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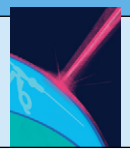
15 
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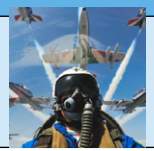
23-24 
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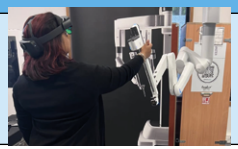
41 
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EMUC24 breaks all attendance records

A congress recap and the power of multidisciplinarity

By Erika De Groot and Stephanie Fitts

With a record-breaking attendance of 1,500 delegates from 75 countries and the auditoriums packed to capacity, the 16th European Multidisciplinary Congress on Urological Cancers (EMUC24) took place from 7 to 10 November 2024 in bustling Lisbon, Portugal.

The scientific programme comprised 20 Plenary Sessions (some of which focused on artificial intelligence [AI], including dedicated sessions courtesy of the Kidney Cancer Association); four hands-on training (HOTs); two European School of Urology (ESU) courses; the Fellowship in Anatomic deLineation and CONtouring (FALCON) Workshop; the European Society of Uropathology (ESUP) Symposium; and the "Soft skills" session organised by the Young Academic Urologists (YAU), to name a few. The congress commenced with EAU Section of Urological Imaging sessions, which was spearheaded by Section Chair Prof. Francesco Sanguedolce (ES).

EMUC24 was organised through the collaborative efforts of the European Society for Medical Oncology (ESMO), the European SocieTy for Radiotherapy and Oncology (ESTRO), and the European Association of Urology (EAU), represented by Congress Chairs Prof. Karim Fizazi (FR), Dr. Alison Tree (GB), and EAU Secretary General Prof. Arnulf Stenzl (DE), respectively.

Read on for some of the EMUC24 highlights presented during the "Take-Home Messages" session.

Pathology matters

Chair of the EAU Section of Uropathology, pathologist Prof. Maurizio Colecchia (IT) initially cited the presentation **"AI in genitourinary cancer pathology"** by Dr. Yuri Tolkach (DE) which concluded that the prerequisite for using AI tools in pathology includes establishing digital pathology infrastructure and that at present, there is no reimbursement mechanisms for using AI tools.



The panel of Plenary Session 14: Challenges in advanced prostate cancer

On AI's role in grading urologic cancers, Prof. Colecchia also discussed Dr. Gladell Paner's (US) **presentation**, which stated that AI has comparable accuracy and reproducibility in grading of prostate cancer (PCa) with uropathologists. In addition, it can enhance PCa grading by assisting pathologists, identify other grade-derived elements (e.g. cribriform pattern and Gleason pattern 4 percentage), and help pinpoint the most objective morphometric features for grading bladder cancer.

However, the limitations of AI in the histopathologic diagnosis of PCa include costly digital pathology workflow; required human supervision; susceptibility to changes in input data leading to variable performance; lack of accountability for missed diagnoses, large-scale studies, and regulatory guidelines in the deployment of AI tools, to mention a few.

Some of the future prospects of AI-based diagnostics for PCa mentioned in Dr. Paner's presentation included to help improve the understanding of PCa biology and beyond, and combine pathology with radiomics and genomics to provide the highest level of integrated diagnosis for urologic cancers.

Prof. Colecchia also cited Dr. N. Papanikolaou's (PT) **presentation** on AI's role in the EUropean Federation



Adding another skills set at the HOT in prostate MRI reading

for CAncer IMages (EUCAIM) project. EUCAIM aimed to prevent the reproducibility crisis when dealing with imaging biomarkers, radiomics, and low level-of-evidence results; build an atlas of cancer images and stimulate AI research on images; and establish a network of distributed data repositories to foster federated machine learning/deep learning models and facilitate observational studies.

Prof. Colecchia also provided insights from the **poster** by Dr. Manju Mathew (GB), et al. which covered the concordance among mpMRI, biopsy, and surgical findings in patients undergoing prostatectomy. The conclusion was "Studies prior to the use of mpMRI showed a discordance in the

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Gleason scores between biopsy and surgical samples. Our analysis has displayed that since having adopted pre-operative MRI to guide biopsy, there is lower discordance between the two samples. The findings also highlight that occult MRI lesions exist in the prostatectomy cohort. Therefore, post-treatment MRI monitoring after focal therapy and in active surveillance cohorts should not only be considered to monitor the known disease, but also to survey for progression of disease which may not have been initially visible or sampled at biopsy."

Watch the full presentation of the pathology take-home messages **here.**

Radiation oncology essentials

Radiation oncologist Prof. Thomas Zilli (CH) provided updates on radiation oncology such as excerpts from Prof. Christophe Hennequin's (FR) **presentation** on the GETUG 18 trial wherein high-risk patients with at least one risk factor who received 80 Gy dose-escalated radiotherapy (RT) with three years of androgen deprivation therapy (ADT) showed improved progression-free survival (PFS), cancer-specific survival (CSS), and overall survival (OS) without an increase in toxicity rates.

Prof. Zilli cited the **presentation** on various views on AI by Dr. Jan Peeken (DE) such as for risk classification (using AI for histology) and in the radiotherapy workflow to improve volume definition, treatment panning, and adaptive treatment delivery.

The **abstract** by Ms. Evelien Van Altena (NL) was also discussed by Prof. Zilli which stated that PSMA



Organised by the Kidney Cancer Association, the WoodFire® session comprises rapid-fire debates on RCC



Attendance at the EMUC congresses has grown over the years; EMUC24's auditoriums are packed

PET/CT can detect recurrences before the Phoenix criteria (nadir + 2ng/mL) at less advanced stage in 77% of the patients who were treated with definitive RT. This translates to a better outcome and potential for salvage local treatments or metastasis-directed therapy (MDT). Additionally, early PSMA-PET is associated with a delayed onset of ADT, castration-resistant prostate cancer (CRPC), and longer OS.

Prof. Zilli provided insights shared during the "Debate: Towards evidence for local tumour control in metastatic RCC". With regard to Dr. Anna Bruynzeel's (NL) **presentation** on stereotactic ablative body radiotherapy (SABR), he quoted the results of the FASTRACK II trial: 100% control rate and CSS, and 99% freedom from distant failure, with a minimal impact on renal function. He stated, "SABR is a highly effective and well-tolerated treatment option in patients with primary renal cancer. SABR as an alternative treatment option ticks all the boxes; it avoids general anaesthesia, can treat peri-hilar and large tumours, and it is non-invasive."

Another notable **abstract** was cited by Prof. Zilli which focused on the RE-ARM trial results. Prof. Robert Huddart's (GB) abstract stated that data were limited due to early closure, and RT failed to improve response in metastatic urothelial carcinoma treated with atezolizumab when used with an immunomodulatory intent.

For the full presentation on the take-home messages about radiation oncology, please click **here.**

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Colophon

European Association of Urology



Prof. Sanguedolce leads an imaging session on AI, covering diagnosis and response therapy

Insights in urology
Chair of the European Urological Scholarship Programme Prof. Axel Merseburger (DE) presented the key takeaways in urology. He cited the **abstract** by Prof. Zilli which concluded that in patients with a very high-risk localised or locally advanced PCa treated with external beam radiotherapy (EBRT) and long-term ADT (i.e., 18 to 36 months), the gonadotropin releasing hormone (GnRH) antagonist degarelix compared to luteinizing hormone-releasing hormone (LHRH) agonists failed to achieve a better PSA nadir within 6 months after EBRT, to improve PFS and urinary function. However, results of the trial suggest a reduction with degarelix in the risk of developing cardiovascular events (CVEs) and treatment-related deaths in patients with a previous history of a CVE.

Regarding penile cancer, Prof. Merseburger mentioned the **poster** by Ms. Ranya Kumar (GB), et al. which centred on the European report of long-term follow-up demonstrating the oncological safety of video-endoscopic lymph node dissection (VEILND). It has comparable outcomes of recurrence, OS and CSS with significantly reduced complication rates and length of stay in penile cancer at a minimum of eight years and a mean of 11.3 years follow up.

On the topic of testicular germ cell tumours (TGCTs), Prof. Merseburger provided insights from the **abstract** of Dr. Panagiotis Vlachostergios (GR). It illustrated that the potential value of two novel microRNA (miRNA) signatures which could be useful in differentiating between various subtypes of TGCTs upon prospective validation. This might be particularly useful for both diagnostic and prognostic purposes and allowing for patient stratification to different treatment options.

Prof. Merseburger cited the **abstract** of Dr. Antoni Vilaseca (ES) which focused on TAR-210, a novel intravesical drug delivery system. The abstract stated that TAR-210 was designed to release sustained local erdafinitib for three months in the bladder. The first-in-human results showed that TAR-210 demonstrated promising clinical activity in patients with fibroblast growth factor receptor (FGFR)-altered high-risk non-muscle invasive bladder cancer (HR-NMIBC) and intermediate-risk NMIBC (IR-NMIBC). Based on these first-in-human results, the phase 3 MoonRISe-1 study in FGFR-altered IR-NMIBC has been initiated.

Prof. Merseburger also shared insights from the **presentation** of Dr. Tamás Fazekas (HU) which touched on the OLIGOMET study. The presentation centred on the outcomes of local treatment for oligometastatic PCa diagnosed using PSMA PET imaging. The outcomes included CRPC-free survival, radiographic PFS, and clinical PFS. The study is currently collecting local treatment-related outcomes (e.g., pathological outcomes, complications, and functional outcomes) and survival outcomes (e.g., OS, CSS, and radiographic response).

(Re)view the key takeaways in urology **here.**

On medical oncology
Medical oncologist Dr. Elena Castro (ES) underscored the two overarching themes of EMUC24: multidisciplinarity and the rapidly evolving



The poster viewing is in full swing at EMUC24



Designed by the YAU, the new "Soft skills" session focuses on patient communication, empathy, and leadership strategies

focus on genitourinary cancers (e.g., “new imaging techniques shaping the way we stage patients”).

In addition to commenting on the aforementioned abstracts of Prof. Huddart and Dr. Vlachostergios already discussed by her colleagues, Dr. Castro cited the **poster** by Dr. Ugo De Giorgi (IT), et al. which assessed the impact of talazoparib-dose reductions regarding the efficacy of combined talazoparib and enzalutamide treatment in patients involved in the TALAPRO-2 (TP-2) study.
The conclusions included that talazoparib-dose reductions do not appear to lead to detrimental effects in clinical outcome, mostly maintaining quality-of-life endpoints. This information could contribute to the optimal clinical management of patients with metastatic castrate-resistant prostate cancer (mCRPC).

Another noteworthy **poster** that Dr. Castro mentioned was provided by Dr. Alejo A. Rodriguez-Vida (ES), et al. which concluded that in patients in the TITAN study who have high disease burden defined as >10 bone metastasis, the combination apalutamide (APA) and ADT resulted in robust long-term benefit in OS, rPFS and PSA response, compared to placebo and ADT. The findings provided strong evidence in favour of early intensification with APA in metastatic castrate-sensitive prostate cancer (mCSPC) patients with features of a more aggressive disease.

Learn more about the take-home messages on medical oncology in detail **here.**

Explore all congress presentations, abstracts and presentations via the **EMUC24 Resource Centre**. In addition, check out the **news coverage** straight from the congress floor.

Talk the talk and walk the walk!

How do we put the patient first in functional urology?



Dr. Michael Van Balken
Board member, EAU Section of Functional Urology
Arnhem (NL)

Doctors always bear their patient's interest in mind. It's even in their 2000-year-old oath. They use their experience as well as knowledge, gained over the years by research, to obtain the most successful outcome for whoever comes for help. However, 'the most successful outcome' many times proves to vary depending on who you're asking. Especially in functional urology, with diseases that are mostly not life-threatening, but do impact quality of life a lot, many factors contribute to patient satisfaction, or dissatisfaction. Hence, doctor formulated definitions of success may not fully comply. The shared decision-making process should align patient expectations and what doctors can offer, but although the latter think they are doing a great job, patients, for example in urological oncology, feel not much has changed over the last decade. [1]

This article summarises the initiatives taken by the EAU and the EAU Section of Function Urology to improve shared decision making for functional urology patients.

Get to know your patient

The EAU Section of Functional Urology is committed to keeping in close contact with groups of patient advocates, on a national level and/or internationally. Very well-known is the WFIPP (World Federation of Incontinence and Pelvic Patients [2] and already several initiatives were organised in close collaboration with them. These organisations add inestimable value to the conversation and the future direction of optimal individual patientcare. However, for quite a few urological problems under the realm of 'functional urology', patient organisations simply don't exist. Besides that: does a patient organisation really represent 'the patient?'. Or the ones suffering, but not yet seeking for help? We want to actively invest time in understanding these groups.

"The EAU Section of Functional Urology is committed to keeping in close contact with groups of patient advocates..."

Large-scale epidemiological studies, such as the LUTS Poland study with over 6,000 participants, provide valuable insights into understanding the scale of the problem, why one seeks help or not and what elements prove important in treatment continuation and satisfaction with therapy outcome. [3] The same goes for other partners, like the EAU Policy Office, supported by EAU Section of Functional Urology and others, have conducted Europe-wide investigations into the impact of urinary incontinence, highlighting not only its effects on individuals' lives but also its socioeconomic consequences. [4]

Optimal information exchange

Patients can only truly become involved in a shared decision-making process if information provided on disease, complaints and treatment is both trustworthy and easily accessible. Content can be found on the EAU Patient Information website. [5] This information is not only guideline-based and updated with every guideline adjustment; a lot of energy is also put into making the information as understandable as possible. For example, the text is reviewed by a lay language panel and much info is offered via easy-to-understand spoken animations. And a big step is that through artificial intelligence in cooperation with national societies, the information can start to be delivered cheaply in many European languages other than English.



On 25 September, the Manneken Pis in Brussels donned a set of scrubs as part of the "An Urge to Act" campaign

However, much work remains to be done. The form of information delivery can still be improved, as can reaching patients, especially for some with limited internet access or a lack of digital/health literacy. Besides, giving information is one thing, asking for information is another challenge. Particularly in the functional urology frequently used voiding diary and IPSS. These are difficult for many patients to understand and complete. [6] Optimising shared goals will also require work on this part.

PROMS

Even if patients are well informed and doctors know what their patients want to achieve, then no one can really make decisions until they know exactly what the outcomes are. Patient-reported outcome/experience measures play an important role in this. The patient provides feedback, so it is not the doctor who determines whether the outcome is favourable, and the patient can do so independently of the doctor, in relative anonymity and thus more fairly. But, there is a proliferation of PROMS, so outcomes are not yet easy to compare. More importantly, the items that make up PROMS are almost always drawn up by urologists. So, the PROMS are patient-reported, but not compiled by patients. The EAU Section of Functional Urology is therefore now working with other organisations also outside the EAU and together with the WFIPP on a PROMS set that is acceptable and usable for patients and urologists, anywhere in the world.

Lobby

Different to previous years, urologists and patients have become increasingly aware of the fact that there is more than the direct patient doctor relation to achieve common goals. Many functional urological problems suffer from the fact that there is still a taboo surrounding many of the disorders, that the non-life-threatening nature results in an underestimation of the problems and that, as a result, funds, attention from governments and other institutions and targeted support to be able to make great strides do not come close to conditions such as, for instance, cancer, cardiovascular diseases or diabetes. By trying to influence policy, through 'An Urge to Act' [4], at the European level, and through member states, the EAU Section of Functional Urology, as one of the partners in this project, is trying to contribute to change.

"Many functional urological problems suffer from the fact that there is still a taboo surrounding many of the disorders..."

Do patients have non-medical interests as well? In recent years patients have become more interested in topics that are in a certain way related to their problems, but not necessarily directly linked

Continued from page 4

to their disease. In functional urology, one of these topics is waste, sustainability and carbon footprint. The 'Urge to Act' report describes the enormous, estimated influence of urinary continence on climate change related issues. The EAU Section of Functional Urology acknowledges the need to reduce these consequences. This not only might be done by treating functional problems better, so products are no longer needed, but also by looking for more sustainable products or research on the need for sterile gloves and/or drapes during investigations, the use of tap water instead of sterile NaCl or the use of reusable catheters.

Besides having other goals, the EAU Section of Functional Urology also explicitly pursues optimal treatment outcomes. Not only according to the urologist's criteria, but especially according to the patient's. We are involved in many steps to achieve this. All elements will come together in the shared design making module that will be built in 2025: after prostate cancer hormone treatment, incontinence is the next topic that will be taken up with the Patient Office. Because: Patient first in functional urology right? The EAU Section of Functional Urology talks the talk and walks the walk!

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Opinion: Time to re-evaluate screening

The disconnect between PCa diagnosis and treatment

eau Outpatient



Dr. Stefan W. Czarniecki
Carolina Hospital Warsaw (PL)

The patient-physician encounter in the urology office setting is an opportunity to finally address and resolve the incongruity of linking overdiagnosis of prostate cancer to overtreatment, specifically the clinically insignificant cases. At the root of this dissonance is the complexity of screening for and treating of prostate cancer by completely disparate clinical groups.

It is useful to take a transatlantic perspective. The American prostate cancer screening question is not directly addressed by the American Urological Association (AUA) but, rather, predominantly by the U.S. Preventive Services Task Force (USPSTF) which has emerged as a powerful decision-making guide for American family physicians, where 60-85% of American PSA screening takes place.

What is the European equivalent of the USPSTF? The EAU has taken the lead in creating a continent-wide policy body via EU contacts and has launched the PRAISE-U project. This functions via a network of consortium members, aiming to encourage early detection and diagnosis of prostate cancer through customised and risk-based screening programmes for individual nation states. For now though, Europe is far more fragmented and diverse in screening approaches, and 60-75% of PSA screening is family physician prescribed.

"The EAU has taken the lead in creating a continent-wide policy body via EU contacts and has launched the PRAISE-U project."

What is the problem?
We have impactful prostate-specific antigen (PSA) screening capabilities firmly in the hands of family physicians, but the PSA screening tool is aging. The clinical utility of prostate MRI and biomarker pathways in screening strategies are testament to an even more complex landscape of challenges.

However, the challenge extends beyond screening. The moment prostate cancer is suspected or diagnosed, patients move from the realm of primary care into the domain of urologists and oncologists, so the treatment occurs nowhere near where the screening was initiated. This handoff creates a significant disconnect between the screening phase and those determining treatment, potentially perpetuating a cycle of misaligned goals and outcomes.

