

## SIU 2011 Programme Highlights

### Impressive Number of Abstracts Received

The SIU Congress in Berlin is quickly approaching. The meeting will be held October 16-20. On behalf of Joe Thüroff, SIU President, and Michael Marberger, my Co-Chair of the Scientific Programme Committee, I strongly encourage you to join us in Berlin; and in advance, welcome you to the Congress.

As in years past, a vigorous programme has been prepared. There will be four stand-alone plenary sessions (one per day), covering topics of prostate cancer, bladder cancer, and benign prostatic hyperplasia, as well as a farewell plenary that will cover an assortment



Dr. Gerald H. Jordan

of topics and will feature the Pan-African Urological Surgeons' Association Lecture, and the Urological Association of Asia Lecture. Other society lectures will also be presented throughout the Congress by speakers from the American Urological Association, the European Association of Urology and the Confederación Americana de Urología.

There will be two sessions of the International Consultation on Urological Diseases (ICUD) on Prostate Cancer, with the first of these on Tuesday, October 18 and the second during the Farewell Plenary on Thursday, October 20. An International Consultation of this nature allows attendees a unique opportunity to share in the deliberations and recommendations of the ICUD committees.

The ICUD is co-chaired by our esteemed colleagues, Manfred Wirth, and Gerry Andriole, and they have selected some of the biggest names in the field to serve as sub-committee chairs.

Over the four-day programme, 16 parallel plenary sessions will be held. These sessions will address prostate cancer, pediatric urology, testis cancer, male incontinence, potentially lethal infections, urinary diversion, trauma from minimally invasive surgery, female incontinence, urethral reconstruction, stones, kidney cancer, urothelial tumors, neurology, LESS invasive surgery, and urogenital fistulas. As in the stand-alone plenaries, these sessions also feature state-of-the-art lectures presented by an international contingent of invited lecturers. We thank all invited participants for agreeing to share their expertise with SIU 2011 delegates.

On Monday and Tuesday afternoons, following the parallel plenaries, we have planned four surgical tips sessions which will address male incontinence surgery, robotic surgery, female incontinence surgery, and hypospadias repair. These sessions are always popular with attendees and provide very useful and up-to-date information for urologists from all areas of the world.

One of the programme highlights will no doubt be the live surgery, which is set to take place all day on Tuesday, October 18.

The live surgery session was one of the most popular at SIU 2009 in Shanghai and is sure to be again this year. While this session is free of charge, be sure to indicate your interest when registering as space is limited.

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Thanks to the hard work of the Consensus and Education Committee, chaired by Richard Santucci, SIU 2011 will feature 14 early morning instructional courses. These courses cover the following topics: designing clinical and research collaborations, management of post-prostatectomy incontinence, prostate cancer diagnosis and screening, robotic radical retropubic prostatectomy, robotic partial nephrectomy, surgery for urethral stricture, laparoscopic donor nephrectomy, premature ejaculation, focal ablative prostate therapy ileal neobladder construction, management of urothelial carcinoma, robotic assisted radical cystectomy, treatment of renal stones including surgery, prostatitis and management of chronic pelvic pain syndrome. With such a diverse group of courses, there is almost certainly something of interest for every attendee.

Finally, I am pleased to announce that we had an impressive number of abstracts submitted to this year's Congress, receiving more than 1,500. The quali-

ty of submissions was excellent, and we have a very high acceptance rate that reflects the quality of work. Accepted abstracts include authors from a variety of countries, regions, and sub-specialties. These abstracts will be distributed amongst 16 moderated poster sessions, 7 podium sessions, 10 moderated video sessions, and 3 unmoderated poster sessions. Be sure to attend as many abstract-driven sessions as possible to see what developments are taking place in urology worldwide. These sessions give one a unique opportunity to interact and make connections with those conducting important research in all fields of urology.

As you can see, a busy programme is planned. In addition to the sessions and activities mentioned above, do not forget that on October 15 and 16, there will be the 5th World Urologic Oncology Federation Conference, and on October 16 there will be the following attached national and sub-specialty meetings: the Society of Genito-Urinary Reconstructive Surgery, the European Association of Urology Symposium, the International

Symposium on Urological Stents, the International Society for Sexual Medicine, the German Society of Urology, the Pan-African Urological Surgeons' Association, a Joint Educational Course: International Continence Society and Society for Urodynamics & Female Urology, the Middle Eastern Society for Organ Transplantation, and the European Society for Paediatric Urology. Later during the week there will also be a special History Session chaired by Alain Jardin and coordinated by Dirk Schultheiss that will take you back to urology in 1914 and will highlight the impact of our host country on this specialty.

I sincerely urge you not to miss out on this one-of-a-kind scientific experience and join us in Berlin. On top of the excellent science on offer, the social programme, organized by Margit Fisch, Joachim Thüroff and the Local Organizing Committee will be filled with fun and entertainment; as well, Berlin is a wonderful city to visit and explore.

I look forward to seeing you in Berlin!

Gerald H. Jordan, Scientific Programme Chair

## Submit to UROLOGY, the SIU's Official Journal

### Providing Relevant Clinical and Basic Science Information

The mission of UROLOGY, the "GOLD JOURNAL", is to provide practical, timely, and relevant clinical and basic science information to physicians and researchers practicing the art of urology worldwide. UROLOGY publishes original articles relating to adult and pediatric clinical urology as well as to clinical and basic science research. Topics in UROLOGY include pediatrics, surgical oncology, radiology, pathology, erectile dysfunction, infertility, incontinence, transplantation, endourology, andrology, female urology, reconstructive



sive surgery, and medical oncology, as well as relevant basic science issues. Special features include rapid communication of important timely issues, surgeon's workshops, interesting case reports, surgical techniques, clinical and basic science review articles, guest editorials, letters to the editor, book reviews, and historical articles in urology.

