

President's Message

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President, Second Military Medical University
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Dear Colleagues:

The 14th UAA Congress is scheduled to be held on 21-24th July, 2016 in Singapore. On behalf of the Urological Association of Asia and the EXCO members, I would like to invite urologists from all over the world to participate in this event.

Urological Association of Asia was initiated by 10 professors including Professors Joichi Kumazawa, Chieh Ping Wu, Stephen Lim and others and was established in Fukuoka, Japan in 1990. UAA carries the good hope of Urological masters of the older generation and shoulders the heavy task of leading the development of Urology in Asia

to a brighter future.

Although the UAA is still quite young compared with urological associations like EAU and SIU, it has just celebrated its 25th anniversary in Shanghai in September 2015. The UAA is young indeed but it does not mean that it is left behind. On the contrary, young means vigor. Young means vitality. Young means the source of development. If we consider the first 25 years of UAA to be a long and hard period of exploring and development, nevertheless, UAA will on the road of rapid rising and prosperity after the 25th anniversary.

Currently, UAA is a great family with 23 members (including 22 member

associations and an affiliated association). Just as a saying goes in China, "if brothers are of the same mind, their sharpness can cut through metal", as long as people working together share the same mind and same purpose, work closely and act spontaneously, they will have the strength strong enough to cut through metal. The further development of Urology in Asia depends on the solidarity and mutual assistance of 23 member associations. If we enhance our communication and collaboration, our strength will become an inevitable trend. Urology in Asia will have the promise of leading the advancement of Urology worldwide.

Development is always complemented with opening up, while restraining oneself would only lead to stagnation or even retrogression, especially in academic development. Only if we open up to each other can we exchange and learn from

each other and promote the development of Urology. It is quite a wise decision to change the UAA Congress from a two-year event to an annual event. This change helps to enhance the friendship between member associations and makes it a convention to perform academic exchanges between local associations and international association.

The 14th UAA Congress will be well-organized under the leadership of Prof. Man Kay Li, president of this Congress. This Congress will be well-arranged in academic subjects, diversified in forms, and rich and novel in content. I believe all participants will join this Congress with great pleasure and return with gains fully loaded.

I wish the conference a complete success.

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Secretary General's Report

Allen W Chiu, MD, PhD

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Dear colleagues of UAA,

It has been more than 1 year after my appointment as your Secretary General. It is indeed an honor for me to serve you and there were lots of activities accomplished in the past, which would not be possible without your genuine support. A successful UAA annual meeting was held by the Chinese Urological Association in Shanghai last year. I congratulate the local organizing committee, led by President Yinghao Sun's outstanding leadership, for this wonderful event. Besides the high standard of academic activities and many warm social events, we supported 48 young urologists from 23 different associations to attend the youth session and the outcomes were fruitful according

to their responses.

"Through education to promote Asia urology" has been our core value for more than 20 years. I strongly hope that with our annual meeting and Asian School of Urology activities, the ideal platform for cross Asian nation collaboration will be solidly formed. However, I feel the future development of UAA needs more solidarity through long-term collaborative activities and mechanism. It is the right time to establish UAA-endorsed, long-term training centers, focusing on certain procedures in this region. I think the influence of UAA will become stronger with many prestigious training centers constantly running in the future. We will

continue to strengthen the collaborations with international urological associations such as American Urological Association (AUA), Société Internationale d'Urologie (SIU), European Association of Urology (EAU), and Endourological Society. We need to continually liaise with the pharmaceutical and medical instrument companies and hope we can obtain more support financially.

I had an opportunity to inspect the venue and the process of organization for this annual meeting in Singapore in February this year. I am pleased to inform you that the meeting has been well planned and I urge all friends to attend the meeting which is rich with scientific content and exciting social activities. Let us get together again in the birthplace of UAA, Singapore, and work hand with hand for a brighter UAA.