The decades-long discussion regarding the overdiagnosis of low-risk prostate cancer has done little more at times than lead to the development of strategies aiming to reduce the sensitivity for detecting prostate cancer. Is progress being made? Do we consider the never-ending saga around the U.S. Preventive Services Task Force (USPSTF) recommendation for (or at times against) prostate cancer screening a sign of progress?

For those that don't remember, in April 2017, the USPSTF issued a draft guideline that revised its 2012 recommendation against PSA screening for prostate cancer in all men. The new guideline supported individualised decision-making for men aged 55 to 69. However, as this change was based on limited evidence, it is likely to reverse once again. European nations are yet to come to a consensus on a future-proof approach, seeing sense in early detection.

As we increasingly know, screening for prostate cancer leads to a small reduction in disease-specific mortality over 10 or more years, but it does not affect overall mortality in this timeframe. It is not solely the screening as such that requires our reflection. The question of to screen or not to screen is not entirely valid if we fear over detection, as it is the bond between detection and overtreatment that is to be truly addressed. In my opinion, it is the urology office setting where this bond can be broken, and indeed, it should.

"For now though, Europe is far more fragmented and diverse in screening approaches, and 60-75% of PSA screening is family physician prescribed."

If, yet again we fail at this, withholding of public financing for the treatment of indolent disease, may be a solution. Some private insurers already exclude indolent prostate cancer from insurance claims, withholding payment for treatment and compensation of Gleason 6 prostate cancer. Maybe they know something we do as well, but employ the knowledge best?

EAU Section of Outpatient and Office Urology

Time to re-evaluate screening: indeed

Prostate cancer (PCa) is the number one male cancer in Europe and the third cause of cancer death in men. PCa is not preventable and is asymptomatic. Screening for PCa is known to reduce disease specific mortality but coincides with overdiagnosis and subsequent over treatment making it a complex issue where a balance between harm and benefit is crucial.

Currently, in most EU member states opportunistic screening is going on at impressive high rates. Opportunistic testing is uncontrolled and often applied within inappropriate age ranges (elderly and frail men) too frequently and not according to an individualised algorithm.
This leads to unnecessary testing, anxiety and imposing a high cost to our health systems. In addition, statistics show no improvement in PCa mortality.

Therefore, the EU council recommended in 2022 to explore the feasibility of setting up pilot studies in the different EU member states, applying a PSA based, individually tailored risk stratified screening algorithm using additional pre-biopsy clinical information, e.g. combined into risk calculators to identify those men who are at higher risk of harbouring a potentially life-threatening PCa. Only those men should be referred for further assessment with MRI and if indicated prostate biopsy.

The role of Primary Care, i.e. the General Practitioner or Family Physician is important to help men (or patients) to discuss all aspects of PCa, its natural history, and its early detection advantages and disadvantages. However, in the end, to assure participation from all men eligible, population-based screening programmes will need to be organised by a governmental organisation.

This organisation will, outside daily clinical practice apply the individually risk-based algorithm ensuring a uniform approach for all men. By working in an organised objective manner, the goal is to stop the ongoing expensive and inefficient opportunistic screening and at the same time decrease PCa morbidity and mortality.

The PRAISE-U project on smart screening of PCa is co-funded by the European Commission and coordinated by the EAU, bringing together 25 institutes from various EU countries that will need to report back by 2026 to the European Commission on the findings of 5 pilot studies that have recently been started in various countries.

Prof. Hein Van Poppel
Chair, EAU Policy Office
KU Leuven (BE)

Prof. Monique J. Roobol
Erasmus MC (NL)

Info:

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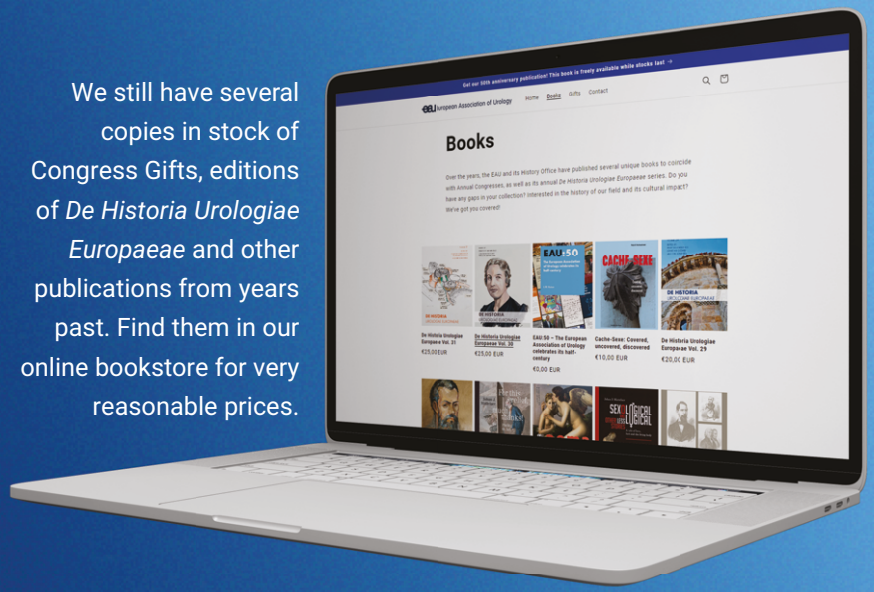

Browse the collection

eau European Association of Urology

Clinical challenge



Prof. Oliver Hakenberg
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The Clinical challenge section presents interesting or difficult clinical problems which in a subsequent issue of EUT will be discussed by experts from different European countries as to how they would manage the problem.

Readers are encouraged to provide interesting and challenging cases for discussion at h.lurvink@uroweb.org

Case study No. 81

A 42-year-old male patient with a hypospadias who underwent multiple operations in childhood complains of dysuria with incomplete bladder emptying. Clinical examination shows a meatus located at the coronal sulcus with a fair calibre. (Fig. 1)



Fig. 1



Fig. 2



Fig. 3

Discussion points:

1. What is your interpretation of his voiding urethrogram? (Figs. 2, 3)
2. Is it possible to bring the meatus to the tip of the glans?
3. Which treatment is advisable?



Case provided by:
Dr. Amin Bouker, Coral Medical Centre, Tunis, Tunesia.
E-mail: aminbouker@gmail.com

Reconstruction of the urethra in one or two stages



Comments by
Prof. Jalil Hosseini
Tehran (IR)

Co-authors: Dr. Farzin Soleimanzadeh, Dr. Rayka Sharifian Amiri

1. What is your interpretation of his voiding urethrogram?

If I were to comment on the image from distal to proximal, a narrowing area measuring like two centimetres is observed immediately proximal to the meatus; no other strictures are noted. In the bladder neck, a narrowing appears which is most possibly attributable to bladder neck hypertrophy, rather than an actual stricture. This should be confirmed with endoscopic findings. Multiple diverticula are observed in the bladder.

2. Is it possible to bring the meatus to the tip of the glans?

Yes, considering the size of the glans, it is possible to transfer the meatus to the tip of the glans in one or two stages using buccal mucosal graft for a wider urethral plate dimension.

3. Which treatment is advisable?

Reconstruction of the urethra in this patient may consist of a one- or two-stage repair. A one-stage repair is normally preferred unless there is logical concern about proper blood supply to the tubularised area with a single stage reconstruction. In case of a staged repair, the distal stricture and the open part of the urethral plate are addressed in the first stage, using oral mucosal graft augmentation. In the second stage, tubularisation of the urethra is performed up to the tip of the glans. This can be done all in one stage if everything goes really well.

As the incomplete emptying can be due to the urine inside the diverticula, the largest right side diverticulum may be resected with bladder wall repair in the diverticular neck area with meticulous care of the right ureter. Any endoscopic intervention for the bladder neck should be based on the presence of a real physical obstruction in that area. Bladder neck incision is an option in this case while an open intervention for the bladder neck - even in the case of open diverticulectomy - is not an appropriate choice.

Continued from page 7

Assessing bladder function



Comments by
Prof. Lee Zhao
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The voiding cystourethrogram (VCUG) reveals significant findings indicative of long-standing bladder outlet obstruction. There is an irregular bladder outline with two diverticula and bilateral vesicoureteral reflux, all of which point to chronic obstruction. The image also shows relative urethral narrowing at the penoscrotal junction and hypertrophic bladder neck. These findings suggest that the obstruction may have been present for an extended period, contributing to the patient's symptoms of dysuria and incomplete bladder emptying.

Before considering any surgical intervention aimed at advancing the urethral meatus, it is crucial to first address the underlying bladder dysfunction and any current outlet obstruction.

The next steps in the diagnostic workup should include cystoscopy to anatomically assess the bladder neck, urethra, and any additional areas of concern. Additionally, a urodynamic study and post-void residual measurement will be essential in evaluating bladder function and confirming whether there is ongoing bladder outlet obstruction or detrusor dysfunction.

Once bladder function is optimised and any obstructions are treated, the focus can shift to addressing the location of the meatus. Given this patient's history of multiple surgeries, a staged buccal mucosa graft urethroplasty could be considered to relocate the meatus to the tip of the glans. This approach minimises the risk of meatal stenosis, which is more likely in patients with significant scarring from previous surgeries. However, this procedure should be deferred until the bladder outlet obstruction is resolved and bladder function has been sufficiently restored.

Case study No. 82

A 50-year-old female with previous history of sarcomatoid bladder cancer underwent radical cystectomy (pT3a, pN0, cM0 R0) in 2007 with the construction of an ileal conduit. She now presents with a chronic inflammation of the stoma. This started in 2012 with severe and symptomatic peristomal skin changes (Fig. 1) without any evidence of disease recurrence. A variety of treatments were applied by stomatherapy (burn/nitrate, creams, plates, herbal medicines, egg whites). In 2014 biopsies were done which showed fibrous and inflammatory changes without atypia. She was then treated by a dermatologist and received local corticoids. None of this worked. In 2017 another biopsy was done with the same result as in 2014. Microbiology was also negative.



Discussion points:
1. Are further investigations required?
2. What management is appropriate?



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Case study No. 81 continued

The voiding urethrogram shows a distal penile urethral stricture and a poor bladder neck opening which were responsible for the post-void residual and bladder diverticula. Since the patient came from abroad, we decided to opt for a single-stage procedure without previous assessment of bladder contraction. Clearly, the glans was too narrow and the meatus could not be brought to the tip without a high risk of narrowing the urethral tube.

A proximal penile incision was made (Fig. 1) and the patient underwent a one-sided urethral dissection. The stricture was incised along its left dorsolateral aspect (Fig. 2) allowing a flexible urethroscopy to confirm bladder neck stricture, which was incised ventrally (Fig. 3). Cystoscopy was done to check the absence of stones or tumours in the diverticula. A tailored buccal mucosa graft was harvested from the cheek, defatted, and sewn to the left native urethral edge (Fig. 4) then quilted to the corpus cavernosa with 5/0 Vicryl sutures. The tube was closed without tension over a 20F catheter (Fig. 5) then a 14F Foley catheter was left for a 3-week period.

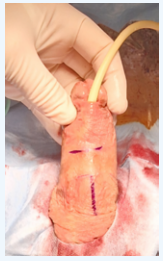

Fig. 1

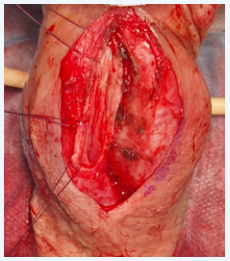

Fig. 2

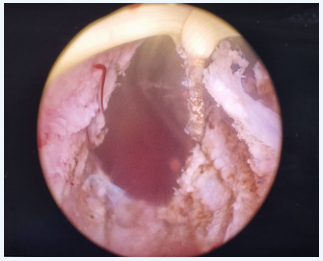

Fig. 3



Fig. 4

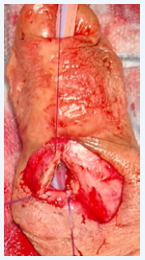

Fig. 5

As the patient was operated recently, there is no post-op urethrogram yet but uroflowmetry shows a Qmax rate at 23ml/sec.

Key articles from international medical journals



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Stewardship prompts to improve antibiotic selection for urinary tract infection

Urinary tract infection (UTI) is the second most common infection leading to hospitalisation and is often associated with gram-negative multidrug-resistant organisms (MDROs). Clinicians overuse extended-spectrum antibiotics although most patients are at low risk for MDRO infection. Safe strategies to limit overuse of empiric antibiotics are needed, and the objective of this study was to evaluate whether computerised provider order entry (CPOE) prompts providing patient- and pathogen-specific MDRO risk estimates could reduce use of empiric extended-spectrum antibiotics for treatment of UTI.

A cluster-randomised trial was performed in 59 US community hospitals comparing the effect of a CPOE stewardship bundle (education, feedback, and real-time and risk-based CPOE prompts; 29 hospitals) vs. routine stewardship (n = 30 hospitals) on antibiotic selection during the first 3 hospital days (empiric period) in noncritically ill adults (> 18 years) hospitalised with UTI with an 18-month baseline (April 1, 2017–September 30, 2018) and 15-month intervention period (April 1, 2019–June 30, 2020). The intervention was CPOE prompts recommending empiric standard-spectrum antibiotics in patients ordered to receive extended-spectrum antibiotics who have low estimated absolute risk (< 10%) of MDRO UTI, coupled with feedback and education.

"...compared with routine stewardship, the group using CPOE prompts had a 17.4% (95% CI, 11.2%-23.2%) reduction in empiric extended-spectrum days of therapy..."

The primary outcome was empiric (first 3 days of hospitalisation) extended-spectrum antibiotic days of therapy. Secondary outcomes included empiric vancomycin and antipseudomonal days of therapy. Safety outcomes included days to intensive care unit (ICU) transfer and hospital length of stay. Outcomes were assessed using generalised linear mixed-effect models to assess differences between the baseline and intervention periods.

Among 127,403 adult patients (71,991 baseline and 55,412 intervention period) admitted with UTI in 59 hospitals, the mean (SD) age was 69.4 (17.9) years, 30.5% were male, and the median Elixhauser Comorbidity Index count was 4 (IQR, 2-5). Compared with routine stewardship, the group using CPOE prompts had a 17.4% (95% CI, 11.2%-23.2%) reduction in empiric extended-spectrum days of therapy (rate ratio, 0.83 [95% CI, 0.77-0.89]; p < .001). The safety outcomes of mean days to ICU transfer (6.6 vs. 7.0 days) and hospital length of stay (6.3 vs. 6.5 days) did not differ significantly between the routine and intervention groups, respectively.

The authors conclude that compared with routine stewardship, CPOE prompts providing real-time recommendations for standard-spectrum antibiotics for patients with low MDRO risk coupled with feedback and education significantly reduced empiric extended-spectrum antibiotic use among noncritically ill adults admitted with UTI without changing hospital length of stay or days to ICU transfers.

The findings in this study underlines the value of monitoring infection prevalence, resistance and patient related risk factors, a practice pioneered by European urologists in the GPIU study which informed guidelines development, education of urologists and improved antimicrobial stewardship for two decades. The GPIU study is now being replaced by the Deep-Uro study which aims to de-escalate use of antibiotic prophylaxis in urology.

Source: Stewardship Prompts to Improve Antibiotic Selection for Urinary Tract Infection The INSPIRE Randomized Clinical Trial. **Shruti K. Gohil, Edward Septimus; Ken Kleinman, et al.** *JAMA. doi:10.1001/jama.2024.6259 Published online April 19, 2024.*

Risk factors of delayed graft function following living donor kidney transplantation: A meta-analysis

Delayed graft function (DGF) is a common condition that necessitates dialysis during the first week after transplantation. Although DGF rarely occurs following living-donor kidney transplantation (LDKT), it may eventually lead to acute or chronic graft rejection. This study assesses the risk factors for DGF in patients who underwent LDKT.

A systematic review and meta-analysis of studies published before August 2022 was conducted using the PubMed, Science Direct, Cochrane, and Directory of Open Access Journal (DOAJ) databases. The review included studies that assessed the incidence of DGF following LDKT and examined its risk factors, while excluding studies involving deceased donors. Potential risk factors were analysed using pooled mean differences or odds ratios with 95% confidence intervals (CIs). Review Manager 5.3 was used for the meta-analysis.

"Recipient body mass and male gender are risk factors for delayed graft function in live donor kidney transplantation"

Among the 13 included studies, 3,685 cases of DGF were identified in a total of 113,261 patients (3.25%). Potential risk factors for DGF following LDKT were examined across several aspects, including donor, recipient, donor/recipient relationship, and immunological and intraoperative factors. The identified risk factors included older donors (p<0.08), male recipients (p < 0.0002), higher recipient body mass index (p<0.0002), non-white recipients (p < 0.0002), pre-existing diabetes (p<0.0002), pre-existing hypertension (p < 0.02), history of dialysis (p < 0.0002), re-transplantation (p<0.005), unrelated donor/recipient (p < 0.03), ABO incompatibility (p<0.0001), higher panel reactive antibody levels (p < 0.0001), utilisation of right kidney (p<0.0001) and longer cold ischemia time (p < 0.005).

This analysis clearly identifies the risk factors for DGF following LDKT. These are essentially the same as for DGF after cadaver donor renal transplantation but the influence of recipient gender and body mass index is surprising.

Source: Risk factors of delayed graft function following living donor kidney transplantation: A meta-analysis. Tirtayasa PMW, Situmorang GR, Duarsa GWK, Mahadita GW, Ghinorawa T, Myh E, Nugroho EA, Kandarini Y, Rodjani A, Rasyid N.
Transpl Immunol. 2024 Oct; 86:102094 doi: 10.1016/j.trim.2024.102094

Prognostic impact of post-transplant diabetes mellitus in kidney allograft recipients: A meta-analysis

Post-transplant diabetes mellitus (PTDM) is a complex condition arising from various factors including immunosuppressive medications, insulin resistance, impaired insulin secretion, and inflammatory processes.. PTDM's impact on kidney transplant recipients, including patient and graft survival and cardiovascular mortality, is a significant concern, given conflicting findings in previous studies.

This meta-analysis is important in incorporating emerging evidence and exploring cause-specific mortality considerations. The authors screened the databases of PubMed, Ovid/Medline, Web of Science, Scopus and Cochrane Library and studies evaluating the effect of PTDM on all-cause mortality, cardiovascular mortality, sepsis-related mortality, malignancy-related mortality, and overall graft loss in adult kidney transplant recipients.