Manuscripts submitted to UROLOGY will receive a timely review and authors will be notified within one month of receipt of manuscript

(45 days for Basic Science) whether their work is accepted, rejected, or requires revision. Accepted manuscripts will be published within six months of the date of final acceptance (except where noted otherwise) provided all production materials have been delivered to the Editorial Office. Submit manuscripts via the Elsevier Editorial System (EES) website at <http://ees.elsevier.com/uro/>.

All correspondence regarding submitted manuscripts will be handled via e-mail through EES.

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UROLOGY does not accept adult case reports, and the Grand Rounds and Review Article categories are by invitation of the editor only. For more information, please visit [www.goldjournal.net/authorinfo](http://www.goldjournal.net/authorinfo)

## Record Number of Sub-Specialty Symposia Planned for Berlin

### Symposia Will Offer Important Updates on a Variety of Topics

An unprecedented number of symposia, organized by urological sub-specialty groups and international urological associations, addressing a variety of topics and attracting a wide range of international experts have been scheduled at SIU 2011. We are grateful to Prof. Nasser Simforoosh (Urology & Nephrology Research Center, Tehran, Iran), chairman of the SIU Sub-Specialty Committee, for initiating what we trust will be a long-term collaboration with other urological societies. All sub-specialty and association meetings will take place on Sunday, October 16 – the first day of the SIU Congress.

On Sunday morning, symposia have been planned by the Society of Genitourinary Reconstructive Surgeons, the International Society for Sexual Medicine (ISSM), the Pan-African Urological

Surgeons Association (PAUSA), the German Society of Urology chaired by Maurice Stephan Michel and Bernd Wullich, and the Middle East Society for Organ Transplantation (MESOT) chaired by Bassam Saeed (Syria).

In the afternoon, symposia will be held by the European Association of Urology, chaired by Per-Anders Abrahamsson (Sweden), the International Continence Society (ICS), jointly with the Society for Urodynamics and Female Urology (SUFU), chaired by Drs. Eric Rovner and Werner Schaefer (USA) and the Symposium on Urological Stents, chaired by



ICC, Hall 6

Dr. Daniel Yachia (Israel).

In addition, there will also be a special History Session on Tuesday, October 18, coordinated by Dr. Dirk Schultheiss (Germany) and chaired by Dr. Alain Jardin (France). The title is: "SIU Congress 1914 in Berlin: Urology

a Century Ago".

Make sure you plan to arrive in Berlin in time to attend the subspecialty activities that interest you, and get to know your way around before the SIU Congress begins! All symposia are included in SIU Congress registration. ■

## An International Hero

### SIU Board of Chairmen Member Catherine deVries Recognized by the American Red Cross

The SIU is proud to announce that Dr. Catherine deVries, an SIU member and Chair of the SIU International Relations Committee, was awarded the distinction of "2011 International Hero" by the American Red Cross. Described as a "Modern Medical Miracle", Dr. deVries was presented with her award on April 13, 2011.

Dr. deVries is a Professor at the University of Utah's School of Medicine in the Department of Urology. After completing medical school at Stanford, she did her residency at Hahnemann University, University of California, San Diego. Since then, Dr. deVries's list of accomplishments and awards has grown to include the American Urological Association's 2009 Distinguished Contribution Award, The Southeastern Section AUA Presidential Lectureship 2009, The Ameri-



Dr. Catherine deVries

can Urological Association's Honorary Member 2007, and the American Medical Association's 2006 Dr. Nathan Davis International Award in Medicine, among others.

Dr. deVries is the President and Founder of IVUmed (formerly International Volunteers in Urology). IVUmed's mission is to "[make] quality urological care available to people worldwide. In fulfilling this mission, IVUmed provides medical and surgical education to physicians and nurses and treatment to thousands of suffering children and adults." IVUmed strives to instruct local physicians in underserved regions how to perform urological procedures to improve the medical care of patients, worldwide – an objective that is reflected in the SIU's mission statement. Fittingly, IVUmed's

slogan is "Teach one, reach many" (IVUmed.org).

IVUmed first came to life in Honduras in 1992, when Dr. deVries witnessed the need for training of medical staff to deal with urological conditions in pediatric patients. Soon after, IVUmed expanded to Vietnam in 1994. Originally just offering training for pediatric urology procedures, IVUmed now provides training in other urological areas, with a special focus on Vesico-Vaginal Fistula – a condition which affects many nations, especially those in sub-saharan Africa.

Current IVUmed programs include pediatric surgical workshops, women's health programs, general urology, domestic urology education programs, lymphatic filariasis, reconstructive urology, urologic oncology and other programs.

Beyond the awards bestowed on Dr.

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deVries, IVUmed has been recognized as "Best in State" in 2003 as Utah's premier humanitarian organization. In 2000, IVUmed was selected as the only surgical organization to partner with the World Health Organization, the Centers for Disease Control and Prevention, and others in the Gates Foundation's Global Alliance to Eliminate Lymphatic Filariasis (Elephantiasis). IVUmed was cited in 1999 by the Cuban Ministry of Health as the best organized and most valuable teaching team serving Cuba.

Despite these recent (and long-standing) accolades, Dr. deVries remains humble, and in an interview by the American Red Cross, posted on [youtube.com](http://youtube.com), Dr. deVries says, "The reason why I went into medicine was to help people, and what I do every day is help people. That is the joy of it. But

is that heroic? No, I don't think so. It's just what we do."

In the American Red Cross video, Dr. Andrew Southwick, a colleague of Dr. deVries, highlighted the significance of IVUmed's accomplishments.



Dr. deVries: "The reason why I went into medicine was to help people, and what I do every day is help people."

