

Endourological Society NEWSLETTER

Endourological Society Report from the Secretary General

December 2015

Report from the President:



President

Tadashi Matsuda, M.D.

President-Elect

Stephen Nakada, M.D.

Past-President

James Lingeman, M.D.

Secretary General

Margaret Pearle, M.D.

Treasurer

John Denstedt, M.D.

Executive Director

Michele Paoli

E-Mail: michelelij@aol.com

Board of Directors

Cassio Andreoni, M.D.

Andreas Gross, M.D.

Ali Riza Kural, M.D.

Jaime Landman, M.D.

Evangelos Liatsikos, M.D.

Brian Matlage, M.D.

Manoj Monga, M.D.

Seiji Naito, M.D.

Abhay Rane, M.D.

Koon Rha, M.D.

Yinghao Sun, M.D.

Hassan Razvi, M.D.

Ralph Clayman, M.D.

Director of Education

Glenn Preminger, M.D.

Historian

Gopal Badlani, M.D.

Founding President

Arthur Smith, M.D.

Subgroup Leaders:

Jean de la Rosette, M.D. (CROES)

James Porter, M.D. (SURS)

Sara Best, M.D. (Young

Endourologists)

Peter Schulam, M.D. (E&U)

Abhay Rane, M.D. (NOTES &

LESS)

Ravi Kulkarni, M.D. (Urological

Stents)

James Borin, M.D. (Image Guided)



Dear Society Members,

It is a great honor for me to serve as the President of the Society following the successful Presidency of Dr. James Lingeman. I congratulate Dr. Lingeman for his excellent work over the last year and the very successful congress in London. Thanks to the Congress President Dr. Abhay Rane, Scientific Chair Dr. Adrian Joyce and their team, WCE2015 was a big success by making progress in the field of minimally invasive urology and promoting its education.

First, I would like to introduce myself briefly. Twenty-six years ago, I was an andrologist, doing microsurgical vasovasostomy and vasoepididymostomy. On one day in autumn of 1989, my boss, Prof. Osamu Yoshida, the Congress President of WCE1989 in Kyoto, told me “Do laparoscopy, start with varicocelectomy”. After gathering laparoscopic instruments and training in the techniques, we performed our first laparoscopic varicocelectomy in February of 1990. This was the start of my career as a laparoscopic surgeon.

Like endourology, laparoscopy, including robotic surgery, has reduced the invasiveness of urologic surgery dramatically. Over these 25 years, laparoscopy has become the standard approach to urologic surgery in all fields. Almost all donor nephrectomies and adrenalectomies are done laparoscopically now in Japan. The Endourological Society has played a very important role in the development of laparoscopy and robotic surgery over the last quarter of the century.

I believe that the mission of our society should be the “development of more effective techniques for minimally invasive urology” and also the “spread of minimally invasive urology all over the world”.

The World Endo Initiative, which was started in 2011 to realize our mission, was proposed by Dr. Ralph V. Clayman, the Society President of that year. Now the World Endo Committee is chaired by Dr. Raju Thomas. This year, urologists from 75 countries met at the London congress. Our goal should be to have urologists attend from over 100 countries and perhaps over 120 countries.

The highlight of next year will be the first World Congress of Endourology in sub-Saharan Africa. I hope and believe that WCE Cape Town will be a great opportunity to gather more endourologists, including those from African countries, to our congress to achieve our mission. Our friend Dr. Marius C. Conradie is already working on the congress. Please save the date, November 8 to 12, 2016.

Now, the society is turning a corner. Our secretary general, Dr. Stephen Nakada, has just finished his term. Dr. Nakada has skillfully run the society for 6 years and has made numerous contributions to grow the society and achieve our mission. I would like to express my sincere gratitude for his efforts on behalf of the society. Fortunately, Dr. Nakada has agreed to become president-elect of the society. I hope he will continue to make great contributions to our group.

Let’s welcome our new Secretary General, Dr. Margaret Pearle. Dr. Pearle is a world-famous specialist in endourology and is passionate about serving the society. Her cool-headed wisdom will be an asset to the team. I believe our society will enjoy many

wonderful years under the leadership of the new team: Dr. Pearle. Dr. John Denstedt, our Treasurer and Ms. Michele Paoli, our Executive Director.

