspects of urinary and sexual (both male and female) disorders. The topics were not only carefully selected, but the lectures also examined core issues and salient aspects. Course participants expressed their satisfaction over the very interactive and enthusiastic discussions, with the session moderators and presenters doing their best to stimulate the audience and address their queries.

The session on functional urology also tackled normal functionality, how disorders arise and various issues in dysfunction, which is a hugely heterogeneous topic. The organisers also achieved their aim to present a course where the emphasis is more on the quality of content and that the key messages, both practical and theoretical, are clearly conveyed to and learned by the participants. Undoubtedly, the team of Prof. Aulitzky has done a great job.

On behalf of the Armenian Urological Association, we are grateful to our guests and lecturers, Prof. Aulitzky, Drs. John Heesakkers and George Kayan.

Our special thanks to Ms. Karina van Lenhe, for her dedication and to the EAU leadership for their support and commitment to urology in Armenia, and to all those who participated, contributed and made the event a big success.

Simulation fellowship: growth of a new research field

Understanding the technical aspects of surgical skills

I left my daily surgical practice in October 2013 to start a fellowship as a urologist in the Department of Urology and Kidney Transplantation Reggio Calabria (IT), Ospedali Riuniti BMM. The aim was to follow my passions and to focus on something I’ve always loved: education and simulation technologies. SimPORTAL (Simulation PerOperative Resource for Training And Learning) offered me every tool I could dream of to deepen my knowledge about surgical training. The centre is directed by Dr. Robert Sweet, a urologist renowned in the United States as a pioneer in training and simulation. Thanks to his dedicated work, SimPORTAL is today the only place in United States where a multi-disciplinary group of uniquely talented experts works everyday to find novel solutions in the field of medical education.

The team includes surgeons, clinician educators, educational psychologists and psychometricians, electrical/mechanical/biomedical engineers, graphic artists, make-up artists, manufacturers and sales marketing experts, all paired with military collaborative research efforts and funding. The fellowship provided the first simulation programme accredited by the American College of Surgeons (ACS) and incorporates several activities: simulator development, curriculum development, medical school lectures, train-the-trainer sessions, practical skills building and simulation centre management.

After the first few weeks I began to understand that “training” was not just performing basic tasks or sessions on pig/cadaver. Simulation in urology can be considered as a whole new field of research that finds its roots in a deep understanding of our everyday procedures. To understand these even better, it is often useful to perform a “cognitive task analysis” (CTA), a procedure that facilitates the deconstruction of the surgical procedure in steps. Once the CTA is completed, there is a multi-disciplinary collaboration, which leads to the design and ultimately creation of one or multiple dedicated simulators. The possibilities offered by SimPORTAL from this point of view are endless.

Anaplastology lab

The anaplastology lab, directed by Troy Reihos, attracted my curiosity from the very beginning. Synthetic body parts, airway models, ureteral models for endoscopy were just a part of the number of prosthetics one could find in this dedicated laboratory. The process to follow in order to create a synthetic organ, has been one of the most valuable things I have learned at the University of Minnesota, where the starting point is always the patient. After acquiring the anatomy with 3D imaging, the graphic artist needs to “digitally clean” organs that are then 3D printed to create a solid model. When more detail is needed, the make up artists add additional effects manually with clay, starting from surgical pictures or actual ex vivo models.

The consistency of silicones to be used, as well as their colours, are then chosen starting from the internal “tissue property database.” This database holds different information acquired by several ex vivo tissue samples. This process allows the synthetic tissues to behave as close as possible to the real ones, giving more value to the training sessions. Working part of my time in close collaboration with the team, I quickly learned how to sculpt clay, build a mould and choose the right silicon, in order to create the models I wanted to.

In this phase the help of my wife, who left her job in Italy to follow me in this adventure, has been critical, as she decided to volunteer at the University and learn with me the art of creating a training model from scratch. Her collaboration is very important when I decide to replicate this knowledge base elsewhere.

In case a physical simulation model does not fit the specific needs of a training session, a team of engineers inside SimPORTAL can be involved in the creation of a virtual simulator, which previously occurred for the AMS Greenlight simulator in 2012.

Another fundamental part of my simulation fellowship was the improvement in my understanding of assessment and validation. In this field, the presence of several engineering companies around Minneapolis has been beneficial: to assess a practical exercise advanced technologies are often useful. “It’s not the tool, it’s the tissue,” Dr. Sweet often reminds me, and this is why the use of sensors is fundamental to assess our respect for tissues during a simulation procedure and, finally, to assess its correct accomplishment.

After almost one year of research in the vast field of medical training, I can say that not only did I know more about education, but I also understand more now the technical aspects of my surgical skills. This has left me without any doubt as to the path I have chosen in coming to the University of Minnesota.
Faculty members Kris Moes and Burak Turna were tutors in the ESUT co-organised the Masterclass in Advanced surgeries, the EAU Section of Uro-Technology ESUT event in Braga, Portugal draws enthusiastic trainees

TEN QUESTIONS
Interview by Joel Vega
Photography by Jack Tillmanns

Specialty: Uro-oncology
City: Toronto, Canada
Recent Awards: CUA Award, Queen’s Diamond Jubilee Medal from the Canadian Medical Association, AUA Honorary Member & Distinguished Contribution Award, SUD Medal

Michael Jewett

As part of its goals to promote minimally invasive surgeries, the EAU Section of Uro-Technology (ESUT) co-organised the Masterclass in Advanced 3D Video-assisted Urological Surgery, a two-day educational course held from July 11 to 12, 2014 in Braga, Portugal.

Braga, one of Portugal’s biggest cities and called during the Roman Empire as “Bricara Augusta,” is renowned for its history and rich cultural legacy. Braga is also home to the School of Health Sciences of University of Minho, an internationally known academic centre. The centre’s faculty is involved in many initiatives and projects both in basic and clinical research, as well as educational events for students, residents and healthcare providers.

This year’s 5th edition of the course was directed by Prof. Estevao Lima, chairman of the Urology Department at Braga Hospital, Ricardor Autorino (Urology Institute, University Hospitals, Cleveland, OH, USA) and Jens Rassweiler (Chairman of the ESUT and chairman of the Urology Department, SEK-Klinikum, Heilbronn, Germany). The course was part of the 2014 International Postgraduate Program of the University of Minho Surgical Sciences Research Domain, coordinated by Prof. Jorge Correia-Pinto.

Each year well-known experts in minimally invasive urologic surgery join the faculty. This year’s international guests were Professors Burak Turna (Turkey), Pilar Laguna (Netherlands), Rafael Sanchez Salas (France), Sakroste Miceli (Italy), Marco De Sio (Italy) and Rocco Damiano (Italy). A team of national faculty members from across Portugal have also actively contributed to the success of the course.

The masterclass offered practical surgical exercises with standard laparoscopic techniques as well more recent technology and instrumentation, including mini and 3D laparoscopy. Lectures, live surgeries and hands-on training were also offered. The lectures provided not only practical insights but also a rich video content which highlighted, in a step-by-step manner, the most commonly performed laparoscopic procedures in urology.

In addition, tips and tricks were provided by all faculty members with the trainees participating in

• What do you think is the biggest challenge in urology?
• If you were not a urologist, what would you be?
• If you could change something in the healthcare system, what would it be?
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The participants followed the surgeries in small groups directly in the operating rooms, enabling them to ask questions regarding the procedures. The hands-on training sessions, which were a highlight of the course, were held at the Karl Storz Training Center, permanently hosted at the Minho University laboratories. The laboratories are equipped with unique cutting-edge training facilities for a variety of hands-on courses in various surgical specialties.

Under expert guidance, the participants performed laparoscopic kidney procedures in living animal models for a total of eight hours of hands-on training experience. The most recent tools and instruments supplied by the two main sponsors of the course, Karl-Storz Endoskope and Ethicon, were available for testing during the hands-on sessions.

Once again, the Braga ESUT-sponsored course fulfilled its promise of providing a full and comprehensive update on the latest advances in laparoscopic urologic surgery. We look forward to more participants for the 2015 course, which will be held concurrently with the national meeting of the Portuguese Association of Urology.
From January 29 to 31, 2015, Heidelberg, Germany will host an innovative congress. ‘Semi-Live 2015’ will gather internationally-renowned surgeons, including prominent EAU Section of Uro-Technology (ESUT) members, who will present videos of complex procedures with live commentary.

Complemented by hands-on workshops, a faculty of surgeons will present the state-of-the-art videos of procedures in urologic oncology, reconstruction and stones. In collaboration with ESUT, the experts will take up anatomical landmarks, access strategies, important steps, elegant tricks, pitfalls and complication management, all in dynamic and interactive discussions.

The video recordings are carefully selected and edited so that the resulting 15 minutes of high-definition videos, per speaker, will prompt enthusiastic response from the audience. Each presentation will be followed by sufficient time for discussion. The faculty will also be available for specific questions in the “Speaker’s Corner,” providing the participants to carefully discuss and examine the smallest details.

