



Newsletter

Invitation to SIU 2012 in Fukuoka, Japan

Dear Colleagues,

On behalf of the Local Organizing Committee and the City of Fukuoka, I am honoured to invite our SIU colleagues, urologists from the international community, as well as all our partners in industry, to attend the 32nd Congress of the SIU from September 30 to October 4, 2012.

With a population of 1.4 million, Fukuoka is Kyushu's largest city and the commercial hub of south-west Japan. Since

as for the optional tour selections. Many of you will travel great distances to join us, and we as your hosts will do everything in our power to make your visit a pleasant and memorable experience.

The scientific programme, chaired by Drs. Gerald Jordan and Michael Marberger, will offer us a global perspective on urology, and the opportunity to gain a balanced view on the most recent advances – and

controversies – in our field. We are delighted that so many of our specialty's top speakers have already agreed to be part of the faculty.

And to complement the educational opportunities afforded by the scientific component,

we will also welcome our industry partners at the exhibit and during sponsored symposia.

We look forward to welcoming each and every one of you, with your spouses, to Fukuoka next year. We thank you in advance for your presence, your support, and your scientific contributions. We are convinced that this will be a professional experience that you will not forget.



Prof. Seiji Naito,
Chairman,
Local Organizing
Committee



Prof. Yoshihiko Hirao,
Co-Chairman,
Local Organizing
Committee



Prof. Yukio Homma,
Co-Chairman,
Local Organizing
Committee

pre-Christian times, various new cultures were introduced and spread throughout the archipelago by people and goods that came and went through this area. During medieval times, Fukuoka, then called the town of Hakata, flourished as an international trade city. Today it has developed as among the most livable cosmopolitan cities in Japan, with a good concentration of various means of transportation both domestic and international. As for the meeting venue, the Fukuoka Convention Center is a modern, spacious and well-equipped facility with comfortable meeting rooms, top-notch technical installations, and user-friendly common areas. We have endeavoured to plan truly interesting options for our social programme, as well

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Printing

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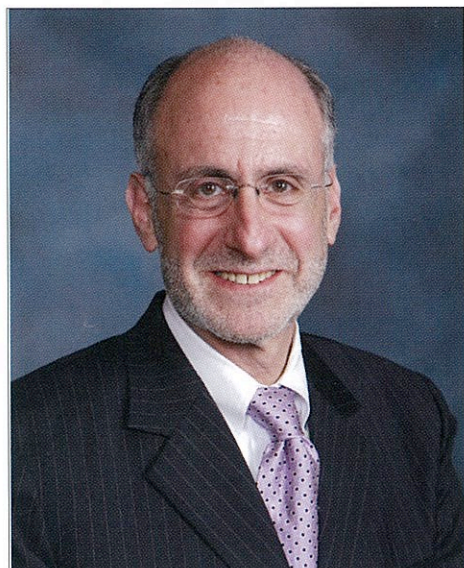
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The 31st Congress of the
SIU took place October
16-20 in Berlin. Look for
information on the SIU
2011 Congress in the next
issue of the Newsletter



Drainage After Percutaneous Nephrolithotomy (PNL)

Percutaneous, Internal, None



Dr. Glenn M. Preminger

Although shock wave lithotripsy is now the most commonly used method to manage renal calculi, there are many indications where percutaneous stone removal is the preferred mode of treatment.

Some of these indications include: large stone size, hard stone composition, aberrant renal anatomy, failure of other modalities, and body habitus. While percutaneous nephrolithotomy (PNL) has been practiced for almost 30 years, a number of recent advances have improved stone-free outcomes and reduced patient morbidity.

Tubeless-Stentless PNL introduced

Multiple authors have reported their experience with tubeless PNL, demonstrating its safety and efficacy. Postoperatively, tubeless PNL patients have an indwelling ureteral stent placed, which is often associated with stent-related morbidity. Recently, the concept of the tubeless-“stentless” PNL, where an open-ended ureteral catheter is left for <24 hours, has been introduced to further reduce PNL-related morbidity.

In our early experience with this technique, patients undergo standard

PNL and are left with an open-ended ureteral catheter, which had been placed at the start of the case. This ureteral catheter is removed on post-operative day 1. No nephrostomy tube or ureteral stent is left following the PNL procedure.

To date, we have performed tubeless, stentless PNL in almost 150 patients with mean age 49.3 years (range 22-81) and mean stone burden of 532 mm² (range 99-2037 mm²). Six patients had horseshoe kidneys. The cohort's mean ASA and BMI were 2.5 and 30.7 (range 14.2-61.4) respectively.

The mean change in hemoglobin was 1.95 g/dL (range 0.5-4.7). Eight patients (5.3%) required a blood transfusion. Mean LOS was 1.9 days and 71% were managed as outpatients.

Twenty percent of patients had 2 nephrostomy tracts and 22% had supracostal access tracts. All complications occurred in patients with 2 nephrostomy tracts – 3 pleural effusion, 1 pulmonary embolus, and 2 hemothorax / pneumothorax. The complication rate associated with multiple tracts was 20% versus 0% in single tract patients. No patients had significant voiding symptoms following their discharge.

Experience of ureteral stent-related morbidity

Since tubeless PNL was originally introduced in 1997, there have been more than 55 studies reporting on the benefits of not leaving a nephrostomy after completion of percutaneous stone removal.

Most studies suggest no significant increase in post-operative complications, even if tubeless PNL is performed in patients with a large stone burden, multiple nephrostomy tracts or supracostal tracts.

Yet, while all these studies have reported decreased flank pain, most patients have experienced ureteral stent-related morbidity, as an internal ureteral

stent is placed at the completion of a “standard” tubeless PNL.

Correct indications and contra-indications still not clear

Recent studies suggest that tubeless PNL patients can be managed with an external ureteral catheter alone, which is removed on the first post-operative day. We have performed this “stentless” variation of the tubeless PNL technique in over 50 patients, with no significant flank discomfort and no ureteral stent-related symptoms.

Yet, it is still unclear as to the correct indications and contra-indications in performing the tubeless, stentless PNL. Additional prospective, randomized trials are necessary to better define the ideal candidate for the tubeless, stentless PNL procedure.

