



CUA Spring Newsletter

President's Message:



On the last weekend of January, the CUA Executive held their meeting for the first time in Calgary. I would like to highlight some of the important issues that were addressed.

The most difficult issue we addressed related to the potential role of the Association with regard to the Maintenance of Certification initiative which has been introduced by the Royal College. A key issue was whether the Association should apply to have the authority to assign credits for Section 1 educational activities, and develop a database to record educational activities of members. Obstacles that presented themselves were the potential costs, and importantly, the location of such activities, including office and storage space, and computer resources. After considerable discussion, it was agreed that the Association should apply for approval to become an accrediting body, recognizing that such approval is not automatic. A potential solution to the issue of headquarters for such activities is the possibility of collaboration with the Canadian Journal of Urology which has proposed use of their facilities for MOCERT activities by Association members. The Executive feels that assisting members with MOCERT activities would be

a very useful initiative for all members, if such a program can be established.

The structure and duties of the Executive members at large were reviewed. At present, these members automatically become members of the Guidelines Committee, the Endorsements Committee (which is ad-hoc) and the Patient Education Committee (also ad-hoc). It was felt that the Guidelines Committee should retain the same membership and continue with the development and review of guidelines. The issue of endorsements has become more complex in recent years, with requests to use the Association logo, and support patient education information, position papers and similar documents. Careless endorsement of any paper could find the Association potentially supporting a statement in direct conflict with its own guidelines, or a practice pattern contrary to that of most members. It was proposed that the officers of the Association should take over this role. The Patient Education Committee (an ad-hoc committee) chaired by Denis Lavoie has begun the process of developing documents for patient information. It is clear that this initiative could overwhelm the Guidelines Committee, and it was agreed that a separate committee to conduct this activity should be proposed with appropriate by-laws. The membership of this committee remains to be determined. Since then Denis has been holding discussions with the Canadian Journal of Urology regarding use of their publishing resources for patient education brochures. The possibility of the CJU taking over the publication of the CUA newsletters is also being discussed.

Laurie Klotz participated in the Executive meeting by telephone. Indexation of the CJU remains elusive, with changing requirements accompanying each application for indexation. Despite addressing every criticism of the first application for

indexation, our most recent application was also unsuccessful. Naturally this is extremely frustrating for Laurie, who has put a tremendous effort into what many on the executive feel is one of the most important initiatives currently being undertaken by the CUA. Other avenues of formal recognition are being explored. CUA members can help by considering the CJU earlier rather than later for submission of articles for consideration for publication.

As usual, Ron Gerridzen and Luc Valiquette reported excellent financial health for the Association and the Scholarship Foundation respectively, and as usual, that is largely thanks to the outstanding efforts they have made on our behalf, and the generous support we enjoy from all our corporate sponsors.

Recently Mostafa Elhilali, who, as most of you know, is the current Secretary of the SIU, indicated that he would need to step down as one of the chairmen of the CUA Clinical Trials Group, and as chairman of the Canadian Prostate Health Council, which is now under the umbrella of the CUA. The need to appoint another chairperson for the Clinical Trials Group has been referred to Jack Sales, chairman of the Nominating Committee. Mostafa deserves our thanks and gratitude for the usual efforts and energy he has put into both positions.

The 55th annual meeting of the CUA will start on Sunday, 25th June, and is being held for the first time in beautiful Kelowna B.C.. Tom Kinahan and his local arrangements committee have gone to enormous lengths to make sure all attendees will have an enjoyable and unforgettable meeting, and Mike Leonard and his scientific program committee have made sure that the most passionate CME aficionados and academic enthusiasts will not be disappointed. Responding to the perceived needs of our membership, this meeting will not only serve as a forum for ongoing Canadian urological

research, but also address the need for an update on several common urological problems.

If you have not yet committed to coming to Kelowna, it is not too late to change your mind. Dee and I look forward to welcoming you to the Okanagan in June.

Denis Hosking,
President, CUA.

**CUA Reception at the 2000 AUA,
in Atlanta, Georgia**

Monday, May 1st 2000

Atlanta Marriott Marquis

Bonn Room

6:00-9:00 PM

Denis and Dee Hosking cordially
invite all Canadian Urologist attending
the AUA Convention in Atlanta to the
Annual CUA President's Reception

Supported generously by **Pfizer**
Canada and, **Astra-Zeneca Inc.**

**CUA - 55th ANNUAL MEETING
JUNE 25th – 28th, 2000,
Kelowna, British Columbia**

Registration for the 55th annual Canadian Urological Association meeting in Kelowna, B.C., June 25 - 28th, 2000 is proceeding at a brisk pace. By now you should have received your packages, and an outline of our very full academic program featuring guest speakers in all disciplines in Urology, with a social program that will showcase the many attractions and natural beauty of the Okanagan valley. Online registration will commence shortly on our website at "<http://kelowna.cua.org/>"

Participants will be treated to fabulous golf, vineyard and orchard tours, houseboating, and a full range of land and water sports, and your family members to a full companion and children's program. The meeting culminates with the President's Banquet, featuring Juno award winning Canadian blues and swing artist, Colin James. Four different post - congress tours are available should you desire to extend your stay, and we sincerely hope you do.

Those of you who have had difficulties booking at the Grand Okanagan Resort, our host hotel, please be patient; we will continue to take your names although the hotel is "full" and we will accommodate every CUA member who wants to stay on site. Kelowna is a small city and we don't have a formal housing system, so please be sure to check the hotel list for your preferred accommodation. Many other sites offer unique advantages such as beaches and family suites, and all sites will be well connected to the Grand with regular convenient transportation.

