Canadian Urological Association
L'Association Canadienne D'Urologie

The President's Message:

Philip Belitsky MD FRCSC

Time has a way of racing, and the CUA year seems to be passing very quickly. A lot done, a lot to be done. Fortunately the system of continuity and succession on the CUA Executive allows for continuity of purpose and activity.

First, I would like to invite you all to the CUA annual meeting in Halifax. All CUA meetings are memorable, but those in Halifax are special. Those who have been here before know what I mean, those who haven't are in for a treat. The details are spelled out in the meeting announcement you have all received, so I won't repeat them. But, we are looking forward to welcoming you when you arrive, and to providing you with a memorable educational and social experience.

I would also like to report to you on CUA activities, particularly those dealt with at the CUA Executive meeting in Toronto in early February.

1. Membership: The CUA has a total of 689 members, of whom 475 are active, 80 from the U.S.
2. The CUA becomes incorporated May 1, 1998. The scope of activities assumed by the CUA in recent years, and the finances involved, made incorporation mandatory. The incorporation initiative originated with our Treasurer, Ron Gerridzen, who also carried the project to completion after ratification at the annual general meeting last June. Our legal head office is at Royal College headquarters in Ottawa, but we do not have a permanent secretariat.
3. The CUA Scholarship Foundation is functioning effectively under its new administrative structure of separate Research and Administrative Councils. Last year the CUASF received almost $240,000 in contributions, and awarded 4 scholarships with a total value of $120,000. In addition to major corporate contributions, the CUASF will receive this

year a substantial donation from the proceeds of the SIU meeting held in Montreal last September. The CUASF is also exploring other potential opportunities for enhancing urologic research and education, in addition to the traditional Scholarships it has been providing over the years for research support of young urologists.

4. The CUA will establish an Endorsements Committee to handle the many requests received each year from newsletters, support groups and others seeking CUA endorsement for their activities. The committee will establish guidelines for endorsement review requests and make recommendations to the Executive.
5. The Inter-provincial Socio-economics and Manpower Committee has done an outstanding job over the past few years, thanks to the untiring efforts of its chair, Irwin Kuzmarov. The Committee is currently refocusing its efforts to provide maximal benefit to our membership, in the face of a changing health care environment. Regrettably, Irwin's term of office ends in June. Replacing him will be a challenge. We welcome your recommendations for a successor.
6. In 1997 an ad hoc committee, with Mostafa Elhilali as its chair, was created to explore, promote and co-ordinate clinical trials research in Canada under the CUA umbrella. The objective was to incorporate community urologists and university based urologists into a network linked by a central administrative structure and Research Review Board. This would allow rapid response time and rapid patient accrual into industry sponsored clinical trials, thereby making Canada a more desirable place for clinical research studies in Urology to be carried out. Discussions and negotiations are currently in progress with interested parties outside the CUA as to how best to introduce this activity in a manner that will assure scientifically sound research conducted along good practice guidelines, with a strong CUA presence. Many issues are being addressed and we'll hear more about it at the annual general meeting in Halifax in June.
7. Your Guidelines Committee, under Jim Metcalfe, has been very active. Amongst issues explored in 1997 were Pediatric cystoscopy, investigation and management of azospermia, superficial transitional cell carcinoma of the bladder, neonatal hydronephrosis and urinary tract infections.
8. The Health Councils initiative is progressing well, with the Canadian Sexual Health Council emerging as the first CUA

affiliated health council. More about it in June.

All in all, it's been a busy year. As president, I am fortunate and grateful to have an Executive prepared to commit itself to hard work on the membership's behalf. It truly makes a difference.

Philip Belitsky, M.D., FRCS(C),
President, Canadian Urological Association

CUA - 53rd ANNUAL MEETING JUNE 21 – 24, 1998, HALIFAX, NOVA SCOTIA

The 53rd Annual Meeting will be held June 21 – 24, 1998 in the World Trade and Convention Centre (WTCC). The WTCC centre is a state-of-the-art meeting facility, a stunning brick and glass landmark in the heart of the city. The WTCC is connected by indoor pedway to all the main Halifax Hotels. Space has been blocked at The Prince George Hotel and the Delta Barrington Hotel, reservations will be made by indicating your choice of hotel on the registration form. Packages will be mailed out by the end of March, however registration is now available on the web-site.

