

This issue

- 2
Message from the Publications Chair
- 4
Surgeon Scientists in Urology – Dinosaurs From a Bygone Era, or Key to Our Future?
- 5
Pseudojournals and Predatory Practices: Avoiding the Minefield
- 6
11th Focal Therapy Symposium: A Focus on the Future
- 7
What's New at SIU Academy
- 9
SIU 2019: A Step Toward a Greener Future
Featured New SIU Member
- 10
#UroSoMe - Urology Goes Social
- 11
Women in Urology
- 12
SIU Around the World

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uCARE Launches a BPH Mobile App Pilot Study

SIU is pleased to announce that its new online global clinical research platform, uCARE, launched its second project on April 1, 2019. The project, entitled **The Feasibility and Acceptability of a (Mobile) Application for Men with LUTS/BPH: a Pilot Study**, is a multicentre, observational cohort study. Dr. Stavros Gravas (Greece) leads the project as the study director and principal investigator of the participating centre in Greece.

About the Pilot Study

The healthcare industry is constantly subjected to new technological innovations. With the rise of the Internet and the ubiquity of electronic devices, many industries have embraced the power of digitalization. Healthcare institutions,

however, tend to be more conservative, and so the implementation of certain health applications (e.g., electronic medical records [EMR]) has been slow-moving. The next major developments in healthcare digitalization include mobile applications that could support healthcare providers in delivering better health services to patients that extend beyond the walls of the healthcare facility.

In urology, current health applications are primarily informative, less interactive, and lack efficiency and quality in the ascertainment of information on patient adherence. One urological condition that could benefit from the use of a mobile health application is LUTS/BPH. A significant number of aging men suffer from lower urinary tract symptoms

Continued on page 3



Dr. Mototsugu Oya

Message from the Publications Chair

Do you avoid prostate biopsy in patients with negative findings by mpMRI?

Over-treatment of prostate cancer has been a controversial topic for decades. To avoid it, active surveillance was introduced. Nowadays, over-diagnosis of prostate cancer has begun to be discussed. The main focus has shifted from how to treat patients to how to avoid biopsy. This topic was discussed at SIU 2018 in Seoul. Multi-parametric MRI (mpMRI) could triage patients and help practitioners decide whether a biopsy should be performed or not.

The 11th International Symposium on Focal Therapy and Imaging was held from February 9-11 in Kyoto, under the direction of Professor Ukimura from Kyoto Prefectural University of Medicine in cooperation with the SIU. This meeting included diagnostic approaches to focal therapies as well as their comprehensive evaluations. Among these, the mpMRI workshop entitled "Workshop of Cambridge prostate and biopsy course" was very instructive and provided updated knowledge of mpMRI.

How to precisely sample the visualized lesions detected by mpMRI is the major issue for prostate biopsy. How to avoid detecting insignificant prostate cancers is also important. Transrectal systemic biopsy does not solve these

two issues. MRI-TRUS fusion targeted biopsy is now being introduced to tackle the problem. However, this novel method is limited because the introduction fee is expensive and not accessible in every country.

Can mpMRI precisely triage patients who have significant prostate cancers? If the patients are diagnosed as PIRADS 1 or 2, should they avoid biopsy? Indeed, negative predictive value of mpMRI is more than 90%. However, significant cancer does exist. How do you manage this in your daily practice?

I learned how to use PSA density (PSAD) from this workshop. If the value is more than 0.2, patients should be biopsied. My strategies so far included high PSA value, young patients, family history and high PSA velocity. I added PSAD to improve my strategy for biopsy with negative mpMRI. Pathologically, cribriform dominant Gleason 4 cancer, mucinous component and localization of anterior horn could be mpMRI negative.

These issues are to be discussed further during the 39th SIU Congress in Athens, especially at the Focal Therapy and Imaging Symposium chaired by Professor Polascik. I hope to see you there! ●



Newsletter

SIU Publications Committee Chairman
Dr. Mototsugu Oya
 Department of Urology
 Keio University School of Medicine
 Shinanomachi 35
 Shinjuku-ku, Tokyo
 160-8582
 JAPAN
moto-oya@sc.itc.keio.ac.jp

Layout and Design
SAM Design
info@studiosamdesign.com

SIU Central Office
communications@siu-urology.org

Editor's Note

Making Valuable Digital Connections a Priority

Dear Readers,

No matter how much time has passed since you sent your very first electronic communication, it still remains a marvel, doesn't it? **Technology breaks down barriers and invites us to be as innovative as we dare.** We're celebrating that notion in this edition of the SIU Newsletter. Dr. Klotz has written an insightful essay on the future of the "surgeon-scientist"; if you think they are going extinct, think again! We are in the midst of a revolution fueled in part by digitalization, making convergent advances in science a daily occurrence.

In fact, these days a valuable connection may just be a tweet away! Prof. Jeremy Teoh's hashtag #UroSoMe has become an epicenter of knowledge exchange and real-time discussion on Twitter. Don't miss his article in these pages. If you're not currently using Twitter, this is a great time to join. Make a free account and explore our page [@SIU_urology](https://twitter.com/SIU_urology). Then search for the #urology or #UroSoMe hashtags and get in on the conversation!

It's not always peachy in the world of one-touch mass communication. Dr. Kumar discusses the proliferation of questionable "predator journals", which have sadly become common place in the sometimes lawless space of the internet. Luckily, a bit of common sense and awareness goes a long way towards protecting yourself online. As the online urology world broadens in scope and importance, count on us to deliver fresh insights from the experts leading the charge.