Ladies and gentlemen, I need your help to do my work as the Society President in 2016. I hope to see you all in Cape Town, a beautiful city of South Africa, and at all other society activities so that we may continue to achieve our goals.

Regards,
Tadashi Matsuda, M.D.
President



**2016 Summer Student Scholarship Application due on
January 4, 2016**

<http://www.endourology.org/scholarships/scholarship-opportunities/#apply>



Report from the Secretary General:

As the new Secretary General of the Endourology Society, I am honored to serve the membership of our Society and I look forward to working with the leadership to expand our educational and scientific goals. I step into the large shoes left by our outgoing Secretary General, Stephen Nakada, whose vision and determination, along with that of his predecessor Ralph Clayman and founding President Arthur Smith, helped transform the Society from a small group of like-minded innovators into its current state as a well-structured, influential organization. The contributions of Dr. Nakada will endure for years, and my hope is to continue the direction he and others set in assuming primary responsibility for the development and dissemination of endourological and minimally invasive innovation world-wide.



In the coming years, we plan to expand on the initiative started by Drs. Nakada, Denstedt, Preminger and Joyce and the Global Education Committee to bring Society-initiated Endourology and Robotic courses to sites in Argentina, in, France, Romania and elsewhere. Our goal is to provide a quality, standardized educational platform to parts of the world that have yet to develop endourological programs or have ongoing, but immature programs. International faculty will be needed for these courses, so for those interested in becoming involved, please contact Drs. Preminger, Joyce or me. Our intention is for the Endourology Society to lead the world in educational efforts in innovative technologies and minimally invasive techniques.

Progress is on target for the 34th Annual World Congress of Endourology to be held in conjunction with the South African Urological Society in Cape Town, South Africa, from November 8-12, 2016. The Organizing Committee, led by Congress President Marius Conradie, Scientific Chairman John Lazarus and Organizing Secretary Andre van der Merwe, have been working tirelessly to create a stimulating scientific program and an exciting social program. I strongly recommend that those planning on attending take advantage of the natural beauty

WCE 2015 – London

***Congratulations to this year's
Award Winners***

GOPAL H. BADLANI
Karl Storz Lifetime Achievement Award

ROBERT SWEET
Cook Medical "Arthur Award"

JENS RASSWEILER
"Mentor Award"

J. STUART WOLF
Academic Fellowship Award

REINHARD ZENTNER (OLYMPUS)
Industry Award

**"OLYMPUS BEST PAPER
AWARDS"**

SHERB FIGENSHAU
Best Clinical Research Paper

BN ARMSTRONG
Best Laparoscopy/Robotic Paper

SEIJI NAITO
Best Endourology/Stone Paper

KAZUMI KAMOI
Best Innovation Paper

GUIDO GIUSTI
Best Video Paper

BENJAMIN R. LEE
Best Basic Research Paper

of the country and schedule a pre- or post-Congress safari. Although the trip is long for many attendees, the spectacular locale is well worth the trip.

Finally, please consider donating to World Endo, a philanthropic program initiated by Ralph Clayman to provide an opportunity for interested urologists from countries with less exposure to endourology to attend the World Congress of Endourology and take back the knowledge and skills to their respective urologic communities. Going forward, World Endo will expand on this initiative to bring educational opportunities into less developed countries across the globe in order to facilitate the development of an endourological infrastructure and to provide for more sustained training.

In closing, I would personally like to thank Dr. Nakada and our outgoing President, James Lingeman, for their service on behalf of the Society. An organization gains strength with the talent and individual contributions of each of its leaders, and these two extraordinary individuals left an enduring mark on our Society. I look forward to working with Treasurer John Denstedt, current President Tadashi Matsuda and our Board of Directors in serving our members.

Respectfully,
Margaret S. Pearle, M.D., Ph.D.