"Prior to founding International Volunteers in Urology, before she organized that medical group, no one had really done this. No one had really focused on teaching. There were a lot of medical

missions that were focused on providing services, but not many that were focused on trying to make people self-sufficient."

To learn more about IVUmed, please visit their website at [ivumed.org](http://ivumed.org). You can also view the American Red Cross video



IVUMED (2)

interview of Dr. deVries by searching the phrase "International Hero - Catherine DeVries" on [youtube.com](http://youtube.com)

We thank IVUmed for their contribution to this article. ■

## Welcome to SIU 2011 in Berlin

If You Have Not Yet Registered, There Is Still Time!

The SIU 2011 Congress, which takes place October 16-20 in Berlin, Germany, will offer a state-of-the-art scientific programme, featuring key opinion leaders from all over the world.

As anyone who has attended past SIU Congresses knows, these scientific gatherings serve not only to update an international audience on a variety of urological topics, but also to provide a forum for cross-cultural communication and understanding. And what better way to get to know your colleagues than by participating in the SIU Social Programme and Optional Tours? A quick glimpse at the unique and exciting activities below will no doubt convince you to book your ticket to Berlin!

More detailed information on timing and prices is available on our website at [www.siucongress.org](http://www.siucongress.org), as is the new Invitation to Berlin video from SIU President Joachim Thüroff and Local Organizing

Committee Chair Margit Fisch. The video will give you a sneak peek of Berlin and our venue, the Internationales Congress Centrum Berlin (ICC Berlin).



ICC Berlin

### SIU Social Programme

The Opening Ceremonies signal the official start of the Congress and set the mood for the meeting, and attendees will enjoy some local entertainment planned especially for SIU delegates. Participants

will also hear a special lecture from Hans Hermann Hertle on the fall of the Berlin Wall.

#### Opening Ceremonies

Sunday, October 16, 1800-1930

Plenary Hall, ICC Berlin

Following the Opening Ceremonies, join colleagues and exhibitors for the customary Welcome Reception in the Exhibit Hall. This is not only an opportunity for Industry to introduce themselves and their products but also for delegates to meet with other attendees.

#### Welcome Reception

Sunday, October 16, 1930-2100

Exhibit Hall, ICC Berlin

Berlin Station, formerly known as the Dresdner Bahnhof, is an historical building that opened in 1875 and ensured

train service to Dresden, Prague and Vienna. Closed in 1882, the station was re-purposed as a mail centre from 1913-1997, and most recently, it was re-opened to host social events.



BIERMANN-VERLAG

Enjoy typical Bavarian dishes at the SIU Oktoberfest.

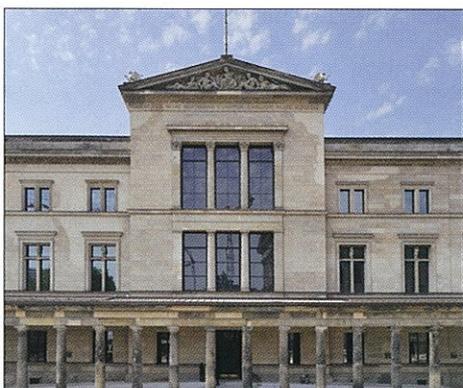
This spacious venue will take on an Oktoberfest theme and offer SIU delegates the chance to enjoy the typical dishes served during these celebrations, dancing and games of skill, and of course, beer. The lighthearted atmosphere is a perfect opportunity to socialize with your local hosts and colleagues from all over the world.

*SIU Oktoberfest Night*  
Monday, October 17, 1900-2300  
Berlin Station

### Optional Activities

Two exciting options are available to participants: A private visit to the New Museum and a Spree Dinner Cruise, both on Tuesday, October 18.

The New Museum was built by German architect Friedrich August Stüler in the 19th century and was named a UNESCO cultural heritage site in 1999. It now houses



STAATLICHE MUSEEN ZU BERLIN © ACHIM KLEUKER

New Museum.

the Egyptian Museum and Papyrus Collection and the Museum of Prehistory and Early History, together with artefacts from the collection of Classical Antiquities. The highlight of the collection is, of course, the world-famous Nefertiti bust.

*Private Visit to New Museum*  
Tuesday, October 18, 1830-2230

Berlin is a colourful and vibrant city that makes an impression on each and every visitor. Departing from the ICC Berlin, you will enjoy a relaxing cruise and a buffet dinner. Aboard the cruise, you will see some of the most beautiful sites and impressive architectural creations. Discover Berlin from a new perspective as you navigate down the river. You will pass the Berlin Cathedral, Museum Island, the Reichstag (Parliament), the Federal Chancellery, Bellevue Castle and many other architectural highlights.

*Option 2, Spree Dinner Cruise*  
Tuesday, October 18, 1930-2230

On Wednesday there will be the Gala Banquet at the Schlüterhof German Historic Museum. The Schlüterhof owes its name to the architect Andreas Schlüter, who had a great influence on the structure of the building. This stylish venue, combined with the elegance of the occasion will make the SIU Gala Banquet an event like never before. The evening will be hosted by the Local Organizing Committee Chair Margit Fisch, and a variety of performances have been planned throughout the entire evening to keep guests entertained.

*Gala Banquet at the Schlüterhof German Historic Museum; Wednesday, October 19, 1900-2300*

### Sightseeing Tours

**Berlin Sightseeing Tour by Video Bus:** This 3-hour bus tour is truly a different breed of sightseeing! During the tour, you will pass many interesting sights and historical landmarks of the beautiful city and relive the most important historical events via a state-of-the-art video system.