Additional in-depth knowledge can be gained in the workshops which will feature hands-on training in the most widely used laparoscopic urological surgical techniques presentation and 3D live surgery performed this year by our special guests, namely: Prof. Antonio Alcaraz (ES), Prof Evangelos Liatsikos (GR), Prof. Lutfi Tunc (TR), and by the host, Dr Bogdan Petrut (RO).

At the end of the course, the organizers invited the European School of Urology (ESU) to offer an EBLUS exam where trainees can measure objectively their level of training in laparoscopic manoeuvres. All 30 trainees worked in groups of two with an animal model, guided by a trainer, and were tasked to perform two sessions (of two hours) of live animal training (radical nephrectomy and tissue suture and/or ureteral / bladder anastomosis).

The live surgery day presented four live operations. The event was credited by the EAU with the EAU live surgery event endorsement. The first operation was a laparoscopic radical prostatectomy performed by Dr. Petrut and his team followed by Prof. Evangelos Liatsikos who led a single port adenectomy. Prof. Lutfi Tunc performed his own technique of a 95-minute radical nephrectomy followed by Prof. Antonio Alcaraz who demonstrated a 3D kidney tumour enucleosurgery. The operations took place in the Oncological Institute from Cluj Napoca in two operating theatres and were transmitted live 3D into the amphitheatre with the group of trainees.

Given that laparoscopic surgery is a team work, we organised this year a section for scrub and intensive care nurses, with their participation free of charge. During the live surgery an experienced nurse provided expert commentary in the amphitheatre regarding the specific manoeuvres and technical tricks. During the dry and wet lab they also learned the maintenance and functionality of all laparoscopic instruments and video systems. Theoretical sessions and presentation for intensive care nurses were also held.

We hope that we have met the educational needs of the trainees for an intensive applied course, and conducted in a friendly environment. We intend to maintain the standards of this course and we invite you to join us next autumn in Cluj Napoca.

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Would you like to receive all the benefits of EAU membership, but have no time for tedious paperwork?

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In August this year, the Movember Global Action Plan Active Surveillance project was launched. This is an integrated project lasting 30 months and is being implemented across 19 institutions in 14 countries and across five Movember regions (Europe, UK, Canada, USA and Australia). The initiative is also open to other eligible centres (‘candidate centres’). Movember Foundation’s Global Action Plan (GAP) is the leading global organisation committed to changing the face of men’s health. The Movember community has raised over $580 million to date, funding over 800 programs in 21 countries. This work is saving and improving the lives of men affected by prostate cancer, testicular cancer and mental health problems. The Movember Foundation challenges men to grow mustaches during Movember (formerly known as November), to share their story, and raise vital funds for its men’s health programs. Join Movember by signing up at NoShave or Mo Sista at http://www.movember.com/ to help change the face of men’s health.

About the Movember Foundation’s Global Action Plan (GAP)

“Our vision is to have an everlasting impact on the face of men’s health and it’s to that end that we’ve established our Global Action Plan or GAP. We believe that getting the best researchers from around the world to work together on key challenges will accelerate breakthroughs that will ultimately benefit men with prostate or testicular cancer.” – Paul Villanti, Executive Director, Programs, The Movember Foundation.

By bringing together over 350 international researchers, the Movember Foundation’s Global Action Plan (GAP) facilitates a new and unprecedented level of global research collaboration, not previously seen within the prostate and testicular cancer community. GAP was launched in 2011. There are five GAP projects focusing on the following areas: Global Prostate Cancer Biomarker Initiative; Imaging; Databases and Translational Research. The outcomes of the Active Surveillance for low risk prostate cancer project will be linked to the other on-going GAP initiatives.

In summary, over the years there has been increasing acceptance of Active Surveillance as an alternative to radical treatment for men with low risk prostate cancer. Unless the over-diagnosis of indolent prostate cancer is reduced by alternative diagnostic strategies, active surveillance will continue to play an important role. At this stage, active surveillance “is a treatment approach in evolution.” This initiative will make a significant contribution to this field of research by offering standard, universally agreed-upon guidelines.

We would like to thank Patricio Sepulveda and Mark Buzza from the Movember Foundation for critically reviewing the article.

References

Cancer and Inflammation Mechanisms

Inflammation remains a physiological response from the human body to various phenomena and environmental factors. Inflammation is also considered as responsible for almost 25% of cancers since epidemiological and experimental studies have demonstrated such correlation.

Editors Y. Hiraku, S. Kawanishi, and H. Ohshima wrote this book as an update on the correlation between chronic inflammation and cancer development. More than 60 worldwide experts contributed to review various mechanisms involved in carcinogenesis related to inflammation and their possible prevention.

The first section of the book was dedicated to an overview of inflammation-related cancer. The authors focused on various aspects of inflammation and cancer development mechanisms. They addressed the role of stem cells and that of epithelial-mesenchymal transition (EMT), which seems particularly involved in tumour cell dissemination.

The succeeding section was dedicated to biochemistry. The authors focused on DNA damage during inflammation. The role of DNA damage in the development of cancer was discussed in various tumours, including ulcerative and non-ulcerative tumours. In the third section, the authors addressed the main aspects of molecular biology in inflammation related cancer. Various molecules such as Toll-like receptors, inflammatory and micro-RNAs were described and their role was discussed.

Specific causes of inflammation related cancers were considered in the fourth part of the book, in which the authors focused on some peculiar cancers and their demonstrated or presumed cause. Most of them were infections due to human papilloma, hepatitis and Epstein Barr viruses and their role in cervical cancer, hepatocellular cancer and nasopharyngeal cancer were discussed. Other specific diseases were addressed such as asbestos and radiation-induced injuries. The last section dealt with the prevention of carcinogenesis in patients with chronic inflammatory diseases. The authors also focused on various aspects of colorectal cancer prevention.

ABC of Multimorbidity

Multimorbidity refers to several co-occurring long-lasting conditions affecting a given patient and represents an increasing problem in our practice. It makes our management strategies in some patients challenging, particularly the elderly who develop a range of medical problems, such as diabetes mellitus, coronary diseases, arterial hypertension, arthritis or mental disorders.

Currently, all physicians, including urologists, have become more and more specialized and can have the tendency to narrowly view a patient, considering only the disease that is related to their sub-specialty.

In this book, editors S.W. Mercer, C. Salisbury and M. Fortin, focused on a very important “topic,” which many of us may overlook. With the help of more than 20 worldwide experts they wrote a practical book that addressed various clinical problems related to multimorbidity in clinical practice.

Following a chapter that presented various definitions, the authors described the epidemiological aspects of multimorbidity, demonstrating its relationship with increasing age. The effects of multimorbidity were examined in the succeeding chapter, with emphasis on the consequences of high morbidity burden on functional status and quality of life.

Various other problems were also addressed, including the effects of multimorbidity on healthcare resource use, the primary care management of multimorbid patients, the role of healthcare electronic medical record and computer-based technologies. Mental health problems, whose prevalence is higher in multimorbid patients, were addressed in a special chapter. The authors also focused on healthcare policy in the era of multimorbidity patient management and concluded their work with a chapter dedicated to optimising patient’s management.

Undoubtedly, this outstanding textbook will be of interest to all oncology researchers and to those who want to update their knowledge. Although this textbook was not intended for urologists, many will find useful information related to urology. Trainees and young researchers would also be attracted by the book’s high quality.

Editors: Y. Hiraku, S. Kawanishi, H. Ohshima
e-Book: 978-1-118-12647-3

In this manual, editors M. Equit, H. Sambach, J. Breitschwerdt, J. van Dongen, U. Honig, W. Liesenfeld, J. Tinklenberg, and J. Wulsin presented a compendium of the long experience of the editors and their colleagues. The authors considered all aspects of definitions, aetiology, epidemiology, comorbidities, psychological problems and etiology. The assessment and treatment were addressed in the succeeding chapter, including complex cases.

The second part was dedicated to therapy and presented as a manual which covered both bladder and bowel training, including group therapy techniques. The authors have chosen ‘training programmes’ as the term, although such a programme represents more than a simple training. Various exercises were included in a special course of treatment, following the failure of standard therapy. Individual training sessions and group sessions were described. Seven sessions were addressed for bladder training and two sessions were considered for bowel training. The content of each session was exhaustively described.

The last part of the manual focused on the evaluation of the treatment, addressing the results obtained. A CD-Rom was included, containing worksheets and materials developed for the treatments.

This manual is a compendium of the long experience of the authors and provides the reader with an exhaustive overview of elimination disorders. Many pediatricians and pediatric urologists will find useful information in this manual.

Authors: M. Equit, H. Sambach, J. Breitschwerdt, J. van Dongen, U. Honig, W. Liesenfeld, J. Tinklenberg, and J. Wulsin
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Edition: 1st

In preparation for the 35th SIU Congress, to be held October 15-18, 2015 in Melbourne, Australia, the SIU and the AEF solicit nominations for this prestigious award. Nominations should include a detailed curriculum vitae and a letter describing the candidate’s merit, and must be submitted to the Awards Committee, SIU-Astellas European Foundation Award 2015 c/o SIU Central Office at the coordinates below no later than March 1, 2015.