In 53 studies, a total of 138,917 patients were included. The analysis revealed a significant increase in all-cause mortality (RR 1.70, 95% CI 1.53 to 1.89, p < 0.001) and cardiovascular mortality (RR 1.86, 95% CI 1.36 to 2.54, p < 0.001) among individuals with PTDM. Moreover, PTDM was associated with a higher risk of sepsis-related mortality (RR 1.96, 95% CI 1.51 to 2.54, p < 0.001) but showed no significant association with malignancy-related mortality (RR 1.20, 95% CI 0.76 to 1.88). Additionally, PTDM was linked to an increased risk of overall graft failure (RR 1.33, 95% CI 1.16 to 1.54, p < 0.001).

This data analysis underscores the importance of comprehensive management strategies and the need for research targeting PTDM to improve the outcomes in kidney transplant recipients.

Source: Prognostic impact of post-transplant diabetes mellitus in kidney allograft recipients: A meta-analysis. Kanbay M, Siriopol D, Guldan M, Ozbek L, Topcu AU, Siriopol I, Tuttle K.
Nephrol Dial Transplant. 2024 Aug 12; doi: 10.1093/ndt/gfae185.

Evaluating 3D digital surgical models for improved oncologic and functional outcomes in radical prostatectomy

There are different treatment options for localised prostate cancer, with many providing comparable oncologic outcomes. Treatment choice is often guided by immediate side effects and long-term outcomes, particularly urinary and sexual function. For patients choosing robot-assisted radical prostatectomy (RARP), the surgeon faces the challenge of balancing cancer control with the preservation of functional outcomes. This balance primarily depends on determining the appropriate extent of surgical resection and the feasibility of nerve-sparing techniques. Efforts to assist surgeons in this decision-making process have gained interest, especially following the widespread adoption of multiparametric MRI (mpMRI) in the diagnostic pathway, which provides detailed insights into tumour localisation and anatomy.

Shirk and colleagues explored whether a three-dimensional (3D) digital model based on MRI and biopsy data could improve the oncologic and functional outcomes of RARP in a multicentre, single-blinded, randomised clinical trial. Patients were recruited from six major U.S. teaching hospitals and randomised to either standard preoperative planning or a planning approach that included a 3D digital model for the surgeon. Ninety-two patients were randomised: 51 in the control group and 41 in the intervention group. The primary endpoint, surgical margin status, has been previously published, and no significant difference was observed between the groups.

In these secondary analyses, the authors explored the effect of a 3D model on biochemical recurrence, sexual function, and urinary function at 18 months postoperatively. The study found that the intervention group had fewer cases of biochemical recurrence, defined as a PSA level > 0.1 ng/mL, with 0 cases compared to 7 in the control group (p = .01). Additionally, sexual function was assessed using the Sexual Health Inventory for Men (SHIM) scores, with patients in the intervention group reporting significantly higher scores than those in the control group (mean [SD] SHIM score: 16.8 [8.7] vs. 9.8 [7.7]; p = .002). No difference was observed in urinary continence.

Shirk and colleagues conclude that 3D surgical models enhance oncologic and functional outcomes, highlighting the need for further research to validate these findings in a more diverse patient and surgeon population.

As interest in advanced surgical planning tools grows, future studies will play an important role in further assessing the potential of 3D modelling in the improvement of patient outcomes in prostate and other urological cancer surgeries.

Source: Trifecta outcomes after use of 3-dimensional digital models for planning of robotic prostatectomy: A secondary analysis of a randomized clinical trial. Shirk JD, Reiter RE, Wallen EM, et al.
JAMA Netw Open. 2024 Sep 3;7(9):e2434143. doi: 10.1001/jamanetworkopen.2024.34143.

A systematic review on bladder outlet obstruction relief after medical and surgical therapies for LUTS

The article is a systematic review evaluating the effectiveness of both medical and surgical treatments for lower urinary tract symptoms (LUTS) suggestive of benign prostatic hyperplasia (BPH),



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particularly in terms of symptom relief and urodynamic improvements in bladder outlet obstruction (BOO).

"...patients undergoing surgery exhibit greater IPSS and BOOI improvements than those receiving medical therapy..."

The review summarises the results of 29 studies including 872 patients treated with medical therapies (14 studies) and 851 treated with surgery (15 studies). Symptom scores such as the International Prostate Symptom Score (IPSS) and urodynamic findings such as the Bladder Outlet Obstruction Index (BOOI) were evaluated.

Key findings
- Symptom improvement: A decrease of at least 3 points and an improvement of > 25% from baseline in mean total IPSS was observed in all studies except one study that treated patients on alfuzosin and the only study that treated patients on Eviprostat. The

mean percentage overall IPSS improvement ranged from 2.5% to 56.3% for drug therapies and from 35.1% to 82.1% for surgical treatments. Among the surgical options, holmium laser enucleation of the prostate (HoLEP) achieved the highest IPSS improvement.

- Urodynamic outcomes: Surgical therapies showed a substantial impact on urodynamic measures, with a mean percentage BOOI improvements ranging from 22.4% to 138.6%, compared to a maximum of 53.5% for medical therapies.

- Comparison of treatments: Medical therapies primarily included alpha-1 adrenergic antagonists (ABs), 5-alpha reductase inhibitors, and phosphodiesterase type 5 inhibitors. Among these, silodosin provided the most notable BOOI reduction, likely due to its high affinity for a1A adrenergic receptors. Regarding surgical options, lower improvement of BOOI were observed following prostate urethral lift (PUL) (22.4%) and Aquablation (51.0%), whereas higher improvement was observed following HoLEP (138.6%).

In summary, patients undergoing surgery exhibit greater IPSS and BOOI improvements than those receiving medical therapy. Overall, HoLEP provided the greatest mean percentage improvement in terms of BOOI and a mean percentage total IPSS improvement within the higher ranges.

Clinical implications
The review emphasises the importance of choosing treatment based on both patient-specific needs and the expected magnitude of symptomatic and urodynamic improvements. Surgical interventions were particularly recommended for patients with more severe BOO or where immediate symptom relief was required. Medical therapies may be suited for patients with mild-to-moderate symptoms or those unsuitable for surgery.

The authors note that data heterogeneity across studies, small sample sizes, and variations in baseline characteristics limit the ability to generalise findings. Additionally, most studies did not differentiate between types of LUTS (storage vs. voiding symptoms), which could affect symptom improvement reporting. The placebo effect was also acknowledged as a factor in assessing treatment effectiveness for medical therapies, though it appears to have minimal impact on urodynamic outcomes.

In conclusion, this systematic review underscores that while both medical and surgical treatments can relieve LUTS and BOO, surgical treatments, particularly HoLEP, provide more significant and rapid improvements in both symptomatic and urodynamic measures. These findings can guide clinicians in tailoring BPH treatments, suggesting that surgical options are preferable for patients needing substantial BOOI reduction, while medical options remain viable for less severe cases or those contraindicated for surgery.

Source: Bladder outlet obstruction relief and symptom improvement following medical and surgical therapies for lower urinary tract symptoms suggestive of benign prostatic hyperplasia: A systematic review. Creta M, Russo GI, Bhojani N, Drake MJ, Gratzke C, Peyronnet B, Roehrborn C, Tikkinen KAO, Cornu JN, Fusco F.
Eur Urol. 2024 Oct;86(4):315-326. doi: 10.1016/j.eururo.2024.04.031. Epub 2024 May 14. PMID: 38749852.

5-α reductase inhibitors and prostate cancer mortality

5-alpha-reductase-inhibitors (5-ARIs) are approved for treating benign prostatic hyperplasia (BPH) and have been found to reduce prostate cancer (PCa) risk by 25%. However, trials also have shown that 5-ARIs are associated with high-grade PCa. Whether 5-ARIs increase mortality among those with a diagnosis of PCa remains unclear.

The investigators aimed to determine the long-term outcomes of clinically localised PCa arising in individuals taking 5-ARIs compared with nonusers. This population-based cohort study was conducted between 2003 and 2017. Eligible participants were men aged 65 years or older in Ontario, Canada, who developed clinically localised PCa with complete pathological abstraction from the Ontario Health Administrative Databases. Data analysis occurred from 2017 to 2022.

The primary outcomes were overall mortality and PCa-specific mortality. Cause-specific hazard models with inverse probability treatment weights (IPTW) were used to examine associations of 5-ARI use with mortality outcomes. Sensitivity analyses based on prediagnostic 5-ARI use, Gleason score, comorbidity, 5-ARI indication, prostate-specific antigen modelling were also performed.

"This study offers reassuring safety data for patients using 5-ARIs before PCa diagnosis for both BPH and chemopreventive reasons"

The cohort included 19,938 patients with PCa. Of these, 2,112 (10.6%; median [IQR] age, 74 [70-79] years) were 5-ARI users and 17,826 (89.4%; median [IQR] age, 71 [68-76] years) were nonusers. During a median (IQR) follow-up of 8.96 (6.28-12.17) years, 6,053 (30.4%) died, including 1,047 (5.3%) from PCa. 5-ARI use appeared to be associated with increased overall and PCa specific mortality in crude analyses; however, after IPTW, 5-ARI use was not associated with overall mortality (hazard ratio, 0.98; 95% CI, 0.90-1.07; p = .77) or PCa-specific mortality (hazard ratio, 1.02; 95% CI, 0.83-1.25; p = .84).

In this population-based cohort study of 5-ARI use prior to PCa diagnosis including long-term follow-up and clinicopathologic details, prediagnostic 5-ARI use was not associated with PCa-specific or all-cause mortality. This study offers reassuring safety data for patients using 5-ARIs before PCa diagnosis for both BPH and chemopreventive reasons.

Source: 5-α reductase inhibitors and prostate cancer mortality. Robert J Hamilton, Julian Chavarriaga , Najia Khurram , Cindy Lau , Jin Luo, Ning Liu, Maria Komisarenko, Girish Kulkarni, Christopher Wallis, David N Juurlink, Neil Fleshner, Antonio Finelli.
JAMA Netw Open. 2024 Aug 1;7(8):e2430223. doi: 10.1001/jamanetworkopen.2024.30223.



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Is flexible ureteral access sheath with suction ability a game changer for renal stone treatment during flexible ureteroscopy?

The popularisation of retrograde endoscopic approach for the treatment of renal stones has been marked by technological innovations, which have made this procedure increasingly effective.

Unmet needs still need to be addressed such as the accumulation of fragments or dust during the lasering of the targeted stone may reduce visibility and identification of larger fragments. Stone-free attempt could be jeopardised. Furthermore, the increase of renal pressure may increase the chance of renal injury or infection even with the placement of a ureteral access sheath (UAS).

A potential solution has come with the introduction in the market of a flexible and navigable UAS with embedded suction device (FANS) for the aspiration of dust and small fragments. A recent prospective international multicentric study has been conducted to evaluate the user experience and surgical outcomes with the aid of this device.

Three devices of different companies were tested, even though one was used in nearly two-thirds of the cases. In most of cases (89.3%) a disposable flexible ureteroscope (fURS) was used; interestingly, in the remainder of cases where a reusable one was employed, an association with the inability of the FANS to reach all the parts of the collecting system was observed, perhaps due to a reduced flexibility of this type of scopes.

Most of the stones were relatively large (1.1-2 cm=58.6%; >2 cm=17.3%) and stone locations were equally represented, with lower pole stones accounting for 32%.

The authors defined 4 classes of residual fragments, then simplified in 2 as “none or ≤ 2 mm fragments” vs. “any fragment > 2 mm”.

A CT scan was undertaken before and within 30 days from surgery. If at post-op CT scan larger fragments were detected, a reintervention was planned and eventually undertaken after a further pre-reop CT scan confirmed the presence of the residual significant fragments

"Overall, the surgeons ranked their satisfaction with the use of the device quite high"

Overall, the surgeons ranked their satisfaction with the use of the device quite high. Stone-free rate (≤ 2 mm fragments) accounted for a remarkable 97.2%; full stone-free status was statistically associated with the use of a thulium laser (OR 1.83, p < 0.01).

Interestingly, the basket was needed only in 13.2% of the cases, suggesting that its need might be dramatically reduced when deploying the FANS. No grade-3 complications were recorded during hospitalisation, and mean hospital stay was 1 day. Readmission within 30 days for complications was due in only 6 cases (1.5%)with 5 of them due to stent-related symptoms.

The FANS technology seems to allow for a significant improvement of the retrograde endoscopic approach with fURS, and it will be interesting to see whether an exit strategy without a JJ stent placement could also be applied more frequently in the future.

Source: Could use of a flexible and navigable suction ureteral access sheath be a potential game-changer in retrograde intrarenal surgery? Outcomes at 30 days from a large, prospective, multicenter, real-world study by the European Association of Urology Urolithiasis Section. Vineet Gauhar, Olivier Traxer, Daniele Castellani, et al.
Eur Urol Focus. 2024 May 23:S2405-4569(24)00073-7. doi: 10.1016/j.euf.2024.05.010. Online ahead of print.

The effect of biofeedback on nonneurological dysfunctional voiding in children

Dysfunctional voiding (DV) is characterised by the repeated contractions of the urethral sphincter during the emptying of the bladder. While DV is a common condition among children, its precise prevalence remains uncertain due to diagnostic challenges, terminology confusion, and overshadowing by other symptoms. Often, its related issues such as daytime incontinence (DI) and urinary tract infections (UTIs) that lead families to seek medical advice as these conditions can greatly affect a child's quality of life.

Studies focusing on children with wetting problems indicate that between 5 to 30% exhibit symptoms of DV. Additionally, many children experiencing DV may have vesicoureteral reflux (VUR), which significantly increases their risk for recurrent UTIs and potential renal damage. The primary underlying cause of DV is often related to pelvic floor dysfunction.

Pelvic floor muscle training (PFMT) with biofeedback (BF) is a therapeutic approach that uses an external electrical sensor to gather signals regarding physiological functions, helping individuals gain voluntary control over their pelvic floor. In children with DV, PFMT with BF focuses on teaching them to recognize and relax the external sphincter and pelvic floor muscles during urination. Prior to initiating treatment, it is essential to rule out any neurological or anatomical issues contributing to DV, and to also identify and address any bowel dysfunction.

This study was conducted to investigate the effect of BF on the rehabilitation of children with nonneurological DV.

Randomised controlled trials (RCTs) were retrieved from various databases (published from inception to 29 February 2024). The effects of the BF and non-BF treatments were compared. A random-effects model was used to evaluate the combined data.

"Current evidence suggests that biofeedback can improve urinary characteristics and patterns in children with dysfunctional voiding"

Meta-analysis revealed that BF increased the maximum urinary flow rate (SMD = 3.78, 95% CI 1.33~6.22), improved urination time (SMD = 5.88, 95% CI 3.75~8.01), and reduced the postvoid residual (SMD = −19.18, 95% CI -27.03~-11.33) and urinary tract infection incidence (RR = 0.43, 95% CI 0.21~0.87). Electromyogram activity (RR = 0.46, 95% CI 0.25~0.84) and abnormal urination patterns (RR = 0.51, 95% CI 0.35~0.74) improved, with effects persisting for more than 1 year. However, the effect of BF on the mean urinary flow rate in children with



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NDV was significant only after 1 year of follow-up (SMD = 1.90, 95% CI 0.87~2.92).

Current evidence suggests that BF can improve urinary characteristics and patterns in children with DV. However, its effectiveness in treating constipation and both daytime and nighttime urinary incontinence is limited.

BF assists children in training the appropriate muscle groups through interactive computer games. This non-invasive and effective adjunct therapy is well-liked by both children and their families due to its enjoyable and user-friendly nature. However, there are many variations in how BF is implemented as an adjunct therapy for children with DV, leading to a lack of standardisation in current practices. Consequently, not all clinical outcomes meet the concerns of parents and children.

To improve the evidence base, future clinical research should focus on high-quality RCTs. Moreover, it will be important to explore the optimal frequency and duration of BF treatments for cost-effectiveness, as well as to extend follow-up periods to support findings and promote the wider use of BF in treating children with DV.

Source: The effect of biofeedback on nonneurological dysfunctional voiding in children: A meta-analysis and systematic review. Li, Fangqin et al.
Journal of Pediatric Urology, Volume 20, Issue 4, 565 – 580.

Global (ES)GURS-ESAU24 meeting draws large audience

Successful collaboration of EAU Sections, GURS and ISORU hosted in Antwerp

ESGURS-ESAU25

By Loek Keizer

Organisers and participants were well served by the three days of live surgical demonstrations on show at the Global (ES)GURS-ESAU24 meeting in Antwerp. The surgery-focused meeting nevertheless also had a "holistic touch" said co-organiser Prof. Gunter De Win (Antwerp, BE), thanks to the participation of speakers with a wide range of professional and academic backgrounds. Over three days, nearly 500 participants joined the Global (ES)GURS-ESAU24 meeting, representing every inhabited continent.

"Several of the sessions offered delegates perspectives from other disciplines," said Prof. De Win. "Aside from reconstructive and andrological urologists, we featured patients, psychologists, sexologist, but also plastic surgeons and radiologists."

The meeting took place from 9-11 October and was a collaboration of the EAU's sections of Reconstruction and Andrology, as well as the North American Society of Genitourinary Reconstructive Surgeons (GURS) and the International Society of Reconstructive Urology (ISORU). The truly global perspective meant that participants could count on insights and lessons from every corner of the world. "The Darwin Room, where most of the plenary sessions were held, offered detailed talks on various kinds of urethral surgery, new developments to improve outcomes, fertility surgery, the female urethra, bladder reconstruction techniques and very complex andrological and penile surgery," said Prof. De Win.

"The focus very much lay on the global aspect of reconstructive surgery: what may be a rare pathology in our part of the world may be daily practice for colleagues elsewhere, and vice-versa. For instance Dr. Evelyn Moshokoa from South Africa illustrated this by comparing the latest 100 cases of urethral reconstruction from Pretoria, Antwerp, Washington DC and Malang in Indonesia. Rather than showcasing how well we were all doing, it was more a case of teaching each other, and that was appreciated by all."



Prof. De Win and leaders of the various participating EAU Sections and organisations welcome the participants to Antwerp. Nearly 500 people took part over the course of three days.

Live Surgery

Largely parallel to the expert lectures and discussions in the Darwin Room, the similarly natural history-themed Okapi room housed a three-screen set-up for live and pre-recorded surgical demonstrations.

"The truly global perspective meant that participants could count on insights and lessons from every corner of the world."