In this era where shock wave lithotripsy (SWL) is the treatment of choice for the great majority of renal calculi, approximately 15-25% of calculi will require alternate treatment strategies. The vast majority of the stones that will not be adequately treated with SWL may be effectively managed with a percutaneous approach.

Factors favoring PNL as most appropriate treatment

The factors that favor PNL as the most appropriate treatment modality include large stone size, position in a lower pole calyx, cystine or struvite composition, and the presence of a coexisting anatomic abnormality.

Further advances in the PNL technique will not only increase stone-free outcomes and reduce post-operative complications, but also significantly reduce peri-operative patient morbidity. Further large scale clinical trials are necessary to better define the benefits of tubeless PNL. ■

Glenn M. Preminger, M.D.
North Carolina, USA

Quality of Life Following Urinary Diversion After Cystectomy

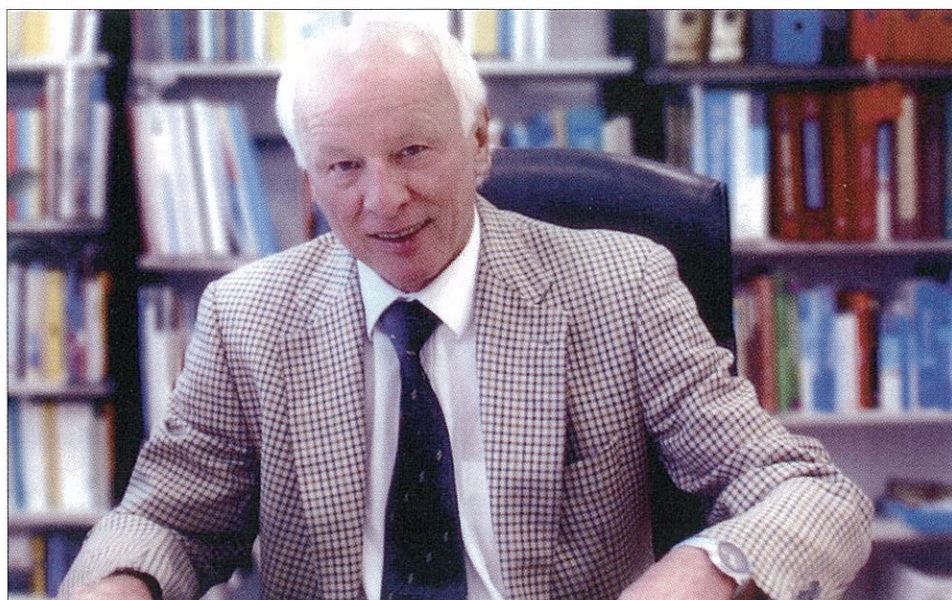
How to Deal with a Hypothetical Construct

If we ask ourselves the hypothetical question how we would like to end up following a radical cystectomy (RCX) nobody would opt for a hole in his abdomen, a bag, the need for a catheter several times a day, changed voiding habits or a ruined body image.

An increasing number of studies have now been done in patients who have undergone a RCX. The majority were in patients that are at least 1 year out from surgery, and many have been limited to patients that are free from disease recurrence. The conclusion of these studies is that patients that have mastered a RCX have generally high quality of life (QoL), not very different from that of persons of similar age in the general population. Severe emotional and physical problems appear to be rare, and general emotional well-being is high. The primary destructive effect of a RCX has been on sexual function. Improvements in sexual function following RCX are now available and are presented at the SIU meeting in Berlin using nerve- and seminal vesicle sparing RCX. However, despite the magnitude of the procedure and the degree of change in the function of a major organ, patients that recover from surgery and are cured appear to be able to live a happy life.

There is a general assumption by many of us that a continent diversion provides better QoL than an ileal conduit, and that the best results will be obtained with a neobladder replacement.

This fits with the general notion that most patients faced with RCX prefer the idea of a "natural" bladder replacement that makes them feel as close to normal as possible. However, it has been very difficult to document such an advantage in patients that have undergone RCX. This may in part be due to the fact that there is basically good overall QoL among ileal conduit patients, so an incremental improvement will be hard to measure. In addition, the types of diversion are not randomly assigned, and individuals tend to adapt well to



Prof. Richard Hautmann

the type of diversion they have chosen.

Irrespective of all of that, the surgeon plays the greatest role. Studies reconfirm that good pre-operative counselling with practical expectations of surgery helps in preserving the patient's QoL post surgery, irrespective of the type of underlying disease or urinary diversion. On the other hand, the recent ICUD/EAU consensus conference on bladder cancer (Vienna 2011) clearly demonstrated that patients of high volume surgeons at high volume centers have a 60–80% chance to receive a neobladder following RCX, compared to only a 12–15% chance to receive a neobladder by low volume surgeons/institutions.

A significant problem for all researchers in the field of QoL is the lack of a universally accepted definition of "quality of life". The meaning of the term can differ between cultures, countries, and study groups, and it often covers a wide array of human experiences, ranging from daily living, relationships with partners or family members and friends, to general activities and personal happiness.

QoL is obviously a hypothetical construct, and it is doubtful whether introduction of the term "health-related

quality of life" has made it easier to decide what should be included or excluded, since it is probably difficult to distinguish between components that are and are not associated with health.

The type of diversion carried out after RCX is chosen or recommended based directly on the perceived QoL impact for the individual patient. He must enter into the decision process. It is partly this up-front decision by the patient that minimizes differences in QoL after surgery. If a patient chooses a neobladder, he has already selected a procedure to avoid a stoma and accepted some problems, such as nocturnal incontinence, which can occur. On the other hand, patients who choose a conduit have decided that a stoma is acceptable and preferable to any degree of incontinence. Furthermore, once a method is selected and performed, there is a strong tendency for the patient to want to believe that he made the right choice.

Measurement of QoL is obviously a subjective process. There is variability and error inherent in all of the questionnaires and instruments used to

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measure QoL, whether they are "validated" or not. Nonetheless, assessment of QoL has become an important aspect of determining the impact of many disease processes and treatments.