The Awards Committee, appointed by the SIU’s Board of Chairmen, will review all applications and announce the SIU-Astellas European Foundation Award 2015 laureate at the 2015 SIU Congress in Melbourne.

Previous laurates were: Dr. Donald S. Coffey (1994), Dr. Nils Kock (1997), Dr. Emil Tanagho (2000), Dr. Alvaro Morales (2002), Dr. Michael Marberger (2004), Dr. Frans Debroy (2006), Dr. Andrew Nowick (2007), Dr. Peter Alken (2009), Dr. Fritz Schröder (2011), Dr. Peter Scardino (2012), Dr. Ralph Clayman (2013), and Dr. Urs Studer (2014).

The Société Internationale d’Urologie and the Astellas European Foundation (AEF) are pleased to announce the SIU-Astellas European Foundation Award 2015. The Société Internationale d’Urologie (SIU) and the Astellas European Foundation (AEF) are pleased to conduct an independent, impartial, and open evaluation of the candidate’s merit.

The SIU-Astellas European Foundation Award 2015 will be presented to a scientist of notable professional and ethical standing. The award recognizes scientific excellence in urology and research for one year in a medical laboratory of the University of California in San Francisco (UCSF). This award is intended to prepare the candidate for an academic career in his or her home country; a firm commitment to return will be a material consideration in the evaluation of candidates. This fellowship carries a stipend of $50,000 USD, of which $14,000 is used to cover medical insurance and administrative fees.

Applications for this fellowship will be evaluated by a joint SIU/UCSF Committee and should include a proposed area of study, a detailed CV, and a minimum of 2 letters of professional references. An application consisting of any of the above is incomplete.

The deadline for the January-December 2016 Fellowship will be February 28, 2015. Application forms are available on the SIU website www.siu-urology.org under the Training Scholarships tab. Applications can be submitted by mail, fax or e-mail to UCSF-SIU Research Fellowship c/o SIU Central Office at the coordinates below.

The California Urology Foundation, in association with the Société Internationale d’Urologie, announces the availability of a Research Fellowship for a fully-trained Urologist from Africa to do research for one year in a medical laboratory of the University of California in San Francisco (UCSF). This fellowship is intended to prepare the candidate for an academic career in his or her home country; a firm commitment to return will be a material consideration in the evaluation of candidates. This fellowship carries a stipend of $50,000 USD, of which $14,000 is used to cover medical insurance and administrative fees.

Applications for this fellowship will be evaluated by a joint SIU/UCSF Committee and should include a proposed area of study, a detailed CV, and a minimum of 2 letters of professional references. An application consisting of any of the above is incomplete.
The therapeutic options for ureteral stones, according to the size and location of the stone include SWL, ureteroscopy, rigid ureteroscopy, balloon lithotripsy, and anti-repulsion devices. The choice of treatment usually depends on several factors related to stone size, density, location, patient’s factors, surgery capability, and equipment availability.

The surgical approach includes extracorporeal shock wave lithotripsy (ESWL), retrograde ureteroscopy (URS), percutaneous antegrade ureteroscopy and flexible antegrade ureteroscopy. The primary aim of minimising the SWL approach is considered (in all cases where it is not contraindicated) a good treatment option;-- or by many urologists as the gold-standard primary treatment—the introduction of new uroscopics instruments, as well as the development of effective intracorporeal lithotripsy methods, has increased in the last years the use of the endoscopic approach as first-line treatment (even if the difference of the results between the two procedures in terms of success rate and complication rate is not clear).

Currently, in literature, prospective studies comparing the two modalities are limited. In a recent study published in the Journal of Endourology by A. Kumar et al., the authors performed a prospective randomised trial comparing SWL and semi-rigid ureteroscopy for upper ureteral stones less than 2 cm. They enrolled 185 patients in each group, similar for the stone characteristics, and they concluded that SWL and URS are both safe and highly efficacious in the treatment of upper ureteral calculi (8). A recent study published in Urology by Legnani et al. (9) showed that patients who underwent ureteroscopic lithotripsy had a shorter hospital stay, a lower incidence of complications, and a lower return to the hospital.

Stone migration during intracorporeal lithotripsy

The migration of a stone can occur during the treatment of ureteral stones and is considered an important factor to consider in the endoscopic treatment of the ureteral stones to decrease the migration rate.

There are several causes of stone migration in the ureter, including: highflow lithotripsy, the use of flexible ureteroscopes, the use of ureteral stents, and the retroperitoneal space. Additionally, the migration rate of a stone can be affected by factors such as patient's anatomy, the presence of a calculus in the distal ureter, and the use of anti-repulsion devices.

Preventing stone migration during intracorporeal lithotripsy

Two out of 10 kidney stone patients have ureteral calculi at time of diagnosis.

Anti-repulsion devices

In recent years, many instruments, strategies, and antirepulsion devices have been developed in the field of endoscopic treatment of ureteral stones in order to reduce the retropropulsion rate during laser/pneumatic lithotripsy. Anti-repulsion devices are currently available are divided as either mechanical or chemical. In the former category, the devices include: Lithovac (Boston Scientific Corp., USA), Stone Cone (Boston Scientific Corp., USA), Passport Balloon (Cook Urological, Inc., USA), NTrap (Cook Urological, USA), and Xen (Kolins Medical, Ltd). The latter group includes: Backstop (Plummed Inc., USA) and, in general, lubricating jelly.

Many physicians have described experiences using a stone basket like anti-repulsion device. The technique consists in the use of a flexible antegrade ureteroscope and insertion that through that of a laser fibre and the basket at the same time. In that way, they are able to catch the stone with the basket and then perform a laser lithotripsy while avoiding the basket’s wire. That technique requires further ancillary procedures in terms of success rate and complication rate is not clear.

In conclusion, overall results of literature showed that all the devices tested decreased stone migration compared to retrograde ureteroscopy without use of these devices. On the other hand, the use of these devices could increase the cost of the surgical procedure, so the choice of the best option, in terms of cost-effectiveness, remains the goal of every urologist.

Safety and efficacy of a new xenon porcine model reporting good results. The first in vivo evaluation was done by E. U. A. O. San Paolo-Polo-Università di Milano, A.O. San Paolo-Polo-Università di Milano (IT)

Figure 2. Xerox with needle mesh fully deployed

Cost-effectiveness

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At first glance, it may look expensive to use an anti-repulsion device during the endoscopic treatment of the ureteral stone, but we should consider how much the stone-free rate would cost the healthcare system. In a recent study published in the Journal of Endourology, the investigators evaluated the efficacy and safety of NTrap in treated in 96 patients. They concluded that the NTrap device effectively occluded the ureter and prevented the retrograde migration of stone fragments. In a recent study, the authors evaluated the use of different anti-repulsion devices and found that the NTrap device was significantly more effective than the other devices in terms of stone-free rate, and the cost-effectiveness of the NTrap device was significantly higher than the other devices.

Many authors demonstrated that flexible ureteroscopes must undergo repair every five to 18 uses and flexible ureteroscopic repair may cost up to $5,000. In a recent study published by M. Ursiny et al., the authors evaluated the cost-effectiveness of different anti-repulsion devices for ureteroscopic lithotripsy. They concluded that the cost-effectiveness of anti-repulsion devices for ureteroscopic lithotripsy is cost-effective for ureteroscopic lithotripsy with versus without an anti-repulsion device. They evaluated the following devices: NTrap, Lidoconine jelly, Stone Cone and Backstop. They concluded that the device was $278. Otherwise, the estimated costs of secondary procedures needed to treat retropulsed stones were estimated at $5,290 for SWL and $6,390 for URS. The investigators also concluded that the use of anti-repulsion devices is cost-effective for ureteroscopic lithotripsy at a retropropulsion rate greater than 5.6%. In addition, they suggested that urologists who perform this procedure should assess retropropulsion rates to determine whether these devices are cost-effective for their practice.
In 2014, the EAU Section of Urolithiasis (EULIS) has launched its new postgraduate workshops on urolithiasis. The initiative, conceived and enthusiastically promoted by EULIS Chairman Kemal Sarica, had intended to fill the gap between the two EULIS Congresses of 2013 and 2015.

In the future, including the years when the convention is not held, EULIS will organise workshops in different European locations. The workshops will have different formats and will feature lectures, live surgery and hands-on sessions. The workshops aim to serve the needs of both urologists and nephrologists interested in urolithiasis.

First two-day EULIS postgraduate workshop on urolithiasis held in Vienna

The first two-day EULIS post-graduate workshop on urolithiasis was held in Vienna in June 2014 at the Medical University of Vienna, represented by Prof. Christian Seitz.

The second EULIS postgraduate workshop on urolithiasis was held in Milan from 15-16 September 2014 and led by the chairmen Emanuele Montanari of Mediolanum, an ancient city of the Roman Empire. Is also known for its underground ruins of the Roman Empire. It is a beautiful place with its 15th century buildings that keep holy relics attributed to the Three Magi (The Three Wise Men) and with a fresco of the Three Magi presented by Giampaolo Zanetti and Ioannis Kartalas Goumas of the Vimercate Hospital and Nicola Macchione of S. Paolo Hospital in Milan.