To round out this quarter's Newsletter: enjoy the report on the 11th Focal Therapy Symposium, see what's new on SIU Academy, and read yet another inspiring story of a pioneering woman in urology. Dr. Elise De acknowledges that mentorship is key for aspiring female urologists. We thank her for leading by example and sharing her story with us!

If you have a story to share, we'd love to hear from you. Send us a message at communications@siu-urology.org or talk to us in person in Athens at SIU 2019! The early-bird deadline of June 14 is right around the corner, so secure your spot now. ●

SUBMISSION DEADLINE FOR NEXT ISSUE: 5 PM EST, JUNE 14, 2019

uCARE Launches a BPH Mobile App Pilot Study

Continued from page 1

(LUTS), often resulting from benign prostatic hyperplasia (BPH). Among men 40 years of age and older, the prevalence of LUTS is estimated between 15% to 60%. In the United States, BPH affects 70% of the male population aged 60-69 years and 80% of men aged 70 years or older. LUTS/BPH is primarily treated by physicians (General Practitioners or Urologists). Optimal evaluation of patients with LUTS/BPH, treatment selection, physician follow-up, and medication adherence are essential in the management of LUTS. The impact that LUTS/BPH have on the patient's quality of life is also an important consideration and cannot be overstated.

This pilot study represents strong collaborations between a urological association, urologists, and general practitioners in supporting healthcare improvement for LUTS/BPH by utilizing a mobile application. The study will be conducted by five participating centres in five countries: Greece, Italy, Portugal, Spain, and Turkey.

The study population includes men aged ≥ 40 years presenting at their physician's office with LUTS/BPH symptoms and an evident history for LUTS/BPH medication. The **primary objective** of this pilot study is to assess the feasibility and acceptability of a mobile application for treatment naïve men presenting at the physician's office with LUTS/BPH and starting with medical therapy. The **secondary objectives** are to: 1) capture medical adherence using electronic reminders; 2) record if treatment provided by physicians is in compliance with the guideline recommendations and; 3) evaluate the communication between physicians and supervising urologists.

Furthermore, given the increasing utilization of smartphones and other electronic devices, this mobile application may help patients both grapple with their LUTS/BPH symptoms and become more proactive about improving their own treatment adherence. ●



Principal Investigators



Stavros Gravas
Greece



Mauro Gacci
Italy



Vitor Cavadas
Portugal



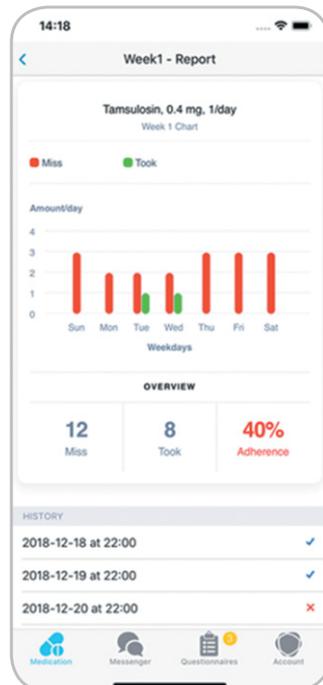
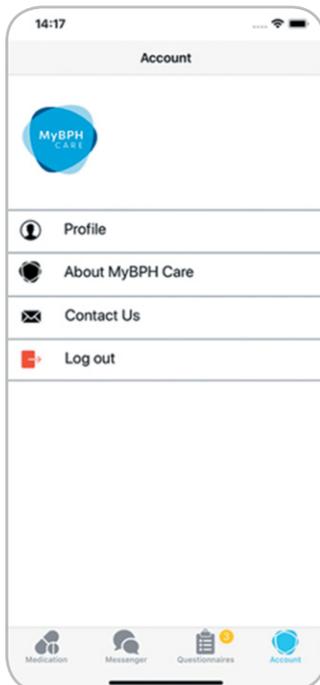
Ignacio Moncada
Spain



Jean de la Rosette
Turkey



Selcuk Guven
Turkey



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Taiwan Urological Association

For more information about uCARE and this pilot study, contact Christine Albino at christine.albino@siu-urology.org.

Surgeon Scientists in Urology

—Dinosaurs from a bygone era, or key to our future?



Laurence Klotz, MD, FRCSC
Professor of Surgery, University of Toronto
Chair, SIU Office of Research

Darwin's revolutionary proposal was that survival of the fittest led to adaptation and evolution. Adaptation is a reaction to the environment. This may be fine for evolution taking place over millions of years, but it is not enough for a specialty like urology. Our tradition in urology is to go beyond evolution and adaptation; it is to lead, anticipate, and innovate.

Innovation means to introduce something new in the hope that it will become commonplace. There are innumerable examples of this in our field; some of the more important ones are listed in Table 1. How did these innovations take place?