*Sunday, October 16 - Tuesday, October 18*  
0900-1200

**The Berlin Wall – The Escape Attempts:** In 2009 Berlin celebrated the 20th anniversary of the “Fall of the Wall”. In the summer of 1961, the East German government ordered the erection of the Berlin Wall. For many years thereafter, hundreds of attempts were made to cross the heavily-guarded border. Enjoy a fascinating



VISITBERLIN © WOLFGANG SCHROVIEN

Remains of the Berlin Wall.

tour that describes the escapes made from one side of the city to the other.

*Sunday, October 16 - 1600-1900*  
*Tuesday, October 18 - 1000-1300*

**Museum Tour:** After a 90-minute guided tour through one of the museums, you are free to enjoy the large selection of permanent exhibitions of The National Museums in Berlin on your own and visit any of the museums you haven't seen yet. At the start of the tour you will get the 3-day ticket as well as a list of all included museum from your tour guide.

*Monday, October 17 - 1000-1200 - Guided tour of Pergamon Museum*  
*Wednesday, October 19 - 1400-1600 - Guided tour of New Museum*

**Full-Day Excursion to Potsdam:** Travel by bus from Berlin to Potsdam, the city which best reflects the glory of Prussian history. At Sanssouci, you will tour one of the impressive royal palaces built by Frederick the Great. Sanssouci is known internationally for its beautiful gardens, terraces, temples, follies and fountains.

*Wednesday, October 19*  
*Thursday, October 20*  
1000-1800

*Information on Pre- and Post-Congress Tours is available on page 12. For more detailed information on social activities and tours, visit our website, [www.siucongress.org](http://www.siucongress.org)*

### Add Yourself To the SIU E-Mail List

If you want to be kept up-to-date on all Society and Congress activities, contact us at [communications@siu-urology.org](mailto:communications@siu-urology.org) and ask to be added to the Society's e-mail list. If you're a member and haven't been receiving e-mail notifications, please make sure we have the most up-to-date contact information.

More and more, important information is being communicated through e-mail and we want to make sure that all of our members are up to date with what's happening at the SIU.

If you have any questions or concerns about the SIU or its congresses, please let us know. We would be happy to hear from you!

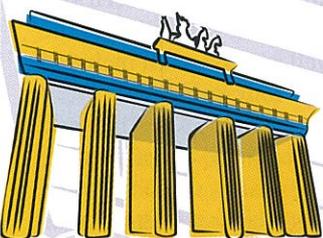
### SIU Lecturers at National Meetings

This month, Dr. Luc Valiquette (Canada), SIU General Secretary, was the SIU Lecturer at the Pan-African Urological Surgeons' Association (PAUSA), September 7-11 in Nairobi, Kenya. Dr. Valiquette's lecture was titled "Medical Treatment of Overactive Bladder".

Shortly after, at the German Urological Association (DGU) Meeting, September 14-17 in Hamburg, Germany, Dr. Indebir Gill (USA) spoke on Robotic and Laparoscopic Partial Nephrectomy.

The final SIU Lecture of 2011 will be at the Chinese Urological Association Meeting, October 27-30 in Nanjing, China. SIU President-Elect Dr. Mahesh Desai (India) will give this lecture, titled "Challenges in Stone Management" during the plenary session on Friday, October 28.

We hope you attended the Congress nearest you and supported your fellow SIU members.



# SIU2011 berlin

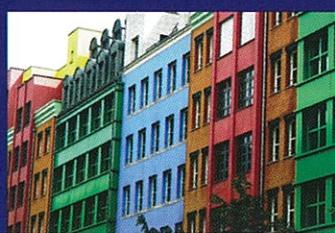
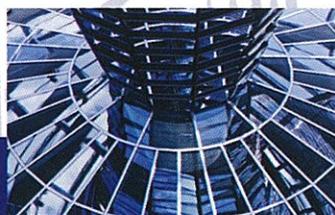


**31st CONGRESS OF THE SOCIÉTÉ INTERNATIONALE D'UROLOGIE**  
**ICC BERLIN ► October 16-20 ► 2011**

WITH THE



5th Conference of the World Urological Oncology Federation  
October 15-16, 2011 - [www.wuof.org](http://www.wuof.org)



Featuring the

**ICUD CONSULTATION ON  
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# SIU Bylaws

## Proposed Amendments, May 2011

At its meeting on 14 May 2011 in Washington DC the Board of Chairmen (BOC) of the SIU discussed amendments to the Bylaws of the Society. The main reason for the amendments was to make provision for changes over the past decade as the SIU has moved from a meeting every three years to a World Congress every year. The BOC resolved to submit the following amendments to the Bylaws for approval at the next General Assembly of SIU members at the Berlin Congress in October 2011.

*Significantly modified text is shown in red type. Please note that, to preserve clarity, some minor cosmetic and style changes have not been highlighted. The full current (2009) bylaws of the SIU can be viewed on the SIU Website ([www.siu-urology.org](http://www.siu-urology.org)).*

### 6

#### National Sections

In each country members of the Society form a National Section. The National Sections must meet **at least once every two years, preferably in conjunction with the annual or biennial meeting of their respective national urological society or association.**

Each National Section elects a Delegate and a Deputy Delegate who must be SIU members in good standing to take office. **To ensure adequate representation of the members of the National Section, election must take place in conjunction with the annual or biennial meeting of the national urological society or association.** The appointments are made by a majority of votes and for a period of two (2) years.

Re-election can take place only once, the total serving time of a National Delegate or Deputy Delegate in the same capacity being restricted to a maximum of **four (4) years**, unless authorized by the Board of Chairmen. Elected National Delegates and Deputy Delegates automatically become members of the Committee of National Delegates at the next World Congress. Matters considered of

such importance as to be presented to the Board of Chairmen or to the General Assembly are referred by the National Delegate or Deputy Delegate to the General Secretary or President.