1st Global Endourological Society Initiative Course: **Hong Kong, Oct 30 & 31st, 2015**

Further to our previous announcements in the Newsletter, the Society held it's first course in Hong Kong at the end of October. The course focussed on Stone Management, particularly Flexible Ureterscopy and PCNL, attracting 25 delegates from around SE Asia with participants from Hong Kong, Malaysia, the Philippines and India. The faculty was lead by Adrian Joyce (UK) and included Prof Kunji Wang from Chengdu together with our hosts Profs Anthony Ng and Eddie Chan from Hong Kong assisted by their colleagues Alan Lo and Lysander Chau. The focus of the course was to be interactive with video



tips and tricks of technique with an emphasis on Hands on Skills training, so it was very pleasing to see the excellent feedback scores from the delegates who certainly appreciated everyone's efforts. Several courses are currently being evaluated for 2016 with 2 courses planned for Argentina and Chengdu (China) with Glenn Preminger and John Denstedt together with a separate timetable of European courses in conjunction with Olivier Traxer. Once finalised the details will be circulated to all members and will be available on the website (www.endourology.org).



tips and tricks of technique with an emphasis on Hands on Skills training, so it was very pleasing to see the excellent feedback scores from the delegates who certainly appreciated everyone's efforts. Several courses are currently being evaluated for 2016 with 2 courses planned for Argentina and Chengdu (China) with Glenn Preminger and John Denstedt together with a separate timetable of European courses in conjunction with Olivier Traxer. Once finalised the details will be circulated to all members and will be available on the website (www.endourology.org).

Respectfully submitted,
Adrian D. Joyce



The Endourological Society extends several privileges to its members:

- Online access to *Journal of Endourology and Part B, Videourology*
- Certificate of membership
- Periodic notification of scientific meetings, essay contests, endourology and laparoscopy fellowship programs
- Information regarding job opportunities
- Reduced registration fee at the WCE annual meetings

To learn more about the Endourological Society, please visit our website:
www.endourology.org

Endourology Society
4100 Duff Place, Suite F
Seaford, NY 11783
Tel: 516-520-1224
Fax: 516-520-1225

Follow us on Twitter:
@endourolsoc
@jendourology



WCE 2015 - London



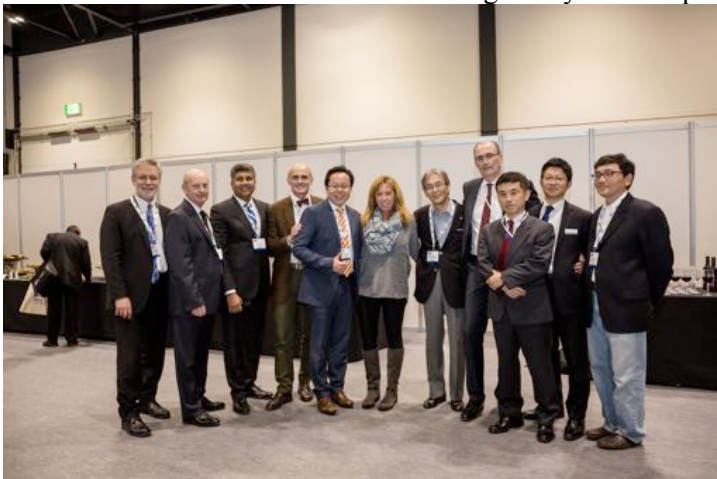
It was a privilege, pleasure and an adventure to host WCE2015 in London. We had about 1900 registered delegates and about 600 colleagues from industry attending, and the feedback we have received to date about the program has generally been very gratifying. The strong interpersonal working



relationships helped impact on the quality of meeting; our excellent Faculty delivered in spades, and I am truly grateful for their hard work. Even the weather played its part in helping the overall satisfaction since it remained warm and clear all throughout the meeting!

I would like to take this opportunity to formally put on record my thanks to the Executive Committee of the Endourological Society, Michele and Debbie for their unstinting help and support, and the BAUS team / WCE2015 Organizing Committee for all the effort that they put in.

The Endourological Society continues to go from strength to strength. I would personally like to thank Steve Nakada for his great stewardship over the past eight years. I am sure that all of you will join me in welcoming Peggy Pearle as new Secretary General; she will, no doubt, build on Steve's many successes. And join me in also welcoming Olivier Traxer who succeeds the charismatic Jean de la Rosette as the head of CROES, another success story for the Society. All of us look forward to WCE2016 in Cape Town; we have excellent hosts in Marius and his team, and I have no doubt that he will deliver an even better meeting next year. I hope to see many of you then.



With my very best wishes,

Abhay Rane, OBE
Congress President



WCE 2016
CAPE TOWN, SOUTH AFRICA
NOVEMBER 8-12, 2016
Illuminating the Future of Endourology



Held in conjunction with the South African Urological Association (SAUA) Meeting • November 8 – 9, 2016



WorldEndo: Help us to make the Endourology Society truly GLOBAL!