Regrettably, we do not have proper instruments to measure QoL and almost all studies are of very limited scientific quality.

Better instruments will allow us to study patients in more detail, and perhaps to advise patients better in the future. Today it appears that the most honest approach is to offer the RCX patient the options that are medically reasonable, while trying to avoid any value judgment that one is clearly superior to the other in terms of QoL.

A clear understanding by the patient of the pros and cons of each type of

diversion is probably most important to their ultimate satisfaction with the result. ■

Suggested reading:

1. Somani, B.K., et al. *Urology* 74; 1138-1144, (2009)
2. Mansson; A, and E.C. Skinner in "Bladder cancer" (Ed. Lerner, Schoenberg, Sternberg) Taylor and Francis, UK, 631-635, (2006)

*Prof. Richard Hautmann
Neu-Ulm, Germany*

Don't We Die From Prostate Cancer Any More?

Diagnosis and Therapy Have Changed Dramatically Over the Years

Prior to Thompson's 1852 monograph, The Enlarged Prostate, prostate cancer was an unknown disease. Von Recklinghausen demonstrated that prostate cancer could present as a small local lesion and develop metastases that had a preference for bone so that by 1900 most clinicians recognized the presenting symptoms of this disease and the pathologic features.

Most patients presented with advanced disease. Some specialists employed radiation seed implants to alleviate bladder outlet obstruction. Barringer, a prominent urologist in New York City, reported that only 36 of his first 352 patients treated this way lived more than 5 years.

The dismal prognosis associated with prostate cancer changed in 1941 following the report by Huggins and Hodges that prostate cancer was an endocrine dependent tumor. By the 1950's orchiectomy and/or diethylstilbestrol had become the treatment of choice for men with clinically symptomatic disease. The average patient responded for only three years, but many responded for much longer.

The Veterans Administration Cooperative Urologic Research Group was organized in the early 1960's to determine the appropriate treatment of prostate cancer. Researchers had no difficulty recruiting to trials involving men with metastatic disease, but had difficulty identifying men with localized disease.

These studies saw the development of the Gleason scoring system that standardized the grading system that still remains the most powerful predictor of clinical prognosis for this disease.

Stamey et al's 1987 manuscript concerning prostate specific antigen (PSA) began the modern era of prostate cancer diagnosis and management. This publication along with Catalona's 1991 report advocating PSA testing to screen for prostate cancer dramatically altered the incidence of this disease.

Since 1987 the number of incident cases has doubled, while the death rate from this disease has declined about 20%. Prior to PSA testing, most men presented with clinical symptoms and often had metastatic disease. Now more than 80% of men present with localized disease as a result of a biopsy recommended because of an elevated PSA.

Researchers have attempted to describe the natural history of prostate cancer. Albertsen et al published a series of graphs depicting the competing risks of prostate cancer and other causes stratified by patient age at presentation and Gleason score. Men with low grade tumors rarely died from their disease as compared with men with high grade tumors who often died within five to ten years of diagnosis.

Epidemiologists now recognize that PSA testing leads to the discovery of indolent disease never destined to become clinically significant. Draisma

et al estimated that 20% of all cancers diagnosed at age 50 and 50% of cancers diagnosed at age 70 are clinically unimportant. Sakr et al showed from autopsy studies that the incidence of small volume, low grade cancers increases by 10% per decade. The finasteride chemoprevention trial also demonstrated that small volume low grade prostate cancers are very common. Over 20% of men originally noted to have "normal" PSA values at the time of enrollment were eventually found to harbor prostate cancer. Most of the cancers were low volume, low grade tumors.

Contemporary use of the Gleason scoring system has also altered our understanding of this disease. Contemporary pathologists no longer utilize Gleason patterns 1 and 2 and many features that were originally part of pattern 3 are now considered pattern 4. Formerly low grade cancers have been upgraded during the past two decades.

Men with low grade cancers now have an excellent prognosis even in the absence of treatment, while men with Gleason 3+4 tumors have much improved outcomes. Unfortunately, men with high grade cancers (Gleason 8-10) still usually progress to metastatic disease and death despite treatment. These are the men who still die from prostate cancer. ■

*Peter Albertsen, M.D.
Farmington, USA*

Fukuoka 2012: Programme at a glance

Scientific Programme Committee

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 Michael Marberger, Austria, Co-Chair
 Shin Egawa, Japan
 Yoshihiko Hirao, Japan
 Sanjay Kulkarni, India
 William Lynch, Australia
 Seiji Naito, Japan
 Craig Niederberger, USA
 E. Oluwabunmi Olapade-Olaopa, Nigeria
 René Sotelo, Venezuela
 Simon Tanguay, Canada
 George Thalmann, Switzerland

Sunday, September 30

0900-1200 Sub-Specialty Society Symposia
 1000-1200 National Delegates' Meeting
 1300-1700 Sub-Specialty Society Symposia
 1800-1900 Opening Ceremonies
 1900-2100 Welcome Reception

Monday, October 1

0630-0800 Sponsored Symposia
 Instructional Courses
 0800-0830 Welcome and SIU-Astellas European Foundation Lecture
 0830-1000 Main Plenary 1:
Testosterone and the Prostate: Accelerant or Retardant?
 UAA Lecture
 1015-1200 Parallel Plenary 1: *Female Pelvic Medicine: Mesh or Mess?*
 Parallel Plenary 2: *Bladder Cancer*
 Parallel Plenary 3: *Andrology: The Cutting Edge*
 1200-1315 Break
 Sponsored Symposia
 1315-1445 Parallel Plenary 4: *Endocrine Disease in Urology*
 Parallel Plenary 5: *The Overactive Bladder*
 Abstract Sessions
 1445-1515 Break
 1515-1645 Surgical Tips 1: *PCNL*
 Surgical Tips 2: *Robotic RRP*
 Abstract Sessions
 1645-1800 Sponsored Symposia
 1900-2300 SIU Night



LOUISE SAVOIE

The SIU 2012 local partners at the Fukuoka booth in Berlin.

Left to right: Akemi Kimura (Congress Corporation), Masaki Honda and Ryoko Baba (Fukuoka Convention and Visitors' Bureau), Makiko Nishimura (Congress Corporation).