We are expecting a record turnout at the Halifax meeting. The registration fee has been reduced by $50 for CUA members. The Scientific Committee, Chaired by Dr. Richard Norman will provide a rich, well-balanced and stimulating program.

The Social and Companions program offers a variety of activities including trips to Lunenburg, Peggy's Cove and Fisherman's Cove. The reception will be held at the Museum of the Atlantic a unique setting and gathering place to meet up with old friends and colleagues. A variety of sports and social activities to include golf, tennis & sailing have been arranged for Tuesday afternoon. A trip to the Maritimes would not be complete without a "lobster feast" and we have arranged the best of Maritime local entertainment.

Halifax is the centre of the professional, financial, educational and cultural life of the Atlantic region. It's a world calibre meeting site with a world calibre meeting facility, the World Trade and Convention Centre. Do not miss the opportunity to visit Halifax and Nova Scotia, the land of 100,000 welcomes. Ciad Mile Failte.

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Scientific Program
CUA Annual Meeting
Halifax, Nova Scotia

	Sunday, June 21
12:00-12:55	Lunch
12:55	Opening Remarks and Announcements Dr. Philip Belitsky, President; Dr. Richard W. Norman, Scientific Chairman
13:05-14:40	Podium Session: Prostate Cancer
14:40-15:00	Guest Speaker: Dr. William Isaacs
15:00-15:30	Health Break
15:30-16:03	Podium Session: BPH
16:03-17:30	Educational Forum I: BPH
19:00	Welcoming Reception at Maritime Museum of the Atlantic
	Monday, June 22
07:00-08:00	CUA Journal Club Breakfast Session
08:00-09:00	Podium Session: Urinary Incontinence
09:00-10:30	Educational Forum II: Bladder Overactivity
10:30-11:00	Health Break
11:00-11:40	Podium Session: Urethroplasty & Testis Cancer
11:40-12:00	Royal College Lecturer: Dr. Peter Boyle
12:00-13:00	Lunch
13:00-14:45	Poster Session 1: Prostate & Testis Cancer Poster Session 2: Stone Disease & Bladder Cancer Poster Session 3: Urinary Incontinence & BPH Poster Session 4: Pediatric Urology
14:45-15:15	Health Break
15:15-16:00	Podium Session: Bladder Cancer
16:00-17:30	Educational Forum III: Bladder Cancer
19:00-23:00	Lobster Dinner
	Tuesday, June 23
6:30-08:00	"How Do I Do It?" Breakfast Session
08:00-09:40	Podium Session: Pediatric Urology
09:40-10:00	Guest Speaker: Mr. A.M.K. Rickwood
10:00-10:30	Health Break
10:30-12:00	Educational Forum IV: Prostate Cancer
12:00-13:00	Lunch
Afternoon	Optional sports and cultural activities
	Wednesday, June 24
07:00-08:30	Educational Forum V: Everything you Need to Know about Erectile Dysfunction in the Age of a Magic Pill
08:30-09:30	Podium Session: Erectile Dysfunction
09:30-09:45	Special Recognition: Dr. MacKinnon
09:45-10:45	Health Break
10:45-11:25	Podium Session: Transplantation
11:25-11:30	AUA Presidential Address
11:30	Presentation of Research Winners
11:35	First Prize Basic Science Research
11:42	First Prize Clinical Research
11:49	Canada & Chile Exchange Program

12:00-14:00	Annual Business Lunch Meeting
14:00-15:10	Podium Session: Stone Disease
15:10-15:30	Guest Speaker: Dr. James E Lingeman
15:30-16:00	Health Break
16:00-17:30	Poster Session 5: Prostate Cancer Poster Session 6: Infertility & Infection Poster Session 7: Erectile Dysfunction & Transplantation Poster Session 8: Miscellaneous
19:00-19:30	President's Reception
19:30-23:00	President's Banquet

Affiliated Societies and Committees

All committees and societies meetings will be held in The Prince George (PG) Hotel and the World Trade & Convention Centre (WTCC).