The WorldEndo Initiative was initially established in 2010 to support the participation of urologists from countries that were unrepresented at the annual meeting. The role of WorldEndo is now being expanded to contribute to education and training in underdeveloped countries, with the development of courses and other initiatives. Through your philanthropy and ongoing support, our Endourology Society will continue to grow much to the benefit of urologists worldwide and the people seeking their care.

You can make a difference!!

DONATE NOW

<http://www.endourology.org/world-endo-donation/>

34th World Congress of Endourology 8th – 12th November 2016, Cape Town, South Africa

www.wce2016.com

It gives me great pleasure to update you with plans for the fast approaching World Congress of Endourology 2016. We are very proud of hosting this prestigious meeting in Cape Town, South Africa. Cape Town was voted by the New York Times as the number one “Best Place to Go” in 2014, in recognition of its rich culture, history and natural beauty.

The Scientific Committee has put together an excellent program, which I feel has something for everybody. In keeping with our theme for the meeting, which is “Illuminating the future of Endourology”, our program will consist of a variety of captivating speakers in different formats and practical skills lab sessions and breakaway symposiums. The topics on the plenary program are a rich mix of cutting edge debates in our field and update reviews of daily clinical issues in our practices. Live surgery returns to WCE 2016 as well as the popular balloon debates, educational courses and instructional video sessions.

The plenary sessions will also be packed with variety and will consist of:

1. Key note speaker
2. State of the art lecture
3. Panel discussion
4. Point/Counterpoint presentation
5. Critical discussion
6. Edited and unedited videos
7. Live surgery – robotic, laparoscopic and endoscopic surgery

We will also focus on reaching out to the developing world and try to stimulate interest and growth of Endourology in African countries. Our aim will be to host more than 100 countries at the Cape Town meeting, which has been the aim of the World Endo Initiative.

We have the support and collaboration with several industry partners and key opinion leaders to offer a demonstration of the latest in the technological advances and innovation in a number of endourological, laparoscopic and robotic procedures.

On Tuesday 8 November the international and specialty society meetings, including the Pan European EAU-Section of Uro-Technology (ESUT) Endourology Meeting, Society of Urological Robotic Surgeons (SURS), Indian Endourology Society and other affiliated Society meetings starts. We'll also have the Basic Science Poster Sessions on Tuesday, highlighting the foundation of research upon which the Society grows. The day before the official opening of the WCE 2016 on the 9th November, the SAUA (South African Urological Association) meeting will commence, which will be part of the overall WCE 2016 experience. The SAUA biannual meeting will run in tandem with the WCE meeting and will demonstrate the progress and development of Endourology in South Africa.

During the following 4 days, we will ensure that the academic program

of the WCE 2016 will be worthwhile in terms of its educational value, its chance to rekindle old friendships and offer a break from your busy practices. The confirmed faculty member, at this early stage, is an impressive list of world's endourological talent. The instructional courses cover every aspect of endourology from flexible ureteroscopy to gaining access for percutaneous renal surgery, as well as the latest robotic and laparoscopic techniques.

Lastly, we hope to inject a South African flavor to the WCE 2016 with time on the program for an update on the "Save the Rhino" campaign and a Cape Wine Tasting session.

The entertainment in Cape Town will be spectacular. We will kick off the fun activities with the Welcome Reception with the theme of a "Street Party" on Wednesday 9 November at the CTICC Exhibition Hall. This will be followed by the Gala Event on Friday 11 November at the Gold Restaurant, which will spoil you to a truly African Cultural Cuisine Dinner.

The designated congress hotels include the Westin (in-house CTICC hotel), Park Inn Foreshore, Southern Sun Waterfront, Southern Sun Cullinan and Radisson Park Inn Hotel.

There are several other excellent hotels and B&B's in close proximity: details are available on the Congress website (WCE2016.com). Please note that rooms are filling up fast towards the end of the year due to Cape Town being a very popular holiday destination, so make sure you book well in advance.

There will also be the option to tour the world famous wine routes, beautiful coastline of the Western Cape or go on a real African Safari to view the "Big Five" for those who wish to spend a few extra days after the congress.

The SAUA, our local organizing team and I look forward to welcoming you in Cape Town in November 2016. South Africa will provide you with an experience of a lifetime...start preparing yourself for a great adventure.