Tuesday, October 2

0630-0800 Sponsored Symposia
 Instructional Courses
 0800-1000 Main Plenary 2: *Can We Still Afford To Do Radical Prostatectomy Without the Robot?*
 AUA Lecture
 1015-1200 Parallel Plenary 6: *Small Renal Masses*
 Parallel Plenary 7: *Erectile Dysfunction*
 Parallel Plenary 8: *Active Surveillance in Low-Risk Prostate Cancer*
 1200-1315 Break
 Sponsored Symposia
 1315-1445 Parallel Plenary 9: *Advances in Imaging for the Prostate*
 Parallel Plenary 10: *Castrate-Resistant Prostate Cancer*
 Abstract Sessions
 1445-1515 Break
 1515-1645 Surgical Tips 3: *Avoiding Complications in Laparoscopic Surgery*
 Surgical Tips 4: *Ureteroscopy: How to Prevent Complications*
 Abstract Sessions
 1645-1800 Sponsored Symposia
 1900-2300 Optional Activities

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Wednesday, October 3

- 0630-0800 Sponsored Symposia
Instructional Courses
- 0800-1000 Main Plenary 3: *Advanced Renal Cell Carcinoma*
- 1000-1200 Parallel Plenary 11: *Hypogonadism and Sexual Dysfunction*
Parallel Plenary 12: *Chronic Pelvic Pain Syndrome*
Parallel Plenary 13: *Management of Complex Stones*
- 1200-1315 Lunch
Sponsored Symposia
- 1315-1445 Parallel Plenary 14: *Management of the Neuro-compromised Patient*
Parallel Plenary 15: *Urethral Surgery: Global Perspectives*
Abstract Sessions
- 1445-1500 Break
- 1500-1630 General Assembly

- 1630-1745 Sponsored Symposia
- 1900-2300 Gala Banquet

Thursday, October 4

- 0800-0900 Take-Home Messages: *Prostate Cancer, Bladder Cancer, Renal Cell Carcinoma, Andrology, Stones*
- 0900-1200 Main Plenary 4: *Minimally Invasive Surgery*
CAU Lecture
PAUSA Lecture
ICUD Consultation Report on Male LUTS
Farewell and Invitation to SIU Vancouver 2013

Call for Papers

We encourage urologists from all over the world and from all subspecialties to submit their abstracts for consideration. The submission deadline is March 23, 2012 at 11:59 PM DST. No extensions will be granted. Abstracts must be submitted exclusively online at www.siucongress.org. Abstract submission will open in late fall 2011.



SIU-Astellas European Foundation Award 2012

The Société Internationale d'Urologie and the Astellas European Foundation (AEF) are pleased to sponsor a \$20,000 USD award granted to a scientist of notable professional and ethical standing.

In preparation for the 32nd SIU Congress, to be held September 30-October 4, 2012 in Fukuoka, Japan, the SIU and the AEF solicit nominations for this prestigious award. Nominations should include a detailed curriculum vitae and a letter with a full explanation of the candidate's merit, and must be submitted to the coordinates below no later than March 1, 2012.

The Selection Committee, appointed by the SIU's Board of Chairmen, will review all applications and announce the SIU-Astellas European Foundation Award 2012 laureate at the 2012 SIU Congress in Fukuoka.

Previous laureates were Dr. Donald S. Coffey (1994), Dr. Nils Kock (1997), Dr. Emil Tanagho (2000), Dr. Alvaro Morales (2002), Dr. Michael Marberger (2004), Dr. Frans Debruyne (2006), Dr. Andrew Novick (2007), Dr. Peter Alken (2009) and Dr. Fritz Schröder (2011).

Selection Committee, SIU-Astellas European Foundation Award 2012
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UCSF - SIU Research Fellowship

The California Urology Foundation, in association with the Société Internationale d'Urologie, announces the availability of a Research Fellowship for a fully-trained Urologist from Africa to do research for one year in a medical laboratory of the University of California in San Francisco (UCSF).

This award is intended to prepare the candidate for an academic career in his or her home country; a firm commitment to return will be a material consideration in the evaluation of candidates. This fellowship carries a stipend of \$50,000 USD, of which \$14,000 is used to cover medical insurance and administrative fees.

Applications for this fellowship will be evaluated by a joint SIU/UCSF Committee and should include a proposed area of study, a detailed CV, and professional references.

The deadline for the January-December 2013 Fellowship will be January 31, 2012. Application forms are available on the SIU website www.siu-urology.org under the Training Scholarships tab.

Applications can be submitted by mail, fax or e-mail to:
UCSF-SIU Research Fellowship
c/o SIU Central Office
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SIU-Félix-Guyon Award, 2011

Rudolf Hohenfellner

Born on August 11, 1928 in Vienna, Rudolf Hohenfellner studied medicine there from 1946 through 1953. From 1953 through 1961 he was at Vienna University as Resident in Surgery and later Faculty in Urology. His urological teachers in Vienna were Professors Bibus and Übelhör. In 1964 Rudolf Hohenfellner defended his thesis on Bladder Replacement by Peritoneal Flap at the University of Homburg Saar, Germany under the direction of Professor C.E. Alken and advanced to Senior Faculty. In November 1967 Rudolf Hohenfellner was elected Director of the Department of Urology at the Johannes Gutenberg University of Mainz, Germany, and Full Professor of Urology at the Medical School.

Rudolf Hohenfellner has published more than 600 papers and contributions to textbooks concerning all aspects of urology. However, pediatric and reconstructive urology were always his main interests. His contributions to pe-

diatric urology include popularization of the Lich-Grégoir surgical technique for treatment of vesicoureteral reflux, primary urinary diversion by ureterosigmoidostomy and, later on, Mainz Pouch II for children with exstrophy, continent cutaneous urinary diversion in children with rhabdomyosarcoma of the bladder and prostate and myelomeningocele, buccal mucosa grafting for hypospadias repair and many other aspects of pediatric urology.