Every day, three sessions were offered, each featuring three moderated procedures. On the first day the programme covered the female urethra, ureter and bladder neck reconstruction, and fertility and straddle surgery. On the second day, the surgical sessions addressed Peyronie's, the use of (novel) penile implants and complex reconstructive cases. On the final day, the programme featured (live) surgical demonstrations of urethral reconstruction, adult hypospadias and the management of complications following prior surgery.

"The Antwerp University Hospital team had collected a diverse array of interesting reconstructive cases," said Prof. De Win. "Prof. Koen Van Renterghem also provided some very interesting implant cases."

Organisers of the meeting took the opportunity to survey participants on the educational value of live surgery. Prof. De Win: "We recruited local students to poll participants' opinions on the advantages of truly live surgical demonstrations versus pre-recorded 'semi-live' cases, as both were offered in Antwerp. These interviews, of which we now have more than 100, are currently being analysed and will help us evaluate for future meetings."

A particularly notable session at the meeting was the closing session about reconstructive urology in times of war.



The suitably-named Darwin room housed the main plenary sessions of the meeting. The suspended skeleton of a baleen whale hung over proceedings (literally and metaphorically).



A three-screen set-up was arranged for the moderated (as-) live surgery, meaning that the audience could follow each case as desired and the moderators could switch their audio link with the different ORs at Antwerp University Hospital.

De Win: "First came an extremely impressive talk by Ukrainian urologist Dr. Bondarchuk, which showed how their operating theatre had to make the switch to managing urogenital trauma due to war injuries. It was followed by Prof. Igor Vaz who described his experiences on the subject in Africa, and Mr. Paul Anderson who treated soldiers who fought in Afghanistan. Together, the session became a lively discussion on how we as reconstructive surgeons can prepare and help our international colleagues in times of conflict."

Belgian pride

The meeting was also a question of national pride for the Belgian organisers. "While we certainly attracted the international talents of surgeons like Sanjay Kulkarni, David Ralph, Lee Zhao, Jeremy Ockrim, Tamsin Greenwell, Bernard Peyronnet, Pankaj Joshi, and many, many more, our country's reconstructive urologists also put their best foot forward for the event," said Prof. De Win.

Prof. Karel Decaestecker had a European debut by live streaming a retroperitoneal, robotic-assisted ureter reimplantation using the single-port Da Vinci SP system as part of the live surgical sessions.



The meeting had abstract sessions and prize winners for the best presentations.

Dr. Marjan Waterloos and Prof. Nicolaas Lumen gave a demonstration of how a non-transecting anastomotic bulbar urethroplasty should be performed.

Prof. De Win himself demonstrated his glans-preserving technique for distal penile strictures and his co-organiser Prof. Koen Van Renterghem shared a clear and quick technique for placing a bulbar artificial sphincter and a penile prothesis at the same time.

Prof. De Win: "I think this shows that Belgium is punching above its weight in reconstructive surgery and can enjoy a great reputation. Several of my colleagues told me that they felt themselves to be proud Belgians, and I'm happy that our small country pulled off such a great international event."

ESU-ESAU-ESGURS Masterclass

Running in parallel to the Global (ES)GURS-ESAU24 meeting was the ESU-ESAU-ESGURS Masterclass on Erectile restoration and Peyronie's disease. The two-day programme on 9 and 10 October attracted nearly 40 delegates who were looking for an update in essential surgical skills and Guidelines-approved knowledge.

The European School of Urology's experienced tutors gave talks on sexual and reproductive health as covered in the EAU Guidelines, as well as a long session on Peyronie's disease which included a Q&A and an opportunity for participants to bring in their own case for discussion with the group.

Another major block addressed the latest generation of penile implants, both their surgical implantation but also counselling the patient and the best way to train for implantation. The first day ended with a session on erectile restoration, covering the various treatment options and expert tips.

On Thursday, the participants were invited to take part in hands-on training, installing inflatable penile implants on artificial models with expert tutors. The masterclass will be held again next year in conjunction with the next ESGURS-ESAU meeting.



Stations were set up for the hands-on training of the installation of penile implants.

ESGURS-ESAU25

Joint meeting of the EAU Section of Genitourinary Reconstructive Surgeons and the EAU Section of Andrological Urology

IN CONJUNCTION WITH THE ESU-ESAU-ESGURS MASTERCLASS ON ERECTILE RESTORATION AND PEYRONIE'S DISEASE

2-3 October 2025, Turin, Italy



www.esgurs-esau25.org eau Andrology eau Reconstruction eau European Association of Urology

Endourology comes to Rome

New meeting will cover upper and lower urinary tract endourological procedures

Dear Colleagues,

We invite you to join us in Rome on 27-29 November, 2025 for the first edition of the International Conference on Endourology, organised by the EAU's new Section of Endourology.



Prof. Olivier Traxer

ICE25 will be a new-format meeting for the EAU, covering all endourological procedures, both upper and lower urinary tract, including prostate and urothelial tumours. The latest developments in urinary stones, focal therapy and laparoscopic technology will also be discussed. The meeting promises to go more in-depth into endourology than any of the EAU's other scientific events, including the Annual Congress.

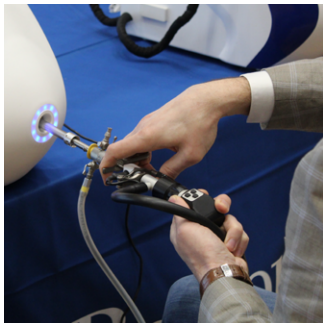
Surgical cases will be presented in full length, "as-live", with moderation and detailed and interactive discussion with the surgeons. Great care will be taken to preserve the live qualities of each procedure, with emphasis on the highest quality and consistent presentation of unedited cases.

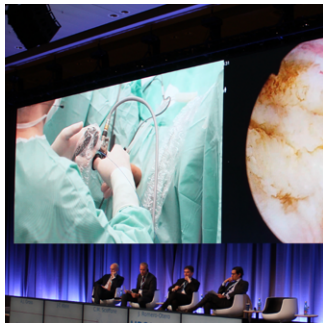
Notably, the three-day scientific programme will feature abstract sessions in a new format.

Participants will be invited to submit their endourology research that, after a strict selection, will be presented in a longer format than is usual. Presenters will have 15 minutes to present and discuss their research, a great chance to go in-depth.

Organised by the EAU and its recently-formed section for endourology, ICE25 will feature top experts from around the world and have a highly international character. We look forward to going in-depth into endourology for three days and making this first edition a great success!

On behalf of the organisers,
Prof. Olivier Traxer
Chair, EAU Section of Endourology









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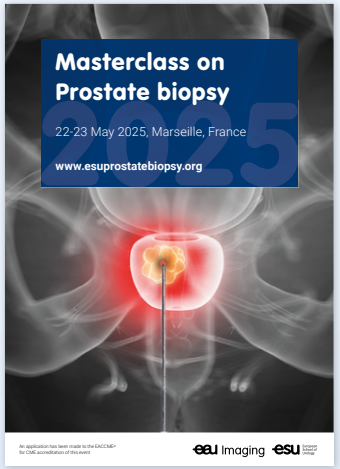
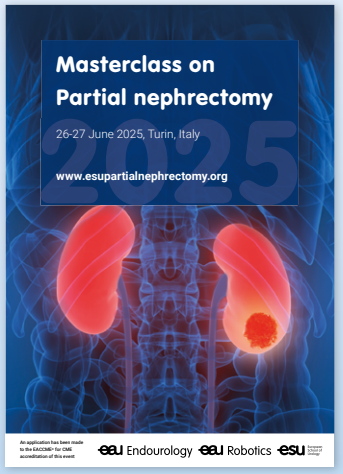






Sign up

A joint activity by the ESU and EAU Sections

ESU courses: Tailor-made coverage of urological topics

A collective recap and how the courses were received

European School of Urology

By Erika De Groot-Rivera

Fostering knowledge sharing and stimulating advancements in urology are the core aims of the European School of Urology (ESU). One of the ESU's notable activities is its courses held at various events around the world focusing on urological topics most significant to the host country. Furthermore, the courses' programmes were interspersed with riveting case discussions. This article is a collective report of three ESU courses.

A focus on prostate cancer (PCa)
On 5 October 2024, the virtual ESU course "Update on prostate cancer" took place during the Polish-Ukrainian conference in Przemysl, Poland. Dr. Giorgio Gandaglia (IT) and local organisers Dr. Rafal Walczak (PL) and Prof. Aleksandr Shulyak (UA) led the course and The ESU faculty members who presented included Dr. Chiara Mercinelli (IT) and Assoc. Prof. Pawel Rajwa (PL).



Meet the onsite and online faculty of the ESU course during the Polish-Ukrainian conference

The course programme comprised recommendations of the 2024 EAU Guidelines, as well as insights into imaging for PCa staging and sequencing metastatic castration-resistant prostate cancer (mCRPC). The course also covered high-risk localised PCa, the treatment of high-risk biochemical recurrence or oligometastatic disease, and high-volume metastatic hormone-sensitive prostate cancer (mHSPC).

The general feedback received was that the course content was comprehensive as it covered the basic concepts up to the latest therapeutic strategies, and that the topic coverage was well suited to the audience. The interaction between the local presenters and the audience was very engaging as well. The audience actively participated, asking insightful questions that prompted further dialogue and exploration of key topics.

Initially, there was an understandable concern as it was the first course in the region that took place at a challenging time. Nonetheless, the course was well received, listening and sharing stories about the current war situation in the Ukraine was eye-opening as well.

Transperineal (TP) and transrectal ultrasound (TRUS) biopsy talks
During the 7th National Congress of the Society of Urological Surgery, the ESU course "TP vs. TRUS biopsy Striking the balance between infection and diagnostic accuracy" took place in the state of Girne on 17 October 2024.

ESU Course Chair Assoc. Prof. Zafer Tandoğdu (GB) and local organiser Prof. Bulent Onal spearheaded the course. Prof. Fabio Zattoni (IT), Prof. Dr. Talha Muezzinoglu (TR), and Dr. Yunus Emre Genc (TR) were some of the presenters as well.

The attendees learned more about how to perform a TP and TRUS biopsy, the challenges and advantages that come with these procedures, and the antibiotic prophylaxis in both methods. From a cancer-detection standpoint, the pros and cons of TP and TRUS were also discussed during the course. In addition, the experts provided the latest EAU Guidelines recommendations regarding infections.



Course faculty leads TP vs. TRUS biopsy discussions

To conclude the course, the experts presented nightmare cases in prostate biopsies and lessons learned concerning oncological missed diagnosis and infective complications.

This course was described as high-level. The participants were enthusiastic and expressed that they would like more events like the course in the future.

About retropubic radical prostatectomy
Incorporated during the national congress of the Tunisian Association of Urology, the ESU course "Retropubic radical prostatectomy: Tips, tricks, and pitfalls" took place on 18 October 2024 in Hammamet, Tunisia.

Assoc. Prof. Selçuk Erdem (TR) and local organiser Prof. Sami Ben Rhouma (TN) led the ESU course, and Assoc. Prof. Cristian Surcel (RO) was one of the presenters.

Prof. Erdem recalled, "First of all, the venue selected by local organisers was impressive. There were approximately 120 participants during the ESU course.

The course programme included the latest recommendations of the EAU Guidelines regarding PCa and essential information on surgical anatomy. The presenters guided the audience through a step-by-step radical retropubic prostatectomy, and offered insights into the treatment of complications. The presenters also provided the tips, tricks and pitfalls of the procedure.

The questions from the audience and the response of the faculty fed the interactive discussions.
The questions were raised by professors, urologists, and residents in training which can be interpreted as the content of lectures was comprehensive and accommodated all levels. After the end of the course, the feedback of the moderators, local presenters, and attendees demonstrated that they were satisfied with the course. In conclusion, the ESU course met the expectations of the participants and reached its learning objectives."

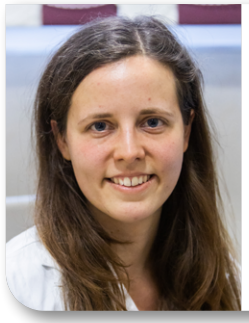
Interested about the ESU course which took place in **Hungary** as well? Click here to read about it.



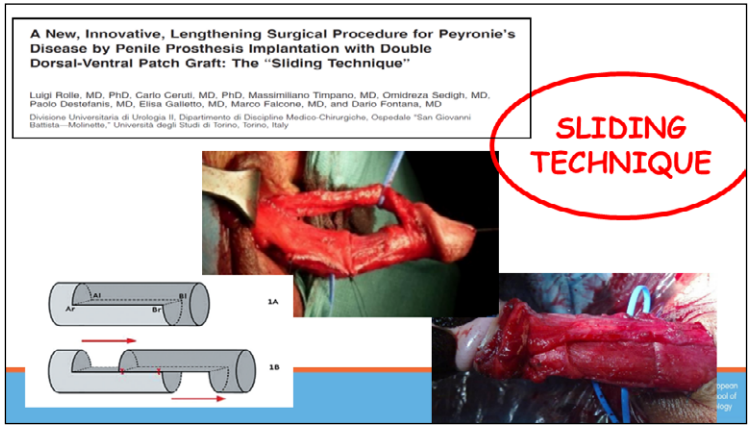
ESU course presenters and local organiser who worked together to achieve the course's aims

ESU course tackles evolving andrology practices

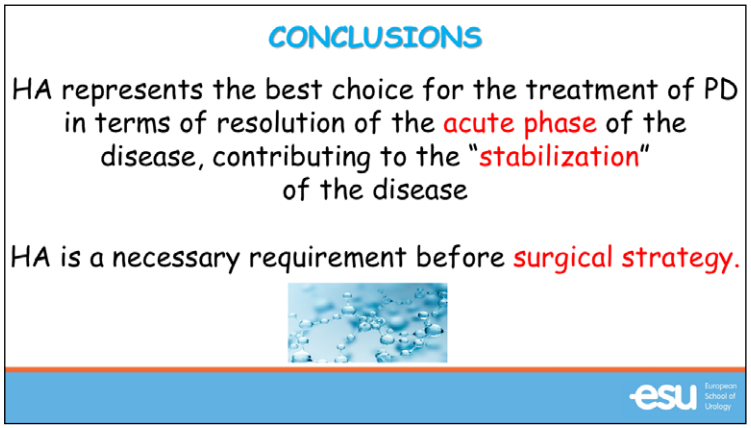
Specialists attend the Hungarian Urological Society congress



Dr. Anett Szabó
Semmelweis University Budapest (HU)



A slide from the presentation, "Surgical treatment of congenital and acquired penile curvature" about a new lengthening procedure



Some of the conclusions of the presentation "Peyronie's disease: An update on conservative treatment" centred on hyaluronic acid (HA)

From 3 to 5 October 2024, the Hungarian Urological Society held its national congress in Pécs, Hungary, bringing together several specialists, mainly urologists and oncologists. A key event organised annually, the congress offered a platform for urologists to discuss the latest advancements and share insights into various subspecialties of urology.

Among the congress highlights was the European School of Urology (ESU) course on andrology, held on the final day, 5 October. Designed primarily for resident urologists, the topic of the course is selected in advance by the residents based on their interests and weaknesses. This year, andrology was the topic of choice. In addition to the residents, the course attracted many urology specialists eager to stay updated on the latest developments in the field.

The course was led by two esteemed experts in andrology, Assoc. Prof. Alessandro Zucchi (IT) from the University of Pisa; and former board member of the European Section of Andrological Urology Assoc. Prof. Zsolt Kopa (HU), who is the Head of the Andrology Centre at Semmelweis University in Budapest.

The experts' presentations provided a comprehensive overview of andrology, covering both diagnostic and treatment approaches for a variety of conditions. The combination of their academic expertise and clinical experience ensured that attendees received a well-rounded and up-to-date perspective on the issues discussed.

While the course touched on various important topics such as haematospermia, hypogonadism, and priapism, certain subjects were explored in more detail based on the latest EAU Guidelines.

"Prof. Kopa emphasised among other facts that a history of prostate cancer does not necessarily preclude testosterone replacement…"

Prof. Zucchi's presentation on Peyronie's disease was of particular interest as it contrasted with different European practices. He highlighted that, in addition to surgical correction of curvature, hyaluronic acid injections into the plaque are also widely used in some countries. He also introduced several surgical techniques for curvature correction, offering new approaches that could complement existing practices.

The presence of specialists from around Hungary led to a discussion on how different centres approach the complex treatment of curvatures, but due to the relatively small number of cases, each centre seems to have a single, or at most, two surgical techniques that are used in the management of patients.

Prof. Kopa's lecture on testosterone replacement therapy was another key highlight of the course. He emphasised among other facts that a history of prostate cancer does not necessarily preclude testosterone replacement, a concept that was new to many of the attending residents. He explained that under carefully monitored conditions, testosterone replacement could be safely administered. The session was supplemented with my case presentation, which further deepened the attendees' understanding of the subject.

The second half of the course included Prof. Zucchi sharing his experience with penile prostheses. Meanwhile, Prof. Kopa addressed the complex topic of infertility. Using a case study of a patient with combined obstructive and non-obstructive azoospermia, Prof. Kopa walked the audience through the diagnostic and treatment options available for such cases and outlined the different surgical approaches in the management of the two conditions.

The ESU course was exceptionally well received. Residents appreciated the opportunity to learn from leading experts in the field and gain valuable insights into the topics they face less frequently during their practice. The detailed case presentations and discussions on the current Guidelines helped bridge the gap between theory and practice.

Overall, the andrology ESU course at the Hungarian Urological Society's national congress was a resounding success, offering participants the chance to gain a deeper understanding of the evolving practices in andrology.

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Powered by eau European Association of Urology esu eau European School of Urology EUROPEAN UROLOGY

ESU course delivers top UTUC insights

In conjunction with the 26th Panhellenic Urological Congress



Dr. Nikolaos Ferakis
Director, Urological Clinic at the "Red Cross" Athens Hospital
Athens (GR)



Dr. Theodoros Kalogeropoulos
Director, Urological Clinic at the "Ippokrateion" Athens Hospital
Athens (GR)

Organised by the Hellenic Urological Association, the 26th Panhellenic Urological Congress took place in Thessaloniki, Greece between 3 and 6 October 2024. The congress was well attended; more than 900 Greek urologists and other scientists, as well as urologists from nearby countries such as Bulgaria, Romania, Serbia, and Turkey, to name a few convened at the congress.