Friday, June 19		
CUA Interprovincial Socio-Economic Manpower Committee	0800-1600	Room Regency 1 PG Hotel
CUA Guidelines Committee	1100-1600	Room 317 PG Hotel
Saturday, June 20		
Canadian Academy of Urologic Surgeon	0730-1200	room Windsor 2 PG Hotel
CUA Executive Meeting	1300-1700	room Regency 1 PG Hotel
Canadian Urodynamic Professionals	1300-1400	room 317 PG Hotel
CUA Specialty Committee (Training, Education, Evaluation)	1300-1500	room Regency 2 PG Hotel
Sunday, June 21		
CUA Executive Meeting	0730-1200	room Regency 1 PG Hotel
CUOG Executive Meeting	0700-0900	room 317 PG Hotel
CUOG Annual Meeting	0900-1200	room Windsor 2 PG Hotel
Pediatric Urologists of Canada (PUC)	0830-1100	room Windsor 1 PG Hotel
PUC Annual Meeting	1100-1200	room Windsor 1 PG Hotel
Canadian Women Urologists	1500-1530	room Hanover PG Hotel
Monday, June 22		
Canadian Journal of Urology - Board Meeting	0700-0830	room Highland 11 WTCC
SIU (Societe Internationale d'Urologie)	1200-1300	room Highland 8 WTCC
CUA Nominating Committee	1200-1400	room Highland 12 WTCC
CUA Guidelines Committee	1300-1500	room Cornwallis 1 WTCC
UNC (Urology Nurses of Canada)	1600-1800	room Regency 2 PG Hotel
Tuesday, June 23		
Council of University Urology Chairmen	0700-0900	room Hanover PG Hotel
Sexual Health Council	0800-1000	room Regency 2 PG Hotel
CUA Research Committee &	1200-1400	room Highland 12 WTCC
Scholarship Fund Committee	1200-1400	room Highland 14 WTCC
Wednesday, June 24		
CUA Finance Committee	0945-1100	room 617 PG Hotel
CUA Annual General Meeting	1200-1400	room Highland 6-7 WTCC

Canadian Sexual Health Council: An-Update

Early Experience with Oral Medications: What's down the road

Estimates describe over 60 million men worldwide suffer from erectile dysfunction. Developments in our understanding of the underlying physiology have spring-boarded research and development of effective new treatment options for many of these men. Few patients or physicians would disagree that availability of effective oral medication for treatment of male erectile dysfunction will alter the landscape of this medical problem. Many men currently suffering from sexual complaints simply choose not to be seen or treated believing the therapy is worse than the problem. The rules will change with the advent of " MAGIC PILLS".

In this review I will highlight many promising new agents planned for immediate release. In addition I will summarize the clinical experience gained from experimental trials with agents planned for approval over the next 5 years. The field is undergoing great change. Use of new compounds and delivery methods have expanded the potential number of effective agents able to increase penile blood flow. The potential financial benefit to the pharmaceutical companies, coupled with the acceptance of the public and the press has led to a dramatic increase in interest in erectile dysfunction. Exciting basic animal research, as is currently underway in George Christ and Arnold Melman's lab, using techniques of gene therapy for erectile dysfunction, will not be covered as it is still not yet into the clinical realm.

Currently Available:

Yohimbine (Yocon) This oral agent has been in common clinical use for several decades. It is an alpha-2 receptor antagonist with central and peripheral activity. In spite of its common use and extensive clinical experience, many placebo-controlled studies have failed to demonstrate significant efficacy over placebo. In contrast a recent meta analysis of the literature (J. Urol., March 1998) has concluded that efficacy over placebo is present. Its possible adverse effects include anxiety, nausea and elevations in blood pressure. It has been a commonly prescribed drug as there existed few alternatives until recently.

I use it only in normotensive men with a strong psychogenic or situational component. The standard dose is 5.4-mg tid, however higher doses have been described. I find it most effective when used PRN 1-2 hours before sexual activity. I find this results in a significant cost savings to the patient, fewer side effects and little loss in efficacy.

Trazodone This antidepressant has serotonergic activity and is an alpha antagonist. The early use of this drug for ED was spurred on by reports of priapism in patients treated for depression. The incidence of this side effect is 1/10,000. It is thought to work on erectile function through stimulation of the 5-HT1c receptors via serotonin re-uptake inhibition. Although believed earlier that some synergistic activity with yocon may be present studies have failed to demonstrate an advantage of combining these agents. Generally it is prescribed as 50-200 mg orally at bedtime. Its major side effects include fatigue and gastro-intestinal complaints.