Marius C Conradie
Congress President



"World Endo Initiative" Report by Olukayode Yinka OLUYEMI, MD.



I am a urologist, based in Nigeria, with a special interest in endourology and urolaparoscopy. Prof Ahmed R. El-Nahas, from the Urology and Nephrology Centre, University of Mansoura, Egypt, was the first person to tell me about the Endourological Society and her activities. It is my pleasure to write about my experience at the 2015 World Congress of Endourology in London. I attended the conference following the support from the Endourological Society as a World Endo Scholar; and the continuing encouragement from Prof John Denstedt (Canada) and Michele Paoli (USA).

The warmth and the logistic arrangements at the conference was simply perfect, I must appreciate the efforts of the local organizing committee. The lecture on "Management of Haematuria – past, present and future" was very relevant to my practice and quite tantalizing. I have since added urethrocytoscopy as a mandatory investigation for all patients that present with any type of haematuria in our hospital. The "educational course – Transurethral surgery for BPH" was quite enriching. Considering all the currently popular options, I think saline bipolar TURP is feasible and affordable in my practice. Consequently my hospital has just signed a deal with a distributor to supply a bipolar TURP set.

I loved the session on "Endourology in the Developing World". I loved the World Endo initiatives as outlined by Adrian Joyce and we discussed how I may collaborate and facilitate their training courses in Nigeria and West Africa. The UROLINK approach was well elucidated by Suzie Venn, and I have contacted their office, with the hope that we can establish a collaborative relationship with our hospital. I was exceedingly impressed by the efforts of Gopal Badlani through Camps in India, and I wish I could do the same in the West African Sub-Region. Though Gopal Badlani is no longer disposed to donating urological equipment to developing countries, because he once donated a uroflow machine to a clinic and later found out that it was being used as a cloth hanger. This unfortunate incidence should not put a stop to such good gestures. Donations can be made to hospitals that have urologists but lack modern urological equipment. One serious challenge that we are having in developing countries is that when small and medium scale hospitals want to buy modern urological equipment, the price quotation from the distributors is often exorbitantly high. In our own interest, and in the interest of our poor patients, the middle man problem must be circumvented. The manufacturers must be

***Congratulations to this year's
Essay Contest Winners***

Clinical

***1st Place - Ashley Brandon
Urology of Virginia***

***2nd Place - Amit Bhattu,
Muljibai Patel***

***3rd Place - Clint Bahler
Indiana University***

Basic Science

***1st Place Christopher Mitchell,
Vanderbilt University***

***2nd Place Bobby Alexander,
Lenox Hill***

***3rd Place Necole Streeper,
University of Wisconsin***

willing to sell directly to urologists and hospitals in developing countries; as well as provide basic training for hospital staff on how to maintain the equipment.

I had a pleasant time at the “Young Endourologists and SURG Session”. It was stimulating listening to John Denstedt (Canada) on “How to get involved in the Endourology Society”; his confident demeanor was simply captivating. I was thrilled by the indefatigable spirit in Christian Chaussy (Germany) as he told us the “History of Extracorporeal Shockwave Lithotripsy”. I also gained from the industry sponsored skill sessions on flexible ureteroscopy; I wish to suggest that the organizers should appropriate more time for skill sessions in the next congress. Surely, I am looking forward to WCE2016 in South Africa.



Social Media Update – Brian Duty, M.D.



In September of 2013 the Endourological Society’s Twitter page went live. The society currently has over 1400 followers and that number continues to grow on a daily basis. If you are not following the society on Twitter, I highly encourage you to do so.

The society’s Twitter feed provides urologists with a concise means of staying up to date on important news pertaining to the society and minimally invasive urology. In addition, every month four to six Journal of Endourology manuscripts are highlighted in full text. Twitter is an ideal venue for urologists to discuss these studies with colleagues. The society’s page also connects clinicians from around the world, helping to foster clinical and research collaboration.

Social media, Twitter in particular, has become an increasingly important outlet for practitioners to stay abreast of developments within medicine. If you have any questions about registering or how to use Twitter please feel free to contact me.

Brian Duty, Oregon Health & Science University
dutyb@ohsu.edu



Society of Urological Robotic Surgeons (SURS)



Hellos from SURS!