The attendees had the opportunity to participate in the course "Treatment of Upper Tract Urothelial Carcinoma (UTUC)" organised by the European School of Urology during the congress. The course was chaired by Prof. E. Xylinas (FR) and Prof. A. Breda (ES) along with local faculty members, Dr. N. Ferakis (GR) and Dr. Th. Kalogeropoulos (GR) on behalf of the Uro-Oncology Section of the Hellenic Urological Association.



Profs. Xylinas, Ferakis, and Kalogeropoulos fully focused during the case presentations

Prof. Breda kickstarted the course presenting the recent changes in the EAU Guidelines in the management of UTUC emphasising the significance of screening for Lynch syndrome in a set of patients. His presentation also covered the molecular background of the disease, the factors that characterise the disease as either low or high risk, and the recent advances in the management of metastatic disease with novel agents already in use for bladder cancer.

Prof. Breda proceeded with his second lecture addressing the issue of kidney sparing management of low risk UTUC, and emphasised the need of ureterorenoscopy for the correct stratification of the disease, as well as the rest of the tools available for the correct stratification such as imaging, cytology and the important role of tumour biopsy. He concluded by addressing the important issue of the need of immediate adjuvant therapy with mitomycin C after the therapeutic ureteroscopy, the novel chemoablation therapies, and the strict follow-up needed for patients treated with kidney-sparing approaches.

Prof. Xylinas took over the podium, addressing the key issues of surgical management of high-risk UTUC. The key messages from his lecture were:

- Nephroureterectomy is the standard of care for high-risk non- metastatic tumours with open, laparoscopic, or robotic approaches all equal in oncological outcomes. However, open approach seems to be a safer approach in non-organ confined disease.
- The complete removal of the bladder cuff, as well as the early ligation of the ureter are of utmost importance for avoiding local recurrences.
- A template-based lymphadenectomy has an impact on cancer-specific survival of these high-risk patients and is strongly recommended by the EAU Guidelines.

Finally, he underscored the need for a single post-operative instillation of a chemoprotective agent after radical nephroureterectomy to decrease the risk of intravesical recurrences. This is also well-documented in the EAU Guidelines.

Prof. Xylinas continued with his second lecture addressing the issues of peri-operative therapies in high risk UTUC. He discussed the recent advances in the adjuvant setting of platinum-based chemotherapies in very high-risk patients and documented the well-established benefit of adjuvant chemotherapy in disease-free survival in high-risk patients. While he discussed neoadjuvant chemotherapy, he pointed out that there is a rationale in the neoadjuvant concept but there are no level 1 evidence studies for that yet.



Prof. Xylinas leads discussions on perioperative strategies in high-risk UTUC

Concluding his lecture, Prof. Xylinas referred to the latest advances in immunotherapy (mainly nivolumab) in patients unfit or unwilling to receive platinum-based chemotherapy in the adjuvant setting.

All ESU lectures kept the attention of the audience and relevant questions were addressed after each lecture. The debates were riveting especially when local faculty, Dr. Ferakis and Dr. Kalogeropoulos, presented two patient cases; the audience were engrossed and several questions were raised and answered.

More than 230 people attended the ESU course and received the latest advances in UTUC management from renowned experts. With great enthusiasm and interest, they participated in the lectures and deliberations during the case presentations. We expect and anticipate that this successful event will be repeated in future urological events in the country.



The audience is engrossed and the ESU course is deemed a success

Dubai hosts first Urology Boot Camp

Honing lap skills with a focus on BPH, PCNL, and URS



Mr. Muhammad Elmussareh
American Hospital Dubai
Dubai (AE)

Co-Authors: Dr. Ahmed Ali, Frimley (GB); Mr. Chandra Shekhar Biyani, Leeds (GB); Prof. Yasser Farahat, Umm Al Quwain (AE), Secretary General of the Arab Association of Urology

The inaugural Dubai Urology Boot Camp, held successfully on 3 and 4 October 2024 provided an intensive, hands-on learning experience for urology trainees. This boot camp, hosted by the Emirates Urological Society and endorsed by the Arab Association of Urology, offered a structured timetable that covered essential urological procedures with a balanced focus on key areas of urological surgery. The participants joined in practical sessions for procedures related to benign prostatic hyperplasia (BPH), ureteroscopy (URS), percutaneous nephrolithotomy (PCNL), as well as basic and advanced laparoscopic skills.

Background

The concept of the Urology Boot Camp originated in Leeds, GB where an intensive, five-day hands-on training programme is regularly held. This programme consists of 10 modules aimed at equipping junior urologists with essential skills in various urological procedures.

Focusing on both theoretical and practical training, the British boot camp provides a well-rounded experience that enhances the participants' surgical competence and clinical decision-making. It has set a precedent for future urological training programmes, ensuring that junior surgeons are better prepared to deliver high-quality patient care. Inspired by this model, discussions were held with Prof. Yasser Farahat to establish a similar boot camp in Dubai. After a series of meetings, three core modules were selected for inclusion in a pilot course to be held as part of the 13th Emirates International Urological Conference in October 2024.

> ***"The faculty's commitment to mentorship and hands-on teaching fostered an engaging and supportive environment for learning."***



Meet the boot camp's mentors and facilitators

Boot camp overview

The Dubai Urology Boot Camp ran over one and a half days, providing trainees with an intensive curriculum designed to enhance both theoretical knowledge and practical skills. A diverse faculty from the Arab Emirates and the United Kingdom contributed to the programme, offering participants a wide range of expert perspectives and teaching styles. This collaboration ensured a high-quality learning experience for all involved.

The boot camp was fully booked and attended by 15 candidates. A prior survey was conducted to assess delegates' demographics and their level of experience.

Course modules

1. **BPH/transurethral resection module**
   This module focused on various techniques used in the management of BPH and transurethral resection of bladder tumours (TURBT). Faculty members shared their expertise in both surgical and medical management of BPH, offering hands-on sessions in procedures such as transurethral resection of the prostate (TURP), Rezum (a minimally invasive treatment for BPH), GreenLight laser prostatectomy, holmium laser enucleation of the prostate (HoLEP), and TURBT. These sessions allowed trainees to gain a deeper understanding of BPH management and practice techniques under expert supervision.
2. **URS and PCNL module**
   The URS and PCNL module provided trainees with critical skills for managing urinary stones. Faculty members demonstrated a variety of approaches to these procedures, allowing participants to observe and practice different techniques. With supervision from experienced urologists, participants gained practical experience in stone management, which is essential for treating patients with urinary stones.
3. **Basic and advanced laparoscopic skills module**
   This module focused on both basic and advanced laparoscopic techniques, with an emphasis on improving the participants' precision and dexterity in surgery. Hands-on sessions included training with laparoscopic instruments and simulations, helping trainees develop fundamental skills in laparoscopy. This module provided a solid foundation for future surgical practice, equipping participants with the skills needed for more complex laparoscopic procedures.

Faculty contributions

The boot camp's success was largely due to the dedication and expertise of the faculty members, who guided participants through both the theoretical aspects and practical applications of each procedure. The faculty's commitment to mentorship and hands-on teaching fostered an engaging and supportive environment for learning and delivering a high-quality educational experience.



The bootcamp offers not only lectures but also learning by doing as well

Collaboration with the European School of Urology

We extend our gratitude to the European School of Urology (ESU) for their generous support in making the first Dubai Urology Boot Camp a success. The guidance and expertise provided by ESU Chair Prof. Evangelos Liatsikos (GR), and Manager of Education and Training Mr. Ton Brouwers (NL) were invaluable. Their support not only contributed to the event's success but also enriched the learning experience for all participants.

Conclusion

The first Dubai Urology Boot Camp was a remarkable achievement, providing urology trainees with an invaluable learning experience that balanced practical skill development with theoretical knowledge. The structured timetable, high-quality faculty instruction, and well-organised modules contributed to an enriching experience that equipped participants with the skills and confidence needed to perform essential urological surgeries. The success of this event highlights the importance of hands-on training and structured mentorship in medical education, particularly in the field of urology.

With continued support and collaboration from industry partners, administrative teams, and international organisations such as the ESU, future boot camps promise to offer even more valuable opportunities for trainees.

We look forward to building on this foundation in subsequent events and to furthering the development of urological education globally.



The one-on-one format promotes better learning

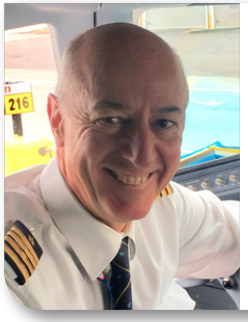


Aviation's lessons for urologists

Situation awareness in emergencies



Dr. Stefan Haensel
EAU Section of Outpatient and Office Urology Board Member
Rotterdam (NL)



Cpt. Gianluigi Zanovello
Ex-fighter pilot (Former Frecce Tricolori Commander), non-technical skills (NTS) expert (IT)

In our daily urological practice, the demand for optimal quality, efficiency and minimal complication rates has never been higher, impacting nearly every aspect of our work. This raises a critical question: what determines optimal performance? A concrete answer to this question could drive transformative progress across multiple disciplines. Interestingly, valuable insights can be drawn from the aviation industry.

The quality of performance is influenced by numerous factors, and it doesn't solely depend on the individual surgeon or a single organisational structure. There must be other factors. For example, Napoleon famously said, *"I don't want good generals, I want lucky ones."* However, modern professionals cannot rely on luck, chance, or coincidence. So, what exactly does good performance depend on?

For a start, good performance is directly linked to technical skills, which include basic skills, knowledge and experience. Under normal circumstances, these are usually sufficient to ensure a positive outcome. This is not unique for the medical profession. For instance, a surgeon thoroughly studies a case, consults with colleagues, and prepares for the operation, much like a pilot plans a flight by reviewing the route and weather conditions. In these scenarios, decisions are often made in a "semi-automatic" mode, based on a mental model of the situation.

"The aviation industry has transitioned from a "classical" stage - where safety depended almost entirely on the technical competence of the pilot - to a "modern" stage, where performance hinges on the teamwork of various professionals, each with specialised skills."

Situation awareness

But what happens if a situation deviates from the norm - when it becomes unusual or even an emergency? Suddenly, the mental model of reality changes, and it becomes more complex or difficult to grasp. In such cases, professionals shift from "semi-automatic" decision-making to the "manual" mode, meaning they need to build a new mental model based on the new situation. This process is known as situational awareness (SA). The professional must assess the new elements of the situation, predict how they will unfold, and decide how to respond.



Dr. Nicholas Raison, Dr. Stefan Haensel, and Captain Gianluigi Zanovello, faculty for the Hands-on Training in Non-Technical Skills and members of the EAU WG on Non-Technical Skills

Non-technical skills

If this process is executed properly, the outcome will likely be positive. But if mistakes are made—perhaps because of rushing, stress, fatigue, or confusion—the consequences can be dire. This is where non-technical skills (NTS) come into play. These skills, including communication, teamwork, and decision-making under pressure, are essential to a safe and effective performance. While technical skills are crucial, they are not enough on their own. Aviation is an industry that has learned this lesson well, albeit through hard experience. It realised that even the most skilled pilots cannot guarantee safety in every situation. Humans are fallible, and the environments they work in are often complicated and unpredictable. For this reason, Non-Technical Skills have become a core part of training for pilots, flight attendants, maintenance workers and air traffic controllers. The organisational structure has also evolved, and the way professionals collaborate in this high-stakes environment has transformed.

The aviation industry has transitioned from a "classical" stage - where safety depended almost entirely on the technical competence of the pilot—to a "modern" stage, where performance hinges on the teamwork of various professionals, each with specialised skills. This collective approach has helped make air travel the safest mode of transport in the world. However, the limitations and fallibility of human professionals are not unique to aviation. A 2016 study by Johns Hopkins Medicine found that medical errors are the third leading cause of death in the United States, accounting for 251,000 deaths annually. To put this in perspective, it is as if two jumbo jets full of passengers crashed every day.

Given these alarming statistics, why hasn't the healthcare sector embraced a similar approach to that of aviation? Why not integrate non-technical skills training for healthcare professionals, thereby creating a culture that values teamwork, communication, and decision-making alongside technical expertise?

NTS in urology training

Some positive steps are being taken in this direction. The EAU Non-Technical Skills Working Group (NTS WG) has developed a tailor-made module to train situational awareness in a safe environment for urologists and residents. For example, in an operation room filled with actors, a participant is exposed to multiple stress factors when an emergency situation occurs. The scenario is observed by multiple colleagues using a standardised observation form. Situational awareness, communication, leadership, teamwork, and other elements are observed. In an extensive debriefing which is led by an aviation safety expert, the topics are discussed with the physician, the observants and the actors. Both participants and observers learn firsthand the importance of collaborating with colleagues, managing time effectively, and building an accurate mental model of the situation to make informed decisions. These simulation sessions were held during recent meetings (EUREP23, EAU24, EUREP24). and were very well-received.

The controlled environment of simulation allows professionals to make mistakes, analyse them, and learn from them. This process not only hones technical skills but also develops and strengthens non-technical skills, which are just as critical in complex, high-stakes situations. If you want to know more about NTS, check out the introduction video here: https://youtu.be/kAEGc4Ln3XY



Frecce Tricolori - Italian Acrobatic Team - in close formation



Dr. Nicholas Raison explains the scenario that delegates will participate in for the Hands-on Training in NTS



Delegates participate in a hands-on training course, engaging in a realistic simulated scenario to develop NTS

Improving safety

In conclusion, while technical skills remain fundamental to professional performance, they are insufficient on their own - especially in safety-critical fields like aviation and healthcare. The integration of non-technical skills into training and professional development can lead to safer, more efficient performance. Just as aviation has revolutionised safety through teamwork and situational awareness, healthcare could achieve similar improvements by adopting these practices. Simulation-based training is a promising tool to help bridge this gap, offering a way for professionals to learn, practice, and improve both their technical and non-technical abilities in a safe and controlled environment.

During the next Annual EAU Congress in Madrid, courses will be offered to train your non-technical skills by developing your situation awareness, your communication under stressful circumstances and your leadership. You are cordially invited to attend.

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Webinar: Transperineal vs. transrectal prostate biopsy

Balancing infections, antimicrobial stewardship and prostate cancer detection



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Institute of Clinical Medicine,
University of Oslo (NO)
Institute of Clinical Medicine,
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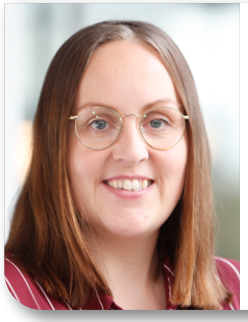

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In September, the European School of Urology (ESU) hosted a webinar in collaboration with the EAU Section of Infections in Urology titled "A balance among infections, antimicrobial stewardship, and prostate cancer detection: TP vs. TRUS prostate biopsy". The event provided a platform for urologists to share critical updates on prostate cancer (PCa) diagnostics and infection prevention, and there were approximately 450 online views of the programme. The webinar focused on the challenges of balancing effective cancer detection with the need to reduce infection risks and address antimicrobial resistance (AMR) effectively. This article summarises the key insights for those unable to attend.

Developed by section chair Assoc. Prof. Zafer Tandogdu (GB), the webinar programme offered an in-depth comparison of the two main methods for prostate biopsy: transperineal (TP) and transrectal ultrasound-guided (TRUS). Both techniques are well-established in PCa detection, yet they differ significantly in infection risk and procedural logistics. Prof. Johansen, an esteemed Emeritus at the University of Oslo, moderated the webinar, and emphasised the urgent challenges faced by urologists today. He noted that PCa is the most common cancer among men, underscoring the critical importance of precise diagnostic practices.

The threat of antimicrobial resistance (AMR)

Dr. Schneidewind provided an insightful presentation on the global and European challenges posed by antimicrobial resistance, sharing alarming statistics: if current trends continue, AMR could become a leading cause of death by 2050, even surpassing cancer. [1] She emphasised the importance of a comprehensive approach to combat AMR by considering:

Global and local perspectives: Since antimicrobial resistance varies by region, it is crucial for healthcare providers to understand and adapt antibiotic prophylaxis to local resistance patterns.

Antimicrobial stewardship: Effective stewardship programmes are essential. These initiatives focus on optimising antibiotic use by selecting the appropriate drug and minimising treatment duration. Dr. Schneidewind also stressed the need to educate both healthcare professionals and patients on the risks of antibiotic overuse and on the importance of reducing the contamination category of urological procedures.

Balancing benefits and harms of the transrectal and transperineal approach

Transrectal (TRUS) biopsy: The traditional approach

Higher infection risk: The TRUS biopsy remains widely used, but carries a higher risk of infections, including severe complications like sepsis. [2,3] This risk arises because the procedure involves passing the biopsy needle through the contaminated rectal wall, thereby exposing the prostate to bacteria present in the rectum.

Importance of targeted antibiotic prophylaxis: For urologists still using the TRUS method, the webinar underscored the importance of targeted antimicrobial prophylaxis, such as rectal swab cultures to tailor antibiotic prophylaxis based on local resistance patterns. [4] Experts also highlighted that adhering to infection prevention measures, like rectal cleansing with povidone-iodine, is essential.

Transperineal (TP) biopsy: An emerging standard

Lower infection rates: TP biopsy has emerged as a preferred option in many urology centres due to significantly lower risk of infectious complications compared to TRUS biopsy. [3,5] By bypassing the rectal flora, TP biopsy greatly reduces bacterial exposure in the prostate.

Reduced need for antibiotics: One of the webinar's key messages was that TP biopsies can often be performed without prophylactic antibiotics for patients without risk factors for infection, which is a major advantage given the increasing need for antimicrobial stewardship. This shift could help mitigate the development of antibiotic-resistant bacteria. [6]

"The key message was clear: prioritising infection prevention and antimicrobial stewardship is not just beneficial but essential."

Technical requirements and training: Despite its advantages, the TP approach is technically more complex and requires specific training and equipment. Dr. Stangl noted, however, that with proper training and practice, TP biopsies can be efficiently performed even in outpatient settings.

Key findings from recent studies

Hospitalisation and sepsis rates: Studies consistently show that TP biopsy is associated with a significantly lower risk of severe infections requiring hospitalisation compared to TRUS biopsy. Dr. Stangl presented an unpublished meta-analysis performed by the newly formed YAU working group for infections in urology (Abstract presented at the German National Congress and EMUC24). Their analysis revealed a 72% reduction in hospitalisation rate with TP biopsy.