For you who have never experienced what the British Columbia interior has to offer, you will be delighted with our casual, fun approach to life. For those of you returning to "Beautiful B.C.", you know that a relaxing

"welcome back" is waiting for you. We are very excited about showing off our little corner of beautiful B.C., and look forward to greeting you this June in Kelowna.

Thomas J. Kinahan
Local Arrangements Chair
Phone: (250) 763-3801
Fax: (250) 763-3842
E-mail: tkinahan@home.com

Nominating Committee

The CUA Nominating Committee chaired by Past President Dr. Jack Sales is charged with the task of nominating:

- ◆ Vice President (President in Montreal 2003)
- ◆ Treasurer-Elect (to replace Dr. Gerridzen in 2001, new term ending 2006)
- ◆ Co-Chair of the CUA-CTG (to replace Dr. Elhilali)
- ◆ Chair of the Administrative Council CUASF (to replace Dr. Valiquette, new term ending 2004)
- ◆ Chair of the MoCert Committee
- ◆ Chair of the Patient Information Committee
- ◆ Member at Large (to replace Dr. Barkin, new term ending 2003)
- ◆ Member at Large (to replace Dr. Pommerville, new term ending 2003)

Dr. Sales and his committee welcome input from the membership. If any member would like to make recommendations for any of the positions that need to be filled, please contact **Dr. Sales** at the address below:

**240 Wharncliffe Road North
London, ON, N6H 4P2
519-433-3801 (office), 519-433-3394 (fax)
jsales@julian.uwo.ca**

Scientific Program Kelowna 2000:

Day 1: Sunday, June 25, 2000

0900-2100 Registration

1230-1240:

Introductory Remarks

Dr. Denis Hosking, President;

Dr. Tom Kinahan, Local Arrangements;

Dr. Michael Leonard, Scientific Program

1240-1340

Podium Session: Prostate Cancer

1340-1410

Guest Speaker - Dr. Don Coffey

New Insights: Evolution and DNA

1410-1430

Break

1430-1530

Podium Session - Renal / Prostate

1530-1600

Guest Speaker - Dr. Roger Kirby

Men's Health

1600-1730

Educational Forum I - BPH

1900-2200

Welcoming Reception

Day 2: Monday, June 26, 2000

0600-0830

Breakfast

0700-0800

Breakfast Session - AUA Review

0730-0900

Workshop #1: Andrology –

Dr. Gerry Brock and Dr. Alvaro Morales

0730-0900

Workshop #2 - Nutrition and Prostate Cancer

Dr. Neil Fleshner

0800-0900

Podium Session - Urolithiasis / Endourology

0900-0930

Guest Speaker - Dr. Joe Segura

Current Management of Ureteropelvic Junction Obstruction

0930-0950

Break

0950-1120

Educational Forum II

Current Optimal Management of Ureteric Stones

1120-1150

Guest Speaker - Dr. Mark Soloway

My Approach to the Management of Ta, T1, and CIS of the Bladder

1150-1200

Address from President of the AUA

1200-1300

Lunch

1300-1440

Poster Session A - Uro-Oncology

Poster Session B - BPH/Voiding Dysfunction

Poster Session C - Paediatrics / Reconstruction

Poster Session D - Renal Tumours /Renal Transplant

1440-1500

Break

1500-1630

Educational Forum III

Superficial Bladder Cancer

1700-2200

Fun Night - Eldorado Hotel

Day 3: Tuesday, June 27, 2000

0630-0800

Breakfast

0700-0800

Breakfast Session:

Presentations from:

Guidelines Committee,

Socioeconomic Committee,

CMA Update,

CME Update

0800-0900

Podium Session

Female Urology / Urinary Incontinence

0900-0930

Guest Speaker - Dr. Shlomo Raz

Anatomy and Surgery for Stress Incontinence

0930-0950

Break

0950-1120

Educational Forum IV

Stress Urinary Incontinence

1120-1150

Award Presentations - CUA Prize Essay

Sporting Afternoon

1800-2200

**Taste Of The Okanagan –
Harvest Golf Course**

Day 4: Wednesday, June 28, 2000

0630-0800

Breakfast

0800-0850

Podium Session - Pediatrics

0850-0920

Guest Speaker - Dr. Steve Koff

Primary Vesico-ureteric Reflux:

An Antiquated 20th Century Concept.

0920-0940

Break

0940-1110

Educational Forum V - Pediatrics

0940-1110

Poster Session E - Basic Science

1110-1200

Podium Session - Andrology

1200-1400

Business Lunch Meeting

1400-1430

Guest Speaker - Dr. George Webster

New Trends in the Management of Urethral
Stricture

1430-1450

Break

1450-1620

Poster Session F - Andrology

Poster Session G - Urolithiasis / Endourology

Poster Session H - Female Urology / Voiding
Dysfunction

Poster Session I - Transitional Cell Carcinoma

1800-2300

President's Banquet

Affiliated Societies and Committees

All meetings take place at The Grand Hotel Conference Centre unless otherwise posted. The exact location of each meeting may change. Please check poster conference boards.