Innovators: Urologists (mostly) with an idea that made a difference

Percutaneous nephrolithotomy—Clayman	Angiogenesis—Folkman
Anatomic radical prostatectomy—Walsh	Continent Diversion—Koch
Kidney Transplant—Murray	Neobladder—Studer
BCG—Morales	ADT—Huggins
RCC genetics—Linehan	Intermittent AD—Bruchovsky
PSA—Murphy, Catalona	Da Vinci—Menon
Cryosurgery—Cohen, Onick	PCa risk stratification—D'Amico
RPLND—Donahue	Focal therapy—Emberton
ERSPC—Schroeder	AR targeted agents in CRPC—DeBono
TRUS Bx—Cooner, Hodge	Mechanisms of CRPC—Evans, Gleave
Alpha blockers for BPH—Kane	Personalized chemotherapy—Theodorescu

In each case, they began as an idea in the mind of an individual.

Joseph Murray, who performed the first kidney transplant at the Brigham Hospital in Boston, was awarded the Nobel Prize in 1980. He has written persuasively about his story, and the elements required to innovate. The key elements were to understand the organ completely—the physiology, pathology, pharmacology, anatomy, and morphology; the pathophysiology, natural history of the disease, and signs and symptoms of progression. Murray was, in other words, a complete scientist for that organ.

Another outstanding surgeon innovator was Judah Folkman, who discovered angiogenesis, and proved its importance against a massive edifice of

denial and scepticism from the research establishment. He said:

"I always thought I was right because I knew something that none of them knew; I had been at the operating table. It wasn't the surgeons who were criticizing my theories of angiogenesis, it was the basic scientists, and I knew that many of them had never seen cancer except in a dish. I knew that they had not experienced what I had experienced. The idea of tumors growing in three dimensions and needing blood vessels in the eye, in the peritoneal cavity, in the thyroid, and many other places,

and the concept of in situ cancers and tumors waiting dormant—I had seen all that. So I kept saying, the ideas are right."

It took a surgeon with scientific training, an observant mind, and a high degree of obstinacy to make this discovery and convince the world.

Are these innovators dinosaurs from a bygone era? Not at all. In fact, convergent advances in science have created unprecedented opportunities for surgeon scientists. We are the beneficiaries of the biological genetic revolution applied to medicine. These advances include the 'omics' (genomics, transcriptomics, proteomics, etc.) and systems biology. We have the ability to identify mechanisms and pathways, and develop biomarker signatures. We are in the era of stem cells and regenerative

biology; virtual reality and artificial intelligence; the incorporation of information technology and big data into medicine; and the digitalization of biology, drug, and biomarker discovery. There is increasing emphasis on translational research and team science, and a crucial need for surgeons with research skills to serve on these teams. Perhaps most promising, the bedside-bench-bedside and marketplace "traffic" has never been greater.

This is not to say that the path to innovation is easy. But innovation is essential to keep pace, maintain Darwinian fitness, and remain relevant. The elements are known. First, as a specialty, we must encourage and evolve a tradition of life-long learning in residency and fellowship. Our focus on 'getting through the exam' is counterproductive. We must train sub-specialists to represent us amongst experts from other sectors and domains. This requires formal training in the elements of basic scientific research. We must recognize environmental pressures on proceduralism, RVUs, and case volume. For physicians on the academic track who acquire research training, we have a responsibility to reduce the number of years of training involved. We should actively incorporate simulation technology to shorten the learning curve in training. Such individuals must be supported by salary awards, mentoring, and role models. Programmatically trained experts with research expertise will lower the risks of proceduralism, attract grant funding, and facilitate industry partnership.

Urology residents have a choice. Clinical urology is gratifying, fulfilling, and challenging. However, by developing a strong research focus, we have the opportunity to engage in the incredible revolution in biology that we are blessed to be living through. Urologists with the appropriate skillset can participate in research that provides intellectual stimulation and brings them into contact and collaboration with brilliant scientists. They may make discoveries and inventions that change clinical practice. Further, by doing research and publishing regularly, one becomes part of a worldwide fraternity of other investigators with similar interests. These relationships can develop into very close friendships. The benefits are incalculable.

There is nothing more penetrating than the human imagination and the human capacity for reason. The most dazzling scientific and medical breakthroughs first emerge from the interior worlds of individual minds. These ideas and the individuals who develop them need to be trained, nourished and cultivated. That individual may be unknown, unrecognized, under-resourced, and lacking in confidence. That individual may be you! ●

Pseudojournals and Predatory Practices: Avoiding the Minefield



Rajeev Kumar, MD, MCh
Professor of Urology and Associate Dean
All India Institute of Medical Sciences, New Delhi, India
Scientific Co-Chair, SIU
Editor, *Indian Journal of Urology*

Publishing scientific research began in the mid-1600s and the Philosophical Transactions¹ of The Royal Society is one of the oldest known journals that still continues to publish. The original concept behind such publications was to disseminate information rapidly and widely since other means of communication were slow and limited. The primary objective was to help mankind benefit from new discoveries. Over the years, journals have continued to aim for such lofty, altruistic goals but have had to confront a growing body of 'research' which cannot be accommodated within their pages and, often, does not even deserve it. This has led to rejection rates in the range of 90% or higher for many good journals.

Scientific publications, today, have become critical for many reasons other than pure dissemination of knowledge. Billions of dollars spent in drug discovery and device manufacture would be wasted if trials evaluating their outcomes were not published. Academicians would not get promoted, get research funds, or invitations to conferences if they didn't publish.² Overall, the pressure to publish has increased and this, at times, leads researchers to try to use shortcuts and publish dubious research.