Antibiotic use: Data indicate that in most cases, TP biopsy does not necessitate antibiotic prophylaxis, which represents a shift from traditional practices. This is a critical finding for advancing antimicrobial stewardship. [5-7]

Cancer detection rates: Both TP and TRUS biopsies demonstrate comparable effectiveness in detecting PCa. However, the TP approach allows better access to specific regions of the prostate, such as the apical anterior region. [8]

Practical recommendations for clinicians
The webinar concluded with practical recommendations for urologists, presented by Dr. Kranz, co-chair of the Guidelines Panel on Urological Infections. Her key points included:

Adopting the TP approach: Dr. Kranz advocated for adopting transperineal biopsy as the new standard wherever possible. While this shift requires investment in training and equipment, it offers significant long-term benefits in terms of patient safety and infection control.

Prophylaxis guidelines: Until more robust evidence is available, clinicians should continue basing antibiotic prophylaxis on local guidelines and patient-specific risk factors for infection. However, increasing evidence supports that antibiotics may not be necessary for TP biopsies in low-risk patients.

Education and training: Dr. Kranz stressed the importance of continuous education and mentorship. Institutions and high-volume centres are encouraged to develop training programmes to support urologists in becoming proficient with TP biopsy techniques.

Closing remarks
The webinar provided a comprehensive overview of how prostate biopsy techniques are evolving in response to the global threat of AMR. The key message was clear: prioritising infection prevention and antimicrobial stewardship is not just beneficial but essential. As research advances, it will be crucial for guidelines to keep pace, ensuring that prostate cancer diagnostics remain both effective and safe. You can watch this webinar on-demand here as an. The shift towards safer, more sustainable practices in prostate cancer diagnostics is underway, making it essential for practitioners to stay informed.

Watch the e-course on demand here

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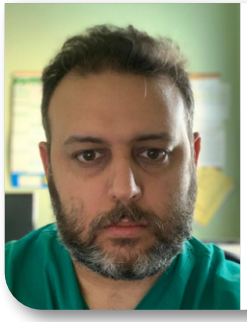

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The EAU-CUA (Canadian Urological Association) Exchange Programme is a long-standing transatlantic collaboration between the two societies. As with all exchange programmes, the primary objective is to share knowledge, understand the hospital and research organisation of the host, and network with peers.

The exchange tour began earlier for Dr. Dönmez, who visited his friend Dr. Luis Braga at McMaster University Children's Hospital (ON) for an additional two days. During this time, they exchanged opinions on future studies. The team then gathered in Winnipeg, connecting through Toronto. Winnipeg, a city in the province of Manitoba, is centrally located in Canada and known for its cold weather, which can drop to -30°C during winter. In Winnipeg, we were warmly welcomed by Dr. Premal Patel and Dr. Jay Nayak.

Manitoba

We visited various sections of the University of Manitoba's Max Rady College of Medicine and the Dept. of Urology. One of the most fascinating practices we encountered was conscious sedation for interventions such as ureterorenoscopy, initially adopted due to limited operating room hours—a prominent issue in Canada. We also visited the Dr. Ernest W. Ramsey Manitoba Prostate Cancer Centre to observe how this unique regional centre operates.

Additionally, we had the opportunity to visit the Manitoba Men's Health Clinic, the only semi-private centre in the country still affiliated with the university. We observed numerous andrological procedures performed under local anaesthesia or sedation provided solely by the surgeons. That evening, we participated in a journal club dinner where two EAU team members presented their experiences on various topics.

The following day, we visited the Canadian Museum for Human Rights, a genuinely amazing place to observe the darker side of human history. Dinner that evening was organised in a pleasant suite, where the remaining two team members gave their presentations. The next morning, before flying to Edmonton, the residents of the Manitoba urology programme presented their research, including their latest study on the minimally invasive treatment of BPH. This was followed by one-on-one discussions between the EAU members and the residents on several subjects of interest.

Edmonton

Our next stop was Edmonton, the capital of Alberta, where we stayed at a downtown hotel near the famous Rogers Arena, home to the Edmonton Oilers hockey team. Edmonton, located along the North Saskatchewan River, has transportation as the cornerstone of its foundation and development. Today, it is a modern city with a relatively long history and a significant role in Canadian immigration.



Mutual presentations at University of Manitoba



Touring Dianne and Irving Kipnes Urology Centre at University of Alberta

We received a warm welcome from Dr. Keith Rourke and Dr. Trevor Schuler, who hosted an excellent welcome dinner at the Royal Mayfair Golf Club, a 100-year-old club where the story of this sport in Canada began. During the dinner, we met several successful and gifted young academicians with whom we exchanged ideas in the field of prostate cancer imaging/diagnostics and more. We also discussed the differences in funding and project grants between Europe and Canada.

The next two days were reserved for academic activities, starting with a visit to the Kipnes Urology Centre at the Kaye Edmonton Clinic, University of Alberta. We toured the outpatient facility as well as the stone and prostate cancer units. We were impressed to learn that these units, like many across Canada, were constructed with generous donations from wealthy benefactors. We were presented with



Visiting the Vancouver Prostate Centre

information about prostate cancer imaging, biopsy, focal therapy, innovations in stent management, reconstructive surgery, and the robotic transplantation programme, recently initiated through collaboration between the University of Alberta and the ORSI academy in Belgium. The academic day concluded with our presentations on prostate and bladder cancer, paediatric urology, and further discussions with attending urologists and residents. Later that day, we toured the university campus and visited the archaeology museum, underlining the high cultural and scientific impact of the university. The evening ended with an unforgettable dinner at Fort Edmonton Park, a well-preserved Western neighbourhood where the first European settlement was established after turbulent relations with indigenous nations.

On the final day in Edmonton, we participated in the weekly grand rounds, where a comprehensive resident presentation was delivered on the impact of blood transfusion in urological surgery. The day continued with the Elk Island bison tour on the Savannah, with an in-depth explanation of early Canadian history and the significance of the bison's cult within. Notably, during dinner that evening, we witnessed the triumph of the Oilers in Game 6 of the National Hockey League final, followed by an eruption of emotions among fans and celebrations downtown, just outside the stadium.

Vancouver

Our journey then took us to Vancouver, a city on the Pacific Ocean renowned for its exceptional liveability, warm weather, and vast green spaces. From a urological perspective, Vancouver is known as the home of the Vancouver Prostate Centre (VPC), affiliated with the University of British Columbia. The VPC is not only a reference point for uro-oncology but also for research and treatment of BPH, endourology, and transplant surgery.

We had the opportunity to spot some whales close to the coast and explored the city and its surroundings in the most beautiful and ecological way possible: a bike tour. In the afternoon, we visited the University of British Columbia and the recently renovated Museum of Anthropology.

The next day was entirely dedicated to visiting the VPC. We met with the faculty, along with residents and medical students, to share and present our experiences in paediatric renal transplantation, the treatment of lymph node metastases in patients with penile cancer, and experimental studies on potential new treatments for bladder cancer. This presentation session not only allowed us to exchange knowledge and advanced techniques but also facilitated a constructive dialogue on future collaborations between our institutions. After an hour of presentations, we toured the research centre accompanied by Dr. Peter Black, one of the world's leading experts in uro-oncology. The visit provided us with a detailed overview of the current research projects at VPC, highlighting significant progress in molecular biology and the genetics of prostate cancer. We explored the laboratories where cutting-edge studies on biomarkers and new targeted therapies are being conducted, which could revolutionise prostate cancer treatment in the coming years.



Wandering around Victoria with our host Dr. Nathan Hoag

We also visited other sections of the VPC, including those dedicated to endourology and transplant surgery. Here, we were shown the integration between clinical research and surgical practice, a model that allows patients to quickly benefit from scientific innovations. Much of the original project and insights of the VPC were illustrated by past chair Dr. Larry Goldenberg, who described how the institution successfully created a synergy between various medical and scientific disciplines, promoting a multidisciplinary approach to patient care.

An aspect particularly interesting for European urologists is the promising project of the Canadian Men's Health Association, which aims to improve men's health through prevention programmes, early diagnosis, and treatment of urological diseases. This project not only represents a model of excellence in healthcare but could also serve as inspiration for the implementation of similar initiatives in Europe.

The entire Vancouver group, led by chair Dr. Martin Gleave and Dr. Peter Black, proved to be extremely hospitable, conveying the passion and opportunities that a centre like the VPC can offer. Their ability to integrate pre-clinical, translational, and clinical research to the maximum extent makes the VPC a beacon of innovation in the global urological landscape. The visit reinforced our belief in the importance of international collaboration and knowledge exchange to advance the field of urology and improve patient care worldwide.

Last stop - Victoria, BC

After a short flight, the last stop of our intense tour was Victoria, BC, where the annual Canadian Urological Congress was to be held. We were welcomed by Dr. Nathan Hogg, who was the recipient of the CUA Award of Excellence in Education at the Canadian Urological Congress (CUA). The afternoon was spent resting at an astonishing sauna built on a ship at the harbour. At dinner, we met the Victoria crew who take care of urological patients in a dispersed area. We enjoyed a variety of fish dishes, a trademark of Canada's west coast.



At the CUA24 Congress gala dinner with the CUA President Robert Siemens

Another highlight was salmon fishing with Dr. Iain McAuley, the most senior member of the team. Of note, you need to hold a fishing license in Canada for this activity. Although we didn't catch any fish, we did catch many crabs. We also had the opportunity to wander around the city, before a barbecue at Dr. Hogg's house with the whole team.

CUA Congress 2024

Then it was time to attend the remarkable CUA Congress 2024. The congress was meticulously organised by the CUA team, including many hands-on courses, lectures, sessions on all subspecialties of urology, as well as networking events. During the congress, Dr. Malavaud gave his speech at the Allied Associations address. The last night of the congress was July 1st, Canada Day, which was celebrated with fireworks at the bay.

In conclusion, we genuinely benefitted from the EAU-CUA Exchange Programme in many aspects. We believe this programme helped us build long-lasting bridges between Europe and Canada, which will ultimately be beneficial in improving overall urological care across the globe. Meanwhile, we would like to extend our gratitude to Tiffany Pizzioli, Natalia Nesterovsky, and Adriana Modica from the CUA for their excellent organisation. And to the EAU for giving us this wonderful opportunity.

Strengthening medical education in urology

The EU-ACME programme



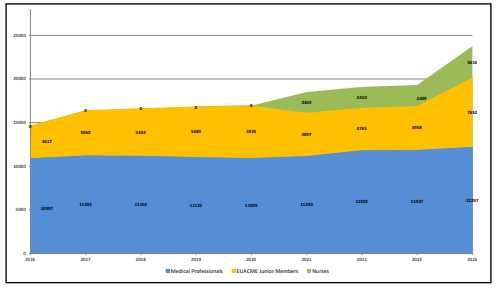
Prof. Marco Babjuk
Chair, EU-ACME
Office
Prague (CZ)

The EU-ACME programme plays a crucial role in supporting urologists across Europe by helping them track their professional development and ensure they meet continuing education requirements. Through this programme, medical professionals can document their participation in accredited CME (Continuing Medical Education), CNE (Continuing Nursing Education), and CPD (Continuing Professional Development) activities, regardless of where they practice. EU-ACME provides a structured system for collecting educational credits, enhancing the quality of medical education, and supporting both national and international urological societies.

Key functions of the programme include:

- **Tracking and validation:** EU-ACME helps doctors and nurses register and validate their participation in accredited activities.
- **Interprofessional accreditation:** The programme offers interprofessional accreditation for CME/CNE events and online learning materials, encouraging collaboration across healthcare professions.
- **Quality improvement:** EU-ACME is dedicated to improving the quality of medical education both nationally and internationally.
- **Supporting urological societies:** The programme assists national and international urological societies in implementing and promoting the CME/CNE/CPD system.

Membership and participation
Since its inception in 2006, the EU-ACME programme has seen a growing number of members. Medical professionals can join through their national or international urological societies or sign up individually.

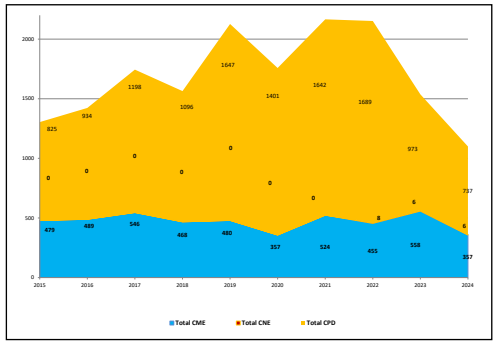


From a total of 23,765 EU-ACME/CNE members, there are 11,745 EU-ACME EAU members, 7,852 EU-ACME EAU JM, 3,616 EU-ACNE EAUN members. There are 552 EU-ACME members – non-EAU.

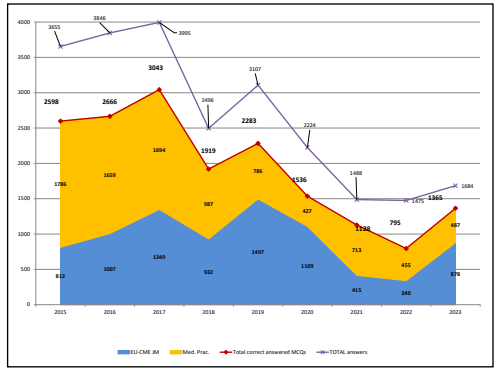
CME/CPD activities in 2024
The EU-ACME programme registered a total of 1,100 CME/CNE/CPD activities in its database in 2024, offering medical professionals a wide variety of accredited learning opportunities.

Of the 357 CME activities, 46 were accredited within the EU-ACME programme, including 18 events by the EAU.

CME credits collected through MCQs in the European Urology Journal
An important feature of the EU-ACME programme is the use of MCQs (multiple-choice questions)



published in the European Urology Journal, which allow members to collect CME credits while testing their knowledge on the latest advancements in urology. In 2024, 15 articles were published with MCQs, with a total of 1,652 answers provided, of which 1,205 were correct. This system offers members a flexible and accessible way to earn CME credits while staying up to date with the latest research in the field.



From the total of 1.205 correctly answered MCQs, 236 were EU-ACME EAU members, 942 EU-ACME EAU JM and 27 EU-ACME members (non EAU).

Promotion and digital innovation
In 2024, the EU-ACME programme launched several



initiatives to increase its visibility and accessibility. One key development was the introduction of the digital membership card available through MyCME, allowing members to easily access their personalised educational portfolio.

The programme is also being promoted through articles in European Urology Today (now an online-only publication) and through flyers that were distributed at EAU24 in Paris.

The EU-ACME programme remains a vital resource for urologists looking to advance their knowledge and skills. By providing a reliable system for tracking **CME/CNE/CPD** credits and continually improving the quality of medical education, EU-ACME is helping professionals stay at the forefront of their field. With new digital innovations, increased international collaboration, and a focus on enhancing its reach, the programme is poised to have an even greater impact in the coming years, ultimately contributing to better patient care and professional development in urology.



EU-ACME

New at EAU25: Introducing the EAU Lab

Connecting basic researchers and clinicians

The EAU is excited to announce a new forward-thinking addition to its scientific programme at EAU25 in Madrid next year: the EAU Lab. This innovative platform has been designed to showcase the latest advancements in basic and transitional research within urology, and foster stronger connections between clinical practices and research. Hosted by the EAU's Urological Research and Uropathology Sections in collaboration with the EAU Scientific Congress Office, the EAU Lab with feature a structured series of presentations aimed at engaging researchers and clinicians alike.

In a recent interview, EAU Scientific Congress Office committee member Prof. Lars Dyrskjøt (DK) and EAU Section of Urological Research Chair Prof. Carmen Jeronimo (PT) shared insights about the EAU Lab's objectives and programme structure.

A clear focus on research

"The objective of the EAU Lab is to have stronger and more focused attention on all the basic- and transitional science that is being carried out in the field of urology," Prof. Dyrskjøt explained. "By grouping this into the EAU Lab days at EAU25, it will be easier for delegates to navigate the sessions."

The EAU Lab is also designed to make the annual congress more appealing to basic researchers, a critical audience for advancing urological science. Prof. Jeronimo elaborated on the collaborative aspect: "We believe that the involvement of the EAU Section of Urological Research, EAU Section of Uropathology, as well as other groups, will ensure a well-balanced track that appeals to this target group."

Connecting clinicians and researchers

A primary goal of the EAU Lab is to strengthen the already robust ties between clinical and laboratory work. Prof. Dyrskjøt: "Overall, it is important to emphasise that the "Lab" basically covers all experimental work performed in a laboratory setting, ranging for cell line modelling to biomarker testing in clinical trials. So, I think the link between clinical and laboratory work always has been strong, and it will be even stronger in the future. Therefore, it is important to feature this link between clinical- and laboratory work at the Annual EAU Congress. The sessions will include many clinicians and scientists discussing recent findings."

What's on the agenda?

Spread over two days during the congress, the EAU Lab scientific programme includes a Thematic Session, a joint session by the EAU Sections of Urological Research and Uropathology, two standard oral abstract sessions, Expert-Guided-Poster Tours (EGPT), and two extended abstract sessions including keynote speakers. Prof. Dyrskjøt: "These expanded sessions will offer the possibility to focus on selected areas of research, where we have time to hear longer presentations and discussions - and learn about the latest research in the various fields. Furthermore, the sessions will include expert discussions of the research areas to put the findings into context. We expect this format will add some extra depth and focus on areas that may require more time than the standard abstract format at the congress."

On Saturday 22 March, Dr. Laura Bukavina (US) and Prof. Dyrskjøt will co-chair the Thematic Session on 'Cutting-edge advances in urology: Genomics, transcriptomics and microbiome analysis.' Presentations will include genomics and clinical outcomes in prostate cancer; harnessing microbial metabolism: personalised medicine and drug metabolism through metabolic reconstruction; bench to bedside: the future of faecal microbiota transplantation in immune-oncology; and gut microbiome and metabolomics of antibody-drug conjugates: impact on efficacy and side effect profile.



Delegates tuning in to the Expert-Guided-Poster Tours (EGPT)

On Sunday 23 March, there will be a joint session of the EAU Section of Uropathology and EAU Section of Urological Research 'Uro-oncology: integrating biological insights with clinical care.' This session 'What liquid biopsies can provide to the clinics: Whole-genome analysis for tumour-informed detection of circulating DNA in urothelial carcinoma patients' will be co-chaired by Prof. Jeronimo and Prof. Maurizio Colecchia (IT). Presentations include neuroendocrine differentiation: from biology understanding to clinical challenges; what spatial pathology can teach us on urological cancers progression; and what can liquid biopsies provide to the clinics?