For the social programme, the course participants held intensive dialogue between participants and the renowned faculty members led by EULIS, including Professors Noor Buchholz (UK), Petrisor Geavlete (RO), Thomas Knoll (DE), Sven Lahme (DE), Palle Osther (DK), José Reis Santos (PT), Kemal Sarica (TR), Christian Seitz (AT), Rosweltha Sienert (DE), Christian Tuerk (AT) and Michael Töpker (AT).

The participants learned from unedited video demonstrations of rigid and flexible URS, prone/ supine PCNL including mini, ultra mini and micro PCNL. With around 75 participants it was possible to hold intensive dialogue between participants and the faculty during debate sessions.

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The two-day course gathered around 30 urologists and 10 nephrologists interested in the management of kidney stones. The first day featured a general session with lectures on various aspects of pathogenesis, diagnostic and treatment of urolithiasis, presented by EULIS board members, namely, Kemal Sarica, Giovanni Gambaro, Dirk Kok, Emanuele Montanari and Alberto Trinchieri. In the afternoon, hands-on sessions were held for the training of flexible ureteroscopy and percutaneous nephrolithotomy, live demonstrations of Doppler renal ultrasound for diagnosing renal calculi by the twinkling artifact, demonstrations of software for dietary evaluation of renal stone patients, and a critical appraisal of several scientific articles on dietary risk factors for kidney stones.

The next day featured live surgery demonstration of flexible-ureteroscopy by Olivier Traxer and percutaneous nephrolithotomy by Emanuele Montanari. A parallel course was held on epidemiological, genetic and nephrological aspects of renal stone disease. The workshop ended with a session of unedited videos of difficult renal stone cases presented by Giampaolo Zanetti and Ioannis Kartalas Goumas of the Vimercate Hospital and Nicola Macchione of S. Paolo Hospital in Milan.

For the social programme, the course participants visited San Eugenio, one of Milan’s oldest religious buildings that keep holy relics attributed to the Three Magi (The Three Wise Men) and with a fresco of beautiful paintings from the 13th century. The church is also known for its underground ruins of Mediolanum, an ancient city of the Roman Empire.

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**ESRU’s objectives in practice**

The Belgian example

ESRU.be is the Belgian association of residents in urology. We have the same goals as the ESRU in Europe to help ensure optimal urological care in Belgium. To do this we organise courses and workshops to achieve a high standard of clinical care.

Members of the ESRU.be team carry out their responsibilities which are assigned to them during our first meeting of the year in July. Our chairman is responsible for leading the meetings and organising the Starter’s Package, an annual course on laparoscopy for fourth-year residents. He is assisted by the chairman-elect, who will become chairman the following year. The latter is responsible for organising the ‘ESRU.be Day’, a day-long scientific programme focusing on a particular subject in urology, and which provides young doctors to meet their experienced colleagues.

We have a webmaster for our website (ESRU.be), another officer responsible for guiding the organisation in the right direction, a member looking after financial statements, a secretary and another member maintaining our database. Our PR officer maintains not only our Facebook page but also promotes our group to new residents. For instance, the PR officer has introduced the Movember competition in our social media pages, in which every Belgian urology resident (male or female) can send their pictures wearing or sporting a mustache. The best picture wins a special poster during the poster session on our national conference in December. Every year in Belgium has a representative in the ESRU. They try to divide these assignments to at least one representative of a university for us to reach many residents across the country.

**Activities**

Our dedicated team composes every year an expanded offer of courses, seminars and other workshops to enhance the quality and knowledge of future urologists. In our meetings, we discuss the gaps in our training and incorporate these into courses and updates. Every representative of a Belgian university has to organise a course every two years in order to have at least three to four national courses a year. This is illustrated with the Imaging Course held in Brussels, which is described later in this article.

Every year, we organise the Starters’ Package, a laparoscopic course held in close cooperation with the Belgian Laparoscopic Urology Group (BLUG) for the fourth-year residents. The course is spread in four modules over the year.

Annually, we hold in December the ESRU session during the Belgian congress (BAU congress). During the “How To” session, experts provide understandable explanations on how to do certain surgical procedures. The sessions end with the award for best poster. Belgian residents can send abstracts and posters of research or case studies. The prize aims to stimulate scientific work by residents and publish their clinical cases.

We end our academic year by organising the ESRU.be Day. Led by the chairman-elect, we try not to repeat a topic and every year we choose various areas such as functional urology, paediatric urology, oncology and andrology. Professors and experts on each respective subject discussed the latest updates. We end the day with a reception and dinner, and invite the participating residents to a party.

**Imaging course**

On a Friday afternoon in September 2014, ESRU Belgium organised a four-hour imaging course in urology. All Belgian residents were invited to the University Hospital of Brussels (UZ Brussels), where around 33 or a third of residents attended the course.

The purpose of the course was to discuss the value of different imaging techniques for a certain disease. Prof. Braeckman, a urologist of UZ Brussels, discussed the indications of ultrasonography in diseases of the kidneys, bladder and prostate. He explained what urologists should be able to see and do with the grey scales images. Concerning ultrasound of bladder and kidneys, he described the steps on how to recognise masses, stones and explained how to place tubes in case of hydropnephrosis or a full bladder.

For prostate diseases, the indications and applications of grey-scale ultrasound were explained. Transrectal grey scale ultrasound is useful for PFM to measure the extent of the intravesical obstruction, which aids treatment decisions (medical or surgical). In prostate cancer it is the first test following DRE and PSA, since it allows a quick and useful evaluation of any induction in the prostate, providing a guide for biopsies in cases when PSA seems to be too high for no clinically obvious reason. Doppler, contrast, elastography and HotScanning were also discussed during the sessions.

Dr. De Visschere, a radiologist of UZ Gent, highlighted the value of MRI in common prostate and kidney diseases. He outlined the diagnostic accuracy of using MRI for prostate cancer detection, and described the usefulness of MRI in characterising renal masses. He ended by evaluating this imaging technique in assessing Peyronie’s disease or urogenital fistula.

Over 20 kidney diseases that can be diagnosed by CT were depicted in detail by Dr. De Brucker, a radiologist of UZ Brussels. He summarised the causes and pathophysiology of diseases and described how to recognise them. By describing interesting cases, the audience learned about the value of CT in assessing patients with recurrent urinary tract infections, renal trauma, congenital anomalies and suspicious lesions of the kidney on MRI or ultrasonography.

Finally, Dr. Pottammans, a radiologist of Saint Pierre University Hospital, Brussels, shared his expertise on scrotal ultrasonography, and discussed how to interpret small testicular masses by looking at the position (center versus periphery), the vascularisation, the size and the amount of lesions.

After the theoretical part, all participants tested their skills in ultrasonography on urological patients (See photo). Diseases to be recognised were renal tumours, kidney stones, spermatoceles and small hypoechoic testicular lesions. In one patient, a computer-aided ultrasonography was performed to detect a prostate cancer of about 0.5 mL.

Interested in our activities or an inspiration for your own society? Visit our website for additional information at ESRU.be

**The New Portuguese Residents Society**

To raise the level of medical education in urology, residents must actively participate in discussing the main issues and in finding solutions for problems and needs of residents in Europe.

To do so and enable us to express our opinions, it is essential that we first organise ourselves through structured national societies that can help define the global position of residents in that country. With the increasing number of urologists in Portugal and the wide distribution of centres, communication has become a challenge for residents, which affects the effective discussion of these issues.

We started by gathering residents from various parts of our country which were motivated to contribute to the creation of society. After a couple of meetings to discuss on how to proceed, our first step was to create an updated database of our residents so that we could make official announcements and bring more people into the project.

Even if it seems easy to create this database, our experience in ESRU is that most of the countries, with or without a resident’s society, still don’t have a global and updated list of all residents. To reiterate, if one can’t reach people, then all the other objectives one may want to achieve will be out of your reach.

Thereafter, we created our own internal regulations. Amongst others, it is a time-consuming process, it helps to carefully think about the real purpose of the society and to remind all members of the main objectives, including those who are members of the Executive Committee.

All residents are aware of these internal rules and were invited to present a list of five candidate residents, including a chairman and a secretary, resident who want to have an adequate nationwide representation of our Portuguese trainees (nowadays slightly over 60) while maintaining a good level of functionality.

The Executive Committee mandate was for a two-year period. Elections were scheduled so every resident could vote and choose one of the lists during an annual resident’s dinner. By doing this we had a democratic selection of the committee in an informal way, while at the same time we had the opportunity to exchange ideas and improve social links among us.

**Full support**

The full support that the Portuguese Urology Association is providing us is essential not only for the success of our society but also for its future activities. Moreover, giving the national resident’s society within the national association may be an advantage since we can learn from the obstacles they have faced and deal with them, enabling us to focus on essential processes. Moreover, being recognised as part of the National Urology Association allows an open and active debate that includes various viewpoints from consultants, young urologists and residents.