The hallmark of good scientific publications is peer-review. Since it is nearly impossible for anyone to actually verify the data published in a paper, science relies on the opinion of peers to determine the validity and quality of a paper, as well as their critiques for its improvement. While peer-review is hardly perfect, it is the best method that we currently have to determine suitability.^{3,4}

Given the high demand among researchers to publish, business models that cater to the demand have sprung up surreptitiously. Many 'journals' now exist that offer guaranteed, rapid publication for payment of a fee with little or no peer-review. By doing away with peer-review, they provide no quality checks and dubious science floods the

public domain. These 'journals' were initially termed 'predatory' since they preyed on naïve scientists' need to publish. However, it now appears that many authors are willing partners who publish in them in order to avoid peer, despite knowing their questionable ethics. The term used for such journals now is pseudojournals.⁵

Pseudojournals now account for half a million articles every year and there is no sign that they are abating.⁶ They use aggressive marketing strategies to solicit articles from potential authors, flooding inboxes with invitation emails. Many use names that are very similar to reputed existing journals, have websites that resemble them, and may even hijack websites of existing journals. They often list prominent academics as members of their editorial boards, usually without their approval. Keeping a step ahead of regulatory authorities, many claim to have an 'impact factor', a term widely assumed to be a sign of academic quality when issued by the Web of Science.⁷ However, their impact factors are usually issued by fraud entities.

Genuine researchers need to be aware of the existence of pseudojournals. Manuscripts submitted to them cannot be reclaimed or published elsewhere even if the researcher discovers the fraud. The manuscript is thus effectively lost. Citing such publications in a presentation or on the curriculum vitae is viewed either as naïveté or an attempt to cheat, neither of which is favourable to the researcher.

A number of organizations have made efforts to educate researchers about the pitfalls of such entities and help identify genuine journals. The World Association of Medical Editors⁸, the Committee on Publication Ethics⁹, and the website thinkchecksubmit.org are some examples. Additionally, within the urology community, the Urology Green List is a resource that can prove helpful.¹⁰ ●

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11th Focal Therapy Symposium: A Focus on the Future

by Thomas J. Polascik, M.D., F.A.C.S.

The 11th International Symposium on Focal Therapy and Imaging in Prostate and Kidney Cancer was hosted from February 9-11, 2019 by Osamu Ukimura, MD PhD in the beautiful and historic city of Kyoto, Japan. This event marks the first time the Focal Therapy Symposium has come to Asia, after having alternated between Europe and North America during the last decade. There were 60 faculty members in attendance who delivered outstanding scientific presentations, lively debates, and moderated panels on imaging and focal ablation of prostate and kidney cancer. Twenty-seven countries were represented at the event. In total there were four workshops, two entirely in Japanese. The symposium began with a day-long prostate mpMRI and biopsy course using hands-on workstations. There was a workshop and video on

various ablation techniques and tricks. One of the highlights of the meeting was the flagship video session *"This is how I do it."* Two consensus panels used the Delphi method to derive consensus on *"Follow-up strategies after prostate focal therapy"* and the *"Position on focal ablation for the small renal mass."* Sessions included many new topics such as virtual and mixed reality, spatial tracking, 3-D printing, and triple fusion techniques. Attendees and faculty were able to share their experiences with image-guided minimally invasive treatments. Dr. Ukimura treated the faculty to a traditional Japanese dinner complete with the top Geisha house in Kyoto! The upcoming 12th International Symposium will be hosted in the thriving metropolis of Washington, DC from February 9-11, 2020. We invite you to join us! ●



NOW AVAILABLE ON SIU ACADEMY

NEW EDUCATIONAL VIDEOS

The Role of Thromboprophylaxis in Urological Cancers

In this programme, Canadian experts Bobby Shayegan and Philippe D. Violette discuss the new EAU guidelines on thromboprophylaxis in urological surgery.

FACULTY

Chairs

Philippe D. Violette
Canada

Bobby Shayegan
Canada

These educational activities have been funded by
SIU Corporate Sponsor



Emerging Landscape in the Treatment of Advanced PCA

In this programme, Bertrand Tombal (Belgium), Frederic Pouliot (Canada), and Bobby Shayegan (Canada) offer insights on treatment sequence strategies, with a focus on individualizing treatment in patients with advanced PCa. This programme utilizes case-based examples, incorporating a discussion of key clinical trial results, evidence-based guidelines and consensus recommendations.

FACULTY

Moderator

Bobby Shayegan
Canada

Panel of Experts

Bertrand Tombal
Belgium

Frédéric Pouliot
Canada

Ask the Experts: Intermittent Androgen Deprivation Therapy: For Whom, When and How?

In this Ask-the-Experts programme, our top-tier Canadian experts explore how IADT is influenced by:

- PSA level thresholds
- Co-morbidities
- Metastatic status
- Concurrent therapies
- And many more important factors

FACULTY

Moderator

Neil Fleshner
Canada

Panel of Experts

Laurence Klotz
Canada

Fred Saad
Canada

These educational activities have been funded by
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CME ACCREDITED ACTIVITIES

Evolution of Treatment Pathways in the Advanced Prostate Cancer Continuum

Through a case-based approach, our international faculty give their expert insights on the latest results of the LATITUDE and STAMPEDE clinical trials in patients with advanced PCa.

SCIENTIFIC DEVELOPMENT COMMITTEE

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Nicholas James
United Kingdom

This programme is accredited by the European Accreditation Council for Continuing Medical Education (EACCME).

This educational activity was supported by SIU Corporate Sponsor, Janssen Oncology.