Both Prof. Dyrskjøt and Prof. Jeronimo expressed enthusiasm about the EAU Lab's potential impact, highlighting its ability to foster collaboration across disciplines. "As scientists working in close collaboration with urologists, oncologists, and other specialties, we find the Annual EAU Congress now may be more attractive to attend for non-urologists as it offers a broader coverage of the interdisciplinarity that drives the field forward. We hope this 'Lab' focus will create additional synergy between urologists and scientists at the congress."

In addition to the robust scientific programme, the EAU Lab will also provide valuable networking opportunities. The sessions will be held in a dedicated space, ensuring participants can engage in discussions and form collaborations. This setup aligns with the EAU's broader goal of fostering an interdisciplinary community.

The EAU Lab sessions are extended with a special network area in the exhibition where different companies will feature their innovative solutions for optimising urological research. To stimulate sharing experiences and building new relations a lunch will be served in this networking area on Sunday for those delegates joining the EAU Lab scientific sessions.

For more details on the EAU Lab sessions, you can view the **EAU25 scientific programme.**

EAU25 | MADRID, SPAIN 21-24 March 2025

All-time record

Over 5,700 abstract and video submissions for EAU25

The EAU's Scientific Congress Office is pleased to announce that 5,745 poster and video abstracts were submitted for EAU25 in Madrid, a record in the 40 editions of the EAU's Annual Congress. This included 5,265 posters and 480 videos.

"This is a very encouraging signal as we work towards creating a successful scientific programme for 2025," said SCO Chair Prof. Maarten Albersen. "A large number of submitted abstracts means we can pick the very best and draw up a comprehensive and interesting programme for our delegates. Our thanks go out to all submitters for their hard work!"

A quarter of the poster submissions addressed prostate cancer, and 16,5% for urothelial cancer. Other popular topics (11-9% of total submissions) were benign lower and upper urinary tract diseases, renal tumours and urolithiasis.

For videos, over a fifth were on the topic of urogenital reconstruction, closely followed by renal tumours. Other major topics were urothelial cancer, benign lower and upper urinary tract diseases and prostate cancer.

Next steps

The Scientific Congress Office, aided by over 400 experts, is currently reviewing the submissions. The outcome will be communicated to all submitters by 23 December 2024 via the **online abstract submission system**. They will receive an e-mail as soon as the result is known.

All accepted and presented abstracts are eligible for prizes granted in the various categories including oncology, non-oncology, abstracts by residents, best posters and the best video abstracts. Additionally, all accepted abstracts will be accessible online for EAU members and EAU25 delegates one month before the congress via the EAU25 Virtual Platform (21 February, 10:00 CET).

For more information about the Annual EAU Congress, taking place in Madrid, Spain from 21 to 24 March, visit the official **EAU25 website**.



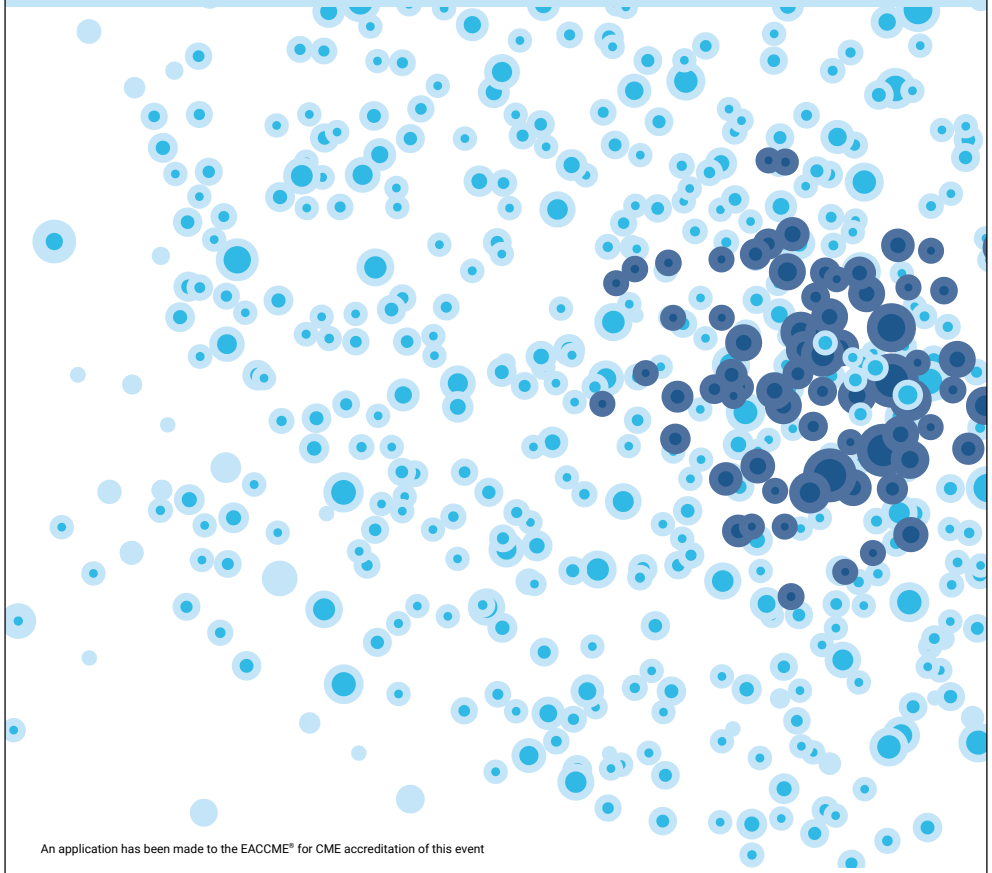


UROonco25

Steered by the EAU Section of Oncological Urology (ESOU)

19-21 June 2025, Seville, Spain

www.uroonco25.org



An application has been made to the EACCME® for CME accreditation of this event

eau Oncology eau Pathology eau Translational Research esu European School of Urology



An application has been made to the EACCME®
for CME accreditation of this event

eau European Association of Urology

The "Moustache Goes" initiative

Movember Step Challenge in Lithuania attracts over 5,000 participants

Every November, thousands of moustached men around the world gather to celebrate their moustaches! November is the month when the whole world celebrates Movember and sends a message to the public about the need to be responsible for their health, in order to increase awareness and openness when talking about men's physical and emotional health. Special attention is paid to prostate and testicular cancer, mental health, and suicide prevention.

Throughout November, the Lithuanian Urological Society invited the society to join the "Moustache Goes" initiative and turn a healthy lifestyle and the power of movement into a long-term, beneficial health habit with the help of the Walk15 app. Throughout November, participants who joined the step challenge collected steps for men's health, received useful advice from the urology community of doctors in the Walk15 app, and received gifts for their health promotion from the initiative's partners for the collected steps. We had 5479 participants in the Step Challenge, all together they walked 728,380 km during the month of November. This type of project encouraging daily movement is expected to contribute to the formation of healthy habits in the long term.

"As a society, we are carrying out a mission of disseminating information in the public, raising awareness of cancer, and updating men's health. This month, we especially want to talk and emphasize the principles of a healthy lifestyle, self-observation of one's health, taking responsibility for one's health and contacting specialists in a timely manner.

"We want to see a long-term positive change in the statistics of men's diseases."

Another thing is that the appropriate attitude of a boy-male teenager-adult man to one's health is not passed on and instilled from generation to generation. A young person does not think about oncological diseases and does not accept changes in the body as an important signal for which it is worth immediately contacting a doctor. Therefore, we aim to educate the youngest possible male audience, and for this purpose we regularly organize educational campaigns for the public, such as "Moustache Goes" (November) and "Check your balls" (April)", - says the President of the Lithuanian Urological Society, MD, PhD Marius Kinčius.







The results of the step challenge: 728,380 km!



Dr. Marius Kinčius, President of the Lithuanian Urological Society

"Changing false stereotypes of masculinity requires consistent and long-term work," - says Dr. Kinčius.

"We believe that during this challenge, more than 5,000 challenge participants not only discovered new walking trails and formed the principles of an active lifestyle, but also learned more about programmes designed to strengthen men's health and methods of disease prevention. At the same time, we hope that the messages and advice disseminated throughout the month by members of the country's urological community, urologists, emphasized the importance of men's health in Lithuania, encouraged them to respond, to contact specialists on sexual health issues, and refuted false stereotypes of masculinity that prevent men from seeking help when they really need it," says Andrius Preidis, a member of the board of the Lithuanian Urological Society, a urologist.

"Every day, for pleasant activities, take care of your own and the psycho-emotional state of those around you, communicate and share your thoughts, experiences and joys. Make yourself a priority. Deeply rooted societal expectations, roles and stereotypes can affect men's ability to talk about their health issues, whether physical or mental. False stereotypes can have a devastating impact on men and their ability to talk openly and honestly about what really matters and what is going on in their bodies.

According to Mr. Andrius Preidis, with these initiatives we aim to actualize and talk about the fact that it is a man's duty to perform a monthly self-examination, use preventive programmes, live a healthy life and talk about their psycho-emotional state. We are looking for ways to draw a man's attention and focus on himself, normalize the attitude towards his body, talk about it and the processes taking place in it freely, without complexes, with doctors.

The role of ERN eUROGEN in Europe's healthcare landscape

A vital network for rare and complex uro-recto-genital diseases and conditions



Jen Tidman
ERN eUROGEN Business Support Manager
Nijmegen (NL)

ERN eUROGEN, the European Reference Network (ERN) dedicated to rare uro-recto-genital diseases and complex conditions, is an essential collaborative network established under the European Union's health framework. Its mission is to improve diagnosis, treatment, and care for patients affected by rare and complex conditions within the scope of urology.

The network brings together healthcare providers and specialists across Europe, enhancing shared expertise, promoting research and innovation, and facilitating high-quality patient care. ERN eUROGEN is organised into three main workstreams, each focusing on a specific condition: congenital uro-recto-genital anomalies, functional uro-recto-genital conditions requiring highly specialised surgery, and rare uro-recto-genital tumours.

By fostering collaboration across borders, ERN eUROGEN connects expertise that may not be available locally. This allows patients and their healthcare providers to access specialised knowledge and resources that improve diagnostic accuracy and treatment quality. For many patients and families, the network's support is invaluable, particularly for conditions that pose unique diagnostic and therapeutic challenges and require highly specialised care.

Welcoming new ERN eUROGEN coordinators
This year, ERN eUROGEN has undergone a leadership transition with the appointment of new coordinators. Following Prof. Wout Feitz's retirement, the network welcomes Prof. Peter Mulders, a urologist, as coordinator and Prof. Ivo De Blaauw, a paediatric surgeon, as sub-coordinator.

"By fostering collaboration across borders, ERN eUROGEN connects expertise that may not be available locally."

This new leadership brings a renewed vision for expanding ERN eUROGEN's outreach and impact across Europe. As coordinators, Prof. Mulders and Prof. De Blaauw will guide the network in its next phase, focusing on continued collaboration, advancing patient outcomes, and enhancing access to specialised care.

Preview of ERN eUROGEN's Thematic Session at EAU25
ERN eUROGEN will host a Thematic Session on 21 March 2025, from 13:00 to 14:30 CET, at the annual European Association of Urology (EAU) Congress in Madrid.

The session will offer an update on the latest advancements in the management and research of rare and complex uro-recto-genital conditions, particularly emphasising cross-border collaboration and multidisciplinary care.

Programme highlights will include an introduction by W. Feitz (NL). He will provide an overview of ERN eUROGEN's impact and future directions.

The ERN eUROGEN Patient Advocacy Group (ePAG) will share insights with presentations on advocacy efforts and experiences of patients affected by penile cancer and Klinefelter Syndrome/XXY.

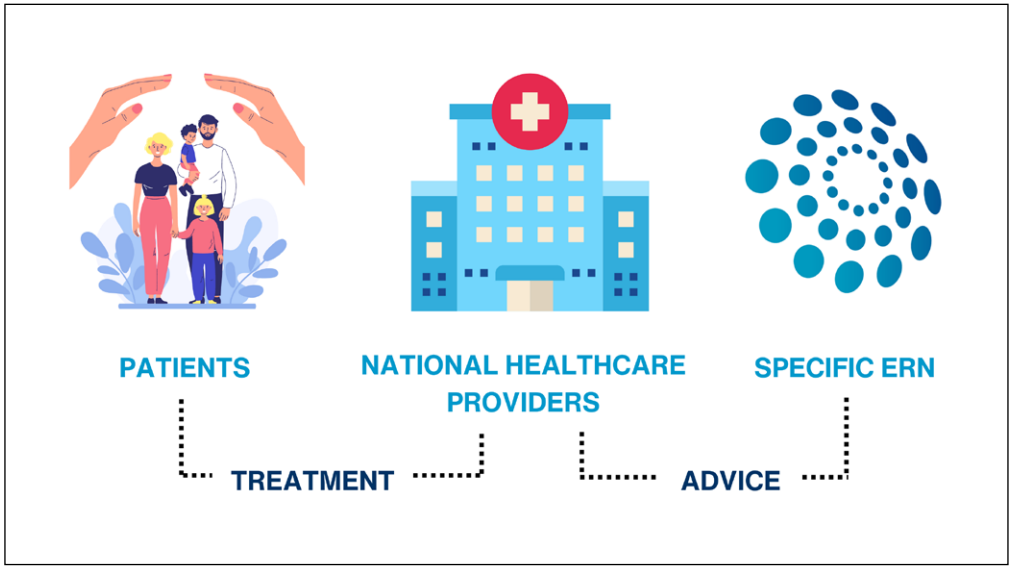
In **"Workstream 1: Rare congenital uro-recto-genital anomalies"**, G. Mosiello (IT) will discuss the role of multidisciplinary team management in patients with spina bifida and anorectal malformation. M. Peycelon (FR) will address advancements in managing posterior urethral valves, emphasising lessons from multicentric studies. To conclude, P. Lopez Pereira (ES) will discuss penile curvature in proximal hypospadias.

In **"Workstream 2: Functional uro-recto-genital conditions requiring highly specialised surgery"**, B. Dobrowolska-Glazar (PL) will explore bladder and bowel dysfunction in patients with neurogenic bladder, highlighting the importance of transitional care.

In **"Workstream 3: Rare uro-recto-genital tumours"**, P. Mulders (NL) will present on hereditary kidney cancer, and N. Knežević (HR) and J.F. Langenhuijsen (NL) will jointly present on the incidence and diagnostics of adrenal cancer, sharing insights from recent research and collaborative studies.

This thematic session is a must-attend event for professionals working with rare uro-recto-genital diseases. It offers a unique opportunity to meet experts and explore new research and clinical practices. Attendees will gain valuable insights into patients' complex needs, the latest therapeutic approaches, and the significance of multidisciplinary and cross-border healthcare solutions.

By participating in this session, attendees can become part of a broader community dedicated to advancing care for rare and complex uro-recto-genital conditions and join ERN eUROGEN in its mission to transform healthcare for patients across Europe.



17th European Multidisciplinary Congress on Urological Cancers

EMUC25

Working together to improve patient care

13-16 November 2025, Prague, Czech Republic

In collaboration with

- Meeting of the EAU Section of Urological Imaging
- EMUC Symposium on Genitourinary Pathology and Molecular Diagnostics
- EAU Young Academic Urologists Meeting
- European School of Urology

ESMO GOOD SCIENCE BETTER MEDICINE BEST PRACTICE

ESTRO European SocieTy for Radiotherapy & Oncology

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ERUS25

22nd Meeting of the EAU Robotic Urology Section

10-12 September 2025, London, United Kingdom

www.erus25.org



An application has been made to the EACCME® for CME accreditation of this event

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History Office prepares for EAU25 and future projects

Joint symposium in Leiden highlights colourful stories from urology's past

By Loek Keizer

On 10-12 October, the EAU History Office had its board meeting in the suitably historical setting of Leiden, the Netherlands. Leiden has of course been known as a seat of learning and medical innovation for centuries. The board was hosted by Dr. Pieter Dik, who also arranged a well-attended afternoon symposium together with the Dutch Urological Society on historical topics.

The primary purpose of the visit to Leiden was to host the Office's twice-yearly Board Meeting, where ongoing research projects, publications and the upcoming Annual EAU Congress were the main topics for discussion.

In light of a broader evaluation of the EAU's priorities and its relationship with its members, much of the discussion concerned the most effective way of serving the membership, both in terms of cost and in terms of relevance for urologists. While the History Office prides itself on its research and many publications, other forms of dissemination are going to be explored. In terms of subject matter, a shift to relatable and somewhat more contemporary urological history should line up with the audience's expectations. Further developments will be announced at EAU25 and beyond.

Guided tour

Regarding the Annual Congress, the History Office discussed in Leiden and is pleased to present several innovations at the upcoming congress. As part of a redevelopment of the EAU Booth at the Exhibition, the History Office's annual Historical Exhibition is also being revamped.

Every year, historical objects related to the congress's host city or country are featured, with an accompanying brochure to offer further context. In 2025, newly-designed showcases will present the unique objects in a fresh and attractive fashion. An audio tour will also be part of the exhibition, so that delegates can listen on their own devices to the expert commentary by the curator(s). Guided tours will also be offered at set times.



The symposium attracted around 50 participants

After a successful first outing in Paris, the Historical Exhibition Treasure Hunt will also be making a return. Questions will be published in various places like the Congress Newsletter and online, with answers to be submitted before a set deadline. Correct submissions will be **entered into a draw** to determine the winner.

EAU members can collect a copy of *Human Fertility and Infertility – From prehistory to the present,* a new publication by Prof. Philip Van Kerrebroeck, urologist and chair of the EAU History Office, Dr. Helena Van Kerrebroeck-Gijbels, gynaecologist. Volume 32 of *De Historia Urologiae Europaeae* will also be available, featuring new research into the colourful history of urology.

Leiden Symposium

Having discussed the upcoming Annual Congress, on Friday afternoon, around 50 participants joined the History Office members in the nave of the Lokhorst Church for a specially organised event. The four-hour symposium "Historical developments in Urology" was chaired by Dutch urologist Dr. Tycho Lock and featured notable Dutch speakers as well as international speakers from the History Office.

Dr. Erik Felderhof started proceedings with an expansive trawl through the history of kidney stone surgery, from its earliest treatment to the latest technologies and expected future treatment options.