Our Resident’s Society aims to be a consultative group within the Portuguese Urology Association, with the main goal of raising awareness regarding specific national problems. Thus, we can help contribute in raising the standards of urological education in our country. We can also assign ESRU National Communication Officers who can participate in the discussions with other European residents.

The Portuguese National Association of Urology has also given us a time slot for a plenary session during their National Annual Congress. This year, we selected post-residency career options as the main theme and invited young urologists to speak about academic and non-academic career moves, as well as private practice and working overseas. These are priority issues for us due to the growing number of specialists in Portugal.

Those who are participating in our project to create a new Portuguese Resident’s Society have found it to be an amazing experience since they came in touch with residents all over the country, allowing an exchange of essential information.

We strongly encourage countries that still haven’t created their own national residents society to consider the benefits and take the first steps. ESRU members can certainly provide support by sharing lessons from their own experience. And for countries which already have urology resident’s societies, actively recruiting active members and involving them in current and future projects should be a priority.

Even though it is a daunting task, it is worth the effort. Involvement and commitment are certainly important. Knowing who we are and what we think can inspire residents to have an active voice in the debate of how urological education can be further improved based on the needs and concerns of the residents themselves.

**To the new residents in Europe: Your voice is valuable!**

From 2015 European participants in EUREP will no longer have their travel costs reimbursed. This means that all selected participants must pay for their travel and to/from Prague.

The EAU/EESU will continue to cover the cost of accommodation for European residents in a shared room as well as the cost of the course (incl. lunches, coffee breaks).
ESUR Meeting examines research prospects, challenges

Young Urologists/Residents Corner

An excellent training experience in Belgium

Two-month fellowship in robot-assisted surgery in Aalst

Dr. Vilim Kubas
Vice-president, Slovak Urological Section
Slovak Urological Society

ESUR Representative
for Slovakia
Barbara Bystranska (SK)
wkubes@gmail.com

You can imagine how excited I was when I received a letter from the secretary of Prof. Mottrie confirming that I was accepted for a surgical training fellowship in January 2014. I was on my way to the mecca of robotic surgery in Europe!

Aalst is a small town located halfway between Brussels and Gent and is known for the Onze Lieve Vrouwziekenhuis (OLV). The OLV has a long history of innovative research and is considered one of Belgium’s best-known medical facilities. The OLV Hospital and its staff have earned a remarkable reputation not only in Belgium but across the world, particularly in cardiology, cardiovascular surgery, neurological surgery and, of course, urology.

The first day I arrived in the hospital, I was warmly welcomed by Prof. Mottrie who showed me the operating rooms. I also met with the team and other fellows who began their training a few weeks before me. The fellows came from various countries—Giacomo from Italy, Zach from London (and originally from South Africa) and Morgan from Australia. They were all very friendly and the environment was certainly supportive.

The hospital’s operating days were Tuesdays and Thursdays. Operations started at 8 am and the daily routine would normally end by 6 pm at the earliest. Due to our busy schedule, time flew by very quickly. After I was oriented about the procedures I started bedside assistance and helped in many procedures which enabled me to better understand the anatomy of the prostate, kidney and bladder.

One of the meeting’s highlights was the presentation of insights from the Cancer Genome Atlas project on muscle invasive bladder cancer by Seth Lerner (Houston, USA). 98 significantly mutated genes from 238 tumours were identified, four of which are involved in epigenetic regulation in urothelial cancer.

Another topical topic was studies on tumour biology and circulating tumour cells. Although the presence of circulating tumour cells was not associated with clinical and pathological features, determination of circulating tumour cells in bladder cancer diagnostic has a value in survival prediction.

S. Riethdorf (Hamburg, DE) gave a very informative lecture on this topic. Current studies have focused on metabolism in urological cancers and highlighted the role of cMyc and cdk4 in the regulation of tumour metabolism (E. Mills, Oslo and L. Fajas Cell, Lausanne). The cell cycle regulators trigger metabolic switch that is required by cancer cells to proliferate.

The poster sessions were well-attended and prompted lively discussions, and have shown that young ESUR researchers appreciated the feedback coming from experienced colleagues and their fellows.

The excellent social programme included a welcome reception at the Glasgow City Chambers followed by a Scottish-themed evening with dinner and Ceilidh in the Oran Mor. The ESUR is grateful to Prof. Wing Leung, Meeting President (Beaston Institute and University of Glasgow) for his organisational skills and contribution to European urology research networks. Her award lecture examined the development and validation of biomarkers for bladder cancer. Her lecture also took up molecular alterations in the pathway of fibroblast growth factor receptors.

The Association for the Recherche sur les Tumeurs de Prostate (ARTP) award was given to Dr. L. Ahmed (Glasgow). In the well-established Pten mutant mice model, Dr. Ahmed has identified genes as potential drivers in aggressive prostate cancer.

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We look forward to another exciting meeting to be held in Nijmegen, the Netherlands, in September 2015!

Travel award winners during the ESUR Meeting in Glasgow, 10 October 2014 – supported by the Movember Foundation
Prostate stem cell research continues hunt for genetic clues
EAU-RF Career Development Programme backs PCa research

By Joel Vega

With the backing of the EAU-Research Foundation (EAU-RF), a Swedish-based researcher investigating the characteristics of prostate stem cells has identified a candidate stem cell population in the prostate’s luminal cell layer. The study has implications in the search for genetic clues that could later help in targeting and in the development of new therapeutics for prostate cancer (PCa) particularly those tumours which are metastatic or highly resistant to drug treatment.

“Recent research has suggested the existence of cancer stem-like cells in prostate cancer, and that such cells may be the origin of metastatic resistance and progression of the disease,” said Dr. Jens Ceder, lead study investigator who is based in Lund University and Skåne University in Malmö, Sweden.

“It has also been suggested that tumour-initiating cells of prostate cancers originate from adult stem cells in the basal layer of the prostate, since rare cells with a basal phenotypes survive castration in prostate cancer patients,” he explained.

Ceder recently presented the second-year results during an abstract session at the 22nd Annual Meeting of the EAU Section of Urological Research (ESUR) recently held in Glasgow, UK.

The ongoing study, with funding from the EAU-RF Career Development Programme, has completed its initial aim to identify and characterize normal murine candidate prostate stem cells. In Glasgow, Ceder’s presentation titled “Label retaining and stem cell marker expression in the developing and adult prostate identifies basal and luminal stem cell subpopulations,” described findings of separate basal and luminal stem cell populations in the mouse prostate.

The study used a process called label-retenion to identify the normal stem cells (SCs) in the mouse prostate gland by using a label called bromodeoxyuridine (BrdU), which is taken up by dividing cells when the prostate is formed. Later, the BrdU label is washed out in rapidly growing transplant amplifying cells.

Stem cells

“We have used a very robust method for identifying tissue stem cells that takes advantage of the relatively quiescent nature of stem cells, in which cells are pulsed with the BrdU,” explained Ceder.

However, so-called “slow-cycling” stem cells will retain the label, enabling their identification as label-retaining cells, and their screening for expression of different marker. Researchers not only identified a candidate slow-cycling labeling retaining SC population in the basal cell layer, but more importantly they identified a candidate slow-cycling SC population in the luminal cell layer.

Aside from the candidate prostate SCs, the researchers also identified cell surface receptors and nuclear androgen receptor (AR) expression in the candidate SC population, a finding that opens up the possibility that AR expressing luminal SCs or stem-like cells could function as cancer-initiating cells in PCa.

That finding supports current scientific theory which suggests that tumour-initiating cells of prostate cancers originate from adult stem cells, but it has raised questions of whether luminal SC exists in addition to basal SCs.

“Our goal is for the studies to open up for the development of new therapeutics. It is beyond the scope of this study for any kind of clinical investigation at this stage,” added Ceder when asked if he is optimistic of a breakthrough outcome. “But we have indications that some of the markers we have identified will aid in future prognostics of prostate cancer, and that the pathways found downstream of these markers can be targeted, and naturally we intend to investigate this during the coming year.”

With scarce SC markers and experimental assays for functional studies, researchers still faced obstacles in investigating the cancer stem cells (CSC) theory. The preliminary data also suggest that one of their candidate SC markers is up-regulated in advanced disease.

“We are working on identifying pathway-proteins that are up-regulated/activated in these cells in prostate cancer, and which may aid in prognosis, and perhaps also in stratifying patients for different treatment, and targets that could be druggable,” Ceder said.

Although there are many questions that have to be resolved, the researchers have widened their goals as the study enters its second year, adding objectives such as performing in vivo cell tracking of candidate murine SCs and functional assays of isolated normal human and malignant SCs, with the aim to better identify and characterise human CSCs and biomarkers.

“But translating the results from mouse to human being is perhaps the biggest obstacle since there are differences that should not be ignored. Therefore, human samples are of utmost importance. Moreover, it is extremely important to validate the data in human material, especially so in advanced disease,” added Ceder.

Development programme

The EAU-RF Career Development Programme, which is funding innovative studies in basic science, exerts efforts to bridge basic and translational research, while aiming to provide a platform for talented researchers to pursue pioneering research.