He was editor and coeditor of many national and international scientific urological journals. He is founder of the German urological journal *Aktuelle Urologie* and publisher of the *Operative Techniques*. His book *Innovations in Urologic Surgery* has been published in German, English, Portuguese, Spanish, Italian, Chinese, Japanese and Russian.

Rudolf Hohenfellner is Past President of the Société Internationale d'Urologie (SIU) and the Deutsche Gesellschaft für Urologie, and is a Member and Honorary

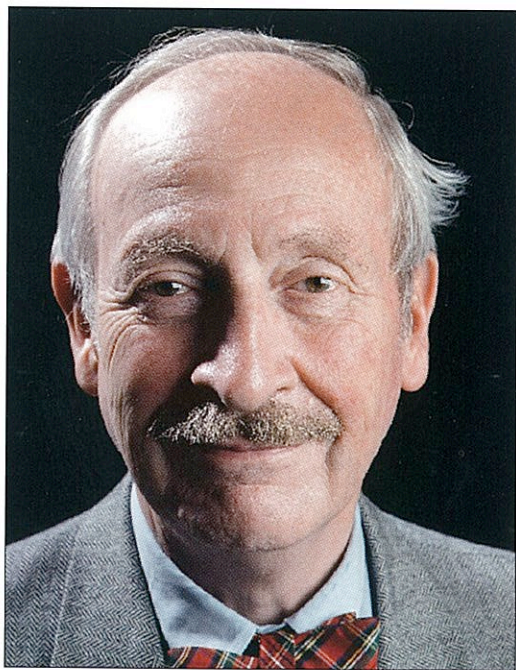


Prof. Rudolf Hohenfellner

Member of many renowned national and international societies. He is a Fellow of the American College of Surgeons and received an Honorary Doctorate from the Hyogo School of Medicine (Japan) in 1988.

In June 1997, Rudolf Hohenfellner became Professor Emeritus of the Johannes Gutenberg University, Mainz, Germany. ■

SIU-Astellas Award, 2011



Prof. Fritz Schröder

Fritz H. Schröder

Born in Kassel, Germany in 1937, Professor Schröder studied Medicine in Hamburg, Marburg, and at the University of Saarbrücken. He completed his Urological training in Homburg/Saar and at the University of California, Los Angeles in 1971. From 1969 to 1970 he held a research fellowship at the Department of Biology, University of California, San Diego.

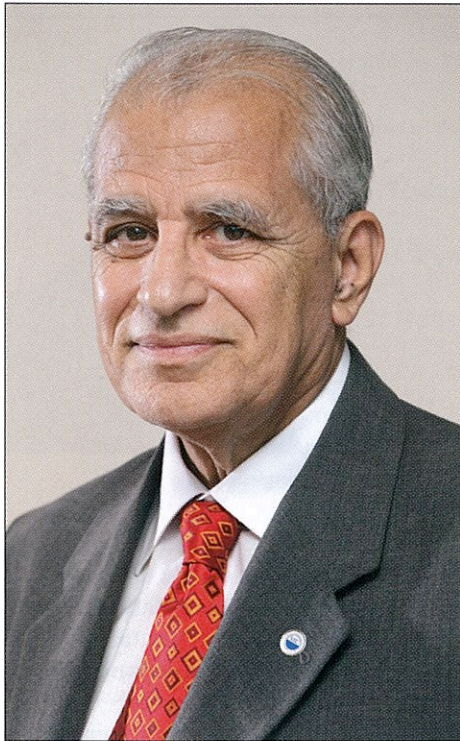
His PhD thesis (Habilitation) was completed in 1972 and was entitled "Endocrinological and morphological studies of prostatic tumors in vitro". From 1972 to 1976 Schröder was Associated Professor of Urology at the University of Würzburg. From 1977 to 2002 he chaired the Department of Urology at Erasmus Univer-

sity and Academic Hospital Rotterdam, the Netherlands. Professor Schröder is the international coordinator of the European Randomized Study of Screening for Prostate Cancer, and Chair of the Prostate Cancer Research Foundation in Rotterdam.

Professor Schröder is author and co-author of more than 600 peer-reviewed publications, 197 book chapters, editor of 21 monographs and recipient of numerous research grants in the United States, Germany, the Netherlands and elsewhere in Europe. His current research activities concentrate on clinical and experimental aspects of urological oncology. He has been Editor-in-Chief of *Urological Research* since 1974 and of the *European Urology Update Series* from 1999 to 2007.

In 2002 he was made a Commander of the Order of the Dutch Lion. ■

SIU-Albert-Schweitzer Teaching Award, 2011



Prof. Ismail Khalaf

Ismail Khalaf

Prof. Ismail Khalaf was born in Egypt in 1940, graduated from Cairo University in 1964 and completed his MD in Urology at Cairo University in 1971. From 1972 to 1973 he was on sabbatical leave as a clinical fellow in Newcastle-on-Tyne, England and from 1972-1973 as a research fellow at the Université de Sherbrooke, QC, Canada. He is currently Professor of Urology at the Faculty of Medicine of Al-Azhar University in Cairo.

His specialties include clinical studies, urological practice and training especially in the fields of endourology, oncology and reconstruction of the lower urinary tract. From 1997 to 2000, Prof. Khalaf served as Dean of the Faculty of Medicine of Al-Azhar University.

From 1995 to 2003 he served firstly as Secretary and then President of the Pan-African Urological Surgeons Association (PAUSA), and was Founder and

Editor-in-Chief of the African Journal of Urology, starting in 1995. He was also President of the Egyptian Urological Association from 2000 to 2004.

As a member of the Board of Chairmen of the SIU from 2002 until 2007, he successively held the positions of Chair of the International Affairs Committee and representative of the National Delegates. He was instrumental in the SIU project of creating a viable urological training institute in Wad Medani, Sudan and trained and instructed there on several occasions.

During the last decade he has trained candidates from Sudan, Nigeria, Senegal, Belgium, Tunisia, Libya, Yemen and Palestine in basic urology and endoscopic techniques.

