

## **A Review of the International Continence Society 39<sup>th</sup> Annual Meeting, San Francisco, USA, 29 September to 3 October 2009**

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**Undeterred by the global credit crunch and the threat of a flu epidemic, no fewer than 2535 ICS members and visitors from 58 countries and multiple disciplines descended enthusiastically on San Francisco to attend the 39th annual meeting of the ICS, based around the theme “Improving outcomes for Incontinent Patients”. Many thanks are due to the 2009 meeting chair Anthony Stone and his team, the ICS Office staff and Kenes International for the excellent organisation that made this meeting such a success.**

### **Record number of abstracts**

The number of abstracts submitted for the 2009 annual meeting achieved an all-time record with 1003 submitted and 883 accepted. Since the number accepted for presentation increased by over 30% this year, it was decided to increase the number of parallel sessions, thereby offering delegates a wide choice of topics including two video sessions on surgical techniques.

### **Educational Courses and Workshops**

This year saw another record with the greatest number of workshops and educational courses accepted for an ICS meeting so far. Eighty-four applications were submitted, of which 54 were accepted, resulting in 16 educational courses and 38 workshops. No fewer than 874 delegates registered for workshops and courses. The best attended workshop for the fourth year running was chaired by Hashim Hashim on ‘Update on the management of overactive bladder syndrome’. The second best attended workshop was chaired by Marcus Drake on ‘Current concepts and update on the management of Nocturia’. The best attended educational course was chaired by Julia Herbert on ‘Lower bowel dysfunction’ and the second best attended course was chaired by Bernard Jacquetin and Brigitte Fatton on ‘Transvaginal mesh repair of pelvic organ prolapse’.

### **State of the Art Lectures**

In the first state of the art lecture, on “Pelvic Floor Biomechanics: Imaging, Modelling, Insight and Change”, John DeLancey took a look at why the pelvic floor fails, leading to pelvic organ prolapse, and explained how biomechanical engineering and dynamic MRI imaging are producing new insights. William De Groat, addressing the topic of “Bladder reinnervation: building new bridges and roads between the brain and the bladder”, discussed techniques for activating new neural pathways. He emphasised that, although there is considerable interest in the potential benefits of nerve rerouting for the treatment of neurogenic bladder dysfunction, long-term studies by other investigators are vital since many questions remain to be answered. On “Urodynamics in 2009: Utilisation, Education and Best Practices, Are They Aligned?”, Jack Winters discussed the inadequacy of current methods of teaching urodynamics, stating that there are valid concerns that standards are not being met. “It is essential to develop educational programmes focused on teaching urodynamics”, he said, “and to apply these programmes to all clinicians”. Proficiency testing should be standard and the educational programme should be interactive, competency-based and allow for robust proficiency assessment where the student must demonstrate the skills acquired. The lecture

by Kate Lloyd, consultant in pharmaceutical medicine from the United Kingdom, on Medical Education and the Pharmaceutical Industry - aptly subtitled "Things ain't what they used to be" – was both entertaining and thought-provoking. She discussed the working party convened in 2007 by the Royal College of Physicians (RCP) in the UK to examine some of the issues concerning relationships between industry, academia and the NHS. Its report, entitled 'Innovating for Health – Patients, physicians and the pharmaceutical industry', was published in February 2009 and recommended that in future industry should not be involved in the provision of education to 'doctors in training'. The goal should be to wean the education of doctors-in-training off pharmaceutical industry support over a time bound period such as five years.

### **Scientific Programme**

Although you can find a detailed review of the ICS 2009 scientific programme in the January 2010 issue of Neurourology & Urodynamics, we would briefly like to mention a few highlights here:

- New, exciting breakthroughs were presented on biomechanics of the pelvic floor and urinary continence mechanisms studied by functional MRI and 3-dimensional reconstruction.
- Evaluation of quality of life outcomes in urological functional surgery is now being increasingly stressed with the introduction of new, effective tools.
- The mini sling for female stress urinary incontinence appears to show reliable efficacy, but needs prospective randomised trial to be proven.
- While multiple devices are available for the surgical therapy of male stress urinary incontinence, randomised trials are strongly needed.
- There is increasing evidence that physical therapy including pelvic floor muscle training and myofascial trigger point therapy can significantly improve pelvic organ prolapse, incontinence and pelvic pain.

The scientific programme was well attended right up to the very last minute on Saturday afternoon, with many delegates participating in the closing ceremony and prize giving.

### **Social Events**

Social events included a welcome reception at the splendid San Francisco City Hall with culinary and cultural highlights typical of San Francisco. The highlight of the opening ceremony on the first day was a performance by the San Francisco Girls Chorus School which performed at the inauguration of President Obama. New this year was a Welcome to the ICS Breakfast for first-time participants. The traditional ICS gala evening took place on board the San Francisco Belle riverboat, with dinner and dancing while cruising around San Francisco bay. The ICS 5K Fun Run took place at 7am the following morning on a specially designed flat route along San Francisco Bay. Furthermore, the Meet-the-Experts lunchtime sessions were so popular that they sold out before the meeting even started!

### **Attractive new ICS booth**

This year the ICS had a beautiful, specially designed four-sided booth, with each side dealing with a different topic, where delegates could view abstracts, watch abstract videos, collect their free USB abstract stick sponsored by Ferring, join/renew membership, scan EU-ACME cards, collect information on ICS 2010 in Toronto, have their photo taken as a Mountie and relax on the meeting point side. This booth proved to be a success formula, attracting

crowds of delegates throughout the meeting. The membership section was swamped with people queuing up throughout the meeting to join the ICS.

The ICS can look back on a highly successful 2009 annual meeting!