*Amendment 1: Motivation: It is important that SIU members in all countries meet regularly and organize democratic elections of representatives to promote their interests in the organizational structures of the SIU. Because not all national urological associations or societies have annual meetings, it is stipulated that SIU members in every country should meet at least every two years, preferably in conjunction with a large national meeting, to ensure attendance of the maximum number of SIU members. Limiting the terms of office of representatives is aimed at promoting activity and rejuvenation in SIU National Sections. A Deputy National Delegate may serve 4 years and, if elected as National Delegate may serve another 4 years, thus promoting continuity.*

### 7

#### Committee of National Delegates

##### 7.1 Composition

The Committee of National Delegates is composed of:

- All Members of the Board of Chairmen;
- The Delegate and Deputy Delegate of each National Section (only one can vote).

##### 7.3 Duties

The Committee of National Delegates discusses all important aspects of the running of the Society and makes recommendations to be considered by the Board of Chairmen and the members of the Society at the General Assembly.

It makes proposals concerning honorary membership and special awards.

It elects at each World Congress **for a two (2) year term:**

- **One (1) of the two (2) National Delegates with voting power as "National Delegate representatives" on the BOC,**

having a specific role in improving communication between the various National Sections, the BOC, the General Secretary and the Central Office, and in maintaining the active participation of the Committee of National Delegates in the affairs of the Society.

- **One (1) of the two (2) National Delegates who act as members of the Nominating Committee.**

**In each case, the terms of the two (2) delegates shall be staggered so that only one (1) is replaced or renewed at each General Assembly. In the year of transition to annual Congresses, two (2) shall be elected to each function with one (1) having a two (2) year term and the other a one (1) year term. Such a provision shall be implemented in the future should there be two (2) positions to fill.**

If more than two (2) candidates are proposed, the two (2) receiving the most votes are elected.

*Amendment 2: Motivation: When the SIU had a Congress every two years, the Committee of National Delegates elected 2 National Delegates to the BOC and 2 to the Nominating Committee, each for a 2-year term. With a World Congress every year, this would mean that elections can take place only every second year. The aim of this amendment is to enable an election at every World Congress, with 1 candidate elected to the BOC and 1 to the Nominating Committee, each for a 2-year term. As there will be an election every year, there will still be 2 National Delegates on the BOC and 2 on the Nominating Committee.*

### 8

#### The Board of Chairmen and Officers of the Society

##### 8.1 Composition:

The Board of Chairmen serves as the Board of Directors of the Society and is composed of 20 Members as follows:

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- President
- President Elect
- Vice President
- Immediate Past President (Chairman of the Nominating Committee)
- Chairmen of SIU Committees
- Two (2) National Delegates elected for two (2) year staggered terms by the Committee of National Delegates)
- Two (2) members (who are not serving as National Delegates) nominated and elected for two (2) year staggered terms by the General Assembly.

*Amendment 3: Motivation: This allows for the election of one new representative from the National Delegates and one from the General Assembly each year, so as to provide overlap and continuity.*

**8.2 Selection of members of the Board of Chairmen and Officers:**

The President, President Elect, Vice President and the Immediate Past President shall serve until the next World Congress, when a General Assembly will be held. This will normally entail terms of approximately one (1) year.

The terms of office of the General Secretary shall be **five (5) years, non-renewable**, and that of the Treasurer **four (4) years, non-renewable**. The term of office of Chairmen of Committees shall not exceed two (2) years, renewable once, and that of the representatives of the National Delegates and General Assembly on the Board of Chairmen shall not **exceed two (2) years, renewable once**. Terms may, however, be extended by one year when necessary to provide continuity.

President Elect:

- Vice President automatically becomes President elect.
- ~~Nominated by the SIU Nominating Committee during the transition to annual congresses;~~
- ~~Approved and elected by the General Assembly during the transition to annual congresses.~~

Secretaries and Members of Committees

- Nominated by Chairman of their Committee, and approved by Board of Chairmen
- Number of members is not defined and depends on demand
- **Qualification required**
- Geographical balance preferable to involve the main National and Multinational Associations

*Amendment 4: Motivation: The limitation on terms of office of BOC members is aimed at expanding representation on the BOC and promoting rejuvenation, while maintaining continuity.*



**8.9 Teleconferencing - Telephone Participation**

Any member of the Board of Chairmen, ~~if all the members of the Board of Chairmen attending a meeting consent~~, may participate in a meeting of the Board of Chairmen by means of such telephone or other communications facilities as permit all persons to hear each other, and a member of the Board of Chairmen participating in such a meeting by such means is deemed for the purposes to be present at that meeting.

*Amendment 5: Motivation: This is to prevent any single member of the BOC from blocking the participation of any other BOC member(s) in a teleconference.*

**8.10 Executive Committee of the Board of Chairmen**

An Executive Committee of the Board of Chairmen, comprising the President, the President Elect, **the Vice-President**, the Immediate **Past-President**, the General Secretary, the Treasurer and the Chairman of the Congress Organisation Committee, will handle operational matters and **investment policy** of the Society between meetings of the Board of Chairmen. **The Adjunct Chairman of the Congress Organization Committee and the Adjunct General Secretary will participate in meetings of the Executive Committee without voting rights.** The Executive Committee will have teleconference, or if necessary face to face, meetings as required and will report any decisions so taken to the next meeting of the Board of Chairmen.