The Society of Urologic Robotic Surgeons meeting at WCE 15 in London was another opportunity for our members to meet and share important advances in robotic surgery. The session was well attended and many of the topics created much discussion by the attendees and even some controversy.

The meeting was opened by Jim Catto, the editor of European Urology, who gave us his insights on the role of randomized trials in robotic surgery. Based on his experience as editor, he noted that randomized trials for robotic procedures, while possible, are challenging to conduct and may not be necessary for the field of robotics to advance. Next, Dan Moon from Melbourne, Australia presented his experience with the introduction of robotic surgery to Australia. He shared the difficulties associated with starting a robotics program from scratch including the lack of reimbursement for robotic surgery which required patients to cover

the additional cost of the procedure. He concluded that robotics has provided significant advantages for the patient and surgeon in his practice and it will continue to advance in his country.

We then shifted our focus to robotic renal surgery with Ben Challacombe of Guy's Hospital in London discussing the evolution of robotic partial nephrectomy at his institution. He presented impressive cases of high nephrometry score renal masses removed using robotic techniques which clearly demonstrate the benefit of the robotic platform when it is combined with experience. Next, we heard from Francesco Porpiglia from Torino, Italy who discussed his research looking at the role of selective clamping during robotic partial nephrectomy and whether it really has any impact on renal ischemia. He noted that the role of selective clamping is difficult to measure with two kidneys present. We concluded the renal session with a novel presentation by Alberto Breda from Barcelona, Spain discussing his initial experience with robotic renal transplantation. He showed some fascinating images of his technique and admitted it is too early to tell if this procedure will have a future in transplantation.

The next session focused on prostate cancer and was commenced with a state of the art discussion by Aldo Bocciardi from Milan, Italy, the innovator of the posterior, or Retzius sparing approach, for robotic prostatectomy. He presented his experience with over 1000 procedures using this technique and reported a 100% return of urinary control post surgery. The impact of this technique on potency was less clear. We then heard from Sanjay Razdan from Miami, Florida who shared his techniques for early return of erectile function after robotic prostatectomy. He advocates the use of amniotic membrane placed on the neurovascular bundles as a way to promote healing and reduce inflammation resulting in earlier return of erectile function. Next, Alexander Haese from the Martini Klinik in Hamburg, Germany presented their experience with the pathologic assessment of the surgical margin during robotic prostatectomy. Using the "NeuroSAFE" Technique, the prostate is processed in 15 to 20 minutes providing the surgeon the surgical margin status during the procedure, allowing for the removal or preservation of the neurovascular bundles at the time of surgery. This innovation has resulted in lower positive margin rate as well as preserving more nerve bundles at their institution. The final talk in the prostate session was given by Sentil Nathan from University College London, who discussed their experience with treating men with high risk prostate cancer. He shared the results of robotic prostatectomy in over 1000 men and several key points that have led to significant improvement in cancer control and quality outcomes.

The final session started with a presentation by John Kelly, also from University College London, who shared a novel approach for creating a pyramidal neobladder during robotic cystectomy. His talk was extremely practical and covered many of the tips and tricks he developed during the learning curve for robotic cystectomy. Next, Justin Collins from the Karolinska Institute in Sweden covered the risk factors for recurrence after robotic cystectomy. He presented a completely intracorporeal approach for robotic neobladder and revealed that the operative time is now equal to the best open surgical times. The final talk of the day was given by Erik Castle, from Mayo Clinic Scottsdale, who shared his early experience with robotic retroperitoneal lymph node dissection for the treatment of testicular cancer. He employed a supine approach which allows a full bilateral dissection to be performed without the need to redock the robot or reposition the patient.

The feedback from the attendees regarding the meeting has been extremely positive and we are now planning our next SURS meeting set for the AUA annual meeting in San Diego. We hope to see all of you there!

James Porter
President, SURS



Clinical Research Office of the Endourology Society (CROES)- Invitation to Join Endourology Innovations



CROES has created a platform that facilitates research through the global network of CROES. During the past 7 years close to 400 centers have participated in different projects. At the WCE meeting an update was given on CROES at the plenary session and five posters were presented in different sessions. The poster on the NBI study presented by Prof. Naito has been granted with an Olympus award for best paper, which we feel is a great achievement. Also, at the WCE meeting there

was an investigator meeting to update the contributors on the ongoing projects and to receive feedback on how the investigators perceive the collaboration with CROES.