Previous awards include the Appreciation State Prize of Egypt in 1979 and 2007, and the First Prize Essay of the Canadian Urological Association in 1978. ■

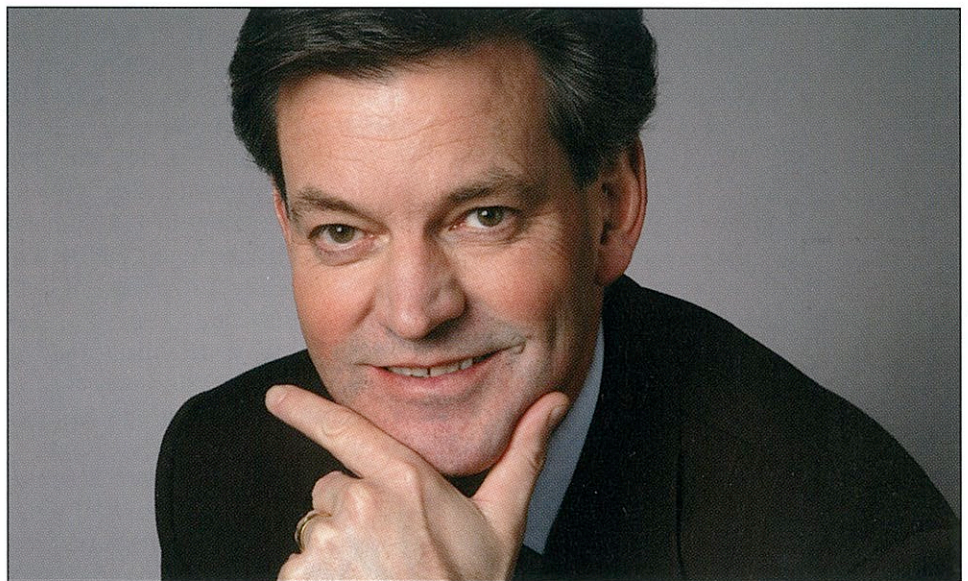
SIU Distinguished Career Recipients, 2011

Per-Anders Abrahamsson

Born in 1949 in Karlshamn, Sweden, Per-Anders Abrahamsson attended Lund University, obtaining his MD in 1977 and PhD in 1988. He gained Swedish certification as a urologist in 1983, and has been associated with Lund University since, serving as Professor of Urology since 1993 and Chairman of Urology of both Malmö and Lund University Hospitals since 1998, and of Skåne University Hospital since 2009. He was Visiting Associate Professor at the University of Rochester Medical Center, Rochester, NY from 1991-1993. He holds Doctor Honoris Causa degrees from Athens University (Greece), Odessa State Medical University (Ukraine), and the Polish Urological Association, and is an Honorary Professor of the Belgrade Medical Faculty of Serbia. He has also been Adjunct Professor at the Russian Institute of Urology since 2009.

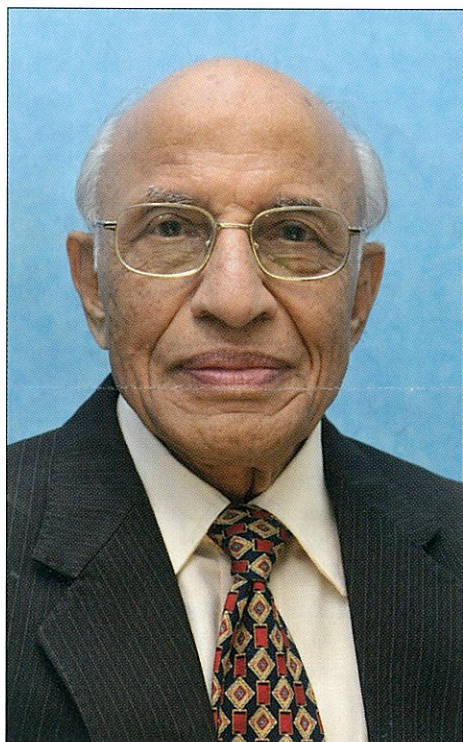
Dr. Abrahamsson's prolific publications include over 350 scientific articles, book chapters and review articles.

He is or has been on the Editorial Boards of 13 international scientific publications related to the field of urology.



Prof. Per-Anders Abrahamsson

From 2004 to 2007 Dr. Abrahamsson was Adjunct Secretary General of the European Association of Urology and in 2007 acceded to the position of Secretary General, a post he currently holds. Other distinctions include the Bard Urology Award for best papers at the Swedish Society of Medicine (1987 and 1993), First Prize for an Outstanding Poster Presentation at the AUA meeting in San Antonio, Texas (1993), and the Ben Turpin Prize for Outstanding Contribution to Improve Diagnosis of Urological Disorders in 1996.



Prof. Sharad Dattatraya Bapat

Sharad Dattatraya Bapat

Born in India in 1932, Sharad Bapat attended Seth G. S. Medical College, Parel, Mumbai, graduating in 1955. He completed resident surgical training in Mumbai, and specialized in urology at the Institute of Urology in London. He was Professor and Head of the Department of Urology, L.T.M. Medical College & L.T.M.G. Hospital, Sion, Mumbai for 15 years, and in 1991 he became Visiting Professor of urology and Director, Postgraduate Teaching and Training in Urology at the Muljibhai Patel Urological Hospital, Na-

diad, Gujarat, a position he still holds. He has been Examiner of the National Board of Urology and visiting professor at several institutions in India, and since 1977 has trained more than 75 urologists.

In addition to membership in major national and international urological societies (USI, AUA, BAUS and others), he has held the position of both Treasurer and President of the Urological Society of India, President of the Mumbai Urological Society, and in 2000 presided over the Millennium International Urology Congress in New Delhi. He has been the National Delegate of the SIU for India and a member of the SIU Board of Chairmen.