Dr. Adam Groeneveld shared his experiences of living and working in the "Stone Belt" when he was Singapore's first trained and qualified urologist in the early 1980s. Several developments in the field were taking place at the time, and Dr. Groeneveld arranged training in Vienna to learn PCNL and ULS, and ESWL training in Munich. By 1985, Dr. Groeneveld was the first and only urologist in Asia with a Dornier HM3 Lithotriptor, one of the first outside of Germany. He shared with the audience a promotional video for his clinic from 1987, only recently digitised which showed the novelty of the ESWL approach and the popularity among populations from the entire region, far beyond Singapore.

Dr. Rob Schipper, who during the Leiden board meeting succeeded Dr. Pieter Dik as the History Office's Dutch representative and Curator told the story of cold light in urology, starting with Bozzini, whose discoveries had at first been ridiculed in a local Frankfurt newspaper. Mr. Jonathan Goddard of Leicester was the first foreign speaker of the day, offering a graphic and animated presentation on the rare reports of early instances of lithotripsy, in the pre-anaesthetic era.



The symposium featured several industry booths, some with historical instruments, to the great interest of the board members.



Dr. Schipper is welcomed to the Office by Prof. Van Kerrebroeck, under the watchful eye of Founding Chairman Dr. Mattelaer

Dr. Rob Pelger presented a historical look at the development of prostatectomy, including the story of Prof. Patrick Walsh and Prof. Pieter Donker, whose joint discovery of the prostatic nerves that made a nerve-sparing technique possible had taken place in the very same town of Leiden some 43 years earlier. Prof. Van Kerrebroeck and Dr. Dik rounded off the symposium with presentations on the use of electricity in urological procedures and the diagnosis and treatment of nocturnal enuresis throughout the centuries.

With a special thanks to Dr. Dik for hosting the board meeting, and organising the symposium and a history-filled three-day programme, the History Office shifts its focus on Madrid and invites all EAU members to take part in the EAU25 activities!

EAU History office

Research fellowship in Chicago

Six months' experience with Da Vinci single-port



Dr. Donato Cannoletta
Urological Research Institute
IRCCS Ospedale San Raffaele
Milan (IT)

"The city lights of Chicago always shine so bright." This is one of the most famous captions on social media about Chicago (Illinois), and I have to tell you that my first thought when I landed at O'Hare Airport and took my cab to the city was not so different. I left Milan and my urology residency school at Ospedale San Raffaele on November 2, 2023, and I was feeling anxious but full of enthusiasm for my first research fellowship, at the end of my third year of residency.

"I feel lucky to have seen the LARA (low anterior retroperitoneal access) approach with the single port to access the kidney or the adrenal gland..."

My mentor was Assoc. Prof. Simone Crivellaro (US), who is the Director of minimally invasive urology at UI Health Hospital and world pioneer on the use of the Da Vinci Single-Port (DVSP) robotic platform. The DVSP has recently been introduced also in the European market. The duration of my fellowship was six months, a period that I considered adequate for my goals: to observe operating room cases performed with the DVSP, and to do research on this new machine, mainly focused on outcomes research. I feel lucky to have seen the LARA (low anterior retroperitoneal access) approach with the single port to access the kidney or the adrenal gland, as well as benign and malignant cases treated with the DVSP.

In addition, I had the opportunity to use the DVSP platform within dry-labs organised one day a week; I also had the chance to participate in the courses organised to use the robotic platform: truly a wonderful experience! In these occasions I had the great chance to learn firsthand the advantages, disadvantages, as well as some tips and tricks about this new platform.

It was also a wonderful experience to live in in Chicago! Although I was there for the winter months, encountering very cold weather, which I was not used to, it did not reduce the charm of the so-called Second City. For blues music lovers, for sports lovers, for art lovers - Chicago has a lot to offer!

In conclusion, my research fellowship was a once-in-a-lifetime experience not only from a professional point of view, but also from a human point of view. On the one hand, it was my first big step in the field of research. On the other hand, it allowed me to watch and touch the "hottest" robotic platform of the moment. Lastly, having lived in a new continent far from home as fascinating as the United States, in a city as vibrant as Chicago, for me it was and will be something I can never forget and as a famous blues musician from the windy city said, "Going to Chicago was like going out of the world. "



My last day in Chicago with my tutor Dr. Simone Crivellaro, and my co-fellow Dr. Greta Pettenuzzo (IT)

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Young Urologists Office | Young Academic Urologists

Send your application to become a member of one of the thirteen YAU Working Groups now!

Submission deadlines: 1 May - 1 December

Please check our website for details regarding the eligibility criteria and application procedure: **www.uroweb.org/education/young-urologists-office-yuo/yau** or contact the office via yau@uroweb.org

2024: Building foundations of future urologists

Highlights of Belgium Urology Residents Education Programme (BUREP)



Dr. Mauro Van Den Ende
Secretary and BUREP responsible of ESRU Belgium
University Hospital Ghent (BE)



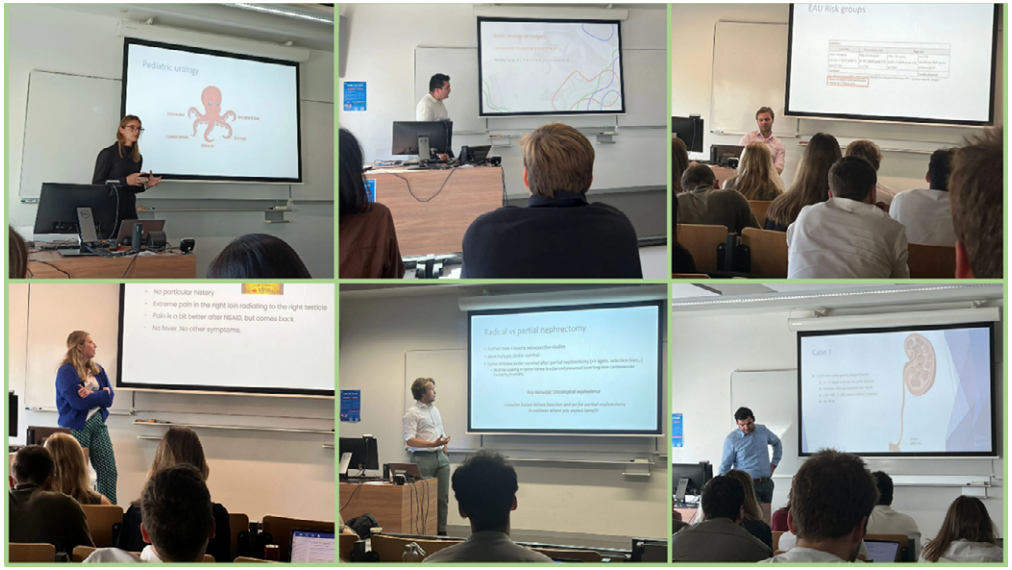
Dr. Steffi Fauconnier
BUREP responsible of ESRU Belgium
Ghent (BE)

The Belgian Urology Residents Education Programme (BUREP) represents a key initiative in the landscape of urology training for Belgian residents, organised by ESRU Belgium. It is inspired by the European Urology Residents Education Programme (EUREP) as a one-day educational event. This year's edition was held at UZ Ghent on October 26 and was tailored to equip new urology residents entering the field with a strong foundation in urological principles and practices. Although focussing on young residents, it warmly welcomed all levels of residents, creating an inclusive environment for learning and professional development.

BUREP included a series of lectures led by experienced senior residents and fellows, many of whom had participated in EUREP themselves. Dr. Wesley Verla (BE) opened the programme with a session on fundamental techniques and safety protocols in urological surgery. His presentation set a strong foundation for young urology residents. Dr. Matthias Boeykens (BE) then led a session on "kidney stones," covering the latest methods in diagnostics and treatments, focusing on urolithiasis management and recent advancements in the field. Following this, Dr. Laurens Weynants (BE) provided practical insights into the field of functional urology. Dr. Caroline Jamaer's (BE) session introduced essential concepts in paediatric urology, which is crucial for residents who may not have experience with treating younger patients. The programme's oncology focus included sessions on prostate, bladder and kidney cancer, which were delivered by Dr. Alexander Giesen (BE), Dr. Loïc Baekelandt (BE), and Dr. Joris Vangeneugden (BE), respectively. An overview of the recent EAU Guidelines was advocated, followed by practical case discussions and live comments on video-fragments of robotic urological surgery. Rounding off the day, Dr. Kim Pauwaert's (BE) 'Emergencies in Urology' session highlighted quick decision-making skills essential for managing urgent urological cases.



Banner of the event used for social media of ESRU Belgium



Final-year residents and urology fellows presenting practical insights in all urological disciplines

"An overview of the recent EAU Guidelines was advocated, followed by practical case discussions..."

The programme encouraged active participation through a quiz covering session material, with the winner receiving the book: 'Urology: The last review', sponsored by Knowuro. Residents also benefited from networking opportunities with peers, presenters and sponsors of ESRU Belgium, fostering connections across the urological community.

Impact on urology training

BUREP provides young residents that are starting their clinical rotations in urology, an educational foundation and introduction to clinical practice. Knowledge-sharing from peers and practical insights in a collaborative atmosphere is considered an invaluable step in preparing the next generation of urologists in Belgium.

Advancing precision in robotic surgery and training

Insights from ERUS-EAUN24 Robotic Urology Nursing Meeting



Ms. Maaike Van Tol
Operating Department Practitioner
Antoni Van Leeuwenhoek Hospital
Amsterdam (NL)



Ms. Jessica Remmé
Operating Department Practitioner
Antoni Van Leeuwenhoek Hospital
Amsterdam (NL)

In September we travelled with a delegation from the Antoni van Leeuwenhoek Hospital in Amsterdam to Bordeaux for the annual ERUS Meeting. On the first day, we attended the EAUN meeting, and we both had the opportunity to present during this 1-day meeting. The nurses' programme held much promise and did not disappoint. It is always enriching to exchange experiences with colleagues from various countries. It was a pleasure to reconnect and get to know everyone better.

Ms. Van Tol presented on the role of advanced imaging in radical prostatectomies. Since urologists have mastered the technique of RARP, investigations have now been started on how this technique can be refined to obtain even greater precision. Ultimately, the aim is to lessen the positive margins even more and thus to have better oncological outcomes. Also, a lot can be gained when it comes to the preservation of continence and potency.

With the help of 3-D models, image guided navigation, fluorescence, tracers and drop-in probes, we aim to create a future where prostate cancer patients can receive tailor made care and be treated with even greater precision.

Training first assistants?
Ms. Remmé presented on the importance of training first assistants. At Antoni Van Leeuwenhoek Hospital, operating department practitioners function as first assistants in a variety of robotic surgeries across all surgical disciplines. Despite the complexity of laparoscopic procedures, there were, until recently, no official requirements for first assistants. This is also the case at other hospitals across the Netherlands.

The responsibilities of a first assistant have become more demanding, involving critical tasks. For example, placing a bulldog clamp on the kidney vein and artery during a partial nephrectomy, or managing the stapler in constructing a Bricker pouch. These are highly responsible tasks.

Following a serious incident involving a patient with a bowel perforation, we recognised the need to enhance the quality of surgery to improve patient outcomes. As a result, a comprehensive six-step training programme has been developed.

1. E-learning
2. Hands-on training
3. Laparoscopic box training
4. Training on the job
5. Yearly refresher course
6. Critical resource management training

Upon completion of this training, our colleagues are awarded a certificate. This certificate is recognised by the Dutch National Professional Association for Operating Department Practitioners.



Ms. Maaike Van Tol and Ms. Jessica Remmé at ERUS-EAUN24

Other presentations
Experts also covered the topic of non-surgical predictors in the recovery of erectile function following a RARP, as well as enhancing patient experiences by using videos to inform patients on their treatment. There was also time to reflect on the human factors in robotic surgery and how to train oneself to respond better at emergencies, as well as how work efficiently individually and as a team.

"Ultimately, the aim is to lessen the positive margins even more..."

On the second day of the meeting, the nurses were offered a training at the Intuitive headquarters in Bordeaux. During the HOT training sessions, participants received a refresher of helpful tools and processes to aid in achieving an effective and efficient robotic service. They were introduced to a new educational augmented reality system which would help in the training and development of newly trained robotic users, and it did also serve as a refresher for trained robotic users. Most importantly, there was a session on 'Advanced emergency simulation training for emergency scenarios', which provided useful and practical information on how to implemented this within our own robotic theatres.

ERUS-EAUN24 | 11-13 September 2024 Bordeaux, France

Overall, it was a successful ERUS programme, with an increase in the number of attendees, especially in the HOT training sessions. As we grow and develop as a group, we have also launched nursing poster presentations where teams are encouraged to embark on research and development within the world of robotic nursing.

We hope to see you next year in London for ERUS-EAUN25.



Training with robots at the Intuitive Headquarters

Systemic treatments for prostate cancer course in Lisbon

Highlights from the 6th Course of the European School of Urology Nurses (ESUN)

The 6th ESUN course - *"Systemic treatments for prostate cancer - promoting wellness and improving quality of life and adherence"* took place from 9-10 November, during EMUC24 in Lisbon, Portugal. Through a series of lectures, discussions, interactive group work, and a skills development workshop, top experts provided an in-depth update on oral systemic therapies, the possible side effects, as well as practical strategies for managing side effects. Tips on how to communicate and educate patients and their caregivers, as well as how to promote behavioural change were also shared.

Below is a summary of the key learnings from delegates

- There were discussions on how to optimise communication and patient centred care through motivational interviewing. Delegates were taught how to apply motivational interviewing correctly through techniques such as summarising. A high level of motivational interviewing can help patients identify their personal goals, which can empower them and support their decision-making. It was re-iterated that patients and caregivers often lack sufficient information, hence the communication skills of nurses are crucial for improving patient understanding and managing expectations. A presentation from a patient's perspective highlighted that patients can only retain a certain amount of information at a time, emphasising the important to consistent and repetitive communication. There was also a module on how to discuss sexual health concerns with a patient, recognising that sexuality encompasses more than erectile function.
- Delegates gained an expanded understanding of systemic treatments used in metastatic prostate cancer and their side effects, particularly the signs and symptoms of androgen deprivation therapy (ADT) side effects and how these can be treated/managed. This included bone health challenges tied to osteoclast and osteoblast function. Effective management strategies for physical and emotional side effects were shared, along with how to recognise unmet needs of both patients and caregivers, and tailoring care to suit their individual goals and priorities.
- A lecture on prostate cancer outcomes allowed delegates to deepen their understanding and see how tailored support by nurses can improve overall satisfaction from the patient, as well as overall survival. Nurses were able to share their experiences, and interestingly, these discussions indicated that the challenges and questions they face are similar across Europe.

In summary, the themes of this course emphasised the importance of combining clinical expertise with empathetic communication to improve outcomes and patient satisfaction in prostate cancer care. Nurses can bridge information gaps for patients in terms of addressing side effects of treatment and outcomes and be a great support to patients in their cancer care journey. Motivational interviewing and improved communication skills enhance the ability to address patient priorities and unmet needs effectively. Communication is key… "Always have an open mind to your patients. You should ask the questions".



Participants and faculty of the ESUN Prostate Cancer Course in Lisbon



Discussing daily practice and how to improve with peers

"...the themes of this course emphasised the importance of combining clinical expertise with empathetic communication to improve outcomes and patient satisfaction in prostate cancer care."

Dissemination of new knowledge to regional teams
The participating nurses were enthusiastic to share their new knowledge with their peers. Plans included dissemination with colleagues via in-house presentations, updating current training documents, and team meetings. Efforts will also involve arranging educational meetings and interactive discussions with colleagues to address issues like ADT side effects.

Acknowledgement
This course was made possible with unrestricted educational grants from Ipsen and Accord for which we are very grateful.



Motivational interviewing training was part of the prostate cancer course

European Association of Urology Nurses

How to improve NMIBC patient pathways

Learning points from the 7th course of the European School of Urology Nurses (ESUN)

During EMUC24 in Lisbon, the 7th ESUN Course took place from 9-10 November. Titled, *"Improving NMIBC (non-muscle invasive bladder cancer) patient pathways"*, this course focused on enhancing the care experience for NMIBC patients by addressing intravesical therapies, side effect management, communication, and new approaches like laser ablation and home-based treatments.

Delegates completed an online questionnaire after the course and here are their key learning points:

- Managing side effects, particularly from BCG and mitomycin therapies, remains a universal challenge. It was noted that dwell time adjustments are less impactful than previously thought, with severe LUTS (lower urinary tract symptoms) often arising after the first dose. Counselling, education and support systems like buddy programmes and pre-TURBT "schools" have proven to have a positive effect on patient outcomes. It was emphasised that sexual function needs more open discussion during consultations when considering the impact of treatment on intimacy.
- In the light of innovations and new treatment approaches, home-based BCG therapy might be a promising development, reducing treatment burden and improving access. Transurethral laser ablation (TULA) presents an opportunity for expanding nurse-led services, showcasing the evolving role of nurses in NMIBC management. Lastly, it is vital that PROMs (patient-reported outcome measures) and patient feedback of their experiences should guide treatment pathways to align care more closely with patient needs.
- The power of collaboration and networking: Improved communication skills and education strategies can enhance patient recall and adherence to treatments, especially for the management of side effects. There was an emphasis on holistic patient evaluation, highlighting that good communication on emotional and sexual health aspects can increase quality of care.

"This workshop format provided valuable exchange of evidence-based practices and insights, enabling participating nurses to tackle shared challenges."

During the group discussions and workshop module there was the opportunity for delegates to collaborate with their colleagues. This workshop format provided valuable exchange of evidence-based practices and insights, enabling participating nurses to tackle shared challenges. This course re-iterated that nurses play a pivotal role in improving NMIBC care through patient education, communication, extended services, and research. The course addressed the importance of being aware of the burden of treatment and how essential it is to have supportive patient pathways. A 'parting quote' to take home was to pay attention to the human aspect of care and strive to understand a patient's perspective.



Participants and faculty of the ESUN Bladder Cancer Course in Lisbon



The presentations sparked much discussion



K. Chatterton presenting on side effects of NMIBC treatment

Acknowledgement
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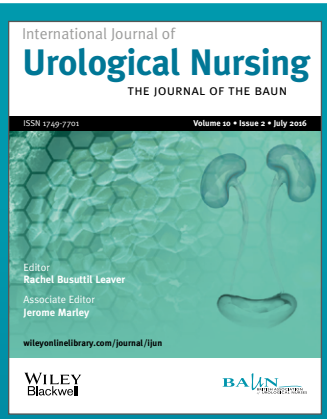

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