*Amendment 6: Motivation: This is to enable these two very important office bearers to participate in Executive Committee discussions on crucial issues affecting the main functions of the Society, without enlarging the voting membership of the Executive Committee.*

**9 SIU Committees**

**9.1 Executive Affairs Committee**

Is composed of: Chairman: SIU General Secretary (member of Board of Chairmen)

- Adjunct Chairman (Adjunct General Secretary)
- Executive Secretary (non-medical)
- Members as needed

Duties:

~~Application & Rectification~~ **and implementation** of SIU bylaws

**9.9 International Relations Committee**

Is composed of: Chairman (Member of Board of Chairmen)

- Secretary
- Members as needed
- Duties: Contacts with:

**Urological sub-speciality societies**  
**Specialty Societies: ICS ...**

**Multinational Associations: CAU, PAU-**

SA, Asian Society, EAU.  
National Societies

*Amendment 7: Motivation: These are simple clarifications of the committees' responsibilities.*

#### 9.13 Nominating Committee

Is composed of: Chairman: Immediate Past-President (Member of Board of Chairmen)

Two (2) SIU members elected by the General Assembly and not serving as National Delegates or members of the BOC

Two (2) National Delegates elected by the Committee of National Delegates

Two (2) members elected by the BOC

The chairman may cast the deciding vote in addition to his regular vote

Duties: Solicits nominations for Board of Chairmen from BOC Members, National Delegates and SIU Members

Makes recommendations to the General Assembly for the election of the **Vice-President, and, as required, of other Officers, Chairmen and Adjunct Chairmen of Committees whose terms have expired**

(note that the nominations for representatives of the General Assembly on the Nominating Committee must come from the floor of the General Assembly and members so nominated should have knowledge of the working of the Society.)

*Amendment 8: Motivation: Since the Vice-President automatically becomes President-Elect, nomination of a President-Elect is not necessary.*

## 12

### General Assembly

The following issues will be decided or considered as appropriate:

- The election by simple majority vote, of the Vice-President-, and, as required, of other Officers, Chairmen and Adjunct Chairmen of Committees whose terms have expired
- The election for a two (2) year term by simple majority vote of **one (1) of the two (2)** representatives of the General Assembly on the Board of Chairmen and of **one (1) of the two (2)** representatives of the General Assembly on

the Nominating Committee (note that representatives of the General Assembly cannot be National Delegates).

The Chairman of the Nominating Committee presents the **recommendations of his** committee for election of the Vice-President, ~~President Elect during the transition to annual Congresses,~~ and for Officers, Chairmen and Adjunct Chairmen of Committees where required by the expiration of terms.

Nominations from the floor at the General Assembly should be made for the representative of the General Assembly on each of the Board of Chairmen and the Nominating Committee whose terms have expired. Nominations from the floor may also be made for any other position on the ballot. Such nominations must be seconded to be considered, and the nominee must accept, by presence at the General Assembly or by formal documentation, to serve if elected in this capacity.

If a majority is not obtained on first round, a second vote among the top two will determine the vote.

*Amendment 9: Motivation: When the SIU had a Congress every two years, the General Assembly elected 2 National Delegates to the BOC and 2 to the Nominating Committee, each for a 2-year term. With a World Congress every year, this would mean that elections can take place only every second year. The aim of this amendment is to enable an election at every World Congress, with 1 candidate elected to the BOC and 1 to the Nominating Committee, each for a 2-year term. As there will be an election every year, there will still be 2 National Delegates on the BOC and 2 on the Nominating Committee.*

## 17

### SIU Awards

The Society will have a Medal, to be known as the SIU Félix Guyon Medal, for Outstanding Service to the Society. There will be Distinguished Career Awards to recognize members who have contributed significantly to the field of Urology during their careers. There will also be an award known as the Albert

Schweitzer Award to recognize notable contributions to the teaching of urology in developing countries. **The SIU Distinguished Partner Award shall recognize outstanding continued support of the SIU by an individual, a company or a non-governmental organization.**

**The Awards Committee is composed of the members of the Executive Committee of the Board of Chairmen and selects, within established criteria, the recipients of these and other SIU awards.** The President Elect shall be its Chairman.

The SIU Félix Guyon Medal will be awarded once per SIU World Congress. At the discretion of the Awards Committee, more than one Distinguished Career Award and **no more than two (2) SIU Distinguished Partner Awards** may be granted at any SIU World Congress. The Awards Committee shall not be obliged to name winners of any of these awards if, in its judgment, there are no nominations of sufficiently high calibre.

Specific criteria for these and any new awards shall be approved by the Board of Chairmen and presented to the committee of National Delegates and the General Assembly at the next Congress.

*Amendment 10: Motivation: This makes provision for a new award, the SIU Distinguished Partner Award, and clarifies the process of approving the awards.*

## VI - ALTERATION OF THE BYLAWS AND DISSOLUTION

### 19

#### Alteration of the Bylaws

Alteration of the **bylaws** is made on the proposal of the Board of Chairmen after the convocation of an Extraordinary General Assembly. All members shall have adequate notification of this Assembly and the proposed alterations. Valid decisions can be taken whatever the number of members present. Unless otherwise specified, changes to the Bylaws take effect immediately upon approval by the General Assembly.

*Amendment 11: Motivation: For the sake of consistency the term "articles" is changed to "bylaws".* ■

# Reconstructive Vascular Surgery With PC-RPLND

## Prognostic Clinical Parameters for Predicting Necessity

PC-RPLND remains an integral part of the multimodality treatment for advanced NSGCT. Metastatic disease adjacent to major vascular structures in the retroperitoneum sometimes necessitates planned removal of portions of these vessels, or the vessels may inadvertently be injured when RPLND is performed. En bloc resection of major blood vessels should be considered in such cases. The need to resect and to replace the major retroperitoneal vessels should be known preoperatively to enable complete resection of the residual mass.