Aside from its direct support to novel studies, the programme also hopes that its pool of researchers are ably supporting in developing their career goals. The EAU-RF links up with both medical and academic institutions in identifying promising talents and research work that deserves support. Supporting Ceder’s study are their partners and collaborators at the Radboud University in the Netherlands and the University of York’s YCR Cancer Research Unit in the UK.

EUSP Clinical Visit

A comprehensive and rewarding training in Braga, Portugal

From April 1 to July 14, 2014 I had a three-month clinical visit under the auspices of the European Urology Scholarship Programme (EUSP) at the Braga Hospital and University Do Minho Life and Science Research Institute in Braga, Portugal.

Braga, one of Portugal’s largest cities and located in the northern Minho region, is known as “Portuguese Rome” due to its history and the many Catholic churches built in the city. And just like other university cities in Europe, the city has a lively cosmopolitan atmosphere with English widely spoken by local residents.

A leading and well-equipped centre, the Braga Hospital is a tertiary academic hospital with 32 operating theatres and a 705-bed capacity. The hospital was recently opened and built according to the newest standards of healthcare architecture. Prof. Esteva Lima, an active member of the EAU Section of Uro-Technology’s (EUSU) expert panel, chairs the hospital’s Urology Department. A joint venture was established between this new hospital and the Universidade Do Minho Life and Science Research Institute where every physician has the opportunity to actively participate in pre-clinical hands-on training and to actively participate in several research projects in a fully equipped animal laboratory with the latest technology available.

For instance, before my visit, Prof. Lima and his team had successfully conducted a research on a new electromagnetic kidney puncture system. Likewise, the Braga Hospital’s Urology Department routinely offers 3D laparoscopic surgery to perform advanced laparoscopic procedures, including radical cystectomy with intracorporeal urinary diversion. Its emphasis on technology is among the centre’s many activities that make it an attractive destination for visiting urologists. The hospital has the following features and facilities:

• A science laboratory where all the endourological/laparoscopic equipment and pelvic trainer boxes can be used. As Prof. Lima has said: “If you have an idea–any idea–you can immediately test it in our laboratory”.
• Uro-oncological surgery is performed principally using laparoscopy. Furthermore, as a tertiary centre in northern Portugal, many procedures for stone disease are performed every year, including extracorporeal lithotripsy, flexible and semi-rigid ureteroscopy and percutaneous renal lithotripsy, procedures which are done almost on a daily basis.
• A friendly and professional environment for trainees. Each surgical procedure was explained by Prof. Lima and his team in a step-by-step manner, allowing me to fully understand any aspects of the procedures we were performing. In a very short time I gained more experience and confidence with urological laparoscopic surgery and percutaneous renal surgery. I also often used laser lithotripsy with flexible or semi rigid ureteroscopy.
• A multi-disciplinary collaboration that enhances the training. Once a week, an oncological meeting is scheduled to discuss the optimal treatment option for borderline patient cases. Radiotherapist, oncologist and a urologist take part and present their viewpoints. Furthermore, the whole urology team conducts a weekly discussion of a singular case and takes a common decision regarding treatment options. Finally, a monthly research meeting is organized at the department, together with engineers and biologists, to update the participants on current research and suggest a new topic.

I certainly had the opportunity during this three-month visit to improve my surgical curriculum by taking part as first or second surgeon in many surgical procedures and while expanding my overseas contacts. My gratitude to the EAU and the EUSP board for this wonderful opportunity and to Prof Estevão Lima and his team, including the nurses and administrative workers, for their hospitality, and for the experience that surely reflected the EUSP’s goal: enhancing skills and cooperation through European schooling.

Reference

NIMBUS trial re-opens in Germany, starts in The Netherlands

A European multi-centre prospectively randomised Phase III clinical trial in high grade NMIBC patients

Study Design

This is a multicentre prospective, randomised, parallel group, not blinded, trial to compare the efficacy and safety of two different adjunctive treatment schedules:

1. Induction cycle BCG-full dose; weeks 1 through 6 plus maintenance cycles at months 3, 6 and 12 (wks 1,3,6,12); total 15 full dose BCG instillations
2. Induction cycle BCG-full dose (reduced frequency); weeks 1,2,6 and 12 maintenance cycles at months 3, 6 and 12 (wks 1,3,6,12); total 9 full dose BCG instillations.

BCG intravesical instillation therapy is registered as adjunctive treatment for the prevention of recurrence of NMIBC and can be considered as standard treatment for the type of patients requested in this trial. For each individual centre, for this trial locally available BCG strains in Europe will be used: BCG Ticx, BCG Medac or BCG Connaught.

The first maintenance therapy should be given 3 months (12 weeks) after the last instillation of the induction BCG cycle (week 6) and thereafter at months 6 (24 weeks) and 12 (48 weeks) after the last instillation of the induction BCG cycle. Standard Dose Instillations will take place with a vial of BCG. The weekly BCG inductions during induction and maintenance cycles have to be conducted within 3 ± 2 days. Follow-up cystoscopy and cytology will be done every 3 months in the first 2 years and bi-annually until the fifth year.

Study population

Inclusion Criteria:
1. Presence of high grade (Ta-T1) urothelial carcinoma of the bladder with or without CIS
2. Tumours can be single or multiple
3. The week one induction cycle should be given at least 3 months before randomisation in this study.

Exclusion Criteria:
1. Any previous intravesical BCG therapy
2. Patients with incomplete resection of visible tumours
3. Presence of histopathologically proven muscle invasive urothelial carcinoma of the bladder at first or re-TUR surgical specimens
4. Patients with incomplete resection of visible tumours
5. Absence of muscle tissue in the re-TUR specimen(s)
6. Presence of any upper urinary tract tumours at any time
7. Presence of any other histological type of resected tumour other than urothelial carcinoma on the first or second resection
8. Presence of another malignancy other than the basal cell carcinoma of the skin
9. Presence of pregnancy or lactation
10. Presence of active tuberculosis, any form of immunodeficiency (e.g., HIV + serology, transplant recipients) and/or any other contraindication of BCG therapy
11. Patients with a WHO performance score of > 2
12. Presence of primary CIS only.
13. Patients older than 80 years of age
14. Patients with uncontrollable UTI
15. Patients with White Blood Count (WBC) below 3.0 x 10^9/l or platelet count below 100 x 10^9/l at baseline
16. Renal and hepatic function values

Study status

As of press time (cut-off date 28 October 2014), 30 centres are initiated in Germany of which 7 sites randomised, in total, 12 patients. The Clinical Studies Coordination Centre at the University Clinic in Jenia is coordinating the activities to enable the German participants to include their patients. In the Netherlands (approval of the study by the central ethical committee was obtained in October 2014), 13 centres will be initiated before the end of 2014. The EAU Central Research Office is currently active in the initiation of Dutch centres.

National Coordinators:
• Germany: Marc-Oliver Grimm, Jena
• The Netherlands: Arno Van Der Heijden
• United Kingdom: Hugh Mostafid
• Spain: Luis Martinez-Pinedo, Madrid
• Turkey: Levent Türkeri, Istanbul
• Czech Republic: Marko Babjuk
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• Tobias Ganswindt
• University of Göttingen
• Göttingen, Germany
• Levent Türkeri
• Istanbul University, Istanbul
• Istanbul, Turkey
• Levent Türkeri
• Istanbul University, Istanbul
• Istanbul, Turkey
• Jana Van Egmond
• NIMBUS Centres in Germany: Green – centres with randomised patients, Blue – centres initiated, Red – naive centre

NIMBUS started in Germany in 32 centres with a grant from the German Cancer Fund. Randomisation was put on-hold temporarily due to the lack of availability of BCG Medac. This situation is expected to change in November/December 2014, whereafter randomisation efforts will be resumed. In the Netherlands, the first centres are now initiated and the first 2 patients were randomised. In the UK and Spain we have performed a feasibility that showed there is much interest to participate in this EAU-RF project. In the UK, grant applications are being prepared and the expectation is that it is likely that we can start the project next year in 20 to 25 UK centres. Also in Spain, preparations are ongoing to start next year in approximately 30 centres. Possibilities to cooperate and start up in other countries like Czech Republic, Turkey, France and Italy are currently being evaluated.

The primary endpoint for inferiority analysis is time-to-first-recurrence. The secondary objectives are to identify if number and grade of recurrent tumours, rate of progression to a higher stage (T2 or higher) of the disease and safety, specifically the presence of treatment-related toxicity to be evaluated. Two sub-studies: The objectives of a cytokines sub-study are to measure the levels of cytokines and to evaluate the results of DNA analysis as a prognostic factor, respectively.