L-Arginine This amino acid has gained a significant amount of attention from the press and public. It is a precursor of nitric oxide. Large oral doses up to 2.8g daily used for a brief period (2 weeks) have been reported to improve erection quality. Younger patients

with normal vascular assessments were more likely to respond positively. Subsequent studies reported at the International Society for Impotence Research meeting in Spain (Oct.1997) reported no significant improvement over placebo.

Testosterone Methylated preparations should be discouraged as concern over liver toxicity exists. Testosterone undecanoate is available in Canada and Europe. It has been shown to be safe an effective in cases of hypogonadism and increasingly is being used as a treatment for andropause (a symptom complex characterized by depression, lack of energy, generalized weakness, loss of visual-spatial skills etc.). The usual daily dose is 80mg P.O. q A.M. and 40 mg P.O q P.M. Patients should be screened for voiding problems and undiagnosed prostatic malignancies prior to initiating therapy. A baseline complete blood count, PSA and DRE should be standard prior to starting treatment. Although no firm monitoring guidelines exist, once on testosterone therapy I perform quarterly to semi-annual DRE, PSA and complete blood counts to watch for polycythemia in my patient population.

Pending Release

Sildenafil (Viagra) This drug likely will be the first highly effective oral agent approved for male erectile dysfunction. Submission to the regulatory boards, FDA (USA) and HPB (Canada) filings occurred in 1997 with expected approval sometime in 1998. Sildenafil is a competitive and selective inhibitor of cyclic guanosine monophosphate (cGMP) without affecting cAMP. Cyclic GMP-specific phosphdiesterases are found in the corpus cavernosum, vascular smooth muscle and platelets. The predominant form of phosphodiesterase in the penis, the enzyme responsible for the breakdown of cGMP is type 5. This drug facilitates the nitric oxide driven relaxation of the penile smooth muscle, producing a natural physiological erectile response to sexual stimulation.

Clinical experience with this agent initially developed, as a treatment for hypertension has been largely positive and quite extensive. Clinical studies have been widely reported in the media and at scientific meetings over the past 2-3 years. At the time of preparation of this manuscript it is not yet FDA/HPB approved. Planned launch of this phosphodiesterase type 5 inhibitor is in the second quarter 1998 in the USA with later approvals expected in Europe and Canada. This is a truly novel agent with a fairly clean side effect profile. It has undergone extensive testing in several countries with over 3500 patients studied. Its major attributes are efficacy across all etiologies (neurogenic, arteriogenic, psychologic and post-prostatectomy), safety and ease of use. Its major concerns are: interaction with other organ systems (visual, stomach, facial flushing, headaches) which utilize phosphdiesterase activity. Efficacy has been demonstrated between 50-89% in human studies. Diabetic men have demonstrated a lower success rate (50% reported improved erectile function) than pure neurogenic cases on the basis of mode of action of this agent.
Approximately 3% have visual side effects at high doses, described as a blue or purple haze which is transient in nature. Significant interactions: nitroglycerine will be potentiated by this phosphodiesterase inhibitor and in the clinical trials has been an exclusion criteria. Cimetidine will cause a rise in concentration of sildenafil but likely will simply require a dose adjustment once in clinical use. No interaction with asa, etoh coumadin has been seen in clinical studies to date. This drug has been tested in a wide range of patient profile with ages from 19-91, across a dose range of 10-225mg/day. Its novel nature and exciting early results have produced a large number of

abstracts across a wide spectrum of medical disciplines and scientific meetings over the past few years. AUA 1996 - 6 abstracts, EUA 1996 - 4 abstracts, British Pharm Soc. 1996 3 abstracts rabbit work, ISIR 1996 - 7 abstracts, AUA 1997 - 4 abstracts, Am. Acad. Neurol 1997, Am. Diabetic Soc. 1997, International Medical Society of Paraplegia 1997, British Assoc. of Urologic Surgeons 1997 - 3 abstracts, SIU 1997 -5 abstracts.