There are only very few data available in the literature which focus on adjunctive vascular surgery during post-chemotherapy RPLND. It was the aim of our retrospective study to evaluate prognostic risk factors predicting the need for vascular surgery in patients with residual retroperitoneal tumors following inductive chemotherapy for advanced NSGCT

### Patients and Methods

PC-RPLND was performed in 411 patients with NSGCT and normalized (81%) or plateauing (19%) tumor markers following 3-4 cycles PEB/PEI. All patients had undergone primary systemic therapy. PC-RPLND was performed in 5 tertiary referral institutions of the German Testicular Cancer Study Group with a variable surgical frequency of 14 to 158 PC-RPLNDs during the observation period. Good, intermediate, and poor prognosis according to the IGCCCG criteria was identified in 59.8%, 21.2%, and 19% of the patients, respectively. Depending on the location of the residual mass and the location of the retroperitoneal disease at initiation of chemotherapy a radical bilateral template resection or a modified template resection was performed as reported previously. We analysed the following clinical parameters as potential predictive markers: (1) serum marker concentration at time of PC-RPLND, (2) size and CT-morphology of residual

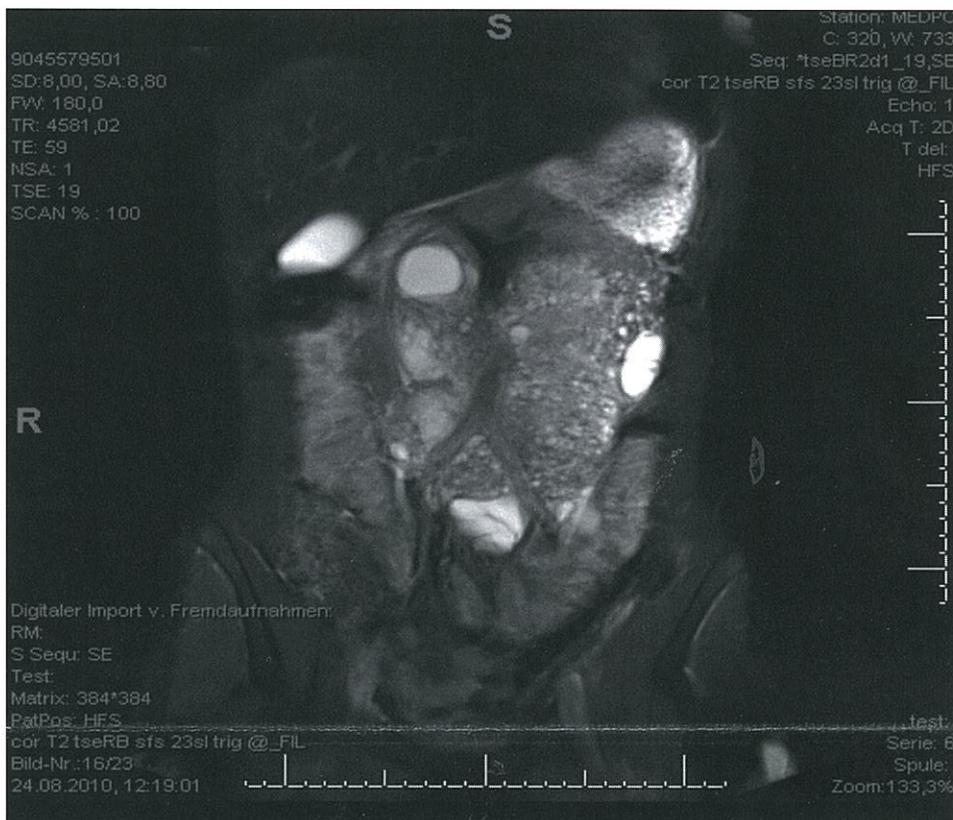


Figure 1a: Large retroperitoneal residual mass located in paraaortic, interaortocaval space and below the aortic bifurcation. Note the displacement of the inferior vena cava and the complete encasement of the abdominal aorta below the renal vessels. Based on its morphology the lesion is composed of mature teratoma.

lesion (cystic, solid), (3) percent encasement of v. cava or aorta, (4) IGCCCG – classification, number of chemotherapy cycles, and (5) histology of the testicular primary. We also analysed the following intra- and perioperative parameters: (1) OR – time, blood loss, (2) hospitalisation, complications, (3) recurrences, (4) cancer specific and overall survival, and (5) survival with and w/o vascular surgery.

### Results

380/411 (92.5%) patients had sufficient follow-up and were evaluable with complete data sets. Resection of the inferior vena cava below the renal veins was performed in 34/380 (8.9%) patients, infrahilar resection of the abdominal aorta was necessary in 5/380 (1.3%) patients. In 29/39 (74.3%) patients, adjunctive

surgical procedures such as ipsilateral nephrectomy, small bowel resection, Whipple's procedure, and ureteral resection with either end-to-end anastomosis or ureteral reimplantation had to be performed to ensure complete resection of the residual masses.

Resection of the inferior vena cava was performed in 25 (73.5%) patients due to infiltration of vena cava wall. In 7 (20.6%) patients and in 2 (.9%) patients resection had to be performed due to complete encasement and due to an intracaval tumor thrombus, respectively. Infrahilar resection of the abdominal aorta was performed for infiltration of the aortic adventitia in all 5 cases.

Histologically vital carcinoma or mature teratoma was identified in 78.1% of the resected vascular specimens. Mean time of surgery was 295 (243-615)

min., mean blood loss was 690 (350–3400) ml. Good prognosis was identified in 15.4%, an intermediate and poor prognosis was present in 41% and 43.6%, respectively. Of all 411 patients involvement of the major retroperitoneal vessels was found in 3.2%, 18.4% and 21.8% with good, intermediate, and poor prognosis, respectively. The mean tumor diameter was 5.9 (1.0 – 32) cm for the entire cohort and 9.8 (4–32) cm for the cohort of patients with vascular surgery. Significant prognosticators to predict vascular involvement were identified by multivariate analysis: intermediate/poor prognosis, number of cycles of chemotherapy, tumor diameter > 14cm, and circumferential encasement of > 50% of the vessel diameter.