The Evolution of Treatment for RCC: Is Combination Immunotherapy-Targeted Therapy the New Standard?

This CME accredited activity will provide updates on tumour immunology, biomarkers of response to immunotherapy, clinical outcomes, and management of immune-related adverse events in patients with renal cell carcinoma (RCC).

FACULTY

Chair

Thomas Powles
United Kingdom

Scientific Committee

Laurence Albiges
France

Enrique Grande
United States

Applications of Immunotherapy in Bladder Cancer

This patient case-study will focus on applications of immunotherapy in bladder cancer. The goal of the programme is to increase the urologist's ability to leverage the most recent therapies in advanced bladder cancer treatment (immune checkpoint inhibitors) to improve clinical outcomes and patients' quality of life.

FACULTY

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These programmes have been submitted to the European Accreditation Council for Continuing Education (EACCME) and are awaiting CME approval.

These programmes are made possible by an unrestricted educational grant provided by SIU Corporate Sponsor, F. Hoffmann-La Roche Ltd

SYMPOSIUM

LUTS/BPO: An International Panel Discussion on the Impact of Treatment on Sexual Function

This interactive discussion featured regional issues related to the management of patients with LUTS/BPO and sexual dysfunction. During this session, the international panel of experts explored the safety of pharmacological interventions and surgical therapies for LUTS/BPO.

FACULTY

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Stavros Gravas
Greece

Scientific Committee

Mauro Gacci
Italy

Sung Chui Kam
South Korea

Claus G. Roehrborn
United States

Satoru Takahashi
Japan

This educational activity was supported by an educational grant from GlaxoSmithKline.

Grand Rounds

Webcasts from the eGrand Rounds on Stone Disease and BPO, held on October 4 in Seoul, South Korea are now available. The panel of experts lead by Jean de la Rosette, Hyung Keun Park, Ill Young Seo, and Thomas Herrmann dive deeper into state-of-the-art surgical techniques for treating renal stones and benign prostatic obstruction.

Watch webcasts from the eGrand Rounds on surgical approaches for BPH, stones, and bladder and kidney cancers held on January 22 in Hong Kong. The panel of experts led by Jean de la Rosette share the latest surgical techniques for treating prostate and stone disease, as well as bladder and kidney cancers.

These activities are supported by SIU Corporate Sponsor



Jean de la Rosette and Lukas Lusuardi and a panel of experts share cutting-edge surgical techniques for treating bladder cancer and stone disease during the eGrand Rounds on surgical approaches to BPO, stone disease, UTUC, and bladder tumours, held on November 30 in Salzburg, Austria.

eGrand Rounds were held January 31 in Porto, Portugal on surgical management of kidney stones. The high-profile international faculty lead by Jean de la Rosette and Manuel Oliveira demonstrate cutting-edge surgical techniques to manage kidney stones.

These activities are supported by SIU Corporate Sponsor



eSERIES

Androgen Receptor Pathway Inhibitors: The Next Generation

This eSeries provides up-to-date information on the two novel androgen pathway inhibitors. The recently approved apalutamide and the investigational agent darolutamide (ODM-201, BAY-1841788) have been developed in an effort to address the unmet need for better outcomes and tolerability.

By: Kurt Miller, Germany

This programme was supported by SIU Corporate Sponsor



Overview of Management Options for Peyronie's Disease

This eSeries presentation discusses the pathogenesis, epidemiology, presentation, psychological impact and medical and surgical management of Peyronie's disease.

By: Faysal Yafi, United States

Alternative Reservoir Placement: Why, How, and When?

This eSeries presentation provides information on some of the finer points of alternative reservoir placement, including possible complications and how to avoid them.

By: Jay Simhan, United States

These programmes were supported by SIU Corporate Sponsor



COMING SOON



Watch our Social Media channels this month for the winners of the 2018 SIU Academy Awards!

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The winners will receive their awards during the 39th Congress of the SIU in Athens, Greece in October.

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SIU 2019

A step toward a greener future



With increased concern about global warming and climate change, many organizations and industries are working to reduce their carbon footprint and “go green”. By “going green” we at the SIU commit to gradually changing our operations to use products, work with suppliers and follow sustainable practices to have a less negative impact on the environment. Over recent years, the SIU has considered the various ways in which it can play its part in this global effort and we feel that the largest impact we can make is with the SIU Congress. While it can be difficult to change behaviour and adapt processes, the SIU truly values this initiative and has committed to the following:

- Ceasing production of the large final programme. This action will reduce paper use, environmental impact of production and shipping. The programme will instead be available digitally and SIU will replace with an enhanced programme-at-a-glance booklet and a more comprehensive Congress app.

- Reducing the amount of shipping related to promotional and printed items and other materials.
- Congress Lanyards will now be made of 100% recycled materials.
- Green eco-friendly badge paper will be used.



These are just a few of the small changes that will make a big difference and will help ensure that SIU Congresses remain a force for positive change in the international urology community and the global community at large.