Apomorphine: This agent has gained much recent attention in its new formulation using a sublingual route of delivery. Apomorphine was first utilized in medicine in 1869 as an emetic. In the first part of the 20th century apomorphine was used as a sedative for alcoholics and addicts. It subsequently was tested as an anti-Parkinsonian agent given its dopaminergic effects. Apomorphine is a selective dopamine receptor agonist that stimulates the central nervous system, producing arousal and increased erectile activity. The oral route results in a poor bioavailability as first-pass hepatic metabolism of apomorphine is high. It is being described as an initiator of erection however is not prone to abuse as an aphrodisiac. It has direct central D2 receptor agonist activity and in its newest sublingual preparation is relatively free of significant nausea. This was the most troubling side effect of earlier preparations of apomorphine. Onset of action is rapid and its short half-life presents no reported risk for priapism. It is presently under phase 3 multicenter trials with efficacy of 70% seen in the early studies. This new agent may be combined with other agents to augment its efficacy in truly organic patients. Testing has involved men with psychogenic ED. Undesirable adverse effects include nausea hypotension and yawning.

Phentolamine- mesylate (Vasomax) Oral administration of this competitive alpha 1 & 2 receptor antagonist has shown only modest results in early clinical studies. It has a short half-life and is rapidly metabolized before excretion. It has been used for many years as an injectable vasoactive component of 3P or trimix preparations for ED. The targeted patient population are those with mild organic or situational ED. Testing to-date has shown 40-60mg is likely the most efficacious-tolerable dose. Studies have shown about a 20% advantage over placebo with an end point of intercourse. Mexican trials: well tolerated no hypotension or fainting. 62% success in experimental group vs. 42% in placebo group achieved intercourse. Germany 435 40% at 40mg 48% at 80mg and placebo 17%, IIEF. Dose ranging 40mg best dose. Older patients and those with significant vascular disease did not respond well to therapy. Most recent US study available 293 patients 34% at 40mg versus 21% placebo. Most common side-effect was nasal congestion 4.2%. Tested population was mildly organic. Rights recently purchased by Schering-Plough.

These are exciting times ahead, both for the physicians and our patients.

Canadian Sexual Health Council:

Dr. A. Morales
Dr. J. Heaton
Dr. G. Brock
Dr. B. Auld
Dr. J. Butters
Dr. R. Basson
Dr. J. Collins
Dr. S. Hershorn
Dr. M. Chetner
Dr. P. Pommerville

CUA Inter-provincial Socioeconomic and Manpower Committee - Out Reach Program:

Dr. Ron Gerridzen (Program Director, University of Ottawa urology training program) asked Dr. Irwin Kuzmarov, in his capacity as Chair of the **CUA Inter-provincial Socioeconomic and Manpower committee**, to come to Ottawa to give a 2 hour session to the Ottawa residents on the following topics:

1.The present organization of the Canadian Healthcare system: from a Federal and Provincial perspective.
2.The current manpower status for urologists, as well as a forecast of available positions in 2 and 5 years.
3.How to set up a clinical practice; specifically, issues regarding practice management, overhead, insurance coverage, etc.
4.The current status of urology manpower and the economic climate in the U.S.
5.The present role of provinces, hospital boards and regional health councils in restricting access to jobs, billing numbers, etc. in Canada.
6.The disparity in fees between the different provinces.

Dr. Kuzmarov came to Ottawa and discussed many of these and other issues of Socioeconomic and manpower importance, spending 2 hours with our residents, and the feedback from the residents was unanimously excellent. They appreciated the session, its content and his enthusiasm towards the presentation. This outreach program, which has now been initiated, should be made available to all Canadian trainees as part of the mandate of this committee. Different members of the committee, in different geographical regions of Canada, will be responsible for disbursing this information to Canadian trainees perhaps once every 2 -3 years, per training program. This way travel costs, etc. could be kept to a minimum, while not burdening only 1 or 2 people with this responsibility of making the presentation.

CUA Hosts Reception at AUA in San Diego:

The CUA will host a reception at the Annual Meeting of the AUA on **June 1, 1998** at the **Marriott and Marina Hotel**, in the **Torrance Room**. The reception will run from **6-8 PM**.

All Canadian urologists are welcome.