## Discussion

Involvement of the major retroperitoneal vessels during PC-RPLND is encountered infrequently but it has to be recognized early to ensure complete resection of the residual masses. Complete resection of the inferior vena cava or the abdominal aorta during PC-RPLND was

reports in the literature which describe the necessity for aortic replacement in 15/1250 (0.08%) and the indication for vena cava reconstruction in about 5–6% of the patients. The main indications for aortic resection are infiltration of the aortic wall and nearly complete encasement of the aorta which might result in a significantly increased risk of aortic rupture due to the often necessary subadventitial dissection for complete tumour resection. The main indications for vena cava reconstruction are complete clearance of the residual masses, complete occlusion of the vena cava due to scar tissue and intracaval tumour thrombi. Tumour thrombi due to testis cancer are rare; however, due to the infiltration of the intraluminal caval wall, complete resection and replacement of the inferior vena cava is indicated in most of the cases. Some authors are in favour of simple ligation of the common iliac veins without graft replacement which we only recommend in patients with complete scar occlusion in whom usually collaterals have usually developed. In all other cases a non-prosthetic surgical approach will result in significant leg edema, pain and discomfort which a tremendous negative impact on the quality of life. Resection of the vascular structures is justified by the high frequency of significant pathologic findings such as vital cancer or mature teratoma in 80–90% of the patients.

In our series, adjunctive surgical procedures were necessary in 75% of the patients who underwent vascular surgery. These findings are in line with the experience from the Indianapolis group who also performed additional surgical procedures in 11/15 patients with aortic replacement to ensure complete resection of the residual masses.

Our data demonstrate that an extensive surgical experience in the management of advanced testis cancer patients is a prerequisite to adequately treat patients with residual masses after primary systemic chemotherapy. In our view, it is of utmost importance to identify patients

who need to undergo complex surgical procedures already preoperatively to plan the most optimal surgical strategy within an interdisciplinary setting. Based on our data set, we attempted to identify predictive risk factors concerning the involvement of vascular structures. Large residual masses, an encasement of the vessel of more than 50% and intermediate or poor risk according to the IGCCCG criteria were statistically significant and independent risk factors. The identified predictors enable already preoperatively a risk adapted interdisciplinary approach for complete resection of the residual masses in an experienced tertiary referral centre. ■



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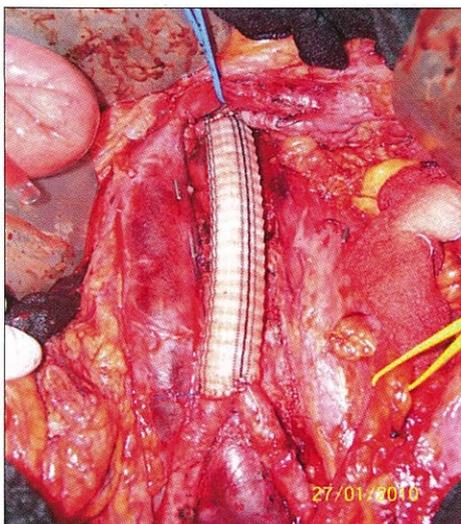


Figure 1b: Intraoperative situs after complete resection of the residual masses and the infrarenal abdominal aorta with the aortic prosthesis in place.

necessary in about 10% of the patients in our series. The majority of patients (87%) needed to undergo inferior vena cava resection whereas only about 1% needed to undergo an aortic replacement. These data are in line with the very few

## List of References

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## SIU 2011: Pre- and Post-Congress Tours

### Make the Most of Your Trip and Explore Hamburg and Dresden

*Friday, October 14 – Saturday, October 15*

**Pre-Congress – Excursion to Hamburg:** Experience Hamburg’s pulsating city centre and enjoy its most beautiful features, including City Hall, the Binnenalster—the smaller of two artificial lakes within the city limits of Hamburg—and the famous St. Michaelis Church.

You will also visit the Hamburg Harbour, or the Speicherstadt (warehouse district), one of Hamburg’s most famous sights and the world’s biggest depository warehouse complex.

In addition to the guided bus tour through Hamburg, enjoy a lovely lunch at the Ferry Station Schulau Restaurant situated on the banks of the river Elbe. While you dine at this unique ship welcoming station, you will experience

the ceremony of greeting incoming and outgoing ships. The greetings are made in the national language of the ship passing (45 languages possible), and one of the 150 national anthems available will be carried through the loudspeakers while the Hamburg flag is lowered on the mast. In the evening you will experience Hamburg from a different vantage point during a harbour cruise.

*Friday, October 21–Saturday, October 22*

**Post-Congress – Excursion to Dresden:** Travel to Dresden and discover the city know as “The Florence of the river Elbe”. You will visit the Castle Dresden Residenzschloss, which features a variety of museums and exhibitions. One such exhibition is the Grünes Gewölbe, the spectacular treasure chamber that holds

one of Europe’s richest collections of gold, silver, bronze, and various jewels.

You will discover Dresden from a new perspective with a cruise down the river Elbe.

The relaxing boat ride on a historic paddle steamer will also feature a light lunch of traditional German fare. During the trip, the ship will pass the lovely old city of Dresden and offer an amazing view of three castles built between 1850 and 1861.

You will also see two of Dresden’s most popular districts, Blasewitz and Loschwitz, known for their elegant mansions. Your guide will take you on a walking tour where you will see all of Dresden’s best-known landmarks, such as the Frauenkirche (Church of Our Lady) and the Semperoper, the opera house of the Saxon State Dresden Opera. ■



**SIU 2012 JAPAN FUKUOKA**  
**32nd Congress of the Société Internationale d’Urologie**  
September 30 - October 4, 2012  
Fukuoka International Congress Center

Featuring the ICUD Consultation on Benign Prostatic Hyperplasia