Friday, June 23, 2000

CUA Socio-Economic Committee (Selkirk Room)	0800 - 1600
Senior Resident's Program (Location TBA)	0800 - 1600
CUA Guidelines Committee (Chilcotin Room)	1100 - 1700
Prostate Health Council (Cascade/Cassiar Room)	0800 - 1600

Saturday, June 24, 2000

CUA Executive Meeting (Kootenay Room)	1300 - 1700
Canadian Academy of Urologic Surgeons (Skaha Room)	0700 - 1200
CUA Specialty Committee (Training, Education, Evaluation) (Skaha Room)	1300 - 1500

Sunday, June 25, 2000

** Pediatric Urologists of Canada (PUC) Meeting (Gray Monk Winery –	0730 - 1330
CUA Executive Meeting (Cassiar Room) Breakfast provided	0700 - 1200
CUOG Executive Meeting (Cascade Room) Breakfast provided	0700 - 0900
CUOG Annual Meeting (Skaha/Vaseaux/Kootenay Rooms)	0900 - 1200
Canadian Male Sexual Health Council (Selkirk Room)	0900 - 1200
Canadian Endourology Group (Monashee Room)	1000 - 1100

Monday, June 26, 2000

Urology Times of Canada (Board Meeting) (Board room #1)	0700 - 0830
Canadian Journal of Urology (Board Meeting) (Board Room #1)	0830 - 1000
CUA Research Committee (Board Room #1)	1000 - 1200
CUA Scholarship Fund committee (Board Room #1)	1200 - 1400
Urology Nurses of Canada (Board Room #1)	1400 - 1700
CUA Nominating Committee (Skaha / Vaseaux / Kootenay Rooms)	1200 - 1400

Tuesday, June 27, 2000

Council of University Chair	0700 - 0800
Societe Internationale d'Urologie (SIU) (Cascade / Cassiar Rooms)	1200 - 1300

Wednesday, June 28, 2000

CUA Finance Committee (Board Room #1)	0945 - 1100
CUA Annual General Meeting (Skaha / Vaseaux / Kootenay)	1200 - 1400

**** Pediatric Urologists of Canada (PUC)** is a CUA affiliate open to all urologists and residents with a significant interest or clinical practice in pediatric urology. The program includes breakfast, lunch, business meeting and case presentation. All are invited to bring one interesting case for discussion.

Highlights of the Winter Executive Meeting January 2000, Calgary Alberta

This was the first time that the Winter Executive Meeting has been held in the “Stampede City” Calgary. The choice of Calgary was made because of easy access via air from both east and west and because it will function as a major hub for travelers en route to Kelowna this summer. It allowed attendees to complete a full days work on both ends of the country before embarking to the Executive meeting.

A significant agenda was before the president, Dr. Denis Hosking, and with his usual style he managed to complete the meeting in nine hours (a true feat given the arduous tasks before the committee). The most contentious issues before the executive this winter included: MoCert, patient information pamphlets, the role of the CJU, Canadian Institute of Health proposal, CUA Endorsements, just to name a few.

The meeting commenced at 8:00 AM sharp with a welcome to the new members of the executive and invited guests. This was the first winter executive meeting for **Dr. Tessier** as the newest Member-at-large. It was **Dr. Wilson's** first meeting as an officer of the organization. **Dr. Brock** was also welcomed in his new role as chair of the guidelines committee.

For the first time in the history of the CUA we used teleconferencing to include members of the organization in the meeting for whom it was impossible to attend. This was hugely successful and will likely be used in the future both by the executive and committees.

Dr. Tom Kinahan outlined the entire **Kelowna meeting** for the executive. It will show a

significant departure from previous CUA meetings and focus more on smaller group sessions, more focused CME activity with more interaction between attendees and presenters. A superb list of distinguished speakers will highlight a excellent academic agenda. The social highlights will include: a fun filled night at the Hotel Eldorado which will include water-skiing and other sporting activities, a night of Okanagan experiences, including wine tasting, at the Harvest golf coarse on the Tuesday night and the grand finale will be the performance of Collin James at the presidents banquet. Sponsorship for this years annual meeting is in good shape thanks to the diligent fundraising by the local arrangements team. On-line registration and on-line abstract submissions were used for this year's meeting. Over half of the presentations at this years meeting will be computer based and will be submitted electronically prior to the meeting. The CUA annual meeting continues to show inovative approaches in meeting planning each year as the organization moves into the 21st century. The Kelowna meeting promises to be an excellent academic and social event, surely to be enjoyed by all.

Dr. Joe Chin presented the report from the **Scientific Council of the CUASF** to the executive. Dr. Chin reported that the current membership of the Scientific Council consists of himself, Magdy Hassouna from Toronto, Michael Leonard from Ottawa, Richard Norman from Halifax and Gary Peers from Calgary, who had replaced Don Fentie. The award winners from this past year include John Tsihlias at the University of Toronto, Paul Perotte at the University of Montreal and Victor Mak from the University of Toronto. Dr. Mak has since requested to withdraw from this scholarship award. As part of the practice that had been implemented recently, a progress report has been requested through the Academic Department/Division Chairs for these candidates to be submitted to the

Scientific Council Chair by February 2000. There was one community scholarship award winner, Dr. Alan Toguri and after clarification of some items on the proposal, the scholarship had been awarded.

The CUASF Executive had received a request for funds through the CUA Scholarship Foundation regarding the Canadian Institute of Health Research (CIHR) Initiative. Dr. Chin outlined the intent of the initiative for the executive. The CIHR will de facto replace the current MRC organization in Canada with a new structure, and would then assume the \$500M budget that the MRC is currently distributing. The concept was that there would be program-based institutes that would be conceptual in their nature within the new research organization. A group of interested individuals, including Dr. Chin, then suggested that perhaps the genito-urinary arena was one that needed some consolidation and got together in a joint project with the Kidney Foundation of Canada. The objective was to form a potential alliance between kidney, genitourinary surgery and transplantation. Multiple telephone conferences have been held as has a meeting in Toronto to try to plan the foundation of this alliance. The Executive broadly supported these efforts.