For more information and to see additional ways that SIU 2019 is working to reduce its carbon footprint, visit the SIU Congress website: www.siu-urology.org/congress-2019/sustainable-events

Featured New SIU Member



Name: Nhat Minh Nguyen
Location: Hue City, Vietnam
Position: Fellow at Department of Urology, Hue University Hospital, Vietnam

My name is Dr. Nhat Minh Nguyen. I was born and raised in Hue, a beautiful ancient capital and the historical and cultural pride of Vietnam. I obtained my Medical Degree and Master of Surgery at Hue University of Medicine and Pharmacy. Later I completed a 1-year international fellowship at the Department of Urology, Inha University, Korea. Now I am a fellow in Andrology at Hue University Hospital. I am also currently a PhD candidate in the field of Sexual Medicine under the mentoring of Prof. Jun-Kyu Suh and Prof. Ji-Kan Ryu at National Research Center for Sexual Medicine and Department of Urology, Inha University, Korea.

I decided to apply to become an SIU member because I was really impressed by the SIU's mission and its great effort to enhance global education and research in the field of urology. As a young urologist in training, I was excited to access a wide variety of advanced education and training programs from SIU Academy's e-learning resources, SIU Congresses, meetings and other urological activities. The SIU also provides the opportunity for young urologists to apply for training abroad via scholarships at recognized training centers. Lastly, the SIU can inspire young urologists to develop their career through networking with urological experts from all over the world.

I think their international mission makes the SIU differ from other urological societies because it aims to improve urological care in all parts of the world. “Bringing urologists together” – that is a unique way to develop our society.

SIU Around the World ATHENS 2019
 39th Congress of the Société Internationale d'Urologie
 October 17-20
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in f #SIUWorld

#UroSoMe - Urology Goes Social



By Jeremy Teoh, Assistant Professor, The Chinese University of Hong Kong (CUHK).

#UroSoMe stands for 'Urology Social Media'. Since the introduction of the hashtag #UroSoMe on Twitter on 14th December 2018, it has received an overwhelming response among the urology community. #UroSoMe live events are conducted regularly, and they are currently managed by a group of enthusiastic urologists collectively known as the #UroSoMe working group.

By utilizing a simple hashtag specific to urology, the #UroSoMe working group wishes to unite the urology community and facilitate interactive discussions in a more effective manner. We come from different backgrounds and there is so much that we can learn from each other. Sharing of experiences, academic discussions and knowledge transfer should never be limited by geographical restrictions.

In order to engage the urology community to have fast and efficient interactive discussions together, the 1st #LiveCaseDiscussions was conducted at 4pm CET on January 5, 2019. The topic being discussed was stones, and a total of 9 complex cases were presented. Over the next two hours, #UroSoMe took off like a 'Fast & Furious' muscle car. It was overwhelming to learn about the differences in practice and hear about the innovative thinking of health care professionals from all around the world. The discussions carried on for the next few days, and the proof of concept live event was shown to be a great success.

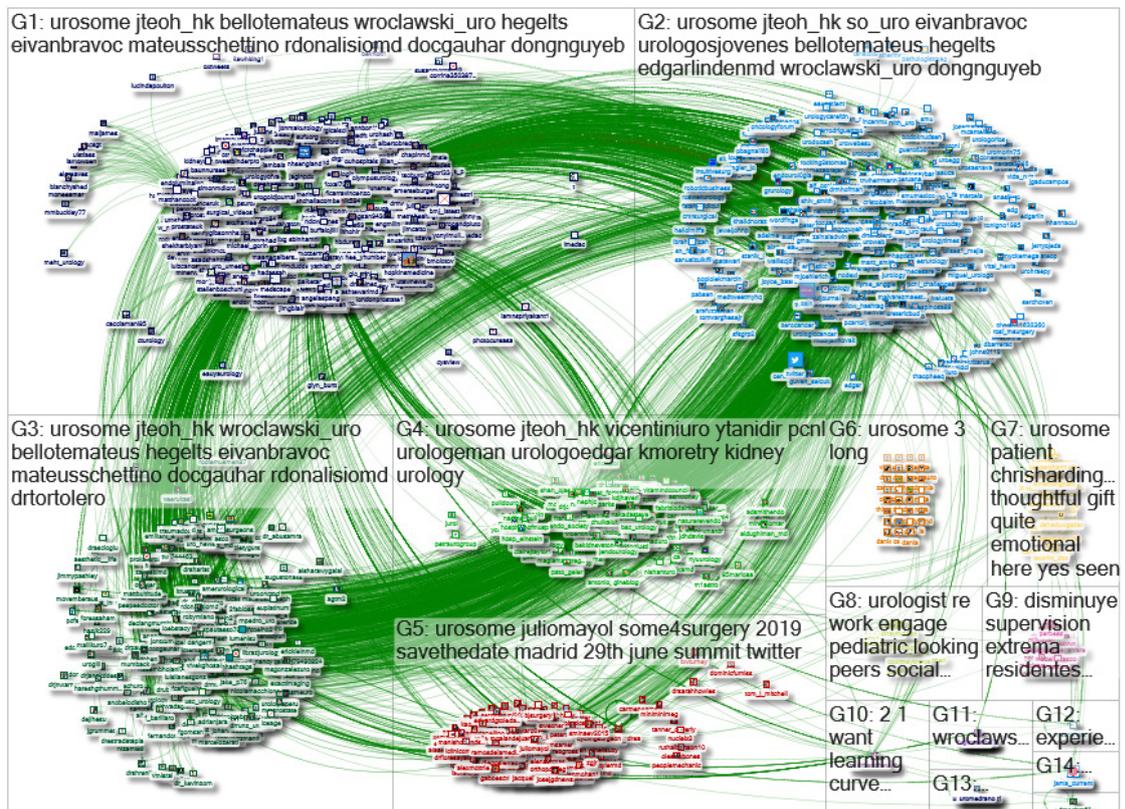
What have we achieved in the first month of #UroSoMe? Numerically, 1008 users, 17698 mentions, 1373 tweets and retweets, and 1003 replies. However, these figures are not important. The most important thing is that we get to unite a huge crowd of people within the urology community. We get to engage people from different disciplines to have constructive discussions together. We get to learn from each other and hopefully provide the best possible patient care in our clinical practice.