We currently have the following CROES projects: A RCT and a registry on IRE for PCa, a RCT on SPIES in NMIBC and a Registry of UTUC.

The first patient has been included in the RCT on IRE for Focal therapy in patients with localized PCa and was successfully treated with IRE. Also the first ten patients have been included in the registry. CROES welcomes colleges to join the IRE registry and thus collect real life data on IRE treatments. With their help we will be able to obtain insight in indications and outcomes and learn from that. Moreover those colleges will be able to receive feedback from their outcomes compared to performances from other colleagues.

A second RCT has been initiated this year, a multicentre randomized controlled trial in which the recurrence rates of bladder carcinoma between SPIES assisted and WLI assisted TURB are compared. Short and long term follow up will be recorded in order to evaluate the health gains for patients over a longer period. Perioperative (30 days) complications will be compared between the two treatment arms to evaluate the safety of SPIES. We currently have 15 centres that are joining this study and the first patient was included in April 2015. Each centre willing to participate should have enough experience and be familiar with SPIES. A centre is considered to have enough experience when a minimum of 10-20 procedures have already been done with SPIES prior to including patients in this study.

For the Registry of the UTUC we invite all colleagues to join us. Any patient requiring treatment for an upper tract tumor can be included. Treatment can be an open nephroureterectomy or by laparoscopic or robotic approach. But treatment can also include conservative treatment by retrograde Intrarenal surgery. According to CROES methodology, all participating centres worldwide are expected to include all patients they treat for UT-TCC over a five year period and to provide follow up data up to five years; the case-load is not a participation criteria as it is felt to be a potential source for further clinical information. We aim to enter cases for the oncoming 5 years and have at least 5 years follow up. We currently have about 200 centers that have expressed their interest and we welcome everybody to join us in this endeavour.

Last but not least, at the CROES investigators meeting in London we have announced the new chair of CROES. After eight years my term will end in 2016 and we are very proud to introduce Olivier Traxer to succeed me. I would like to thank everybody involved for their support, especially the Endourological society, the CROES council, all members of the steering committees and the editors of the Journal of Endourology for making CROES a success. But most of all, I would like to thank all investigators, without their support and their altruism this would not have been possible. We are confident an attractive network is created in which every urologist is welcome to participate and which has created an easy way to take part in multicenter studies.

Please feel free to contact the executive director of CROES Mrs Sonja van Rees Vellinga (info@croesoffice.org) if you are interested to join any of our projects.

Jean de la Rosette, M.D.
Chair, CROES



Journal of Endourology: Editorial Box:

Ralph Clayman, M.D.
Arthur Smith, M.D.
John Denstedt, M.D.

We are pleased to highlight the “top read” and “top viewed” articles over the past few months in the *Journal of Endourology and VideoUrology*:

Journal of Endourology:

Scientific Program of 33rd World Congress of Endourology & SWL Program Book

Scientific Program of 33rd World Congress of Endourology & SWL Program Book

A Prospective Randomized Comparison Between Shock Wave Lithotripsy and Flexible Ureterorenoscopy for Lower Caliceal Stones ≤ 2 cm: A Single-Center Experience; *Anup Kumar, Pawan Vasudeva, Biswajit Nanda, Niraj Kumar, Manoj Kumar Das, Sanjeev Kumar Jha*

Melatonin Attenuates Unilateral Ureteral Obstruction–Induced Renal Injury by Reducing Oxidative Stress, iNOS, MAPK, and NF-kB Expression; *Emin Ozbek, Yusuf Ozlem Ilbey, Mustafa Ozbek, Abdulmuttalip Simsek, Mustafa Cekmen, Adnan Somay*

Retrograde Intrarenal Surgery Versus Percutaneous Nephrolithotomy Versus Extracorporeal Shockwave Lithotripsy for Treatment of Lower Pole Renal Stones: A Meta-Analysis and Systematic Review; *Wei Zhang, Tie Zhou, Tengyun Wu, Xiaofeng Gao, Yonghan Peng, Chuanliang Xu, Qi Chen, Ruixiang Song, Yinghao Sun*

The Modern History and Evolution of Percutaneous Nephrolithotomy; *Sutchin R. Patel, Stephen Y. Nakada*