One request for financial support came from **Dr. Clark Jamieson**, who does volunteer work in Africa with a group called the **Canadian Network for International Surgery**. Dr. Jamieson is also asking for blessing from the CUA and possibly publicizing his initiative amongst CUA members to get volunteers as well as equipment for countries such as Uganda and Ethiopia. Discussion ensued surrounding Dr. Jamieson's request. It would seem that this request would fit with the spirit and intent of the Joint CUASF/SIU Canada Scholarships. After that decision, it was agreed that Dr. Hosking would contact Dr. Clark Jamieson

directly and ask him to put forward a formal proposal to the CUASF for support.

In terms of the CUA-SIU Fellowship, there are currently 4 winners, one from Tel Aviv Medical Centre working with John Denstedt in Endourology, one from Mansoura University working at Sick Children's Hospital in Toronto with Drs. Khoury and McLorie. The third winner is from Bogota, Columbia, working with Mike Jewett at the University of Toronto and finally, the fourth individual is from China under Dr. Chin's supervision in Uro-oncology at the University of Western Ontario. There have already been some requests from different countries regarding this award, and we can safely conclude that this is a truly worthwhile international effort providing individuals from throughout the world with an opportunity to further their training. It also provides the CUA with a much-deserved higher profile.

Next **Dr. Ron Gerridzen** outlined the **Treasurer's report**. He reported that the current state of our financial affairs is excellent. Drs. Jack Sales, John Denstedt, Hassan Razvi and Joe Chin are to be congratulated for an excellent scientific and social meeting in London, which will produce a profit of approximately \$125,000 - 135,000. The Discretionary Fund held with Connor, Clark is currently worth \$483,661, and there is \$44,900 cash on hand. If one conservatively estimates the 1999 meeting profit to be \$125,000, the total assets of the CUA at this time are approximately \$653,561, which represents an increase of almost \$90,000 over the \$563,634 reported at this time last year.

Dues collection is proceeding very well this year. At least 98% of members have used the return envelope included in this year's dues mailing, and this practice will be continued for 2001. At the time of writing, 124 active members remain unpaid for 2000, of which 23 are unpaid for 1999. Of those 23, 6 have

unknown addresses and of the remaining 17, only 2 are in active practice in Canada. 10 members remain unpaid for 1998. Of these, 7 are unpaid for 1998 and 1999 and are eligible for expulsion from the CUA according to by-laws article II, section (e). Overall, dues arrears for the CUA currently stand at 4.8%, which compares very favorably with 6.5% at this time last year.

The audit of the Quebec meeting by revenue Canada is now complete. The CUA received a GST refund of \$3918.28 from the 1997 meeting. The initial amount claimed had been \$10,524.88 based on the financial records of the Quebec meeting. The unpaid difference (\$6,606.60) was based on unsupported ITC's (88%) and unreported GST collectible (12%) as determined by the auditors. The Treasurer waived the chance for appeal by the CUA. As a result of the 1997 Quebec meeting audit, a full audit of the 1998 Halifax meeting is in progress. While this is incomplete, it is hoped the impact will be minimal after viewing the excellent records kept by the Halifax local arrangements committee. All the above government activity further reinforces the need for meticulous bookkeeping by local arrangements committees. Recording of every penny of GST collected and paid, taking care to ensure benefits to corporate sponsors remain uniform and well documented, and maintenance of impeccable records with each local arrangements Chair or delegate for at least 7 years. Having Sandy Wetstein as the official CUA accountant will help with this process.

The CUA now has a full Association liability policy in place, with \$3,000,000 coverage per exposure, effective August 31, 1999. The annual premium is \$1,162.00. The 6 Past-President's medals are now insured as well as the CUA Coat of Arms and President's medal. Total annual insurance premiums are approximately \$1,850.00. Y2K has not been an issue to date. There were increases in

accounting fees as a result of the Revenue Canada audit. With the revised CUA website up and running, maintenance fees are down. The annual expenses of the Secretary and Treasurer remain stable, and legal fees are down as a result of completion of CUA incorporation. Expenses relating to the CUA reception at the AUA remain down the past 2 years with industry support of this function.

Dr. Valliquette then presented a report from the **Administrative Council of the CUASF**. The CUASF is in a healthy financial situation. The CUASF market value has reached \$2,605,235 as of 31 December 1999 (compared to \$2,498,053 in 1998). Dr. Valliquette further reported that with respect to fundraising activities, in 1999 the fundraising activity was very good with a total of \$193,845 including \$6,345 from the CUA members. For the year 2000, we should be able to raise around \$200,000. Already, \$140,000 has been confirmed as of 27 January 2000.

The next report was from **Dr. Michael Chetner, Secretary of the CUA**. He reported a total of 707 members currently comprise the CUA. There are: 457 active members, 24 associate members 43 candidate members, 6 honorary members 18 inactive members and 159 senior members. There were five deaths in the association that the CUA Secretary is aware of:

Dr. Frank Naegeli
Dr. William Garlik
Dr. Fred Conroy
Dr. Joseph Dowd
Dr. Sidney Snow

Nine members fulfilled the criteria for withdrawal from the registry of the organization based on dues in arrears (by-laws article II, section (e)).