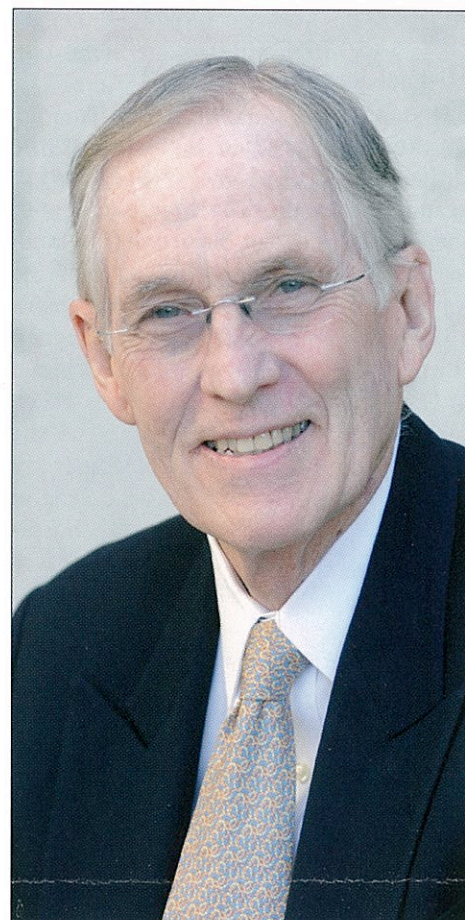
Dr. Bapat has received several scholarships and prizes for excellence during his career, most notably for his academic standing.

Jack W. McAninch

Jack McAninch received his undergraduate BS degree at Texas Tech University, a MS degree from the University of Idaho, and his MD degree from the University of Texas Medical Branch where he was an honor graduate and recipient of the Gold Headed Cane Award in recognition as the outstanding graduating senior. He received his general surgery and urology training at Letterman Army Hospital in San Francisco, and joined the University of California at San Francisco (UCSF) faculty in 1977. He currently serves as Chief of Urology at San Francisco General Hospital and is Professor of Urology at UCSF.

Dr. McAninch is recognized as a national and international expert in the field of genitourinary trauma and reconstructive surgery. He has directed a highly recognized surgical team that has led the development of numerous new surgical techniques and new management methods in the field. He continues to be a principal investigator for many active research projects.

His textbook, *Traumatic and Reconstructive Urology*, continues to be acclaimed worldwide. He is an active member of numerous medical societies, and has served as President of the American



Prof. Jack W. McAninch

Urological Association and the Western Section of the AUA, the American Board of Urology, the Société Internationale d'Urologie, and Vice President of the American Association for the Surgery of Trauma. He also has been a Vice President and Regent of the American College of Surgeons.

He has received the Harry Spence Medal from the American Association of Genitourinary Surgeons, the Saint Paul's Medal awarded by the British Association of Urological Surgeons and, in 2009, he received the prestigious Ramon Guiteras Award from the American Urological Association, for contributions to the art and science of urological surgery. He is also the recipient of the Ferdinand C. Valentine Medal from the New York Academy of Medicine and is an Honorary Fellow of the Royal College of Surgeons of England.

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Michael Joseph Rochford

Dr. Rochford studied medicine at the University of Sydney, and following graduation in 1961, became a Fellow of the Royal College of Surgeons (England) in 1966 and a Fellow (Urology) of the Royal Australian College of Surgeons in 1972. He entered practice at the Nepean Hospital, Penrith, New South Wales and at Liverpool Hospitals, Liverpool, NSW, respectively teaching hospitals of the University of Sydney and the University of New South Wales. He became Head of the Urology Department of both hospitals in 1985. From 1984 to 1985 he was Chairman of the Department of Surgery of the Nepean Hospital. He also spent 22 years as specialist urologist to the Royal Australian Air Force, the last 5 years as Senior Consultant, retiring with the rank of Group Captain.



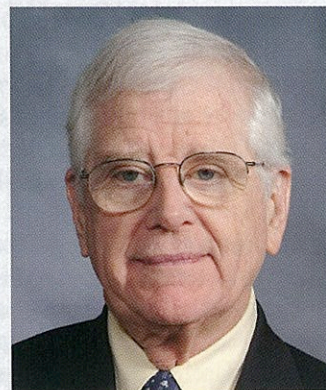
Dr. Michael Joseph Rochford

Dr. Rochford was Chair of the SIU Congress Organizing Committee for the successful Singapore SIU Congress in 2000, and in 2002 became President of the SIU, serving in this capacity until 2004. He also served as Executive Member and Treasurer of the Urological Society of Australasia from 1983 to 1988, as the founding (1995) Chair of the Australasian Foundation for Urological Research, and as Trustee and Vice-President of the Fondation Internationale d'Urologie (Geneva) from 1997 to 2009. As Co-Convenor of the SIU Sydney Congress in 1994, he pioneered the progression of SIU Congresses into the successful world events that they have become.

Other prestigious awards include the Reserve Force decoration of the Royal Australian Air Force in 1990 and the Silver Medal of the Australasia Society of Urology in 2005 for services to urology.

Edwin Darracott Vaughan, Jr.

Dr. Vaughan attended first Washington and Lee University, and later received his MD degree from the University of Virginia in 1965. After residency in Urology there, he held a NIH Fellowship in hypertension research at Columbia-Presbyterian Medical Center, and in 1978 was named the James J. Colt Professor and Chairman of Urology at what is now the Weil-Cornell Medical College – New York Presbyterian Medical Centre. He retired in 2010 after also serving as Dean of Clinical Affairs and Chief Medical Officer of the Weil-Cornell Physician Or-



Dr. Edwin Darracott Vaughan, Jr.

ganization and now holds an Emeritus Professorship in Urology.

He is a past Editor of Campbell's Urology, Editor of Seminars in Urology and serves on numerous editorial boards. His publications include over 350 publications and 100 book chapters.

Dr. Vaughan is a Past President of the American Urological Association, the American Board of Urology, the American Foundation for Urological Disease, the Clinical Association of Genitourinary Surgeons, and is currently President of the American Association of Genitourinary Surgeons. He was an initial member of the Board of Chairmen of the SIU and active in its US Section.

Past awards include the Valentine Medal of the AUA New York Section, the St. Paul's Medal of the British Association of Urologic Surgeons and the Gold Cystoscope, Hugh Hampton Young and Ramon Guiteras awards from the AUA.

SIU Distinguished Partner Awards, 2011

Sybill Storz

Dr. Sybill Storz assumed the position of CEO of the Karl Storz Group in 1996, upon the death of her father Dr. med. h.c. Karl Storz, who founded the company in 1945.