We believe there is so much more that #UroSoMe can offer. Apart from the #LiveCaseDiscussions on stones, we have also conducted the #LiveForum on BPH Surgery and the #LiveJournalClub on Research Priorities in Bladder Cancer. We are formulating other types of live events and exploring other possible applications of social media in urology. Stayed tuned for more exciting events in the future.

#UroSoMe has continued to grow and we would like to express our heartfelt gratitude for your support all along. For those who have not participated in any of the #UroSoMe live events, we would like to take this opportunity to encourage you to join this wonderful community. It is rather simple – start by using the hashtag #UroSoMe, tweet, retweet and engage yourself actively in the discussions. We look forward to meeting you soon! ●

The #UroSoMe working group

- @jteoh_hk
- @adelmesbah2
- @BelloteMateus
- @DocGauhar
- @DrTortolero
- @D_Castellani
- @EdgarLindenMD
- @ElvanBravoC
- @HegeltS
- @JontxuM
- @gudaruk
- @MarcelaPelayo
- @RdonalisoMD
- @Urologeman
- @wroclawski_uro
- @zainaladwin



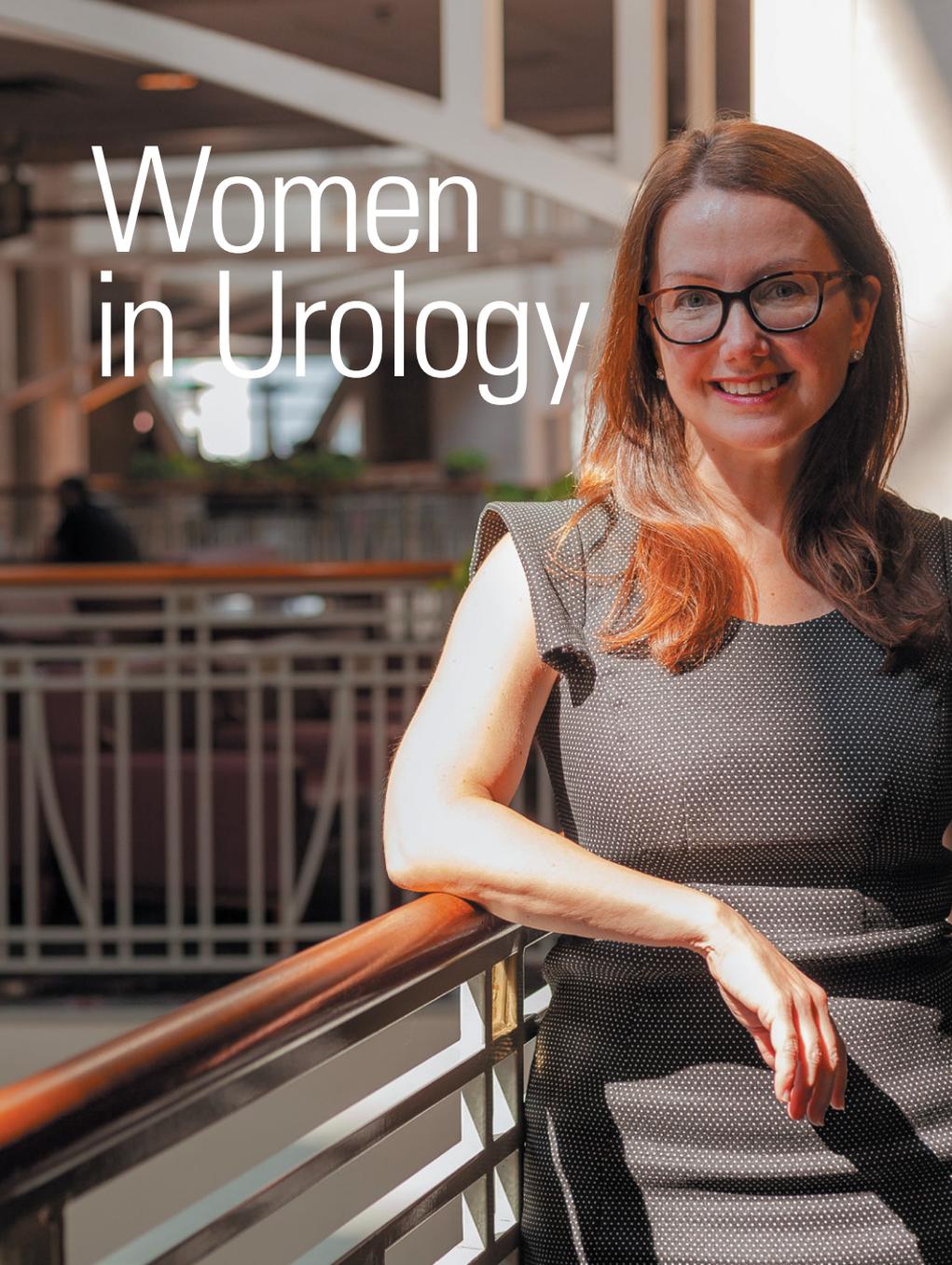
Coming Soon

SIU @ U

SIU Around the WORLD ATHENS 2019

39th Congress of Société Internationale d'Urologie
October 17-20

Women in Urology



“Remain Open To Your Mentors”