The **time and place report** was as follows:

YEAR	PLACE	HOTEL	TIME
2001	TORONTO, ON	TORONTO HILTON	JUNE 24-28
2002	ST. JOHNS, NF	DELTA HOTEL	JUNE 23-27
2003	MONTREAL, QC	BONA-VENTURE HOTEL	JUNE 22-26
2004	WHISTLER, BC	CHATEAU WHISTLER	JUNE 27 JULY 1
2005	OTTAWA, ON	WESTIN HOTEL	JUNE 25-29
2006	CITY PENDING (HALIFAX PROPOSED)	EASTERN CANADA	JUNE 25-29
2007	CITY PENDING	CENTRAL CANADA	JUNE 24-28
2008	CITY PENDING (EDMONTON PROPOSED)	WESTERN CANADA	JUNE 22-26

The next report was from **Dr. Larry S. Goldenberg, Chair of the Training Education and Evaluation Committee**. Prior to commencing his report, Dr. Goldenberg noted the membership of his committee. The Nucleus Committee Members: Dr. John Masterson, UBC, Dr. Richard Norman, Dalhousie, Dr. Jean Marie Paquin, Montreal, Dr. Ross MacMahon, Winnipeg, Dr. Andrew MacNeily, Queens. The Members at Large (Program Directors) are: Dr. Mireille Gregoire, Laval, Dr. Armen Aprikian, McGill, Dr. Ronald Gerridzen, Ottawa, Dr. Ronald Kodama, Toronto, Dr. Gerald Todd, Alberta, Dr. Peter Anderson, Dalhousie, Dr. Hassan Razvi, Western Ontario, Dr. Ian Reid (Practicing Urologist, Charlottetown), Dr. James Wilson (Chair, Examination Board, Queens)

The Exam Committee met in early December and finalized the examination to be held in Ottawa on May 27 and 28, 2000. This year the

exams will be held in the new examination centre at the Royal College. There may be a space problem, to be worked out by the Committee. Dr. James Wilson is Chair of the committee and Dr. Francois Benard is Executive Secretary.

Queens University was reviewed in October 1999 and received approval. Laval received approval in December 1999. Scheduled for review in 2000 are the programs at Dalhousie University and McGill University.

The objectives have been finalized and submitted to the Credentials Committee of the Royal College of Physicians and Surgeons, which met at the end of January. These objectives were approved on January 28th and will be distributed to residency programs.

Previous chairman of this committee, Dr. Brewer Auld, put a lot of effort into breaking down the barriers between our trainees and the American Board of Urology Examination process. Nevertheless, it appears that there remains a great deal of inconsistency as it applies to our applicants. This past year some applicants were rejected despite identical core training to others that were accepted. The Chair of the Specialty Committee will review all applications that have been submitted in the last two years to try to determine what the problem might be. If necessary, the American Board will be approached once again for appropriate adjustments to be made.

Also noted that there is a great deal of variability in the actual core rotations amongst the different Canadian training programs. Once again, this will be evaluated in the coming months and discussed at the next meeting. It is generally agreed that the core surgical rotations require flexibility as different trainees have a variety of requirements and expectations of their own training.

As previously discussed, the possibility of a two year research program within clinical urology training has been further debated. Two options were voted on. Option 1 – was the status quo, that is two years of core surgical training followed by three years of clinical urology.

The next presentation was from **Dr. Ron Kodama** on the **MoCert** project. The CUA could: 1) Maintain a database for all accredited CUA CME activities, 2) Perform and continue to monitor needs of membership, 3) Develop and provide CUA educational material, 4) Be able to accredit other educational meetings. The Pro's of this approach would include: Change CUA activities from research based activities/educational forums/and delivery of scholarships to become a promoter, provider and evaluator of educational material. Increase the role of the CUA as a force and leader in Canadian Urology by continuing to expand its role for all urologists. It is the only body that represents the views of Canadian urologists and therefore this initiative will actively allow the CUA to establish its own vision and will further justify its existence as the voice of Canadian Urology. Con's include: The financial cost and work required establishing and maintaining the infrastructure. The need for continued deliverance of programs and their evaluations. Issues include: An office with overhead, capital costs, staffing, location, cost recovery - pharmaceuticals, membership, accrediting meetings, academic and business side, control over data

Following his presentation, there was lengthy discussion around the Executive table. After much consideration, it was decided that Dr. Kodama should indeed go forward and submit the appropriate forms and requests to at least begin the process of establishing the CUA as an accredited provider of CME. He would also then go forward and initiate discussions with

the CJU (Canadian Journal of Urology) office regarding a joint venture administering the process.

Dr. Klotz the presented a report on the **CJU** via teleconferencing. The Journal has completed another successful year (Volume Six). The following is a summary of the current status of the journal.

1). The Journal remains on a reasonably sound financial footing. A number of new advertisers have begun to support the journal. There have been no problems with respect to the relationship with the publisher or distribution of the journal. The journal is received by about 3000 individuals, including Canadian urologists, radiation oncologists, other interested practitioners, pharmacies, medical libraries, and about 300 international urologists, including those serving on the editorial boards of the major urology journals.

2). The editorial coordinator, Lena Georgieff, has consistently provided excellent support to the editorial process.

3). The Journal continues to receive a stream of unsolicited articles. In 1999 we received 41 articles of which were 32 published. The time between submission of the articles and publication ranged from 2 to 6 months and the median time from submission to publication was 2 months. This represents a dramatic improvement in the average time to publication, reflecting the publisher's efforts to reduce this. The Journal currently has 25 articles in various stages of review and revision.

4). Our application to Index Medicus was turned down. The first application, about three years ago, received a score of 2.5 with a cut-off for indexation of 3.0. That application was submitted independently. The submitter made no attempt to obtain support of the editor or of the CUA in the application. This second application was strongly supported by letters from the CUA, a detailed letter by the editor

and much-improved grantsmanship. Unbeknownst to us, however, in the interim, Index Medicus has raised its threshold for indexation to 4.0 (out of 5). We were assessed at approximately the same level as on the first application. A number of the reviewer's comments suggest that the reapplication was not taken seriously. The reviewers did not recognize the new name of the publisher, criticized the Journal for not being of interest to a non-specialty audience (not our mandate) and did not appreciate the focus of the Journal on education. We have currently applied for indexation to Excerpta Medica, another indexation organization.