The Impact of Ureteral Stent Type on Patient Symptoms as Determined by the Ureteral Stent Symptom Questionnaire: A Prospective, Randomized, Controlled Study; *Hyoung Keun Park, Sung Hyun Paick, Hyeong Gon Kim, Yong Soo Lho, Sangrak Bae*

Laparoscopic Pectopexy: A Prospective, Randomized, Comparative Clinical Trial of Standard Laparoscopic Sacral Colpocervicopexy with the New Laparoscopic Pectopexy—Postoperative Results and Intermediate-Term Follow-Up in a Pilot Study; *Karl-Günter Noé, Sven Schiermeier, Ibrahim Alkatout, Michael Anapolski*

First Prize: A Novel Device to Prevent Stone Fragment Migration During Percutaneous Lithotripsy; *Justin I. Friedlander, Jodi A. Antonelli, Heather Beardsley, Stephen Faddegon, Monica S.C. Morgan, Jeffrey C. Gahan, Margaret S. Pearle, Jeffrey A. Cadeddu*

Transurethral Resection of the Prostate Syndrome: Almost Gone but Not Forgotten; *Amr Hawary, Karim Mukhtar, Andrew Sinclair, Ian Pearce*

Hemostatic Plug: Novel Technique for Closure of Percutaneous Nephrostomy Tract; *Joel E. Abbott, Arman Cicic, Roger W. Jump III, Julio G. Davalos*

Postoperative Infection Rates in Patients with a Negative Baseline Urine Culture Undergoing Ureteroscopic Stone Removal: A Matched Case–Control Analysis on Antibiotic Prophylaxis from the CROES URS Global Study; *Alexey Martov, Stavros Gravas, Masoud Etemadian, Ali Unsal, Gabriel Barusso, Alessandro D'Addressi, Amy Krambeck, Jean de la Rosette, on behalf of the Clinical Research Office of the Endourological Society Ureteroscopy Study Group*

VideoUrology:

Suctioning Flexible Ureteroscopy with Automatic Control of Renal Pelvic Pressure; *Xiaolin Deng, Leming Song, Donghua Xie, Lunfeng Zhu, Lei Yao, Jianrong Huang, Shulin Guo, Zuofeng Peng*

Robotic Buccal Mucosa Graft Ureteroplasty; *Daniel A. Wollin, Sarah A. Mitchell, Michael D. Stifelman, Lee C. Zhao*

Robot-Assisted Laparoscopic Donor Nephrectomy in 12 Steps; *Greg E. Gin, Rajiv Jayadevan, Matthew L. Goland-Van Ryn, Daniel M. Herron, Edward H. Chin, Juan P. Rocca, Scott A. Ames, Sandor S. Florman, Michael A. Palese*

A Simplified Approach to Intracorporeal Robot-Assisted Laparoscopic Ileal Conduit Formation; *Benjamin A. Sherer, Michael R. Farrell, Leslie A. Deane*

Impact of Dehydrated Human Amniotic Membrane Allograft (AmnioFix®) on Continence and Potency Following Robot-Assisted Radical Prostatectomy; *Anup Kumar, Srinivas Samavedi, Anthony Bates, Rafael F. Coelho, Bernardo Rocco, Jeff Marquinez, Ignacio R. Camacho, Cathy Jensen, Kenneth J. Palmer, Vipul R. Patel*

Robot-Assisted, Extraperitoneal Transvesical Repair of a Colovesical Fistula; *Eric Biewenga, Michael Santomauro, Justin Nork, Patrick Scarborough, Brian Auge, Donald Crain, James L'Esperance*

Combined Open and Robotic Neobladder: Advantages of Both Approaches; *Natalia Otaño, Ankush Jairath, Ravindra Sabnis, Mahesh Desai, Shashikant Mishra*

Capsule to Calculus Optical Dissection for Tract Creation During Difficult Percutaneous Nephrolithotomy; *Hareesh G. Thummar, Usama Khater, Kasmira Gupta, Mantu Gupta*

Step by Step Flexible Ureteroscopy Supported with SPIES Technology for Conservative Treatment of UTUC; *Guido Giusti, Silvia Proietti*

Prostate Morcellation After Transurethral Prostate Enucleation: Technique, Tips, and Tricks; *Christian Tiburtius, David Leavitt, Christopher Netsch, Zeph Okeke, Thomas Herrmann, Arthur Smith, Andreas Gross*