BECOME A MEMBER TODAY

Membership benefits

- Discounted subscription to *International Journal of Urology*
- Discounted registration fees for UAA Congress
- Fellowships and exchange programs
- UAA newsletters

Fellowships and training opportunities

- UAA-Youth Section Fellowships
- UAA Observership Program
- Japanese Urological Association International Foundation Scholarships
- Singapore Urology Residents' Course
- International Forum on Frontiers in Urology
- USANZ Fellowships



Visit our website www.uaanet.org for details

Welcome to Singapore

MK Li, MD
Organising Chair, UAA Congress 2016



Food in Singapore has exotic variety of spices to suit all taste buds. Apart from the Congress, Singapore can offer you with new attractions. Even if you have been here a year ago there are still new

places you can visit. The River Safari with cruises on the Lake watching animals at their natural habitat is the latest addition. The Marine Life Park at Resort World Sentosa has the largest aquarium in the world. Gardens by the Bay is excellent for walk or jog especially the Cloud Forest with waterfalls and mountain forming its own ecosystem. It was featured in the National

Geographic. Children will be happy to spend a day or two at the Universal Studios and the Transformer Ride being the most popular. You may also try your luck at the Casinos. The Marina Bay Golf course is only 5 minutes by taxi from your hotel.

Welcome to Singapore and best regards.

Dear Colleagues and Friends,

We are most delighted to welcome you to sunny Singapore in July 2016. The Congress is being held at Suntec City Convention Centre. Hotels are within walking distance to the meeting. The Convention Centre has been refurbished recently and has good and efficient IT facilities.

My committee members have worked to make sure we have a state of the art scientific program with special feature on Asian practices. The yearly Urology Residents' Course will be changed to the Asian School of Urology Regional Residency Course with participation from the American Urological Association for the first time before the main meeting. Workshops and Asian sub-specialty Societies (Robotics, Uro-oncology, Infection, Endo-urology) will be invited to the pre-congress program. The Nursing section will feature workshops and a 2-day parallel program. Papers and abstracts will be published in the International Journal of Urology. I am sure you will find it fruitful. The trade exhibition is being held under one roof alongside with the plenary sessions to ensure easy access and maximum interaction. It features the latest advances in terms of equipment and technology.

Our social committee will make sure your stay is a memorable one full of fun and making time to catching up with friends.

14th Urological Association of Asia Congress 2016

Singapore | 20 – 24 July 2016

"UROLOGICAL ADVANCEMENT IN ASIA"

in conjunction with
UROFAIR 2016, Urology Residents' Course 2016
& 30th Anniversary of Singapore Urological Association

Organised by:



SINGAPORE UROLOGICAL ASSOCIATION



UROLOGICAL ASSOCIATION OF ASIA

For more information or to register, visit
www.uaacongress2016.sg
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International Journal of Urology Report 2015-16

The *International Journal of Urology* (IJU) has been the official publication for both the Japanese Urological Association (JUA) and the Urological Association of Asia (UAA) since 2010. The editors are putting a lot of energy towards making IJU "the urology journal of Asia". The number of submissions to IJU has continued in an upward trend and in 2015, 1380 articles were submitted to IJU (Fig. 1). Approximately 46% of submissions were case reports and 59% were original articles, almost the same figure as in 2014. More than half of the manuscripts originated from Asian countries (Fig. 2). The number of submissions has decreased, especially from Korea, but submissions from Taiwan and India have increased. In 2015, 257 manuscripts were submitted from Japan. We can say that IJU is the leading urology journal in Asia, and articles from Asian countries are very much welcomed, as it is the official journal of the JUA and the UAA. The overall acceptance rate in 2015 was 19.4%. Approximately 69% of

the submissions were immediately rejected before peer review. We have made every effort to shorten the publication latency, especially the days between submission and first decision. The average time to the decision for immediate rejections was within a week. The average time to the first decision for all articles is 15 days. In 2015, the acceptance to publication time was 4.21 months. Further, the average time from receipt of the manuscript to EarlyView publication was 1.2 months. We have managed to shorten the time as compared to the past few years. In 2015, 40% of publication in IJU was Original Articles. There were 15 Case Reports and 19 Urological Notes papers. As we have been encouraging reviewers to