5). The Board sees a major opportunity for the CJU with the advent of MoCERT. The Journal plans to address the increased CMA requirements demanded by MoCERT with an increasing emphasis on review articles. The members of the Board will solicit these articles. We will continue with our current departments: original scientific articles, resident's corner, 'How I Do It', educational research, and practice guidelines.

6). The move towards subject-oriented issues will place a greater demand on Board members. To this end, the Board has been reorganized into section editors. Section editors will review articles submitted in their area, and will also take some responsibility for soliciting review articles.

The Journal remains on a firm financial footing and enjoys broad support by Canadian urologists and others in the field. The Board feels that the increased focus on CME oriented articles will help maintain the Journal on a strong footing. There is an opportunity for the CJU to play a role in MoCERT accreditation.

Dr. Denis Lavoie reported that the current **Ad Hoc committee on Patient Information Pamphlets**, which is currently comprised of the Members at Large of the CUA Executive, reviewed a multitude of potential brochures and

selected 4 or 5 of the most commonly undertaken urological procedures for further development. He felt that the committee worked very hard the day prior to the Executive meeting, to come to some agreement on content and that indeed, content had for the most part been "gelled". Further steps would include design, and he hoped by approaching a central design office (perhaps the CJU office), that these proposed pamphlets would be ready for review by June of 2000.

Dr. Lavoie then outlined further steps in the process for the graphic design and formalization of the pamphlets. Translation and design into a web-site page (both potentially in HTML format and .pdf format for downloading). He added that a mechanism for approval of these pamphlets also needed to be developed and that the current committee was overwhelmed with all of its responsibilities and that a formal separate committee for this purpose would have to be struck. This was the task set out for the by laws committee.

Next **Dr. Allan Patrick** reported on the **Socio-economics Committee**. At the CUA Annual meeting in London in June 1999, the Socio-economics Committee met to discuss items of importance to all CUA members. Unfortunately, there were only 5 provinces represented, two were absent with regrets, and there were three "no-shows". As one can imagine, it is difficult to achieve consensus with only half the provinces represented. Since the CUA, an extensive search for documentation as it pertains to this committee was undertaken. The main issues were reviewed with all committee members in the form of faxes, mailings and e-mail. At present, there appears to be significant difficulty getting the committee coalesce. At present, we are losing two, possibly three committee members. This may be a factor in the poor response to communications to date. From the outset, there is a desire to create an open committee with

good communication and delegate portions of the work to specific members or subcommittees. To date, the response from members has been so spotty it essential for a "face to face" to get things rolling again with renewed enthusiasm. This was the reason for suggesting our committee meet at the same time as the CUA Executive. It has been suggested a conference call could initiate the process, and I feel this is an excellent compromise to feel people out and get things moving again.

There are a number of issues under review: 1). Ian Reid has asked for provincial data on a number of items; billing for consults pre-vasectomy, payment for penile injections, intravesical therapy and LHRH. Responses are trickling in. 2). Provincial Income Data - I have requested provincial data on incomes, relativity and ranking against other specialists. This would go on the website in a secure area. Also, the actual fee schedules from the provinces could be available in a secure area on the web site. 3). Profile of Activity - This was a poll of members several years ago. It was comprehensive, and looked at on-call duties, OR time and opinions on workload and income. Andrew Gajewski will look at the formatting of this and see if we can update it on the web site. 4). We had decided the last meeting that the job registry in its former design was unworkable. We will be looking at a spot on the web site with all the university program director's names and contact information. Also, there will be an area where urologists and residents will be able to post their availability. Certainly there will be an area for sites to post job openings, but this has been difficult to maintain in the past and many sites have been reluctant to advertise positions available.

Dr. Mostafa Elhilali reported on the **CUA-CTG**. In early November 1999, Richard Bolton was appointed on a part time basis to

help coordinate and promote the activities of the CUA Clinical Trials Group. Before the distribution of the new questionnaire in early November 1999, there were 167 names in the CUA-CTG database. To date, 55 responses have been received from the November 1999 questionnaire, 19 represent new names and the others are names already listed in the database. The database itself has been modified to take into account the new questions in the November questionnaire and a new data entry system has been developed to account for the new questions and to facilitate data entry. To date, one quarter of the responses have been processed to ensure correct operation of the system.

The CUA-CTG reported on the following studies: 1). Astra-Zeneca: The study on ZD6169 has been suspended until further evaluations on a new molecule have been completed. This is expected around April of this year when the study process would be restarted. 2). Bayer: (BAY 38-9456 (Phosphodiesterase Type V Inhibitor)): This study is being done both by universities and through the CTG. We are awaiting the protocol from the company so that Ethics Review can commence. 3). Pfizer: Canadian participation in Pfizer's International Men's Health Study is being pursued in conjunction with Harvard University and Quintiles/The Lewin Group who are coordinating it from the US. This is as yet in an early stage, although the investigators have expressed a desire for rapid implementation. The CTG has been advised recently by Phoenix International that because of resource limitations they cannot take on any more Ethics Reviews for the CTG at this time. As a result, the CUA-CTG has been in contact with Institutional Review Board Services and Trafalgar Ethics Board Inc. and feel confident that these organizations can fulfill the requirements in an expedient manner.