Nominating Committee

The CUA Nominating Committee chaired by Past President Dr. Normand Sullivan is charged with the task of nominating 2 Members at large for the Executive to replace Drs. Pike and Trudel. In addition the committee will need to make recommendations regarding the Association's Vice-President and a replacement for Dr. Irv Kuzmarov as Chair of the Inter-provincial Socioeconomic and Manpower Committee. Dr. Sullivan and his committee welcome input from the membership into this process. If any member would like to make recommendations for any of the positions which need to be filled, please contact Dr. Sullivan at the address below:

Dr. N. Sullivan
Centre D'Urologie de Sorel Ltee
1 Rue Marianne
Sainte-Anne de Sorel, PQ, J3P 224
514-743-1241 (office)
514-743-1896 (fax)
Email: sullin@enter-net.com

Where are they now?

Association mailings to the following members have been returned with addresses marked as incorrect.

JAMES AINSLIE
J.J. BOURGOUIN
JULES CHARRON
JOSEPH DOWD
LAWRENCE GILCHRIST
YVES GOURDEAU
NORMAN HALPERN
MARIE-PAULE JAMMAL
GARY MACKIE
GAUTAM H. PARGHI
RICHARD W. PIDUTTI
K.G. RAO
JACQUES SIMARD
CAMILLE TORBEY
RODERICK D. TURNER

If any members know of the current addresses or even the towns involved, please forward this information to:

Dr. Michael P. Chetner,
Secretary,
Canadian Urological Association,
2D2.13, Walter MacKenzie Health Center
8440-112 Street, Edmonton, Alberta
Phone: 403-492-9786, Fax: 403-492-4923
E-Mail: mchetner@gpu.srv.ualberta.ca

YOUNG UROLOGISTS OF CANADA:

By virtue of having practiced Urology for less than ten years you can consider yourself a "young" urologist. Last year, Gerry Brock, Keith Jarvi and John Grantmyre, put together the first Young Urologists Meeting in conjunction with the CUA Annual meeting in Quebec City. Younger urologists might enjoy a forum where issues of mutual concern were addressed followed by a group social function. After the success of the initial meeting, planning started for the Halifax meeting.

This year our meeting is scheduled for the **Tuesday** of the CUA, which is the **23rd of June 1998**. The meeting itself will run between **5:30-7:30 PM** at the **Prince George Hotel**. We are currently finalizing presentation on the "Totally computerized office" and "Profiting from clinical trials". A business meeting and discussion will follow. After the completion of the formal program we will gather our significant others and head up to the Citadel for dinner. The Citadel is a restored 18th Century fortress that overlooks the city of Halifax. We will have a gala dinner with changing of the guard and all the trimmings. The meeting and social events are sponsored by Hoechst Marion Roussel and should be one of the highlights of your trip to Halifax.

Registration may be limited so please reserve a spot early by fax. Also, please forward relevant topics and issues that you would like to see discussed by the group. I look forward to seeing you in Halifax.

John Grantmyre, M.D., FRCSC
Local Arrangements
Young Urologists of Canada
Fax #: 902-420-0240

Guidelines Committee: Future Projects and Guideline Proposals

The Guidelines Committee chaired by Dr. Jim Metcalfe met the day prior to the Winter Executive meeting in Toronto. Current guidelines were reviewed and the consensus was that they satisfactory at this point in time. The guidelines committee is proposing to study the following issues:

1. Indications for pediatric cystoscopy in association with urinary tract infections.

2. The indications and use of intravesicle chemotherapy in superficial bladder cancer

3. The investigations and treatment of urinary tract infections

4. Investigation and follow-up of antenatal hydronephrosis

5. Evaluation and treatment of azoospermia

It is recognized that there is a limit to the number of issues that can be addressed with our available resources. Members who feel strongly that there are other important issues which the committee should be addressing, or who have comments or concerns about the guideline proposals should contact the guidelines committee chairman, Dr. Jim Metcalfe at the address below. Any member wishing to have input into guideline development, and input is most welcome, should plan to attend the "Member's Guidelines Meeting" in Halifax, scheduled for **June 22, 1998, between 13:00-15:00 hrs, in the Cornwallis 1 Room, in the World Trade and Convention Center**. This is the forum during which all discussion regarding the guidelines should take place. **Once the guideline is passed through to the Annual General Business Meeting, it can either be accepted or rejected. No further discussion about the merits or flaws of the guideline will take place during the business meeting.**

Dr. J.B. Metcalfe,
Chairman, Guidelines Committee,
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Once again, members are reminded that comments are welcome, and criticisms supported by the literature would be particularly welcome. Comments and criticisms can also be submitted via the web site at http://www.cua.org .