Dr. Elise De shares her experience of becoming a urologist in the United States

It is an honor to write for the SIU about my career as a female in urology. I would like to acknowledge the contributions of women like Farzaneh Sharifiaghdas and Helen E. O’Connell who authored pieces in prior SIU newsletters about pioneering female urology in Iran and Australia, respectively. I would also like to recognize Mary E. Childs MacGregor, the first female to train in urology in the U.S. in 1928, and her mentee Elisabeth Pauline Pickett, who became

the first female board-certified urologist in 1962 (urologic oncology). Because of them and countless other women I admire from afar, my career is not entirely remarkable in the United States. However, I hope to inspire women within the SIU who may not have a suitable female colleague or mentor.

As a medical student on clinical rotations in 1998, madly task-oriented and with a tactile history, the surgical rotation was nearly a perfect fit. However, I loved the psychosocial side of medicine as much as the science. When I was assigned a patient with a colovesical fistula, the urology residents incorporated me into their team. A passion for the field developed and I don’t think my gender really occurred to me.

Gender was discussed a bit during residency interviews (e.g. my engagement ring). The program I chose was the one in which the faculty

commented openly on my gender, inviting mature discussion. Yet once I matriculated, the program nurse said, “The only woman who has ever graduated from this program was basically a man.” His comment – although irritating – guaranteed I would succeed. I would certainly not put the next female resident in a bad position.

There were moments, relationships, and attitudes in which I felt gender impacted my opportunities. But for every negative impact there was a positive one. For example, most people knew who I was within my AUA sections due to my gender. My job was just to deliver good content. Some of the nurses were fabulous during training. I had very good luck with job offers. And when I chose Female Pelvic Medicine and Reconstructive Surgery, my gender may have been part of what filled my clinics so quickly.

My recommendation to women who are training or working in environments with a lower percentage of female colleagues is: remain open to your mentors. Although my female fellowship director O. Lenaine Westney has been the most important mentor in my career, as with many women in urology, most of the people who have developed, taught, and nurtured me have been male. Due to the history of our field, I have only had the opportunity to work under a male Chairman and, in my roles within the International Continence Society (currently as Chair of the Education Committee), under male General Secretaries. These men have seen my potential, challenged me to achieve it, and kept me on track with their high expectations and faith in me. I have deep gratitude to all of them. One male faculty member actually closed his office door when I was 30 and told me that should I wish to start a family, it would never be a good time, but the residency would manage. In many respects I have him to thank for the timing of the birth of my 16 and 13 year-olds, and I presume some advocacy behind the scenes.

Just as we expect our male colleagues to work with us without the lens of gender (and certainly this article applies to residents and urologists with non-traditional gender identity and sexual orientation), we should approach our colleagues in the same manner. When something is amiss in the work environment, we owe it to our patients and to ourselves to uncover opportunities to improve performance first, and to suspect gender bias last. Needless to say, work environments with gender discrimination do remain and should not be tolerated by individuals or the institutions.

In the future, the genders of department leadership, faculty, and trainees will simply be part of the texture of a program, and not a special story to tell. But for today, we who are women in urology can celebrate our intelligent career choice. ●

SIU Around the WORLD



The first 6 months of 2019 have now passed, and SIU has already been around the world, participating at various national society meetings and events! Perhaps you saw an SIU Lecturer at one of these meetings?

February

- Patrick Coloby at the Pan Arab Continence Society in Cairo, Egypt
- Sanjay Kulkarni at the Bangladesh Association of Urological Surgeons in Srimongol, Bangladesh
- Stavros Gravas and Serigne Gueye at the Saudi Urological Association Meeting in Riyadh, Saudi Arabia
- Jean de la Rosette and Pilar Laguna at UROCON meeting in Pokhara, Nepal

March

- Rene Sotelo, Rafael Sanchez Salas, and Kurt McCammon at the Colegio Mexicano de Urologia meeting in Monterrey, Mexico
- Damien Bolton at the European Association of Urology in Barcelona, Spain
- Kurt McCammon at the Pan African Urological Surgeons Association in Abidjan, Ivory Coast

April

- Jean de la Rosette at UROFAIR in Singapore
- Rafael Sanchez Salas at the Cyprus Urological Association in Limasol, Cyprus
- Pilar Laguna, Jean de la Rosette, Thomas Herrmann and Stavros Gravas at the Turkish Endourology Society in Antalya, Turkey
- Rajeev Kumar at the Urological Association of Australia and New Zealand in Brisbane, Australia
- Jean de la Rosette and Simon Tanguay at the Japanese Urological Association in Nagoya, Japan

May

- Sean Elliott at the American Urological Association in Chicago, United States

1 People were lining up to take the I-O Challenge at the SIU booth during EAU 2019 in Barcelona this past March.

2 Rene Sotelo presents during the Congreso Internacional del Colegio Mexicano de Urologia Nacional in March.

3 Stavros Gravas presents during the Saudi Urological Association Meeting in February.

**Immunotherapy in Bladder Cancer:
Are you ready?**

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#IOCHALLENGEU