Rationale

Intravesical instillation of BCG is a widely accepted strategy to prevent recurrence of non-muscle invasive bladder cancer. The most accepted treatment schedule is induction of BCG: weeks 1 through 6 plus maintenance cycles at months 3, 6 and 12, but it is unknown how many administrations are really needed. Clinical evidence supports the hypothesis that after an initial sensitisation to BCG antigens has occurred, the number of instillations can be reduced for a proper anamnestic immune response resulting in similar clinical efficacy and potentially less side-effects and costs.
We are proud to be a part of a hard-working, dedicated community. We know and understand the importance of sharing and building on the ideas of others. That's why we're expanding into social media platforms so that we can increase interaction with and within the community.

The ethos of the European Association of Urology (EAU) is to work closely with all the European national associations to promote and advance urological practice. In this context, the EAU collaborates closely with a number of patient organisations to achieve this aim. It is also particularly important to work with the European Commission to fulfil this goal and to help represent the interests of our partner national associations within Europe.

We have continued to further expand our ongoing educational and scientific activities within Europe. Following on from the enormous success of our annual meeting in Stockholm, preparations are well advanced for the forthcoming meeting in Madrid. In addition to the scientific congress activities, more about which you will be reading on our website in the next few months, we also organise the incredibly successful residents training meeting (EUREP) which has now been held for 13 consecutive years and at which 350 residents in the final stages of their training attend.

The EAU has had a number of very successful meetings which have been held at a national and pan-national level within Europe and beyond over the last nine months. We recently had a very successful meeting with our colleagues in Russia at the Russian Section Office organised successful projects which have now been held for 12 consecutive years and which 350 residents in the final stages of their training attend.

The EAU has had a number of very successful meetings which have been held at a national and pan-national level within Europe and beyond over the last nine months. We recently had a very successful meeting with our colleagues in Russia at the Russian Urology Congress in Saratov. The Société Internationale d’Urologie (SIU) meeting was recently held in Glasgow and the strong collaboration between EAU and SIU was exemplified by the EAU session at this meeting and the strong participation of EAU members.

The EAU is continuing to strengthen its close collaboration with fellow urologists across the globe as emphasised by the number of teaching activities which we have participated in, such as the EAU joining in with the Asian Society of Urology meeting held on Kish Island from 5 to 9 December. In addition, we recently held the 11th meeting of the European Robotic Urology Section (EURUS) in Amsterdam, under the auspices of the EAU, with over 700 attendees. Another major event is the European Multidisciplinary Meeting on Urological Cancers (EMUC) of which the sixth edition was held in Lisbon, Portugal in November, which attracted over 1,400 attendees, and hosted an ICUD meeting on the preceding Friday and the 3rd Meeting of the EAU Section of Urological Imaging.

We look forward to meeting you there!
Innovations:

For 2015 we are focussing on the following developments in urology, to prepare you for new platforms to keep you abreast with the latest needs. For 2015 we are focussing on the following developments in urology, to prepare you for new platforms to keep you abreast with the latest needs.

- Education: Easy access to quality education and scientific resources is a top priority of the EAU. That is why we are currently developing a comprehensive online resource centre, which will contain the best scientific content from our meetings, innovative e-courses, top-notch surgical videos and practical workshops to improve your surgical skills. To be expected in March 2015.
- Policy: Political initiatives impact urology professionals and patients in various areas. For 2015 the EAU will focus on enlarging its influence in the European politics and law-making to raise the voice of the urological community.
- Patient Information: Patients are the driving force and inspiration for all of our activities. This year we will launch four new topics in EAU Patient Information and we translated the existing Patient Information into 10 different languages. For 2015 we plan to add several new topics in major European languages.

What to Expect in 2015:

- European Urology: The European Urological Journal, which this year is celebrating its 30th anniversary, and which has been downloaded 4180 times in 2014. Our major achievements of last year are:
  - Many successes in 2014. Our major achievements of last year are:
  - Many successes in 2014. Our major achievements of last year are:
  - Many successes in 2014.
- Scholarship Programme (EUSP): Supports young financial to stimulate clinical and experimental Scholarship Programme (EUSP): Supports young financial to stimulate clinical and experimental Scholarship Programme (EUSP) supports young financial to stimulate clinical and experimental...
The YAU – Junior ERUS Programme

ERUS14 featured a special programme for young urologists and others interested in getting involved in robotic surgery. Important topics include the economics of robotic surgery, a look at the literature, and the importance of a viable certification programme. Dr. Carl Wijburg (Arnhem, NL, Session co-chairman):

“The programme was especially geared to young urologists who are interested in starting with robotic surgery, so we try to keep it approachable.” Dr. Wijburg also spoke at the session, looking at the total costs and benefits for institutions who are considering the purchase of a surgical robot. One big advantage of the robot is that patients spend less time recuperating and have a shorter hospital stay. The high purchase price of the robot can already be recouped within several years.

“Besides costs, we are more interested in the quality of care, so we also had an excellent session looking at the best articles about outcomes of robotic surgery. What can we say about complications and the learning curve? We need standardised reports of complications to compare outcomes. The learning curve is probably never ending, because robotic urology is a fast-evolving field.”

For more information about the Nurses’ Programme at ERUS14, please turn to page 38. For a complete image guided surgery.”

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For more information about the Nurses’ Programme at ERUS14, please turn to page 38. For a complete
Shifting roles for nurses and the importance of certification

By Leok Keizer

Uniquely for a Section Meeting, the ERUS Meeting in Amsterdam featured a full-day programme for nurses involved or interested in robotic surgery. 'With ERUS coming under the wings of the EAU, the EAUN is now cooperating with the ERUS nurses' group. Special topics were covered, with opportunities for knowledge exchange and hands-on training.

Mr. Willem De Blok, clinical nurse specialist in Amsterdam and local organiser for the EAUN Programme in Amsterdam on September 17th spoke to us looking back on the successful day. The EAU Robotic Urology Section Meeting is the only specialised meeting with its own nurses programme: "I think ERUS can be commended for this, although there are some international differences, which become apparent at meetings like this. In some countries, the nurse is a surgeon's first assistant whereas in others one urologist is required to assist another."

"In some countries nurses or OR assistants have a larger role to play, taking care of routine procedures so that the surgeon can focus on patients that do require specialist care. In the UK, there is a similar division of labour although it's not formally arranged this way like in the United States or Canada, which pioneered the concept of the nurse practitioner."

Mr. De Blok on the roles of nurses in the OR: "There are a robotic prostatectomy. Involving a patient gave the attending nurses a good indication of how a patient experiences the whole procedure, and also allowed them to ask questions that one would not necessarily ask one's own patients as they are treated."

The day's programme concluded with a frank discussion with a patient who suffered some complications after a robotic prostatectomy. Involving a patient gave the attending nurses a good indication of how a patient experiences the whole procedure, and also allowed them to ask questions that one would not necessarily ask one’s own patients as they are treated. De Blok: "The patient was very open to talk about issues like incontinence and impotence, including the end of his relationship as a result of the procedure. As nurses, we of course deal with the patient on a different level from the surgeons. It’s important that we keep this human element in mind at meetings like these.

The nurses' day at ERUS attracted nurses from 10 European countries, South Korea and the USA. A robotic prostatectomy. Involving a patient gave the attending nurses a good indication of how a patient experiences the whole procedure, and also allowed them to ask questions that one would not necessarily ask one’s own patients as they are treated. De Blok: "The patient was very open to talk about issues like incontinence and impotence, including the end of his relationship as a result of the procedure. As nurses, we of course deal with the patient on a different level from the surgeons. It’s important that we keep this human element in mind at meetings like these."
My visit to China on invitation by the Chinese Urology Association’s Nursing Committee, started in Wuhan, capital of Hubei province and the most populous city (population at 20 million) in Central China. Wuhan lies in the eastern Jianghan Plain where the Yangtze and Han Rivers meet.

Accompanied by Mr. Larry Tang and Gilbert Lui, Nursing committee members of the Chinese Urology Association, who were instrumental in organising this visit, I met with Ms. He Wei, chair of the Nursing Committee and Prof. YE Zhan Qun, immediate past president of the Chinese (Urological Association (CUA). Their department, at the Hospital of Tongji Medical College of Huazhong University of Science and Technology, is an extremely busy unit where around 10,000 urology outpatients are attended to every week.

With translators, language did not prove to be of any hindrance as we discussed common issues we faced in Australia and China, and that men who are taught PFE prior to prostate surgery- what is best practice?'

According to Neumann, post-operative PFE training isn’t effective and that men who are taught PFE prior to prostate surgery have an earlier return of bladder control, less discomfort associated with prostate biopsy since it is easier to teach motor control to men who don’t have pain. The pre-operative PFE education session also provides an opportunity for health professionals to cover information that helps establish realistic post-operative goals and expectations. Assessment during this phase also allows for identification of any pre-existing voiding patterns that may require investigation prior to surgery such as detrusor overactivity.

Neumann also said that teaching PFE needs to be involved with numerous trials of the potential benefit of exercise is well established and widely practised many times). I presented an overview of the EAUN, including its key clinical guideline developments, e-learning education and membership benefits, all of which were positively received.