FIG. 1 SUBMISSION TRENDS

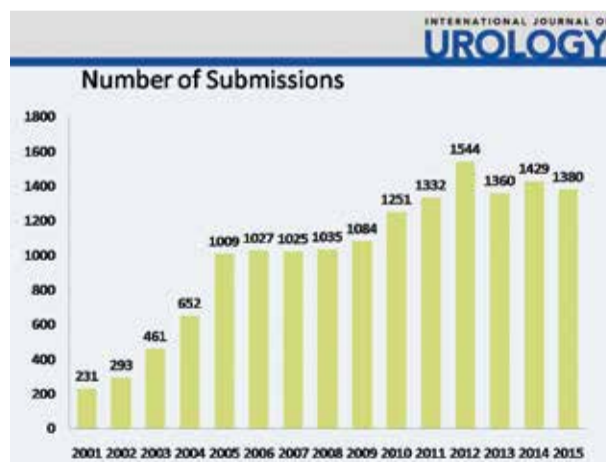
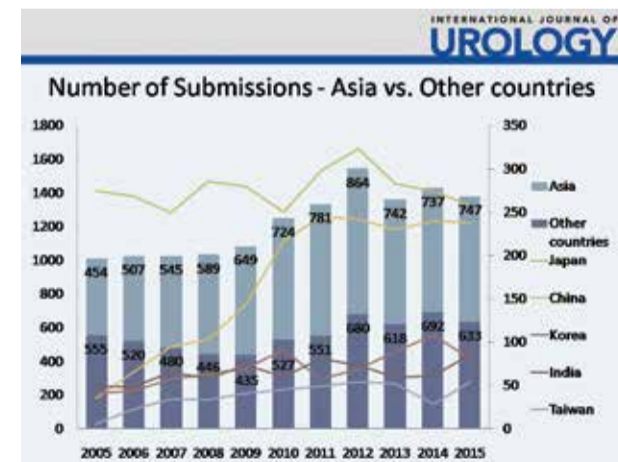


FIG. 2 ORIGIN OF MANUSCRIPTS



submit editorial comments, 106 editorial comments were published in IJU in 2015. We appreciate the efforts of those reviewers who had written attractive editorial comments. The 2014 impact factor of IJU was 2.409, the highest impact factor that it had received and we will await the new 2015 impact factor this summer. The editors regularly hold committee meeting and discuss matters thoroughly. All the editors and reviewers

are making efforts to improve the quality of this journal every day.

The editors and publisher would like to express their profound gratitude to everyone involved in IJU. Finally, please note that IJU is now available online-only from 2016. Please sign up for table of contents e-alerts so that you will not miss any issue.

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This, the 2016 edition of the Asian Urology, comes to you as we gather for the 14th UAA congress in Singapore. This year's congress is one of the longest in duration as it includes a number of programs and events other than the main congress. The newsletter, as always, carries summaries of events organized by the UAA, reports of training opportunities and lectures given by our members at society meetings around the world. We hope that this inspires more members from our affiliated associations to contribute to the society, benefit from its opportunities, and become a part of one of the vibrant and growing global urological communities. If you wish to contribute to this newsletter or our website (www.uaanet.org), please do not hesitate to contact us.

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Asian Association of UTI and STI (AAUS) 2015-2016



Yong-Hyun Cho
President AAUS

(UAA) has planned to develop Asian guidelines for all urological fields and the first guidelines for lower urinary tract symptoms were published in 2013. The field of UTIs and STIs is the second project of UAA guideline development, which is being coordinated by AAUS. The first meeting for this project was held on 20th September 2013 in Macau. The "Guideline Development Group" was set up by AAUS.

In May 2014, we successfully had the first Forum in Seoul, Korea and kicked off the project of guideline development. We met again for the AAUS Symposium during the ACU Congress in Kish Island,

Iran in December 2014. We eventually drafted the document of the Guidelines.

The AAUS Forum 2015 was held on 3rd May 2015 in Seoul, Korea. This was the second Forum for the guideline development. This Forum aimed to review the draft of the Asian practice guidelines for the management of UTIs and STIs. All of the authors discussed and evaluated our efforts with our peer reviewers. Eventually, the Asian guidelines will help us to deal with infectious issues and to save people from the threat of infection.