She had previously worked alongside her father in both the market-oriented and technical areas of the business. With

the continuous growth of the company, she concentrated her efforts mainly on Sales and Marketing while still following product development.

She has always kept very close to the specific needs of physicians and has provided invaluable support to establish training centres around the world. The Karl Storz Company has had very significant input towards the establishment

of minimally invasive surgery as a standard approach in medicine.

For her contributions to endoscopy in many fields of medicine, Dr. Storz has been awarded many prizes and medals, is an honorary member of a large number of medical specialty societies, and has been granted honorary doctorates from universities in Germany, Scotland, Russia and Romania.



Dr. Sybill Storz

The SIU project of establishing a training institute in Wad Medani, Sudan was greatly assisted by Dr. Storz's decision to heavily subsidize the provision of the required endoscopic equipment. For the 2011 SIU Berlin Congress, Dr. Storz has arranged for underwriting the live surgery session, as well as offering a major corporate presence in the exhibition hall.

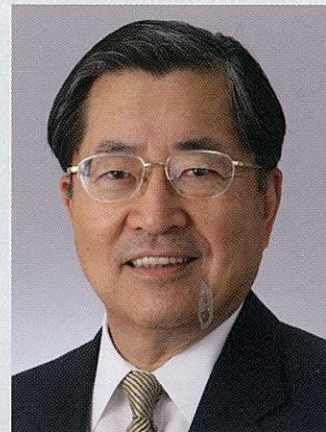
Toichi Takenaka

Dr. Takenaka began his university studies in veterinary medicine at Gifu University, Japan and in 1964 started as a research pharmacologist with Yamanouchi Pharmaceutical Co. Ltd. He held a series of positions in the company research laboratories, eventually becoming Managing Director of the Board, Research and Development, and ultimately President and CEO in 2000. He held this position until 2005 when Yamanouchi merged with Fujisawa to form Astellas, and until 2006 held the same position with the merged company. He then became Co-Chairman and Chairman of the Board of Astellas, and since 2011 acts as Science Advisor to the Company.

Dr. Takenaka has been a staunch long-time supporter of the SIU, at least since the Sydney Congress in 1994, when Yamanouchi was a major sponsor and the SIU-Yamanouchi (now SIU-Astellas) Award was established to honour the

accomplishments of eminent surgeons and scientists working in urology.

The SIU is grateful for the continued support of Dr. Takenaka and Astellas, and is honoured to be associated with one of the most prestigious award in the field of urology



Dr. Toichi Takenaka

Thank You for Coming to Berlin!

SIU President Joachim Thüroff Passes the Torch

Dear Friends and Colleagues,

With the 31st Congress of the SIU now over, I hope that you had a productive Congress and thoroughly enjoyed your time in Germany!

Many people were instrumental to the success of this Congress, and I would like to personally thank Gerald Jordan and Michael Marberger and their excellent Scientific Program Committee, Manfred Wirth and Gerald Andriole and their experts for the ICUD Consultation on Prostate Cancer, Laurence Klotz and his Committee for the program of the World Urological Oncology Federation, Margit Fisch and her excellent Local Organizing Committee, including SIU German National Delegates Peter Hammerer and Jan Fichtner, for their dedication and hard work over the past year. Countless hours were spent selecting venues and activities that would please all attendees,



Prof. Joachim Thüroff

and I believe that all who were in attendance would agree that they were a great success!

The Scientific Program of our congress is owed to the efforts of Gerald Jordan and Michael Marberger and the members of their excellent program committee. Their hard work and vision was instrumental in producing the state-of-the-art scientific program covering the most relevant and germane topics in our field. Such a program would not have been possible without the participation of many Invited Speakers. Their willingness to give of their time and expertise is commendable, and the SIU thanks them for their contribution.

Special additions to our program, which greatly enhanced the scope of the 31st World Congress of the SIU, were the WUOF meeting and the ICUD on Prostate Cancer.

Laurence Klotz and his scientific committee produced a program of the World

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Urological Oncology Federation preceding the SIU World Congress, which was unique and attracted much attention. Manfred Wirth and Gerald Andriole met with their experts of the International Consultation on Urological Diseases on the topic of Prostate Cancer prior to the SIU World Congress and reported their consensus results in our program on Tuesday and – as Take Home Messages – on Thursday, October 20.

The Congress kicked off with the traditional Opening Ceremonies and the Welcome Reception. Attendees there received a free booklet on the Fall of the Berlin Wall which accompanied Dr. Hans-Hermann Hertle's lecture on the same topic. There were also performances by the crowd-favourites, the Berlin Comedian Harmonists.

Following the Opening Ceremonies, the Exhibit Hall officially opened for the Welcome Reception. During the

reception, delegates had the opportunity to meet-and-greet with Industry representatives and colleagues from around the world.

The second social program event was the SIU Night Oktoberfest, which was held at the Berlin Station. This was truly an excellent evening, with good music, food and a variety of games and activities to keep attendees entertained throughout the night.

On Tuesday, delegates had the option of exploring Berlin on their own, or attending one of the Optional Activities. As always, the Dinner Cruise was well-received and provided guests with a spectacular view of Berlin at night. The second option was a trip to Museum Island for an exclusive tour of the world-famous New Museum. Few visitors to Berlin get the unique opportunity to have this grand museum all to themselves!

Finally, the Gala Banquet was held at the beautiful Schlüterhof, German

Historic Museum, was a perfect send-off to our friends and colleagues who had to travel home.

Most of all, thank you to all participants of the SIU 2011 Congress! We are so pleased that you could join us for this special event and it was a great honour to have the opportunity to meet and discuss with you the many important matters affecting urology worldwide.

We hope that you will all join us again next year as the SIU travels to Fukuoka, Japan for the 32nd Congress of the SIU, September 30 - October 4, 2012 under the leadership of SIU President, Dr. Mahesh Desai. We know that the Local Organizing Committee – chaired by Prof. Seiji Naito, and co-chaired by Profs. Yukio Homma and Yoshihiko Hirao – has already begun preparations to welcome SIU delegates to this unique venue. ■

Joachim Thüroff
SIU Past-President



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 Male LUTS



www.siu-urology.org