The CTG's role is to assist companies wanting to do clinical trials in Canada and urologists who would like to participate in such trials. In particular, it aims to facilitate the meaningful participation of urologists who perhaps do not have the clinical trial experience; infrastructure and contacts required to do so.

In addition to the processing and facilitating of studies, the Clinical trials Group is counting on the members of the CUA to help gain the recognition of its capabilities that it needs to satisfy its mandate. Potential Principal Investigators must be made aware of the benefits that will accrue from undertaking their studies through the CTG. In addition, a similar message must be brought to the attention of companies wanting to undertake clinical trials of their products in Canada.

Dr Gerry Brock reported on the activities of the **Guidelines Committee**. The committee has reviewed 6 patient-directed educational brochures dealing with cystoscopy, discharge instructions to cystoscopy patients, vasectomy, discharge post vasectomy and prostate ultrasound and biopsy information. Dr. Denis Lavoie has done a wonderful job in preparing the draft texts and they are now in a suitable format and language appropriate to most patients. The next meeting to review the final layout of these brochures is planned for the summer executive meeting.

The Guidelines committee is presently in the process of reviewing the evaluation of the patient with erectile dysfunction. In Paris 1999, a consensus conference was held composed of many internationally respected authorities in impotence research. Their report will be reviewed and adapted to the Canadian reality, with a proposed set of evaluation guidelines.

The Committee is also evaluating the postoperative management of patients with

renal cell carcinoma. Dr. Simon Tanguay has spearheaded this multi-center review of cases to provide the data that will serve as the basis of the guidelines. A 10-year follow-up is currently being evaluated to provide our membership with the optimal management of these patients.

A concern has been expressed recently about certain hospitals undergoing an audit for appropriateness of surgical procedures. We plan to review the auditor's criteria for "appropriateness" and review if their assessments are based on valid data.

Time and space prevent the inclusion details from the remainder of the meeting. Suffice it to say that the CUA Executive worked hard in Calgary on behalf of all CUA members. Their meetings continue to ensure the appropriate course for the CUA on many critical and vital fronts which pertain to all Canadian Urologists.

Respectfully Submitted:
Michael P. Chetner, M.D. FRSC(C)
Secretary, CUA

RESEARCH **FELLOWSHIP/VISITORSHIP** **AWARD IN CANADA**

The Canadian Section of the Societe Internationale d' Urologie (SIU) and the Canadian Urological Association Scholarship Foundation wish to announce the following opportunities for international urology graduates:

Objective	Research Training Fellowship or Clinical Visitor-ship / Observer-ship sponsored by a Canadian University Urology training program
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Intended for International Urology graduates interested in additional training in and exposure to specific specialized areas of Urology at a Canadian Centre

Duration 6 months to 12 months starting July 1st, 1999 (negotiable)

Amount of Award 3 awards per year of up to \$10,000 Cdn each, depending on duration of training in Canada

Requisites:

- full curriculum vitae
- prior arrangement with the sponsoring Canadian University center (Candidates should apply to the potential sponsor in Canada and agree on terms of the training)
- matching funds from sponsoring Canadian University Centre
- A 1-page description of the proposed didactic activities for the scholarship period
- Letter of support from the Candidate's own centre

Deadline for application June 1st, 2000

Send application and all documentation to:

Dr. Joseph L. Chin, M.D., FRCS(C)
Chair, Scientific Council of Canadian Urological Association Scholarship Foundation (CUASF)
#3250-800 Commissioners Road East, London, ON. N5A 4G5
Tel: 1 (519) 685-8451/Fax: 1 (519) 685-8455
Email jchin@lhsc.on.ca

Opportunities for CUA Members to Teach Abroad

The Canadian Section of the Societe Internationale d' Urologie (SIU) and the Canadian Urological Association Scholarship Foundation also wish to announce the following opportunities for CUA Members:

Objective:

To provide international collaboration for a Canadian Faculty Member visiting abroad to teach and provide specialized training to international Urologists. The award is intended as a **stipend** for the CUA member to partially make up for time and earnings lost because of the travel.

Duration:

Minimum: 1 week or 5 working days

Amount of Award:

Maximum \$5,000 per applicant

Requisites:

1. Request must come from the "host" institution or University / host government
2. Accommodation and air fare need to be provided by the host institution
3. The formal program or agenda for the didactic activities has to be provided.

Please note that this award is contingent upon availability of funds from the CUASF/SIU Scholarship. Each year, priority will be given to the research fellowship/visitor-ship award for foreign Urologists or trainees coming to Canada.

Send application and documentation to:

The Executive Council, CUASF c/o:

Dr. Joseph L. Chin
Chair, Scientific Council of Canadian
Urological Association Scholarship
Foundation
#3250-800 Commissioners Road East,
London, Ontario, Canada, N5A 4G5
Tel: 1 (519) 685-8451/Fax: 1 (519) 685-8455
Email jchin@lhsc.on.ca

By Law Changes **Spring 2000:**

Changes are in Bold and large font...

ARTICLE VI: DUTIES OF OFFICERS

(c) Immediate Past-President. The Immediate Past-President shall:

- (i) attend all meetings of the Executive;
- (ii) conduct meetings in the absence of the President and President-Elect; and
- (iii) be chair of the nominating Committee of the Association (the “Nominating Committee”).
- (iv) be chair of the CUA Endorsement Committee**

ARTICLE VII: STANDING COMMITTEES

(a) Standing Committees. The Standing Committees shall be:

- (i) the By-Laws Committee;
- (ii) the Nominating Committee;
- (iii) the Finance Committee;

(iv) the socioeconomics committee (the “Socioeconomics Committee”);

(v) the committee on training, education and evaluation (the “Committee on Training, Education and Evaluation”);

(vi) the historian (the “Historian”);

(vii) the awards committee (the “Awards Committee”);

(viii) the prize essay committee (the “Prize Essay Committee”);

(ix) the programme committee (the “Programme Committee”);

(x) the local arrangements committees (the “Local Arrangements Committees”);

(xi) the guidelines committee (the “Guidelines Committee”); and

(xii) the clinical trials group committee (the “CTG Committee”).