The Asian Association of UTI and STI (AAUS) was founded in 2003 and has been expanding its activities. The aim of AAUS is to clarify etiology and pathology, treatment and prevention of urinary tract infections (UTIs) and sexually transmitted infections (STIs); develop research of causative organisms and surveillance of drug susceptibility and attempt to publish these. The Organizing Committee comprises President, Vice-President and 15 members, 3 Secretaries; Honorary Treasurer; International Advisory Team. The numbers are from China, Hong Kong, India, Indonesia, Japan, Korea Rep, Nepal, Pakistan, Philippines, Singapore, Taiwan, Thailand, Vietnam, Germany, Russia and USA.

The activities of AAUS (2015-2016)

The Urological Association of Asia

UAA-AAUS Guidelines for UTIs & STIs

www.aaus.info/guidelines

Contents of Guidelines

Urinary Tract Infections (UTIs)

- Acute uncomplicated cystitis
- Acute uncomplicated pyelonephritis
- Complicated UTIs with the neurogenic bladder
- Complicated UTIs with BPH
- Complicated UTIs with urolithiasis
- Complicated UTIs with diabetes mellitus
- Catheter-associated UTIs
- Urogenital tuberculosis
- UTIs in children

Genital Tract Infections (GTIs)

- Acute bacterial prostatitis
- Epididymitis
- Antimicrobial prophylaxis for the prostate biopsy

Sexually Transmitted Infections (STIs)

- Diagnostic strategy for STIs
- Gonococcal urethritis
- Chlamydial urethritis
- Mycoplasmal and non-chlamydial non-gonococcal urethritis
- Syphilis
- Genital herpes
- Condyloma acuminatum
- Prevention of STIs, including education

Asia-Pacific Society of Uro-oncology (APSU) 2015-2016



Hideyuki Akaza
President APSU

Countries" encouraged participants to pursue the UHC in Asia.

- APSU participated in the NCCN clinical practice guideline in Urological cancers – Asia consensus statement (NCCN-ACS). These statements are designed to provide clear documentation of modification from the "parent" NCCN guideline, outlining the modifications made in relation to genetic variation in the metabolism of agents or differences in the regulatory environments in participating Asian countries (What is Asian Consensus Statement on NCCN clinical practice guidelines in oncology?

Jap J Clin Oncology 2016; 46:299-302)

. On May 16, 2015, during AUA meeting in New Orleans, panel members for NCCN-ACS for kidney cancer v3. 2015 and for bladder cancer v1. 2015 met and performed a face to face discussion together with the attendant of chairman/ co-chairman of the NCCN "mother" guideline. As results, ACSs for kidney Cancer and Bladder Cancer were loaded online at the NCCN home page (NCCN clinical practice guidelines in oncology, Kidney cancer Asia consensus statements version 3 (2016) and Bladder cancer version 1 (2016) NCCN.org).



APSU is a society of under- umbrella of UAA. It actively participated in local/ national as well as regional meetings to promote uro-oncology in Asia. APSU has planned and performed other relating projects to collaborate with global activity to promote uro-oncology in Asia.

- IUA, APSU, FAUA Joint Plenary Session was planned on November 7th 2015 in Bali, Indonesia. Unfortunately, volcanic ash hazard from Mt.Raung prevented airplanes from landing at Bali airport and a lot of participants as well as speakers/moderators could not enjoy the joint meeting. However, the program was efficiently re-arranged by the efforts of the local organizer. Especially, the lecture by Dr. Hasbullah Thabrany titled "Universal Health Coverage (UHC) in Developing

- APSU also aims to establish Asian CaP registry study. The launch meeting was held on December 11th 2015 in Tokyo (Meeting report. DOI:10.1016/j.pnrl.2016.03.001, Prostate International).
- APSU- APPS joint session in UAA 2016 in Singapore is planned on July 2^{0th} 2016 in Suntec City, Singapore. The tentative program is:
 - Session I: Asian collaborative database for prostate cancer (A-CaP)
 - Session II: Urothelial cancer
 - Lunch & APSU business meeting
 - Session III: Prostate cancer
 - Session IV: Kidney cancer
 - APPS-APSU poster session



Asia -CaP launch symposium in Tokyo (December 11th 2015)

(Continued from pg 3)