Being all too familiar with the EAUN abstract presentations, it was a real insight for me to hear some of the work being carried out by urology nurses in China, which was not different from our own. The meeting received 738 nursing papers for consideration which covered key aspects of urological clinical care, nursing education, scientific management and innovative research. Only 29 of the 738 were presented at the meeting due to practical considerations of hosting this event. There were presentations focusing on the growing role of rehabilitation, its impact on traditional postoperative care, improvements being made in the patient’s postoperative recovery rate and shortened hospital stay. This was something all too familiar in my own clinical practice, but nevertheless not with the same population base.

The visit to China very much highlighted the need and benefit for collaboration across different urology nursing organisations and the ensuing challenges. The EAUN’s mission is not only to support and encourage the development of urology nursing within Europe, but also to collaborate with national societies across the globe in support of the development and application of high-quality urology nursing practices.

This particular issue was evident in discussions regarding EAUN clinical guidelines- with translation and modification to fit local practice- which will prove to be a very successful initiative. I therefore look forward to our continued collaboration. My thanks to the CUA committee for its hospitality and very warm welcome.

I attended the 15th Asia-Pacific Prostate Cancer Conference 2015 held in Melbourne, Australia from 31 August to 3 September together with around 600 other delegates from around the globe.

The conference is renowned for a comprehensive and stimulating programme that covers clinical urology, translational science and nursing and other allied areas. The nursing and allied health section included many presentations with topics such as: continence, active surveillance, hormone therapy, advanced prostate cancer and current nursing and allied health research trends. The following is a summary of key points from three of the sessions I attended.

Dr. Trish Neumann, specialist continence and pelvic floor physiotherapist, presented a session entitled ‘Teaching pelvic floor exercises (PFE) to men before prostate surgery- what is best practice?’ According to Neumann, post-operative PFE training isn’t effective and that men who are taught PFE prior to prostate surgery have an earlier return of bladder control,

Leakage post-operatively and return earlier to normal life. She added that one of the main benefits of teaching PFE pre-operatively is that it is easier to teach motor control to men who don’t have pain. The pre-operative PFE education session also provides an opportunity for health professionals to cover information that helps establish realistic post-operative goals and expectations. Assessment during this phase also allows for identification of any pre-existing voiding patterns that may require investigation prior to surgery such as detrusor overactivity.

Neumann also said that teaching PFE needs to be personalised to suit each individual since not everyone learns the same way. She believes that the best way to deliver PFE education is to use a combination of written and verbal information, as well as pelvic anatomy models and pictures. Transperineal ultrasound and digital rectal examination can also be used to assess how well men are contracting their pelvic floor muscles.

Mr. Jeremy Grummett, a urological surgeon specialised in urological cancers, gave an overview of transperineal (PP) and transrectal ultrasound (TRUS) guided prostate biopsy techniques focusing on the implications for the patients undergoing the procedures. Grummett said approximately 50% of TRUS biopsies are negative for cancer since either the cancer has been missed by the biopsy sampling process or because there was no cancer present in the prostate gland. He reported that the TRUS biopsy procedure causes pain and carries a significant risk of post-procedure infection.

Active surveillance for prostate cancer- potential application of exercise medicine’. Galvao has been involved with numerous trials of the potential benefit of exercise in men with prostate cancer. He said that participants undergoing supervised exercise had a more positive outlook and a stronger sense of social belonging. They also had fewer symptoms of depression and fatigue and an improvement in their quality of life measures. He also underscored the importance of the role of nurses in educating patients on how to increase their quality of life. He added that there is a wealth of evidence showing that exercise is safe and well tolerated by prostate cancer patients on active surveillance.

Overall, I found the conference very interesting with content that motivates me to pursue ideas that can lead to improved care of prostate cancer patients. The next conference in the series is the Prostate Cancer World Congress in Cairns, Australia from August 18 to 21, 2015. I hope you can join us for another dynamic meeting!
What to expect at the EAUN 2015 Annual Meeting

Madrid programme will feature new topics, current issues and trends

More than 300 delegates from 27 countries attended the 15th EAUN Meeting held in Stockholm last April, which attracted this year outstanding contributions by lecturers from all over Europe.

The meeting in 2015, to be held in Madrid from March 20 to 24, promises to be even more interesting: the EAUN scientific committee and the board took into consideration the suggestions provided by the delegates in Stockholm. The most appreciated sessions will also be in next year’s programme plus new topics and current issues.

The programme, available on the website www.eaunmadrid2015.uroweb.org, begins with a plenary session regarding the future of urological nursing and the need for a common framework. Currently, there is an important European debate regarding the definition (and therefore the future) of urological nursing. In two years, the European Union is expected to make a stand on this issue, and this will have an impact on education, mobility, and working possibilities for urological nurses across Europe. Thus, the opening session of the EAUN meeting will focus on this important topic, with lectures on the various aspects followed by a panel discussion. We invite you to join the discussion, as this will have repercussions on our daily practice.

Other items in the programme aim to provide practical and useful information which can be useful in our everyday clinical practice, including topics such as practical management of urological emergencies, urological care for people with learning disabilities, ongoing challenges in male sexuality, intravesical instillation and BCG treatments, Yfela magnetic resonance, and many others.

Workshops and panel discussions

Several workshops will be offered, including a session on perioperative care in prostate disease, updates on pelvic floor rehabilitation, an ESU course on female sexual assessment and rehabilitation (in collaboration with the European School of Urology), success factors in self-dilatation, UTI in clean intermittent catheterisation, troubleshooting in patients with indwelling catheters, psychological aspects of living with cancer, and care pathways in bladder cancer treatment.

A new EAUN guideline on intravesical instillation, developed by the EAUN guidelines panel, will be presented. The Marketplace Session, already a well-known and appreciated session in past meetings, will allow participants to discuss adapted physical activity, sexual and urological rehabilitation, and ERAS (Enhanced Recovery After Surgery) with internationally renowned experts.

As in the previous editions, two poster sessions have been included in the programme. The number of abstracts submitted over the years has been increasing, and many important topics have been addressed by high quality posters. Everyone eligible for EAUN membership has the opportunity to submit their abstract before December 1st via the congress website.

A video session called “Surgery in Motion,” first introduced in Milan and greatly appreciated by the delegates, will be included in the Madrid programme. Original videos, produced in the operating theatre, will show and comment on unusual surgical procedures presented in summary form on the EAUN website.

Preliminary Programme

16th International EAUN Meeting

21-23 March 2015, Madrid, Spain

Saturday, 21 March 2015

09.00 – 10.15 Opening Plenary Session
The future of urological nursing - The need for a common framework: time is running out
10.30 – 11.15 Workshop
Nursing challenges in urooncology
10.30 – 11.15 Workshop
Contemporary issues in patient pathways and cancer treatment
11.30 – 13.30 Workshop
Ongoing challenges in health and sexuality in male patients
11.30 – 13.30 Workshop
Nursing Research Competition
EAUN-EORNA Workshop
12.45 – 14.45 Workshops
Diagnosis and peri-operative care in prostate disease
14.00 – 16.30 State-of-the-art lecture
Best practice principles in the urological care for people who have a learning disability
14.00 – 15.15 Poster Abstract Session
14.45 – 17.00 EAUN – EORNA Symposium
Practical management of urological emergencies
Sunday, 22 March 2015

09.30 – 10.00 Workshop
Intravesical instillation in NMIBC
09.30 – 10.15 Workshop
Inside the body - surgery in motion (videos)
10.15 – 10.45 Workshop
State-of-the-art lecture
BCG treatments for superficial bladder cancer
10.50 – 11.15 Workshop
Troubleshooting and quality of life in indwelling catheterisation
10.50 – 11.15 Workshop
State-of-the-art lecture
Not only instillation: BCG perfusion for kidney and urethra
11.20 – 12.15 Workshop
Care pathway and rehabilitation in bladder cancer surgery
12.15 – 13.15 Poster Abstract Session
12.30 – 13.15 Workshop
Living with prostate cancer: Daily issues and quality of life
14.45 – 14.45 Workshop
Rehabilitation in urology cancer care
14.45 – 15.45 Workshop
UTI in clean intermittent catheterisation: What’s new?
16.00 – 17.00 Workshop
Close encounter: self-dilatation: quality of life and sexual success

Monday, 23 March 2015

09.00 – 10.00 Workshop
Difficult case session
09.00 – 10.00 Workshop
Pelvis floor rehabilitation for LUTS: What’s new?
10.45 – 10.45 State-of-the-art lecture
PSA, is it a patient stress Amplifier?
10.45 – 11.15 State-of-the-art lecture
Yfela Magnetic Resonance Imaging for PCD
10.50 – 14.45 EAUN – EORNA Symposium
Female sexual assessment and rehabilitation
13.15 – 13.45 EAUN General Assembly
13.45 – 14.45 EAUN Award Session
Supported with an educational grant from AMGEN

Scientific Committee:
Stefano Terzoni (IT), Chair Bente Thoft Jensen (DK) Jerome Murley (GB) Liisette Van De Bilt (NL) Rita Wiltener (CH)

For more information: info@congressconsultants.com

Register now for the early bird fee!
Deadline 12 January 2015

www.eaunmadrid2015.org/eaun

See you in Madrid!