(xiii) the endorsement committee

(xiv) the patient information pamphlet committee

(xv) the MOCERT committee

(c) Nominating Committee.

(i) The Nominating Committee shall consist of seven (7) Voting Members comprising the Immediate Past-President, one other past-president, the President-Elect, and four (4) Senior or Active Members.

(ii) The Nominating Committee will be elected at the Annual Meeting one (1) year

prior to the Annual Meeting at which the Nominating Committee must submit its report.

(iii) The four members-at-large shall be elected for a term of two (2) years, two to be elected annually. Consecutive terms may not be served. Prior officers of the association shall be excluded from holding one of the four members-at-large positions.

(iv) The Immediate Past-President is to act as the chair of this committee or, in his/her absence, the President-Elect.

(v) This committee shall nominate the President, President-Elect, Vice-President, Secretary, Treasurer, members-at-large of the Executive, elective members of the Standing Committees and the chairs of the administrative and scientific councils of the Foundation. These names will be submitted to the next business session of the Annual Meeting.

(vi) The Nominating Committee shall display in its deliberations not merely the traditional geographic concerns but also sensitivity to community/university/ urological representation.

(vii) Any Active or Senior member present at the business session of the Annual Meeting is entitled to make alternative nominations. In the event that more than one eligible candidate is nominated for a position, the successful candidate will be determined by a ballot vote of the Voting Members present.

(m) the endorsement committee

(i) The Endorsement Committee shall be chaired by the Immediate Past President of the association and shall be comprised of the officers of the association (Secretary, Treasurer, Vice-President, President-Elect and President)

(ii) The committee shall deal with all requests and aspects of endorsement by the association.

(iii) The chair shall submit a bi-annual report in writing to the Executive and shall report to the Members annually at the business session of the Annual Meeting.

(n) the Patient Information (PI) Committee

(i) The PI Committee shall consist of a chair and six members

(ii) The chair shall be elected annually by the Voting Members. He / She shall be eligible for re-nomination and re-election annually not exceeding four terms.

(iii) The balance of the PI Committee shall, to the extent practicable, be representative of the Association membership in terms of geography, academic interests, community interests, specific urologic or research expertise and interest in patient education materials. The PI Committee shall consist of six (6) individuals (excluding the chairperson) who are Voting Members in good standing in addition to the ex officio members.

(iv) The PI committee shall produce educational material on all aspects of urologic practice aimed at the general public and at patients and their families

(v) The PI Committee shall meet at the time of the Annual Meeting. Additional meetings may be held at the expense of the Association if mandated by the Executive.

(vi) The chair shall submit a bi-annual report in writing to the Executive and shall report to the Members annually at the business session of the Annual Meeting

(o) the MOCERT committee

(i) The MOCERT Committee shall consist of a chair and four members

(ii) The chair shall be elected annually by the Voting Members. He / She shall be eligible for re-nomination and re-election annually not exceeding four terms.

(iii) The balance of the MOCERT Committee shall, to the extent practicable, be representative of the Association membership in terms of geography, academic interests, community interests, specific urologic or research expertise and interest in continuing medical (urological) education. The MOCERT Committee shall consist of four (4) individuals (excluding the chairperson) who are Voting Members in good standing in addition to the ex officio members.

(iv) The MOCERT Committee shall oversee the associations interaction with the Royal College of Physicians and Surgeons of Canada (RCPSC) in regards to the Maintenance of Certification Program. It shall endeavor to have the association fulfill the requirements of the RCPSC in regards to certification of MOCERT activities and to maintain a record of MOCERT activities undertaken by the membership of the association.

(v) The MOCERT Committee shall meet at the time of the Annual Meeting. Additional meetings may be held at the expense of the Association if mandated by the Executive.

(vi) The chair shall submit a bi-annual report in writing to the Executive and shall report to the Members annually at the business session of the Annual Meeting

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: 780-407-3283, Fax: 780-407-2694
E-Mail: mchetner@gpu.srv.ualberta.ca

Where are they now?

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

CHARALAMBOS ANDREOU
CLAUDE BOSSE
J. J. BOURGOUIN
SERGE CARRIER
JULES W. CHARRON
PAUL DESSUREAULT
JEAN DESSUREAULT
ADAM S. GAVSIE
SERGIO GIANCOLA
JAMES F. GLENN
ANDREW K. HALSALL
GERVAIS A. HARRY
PHILIPPE HISSOINY
RICHARD W. JOHNSON
DOUGLAS E. JOHNSON
JEAN F. JOYAL
ROBERT H. JUZEK
GARY MACKIE
GORDON E. MARTYN
J. H. MCBEATH
SUE MCGARVIE
BRIAN MORRIS
JOHN NGAN
JOHN A. OLIVER
KENNETH S. PETERSON
RICHARD W. PIDUTTI
GILLES PIGEON
JOHN D. PRICE
KOSTANTINOS PSIHRAMIS
MANOHAR RAJANI
BERNARD B. ROBINSON
PETER RONEY
IONEL ROVINESCU
WALERIAN J. SPAKOWSKI
CAMILLE TORBEY
THOMAS TRINH
GETCHEL D. WILLIAMS