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Turkish Urological Association	Onder Yaman, MD Turkish Urological Association Prof Nurettin Oktem Sk. No 18/2 Lale Palas apt 34382, Sisli, Istanbul, Turkey Email: uroturk@uroturk.org.tr	
Vietnam	Vu Le Chuyen, MD Vietnam Urology & Nephrology Association Chief Of Dept Of Urology Binh Dan Hospital 371 Dien Bien Phu Q3 - Hochiminh City - Vietnam Email: vulechuyen@hotmail.com	Le Dinh Khanh, MD Head, Urology, Hue University Hospital Hue University of Medicine and Pharmacy, Vietnam Email: ledinhkhanh@hotmail.com

(Continued on pg 12)

Asian School of Urology (ASU)



An educational body of the Urological Association of Asia

...Better Urology for Asia

Shin Egawa
Director ASU
Professor and Chairman, Department of Urology,
Jikei University School of Medicine, Tokyo, Japan



The Asian School of Urology (ASU) was formed in 1998 to complement the Asian Congress of Urology (ACU) as the educational arm of Urological Association of Asia (UAA). Its main aim had been the organization of workshops on specific topics on its own and in conjunction with member nations' annual scientific meetings.

In the year of 2015, an excellent list of UAA speakers served the society. The list includes about 100 urologists who were recommended by UAA member Associations, covering various urology sub-specialties. With this list, it is ensured that the UAA chooses and sends appropriate UAA speakers on every occasion.

During 2015, ASU conducted/arranged the following activities. It is our great pleasure to report that all of the activities ended fruitfully.

1. UAA Speaker at 13th UAA Congress, September 3-6, 2015 in Shanghai, China.
The ASU chose one UAA representative speaker for the plenary session.
2. UAA Lectures at Regional meetings:
ASU appointed speakers as UAA lecturers to the following regional meetings.
 - Taiwan Urological Association, August 21 to 22, 2015, in Hualien (one lecturer)

- Vietnam Urology & Nephrology Association, August 28 to 29, 2015 in Nha Trang (four lecturers)
 - Hong Kong Urological Association, November 15, 2015, at Sheraton Hong Kong Hotel & Towers (one lecturer)
 - Malaysian Urological Association, November 20 to 22, 2015, in Johor Bahru (one lecturer)
 - EUSC 2015 (Emirates Urology Society), November 5 to 7, 2015, Dubai, Iran (four lectures)
3. Joint Activity with other Urological Associations
ASU planned and developed a KUA/ CUA/JUA joint activity for 35th Congress of Société Internationale d'Urologie, October 15 to 18, 2015, Melbourne, Australia
 4. Scholarship Programs/Workshops for youth
 - Urology Resident's Course 2015, August 20 to 24, 2015, in Singapore. ASU organized the course in conjunction with Singapore Urological Association. The program is designed for urological trainees at 35 years of age

or below, who are currently working in public or university practice. Two nominated members from each member association attended.

- ASU-UAA Young Urologists Scholarship Program, September 6, 2015, in Shanghai, China. This Scholarship Program is designed for qualified urologists, within 10 years of receiving their urology degree. The program included Workshop, where 50 urologists from 15 national members attended.
- USANZ2015 Trainee Week: This is an annual event organized/developed by USANZ. USANZ invited four urologists from UAA Member countries. ASU called for nominations of Senior Registrars/Residents grade urologists who were currently undertaking urological training.

Activities in 2016

For 2016, ASU continuously plans and provides well-developed educational events. It is our great pleasure if our activities contribute to fostering excellent urologists, for further development of urology not only in Asia but also in the world. ■

ASU (South-East Asia)

Michael Wong
Deputy Director ASU-SEA, Singapore



Under the support of Prof Shin Egawa, Prof Allen Chiu and Prof Sun Yinghao, the Asian School of Urology, South East Asia workshops under Dr Michael Wong have organised a series of workshops.

Bali Nusa Dua Convention Centre, Indonesia (4th November 2015)

The first workshop conducted by ASU-SEA was held in collaboration with Indonesia Urological Association (IUA) at the pre-congress of the 38th Annual Scientific Meeting of Indonesia Urological Association (ASMIUA). The programme of the 1-day workshop was designed by ASU together with the scientific committee of 38th ASMIUA with topics covering PCNL, URS and minimally invasive treatment in BPH.

There were lectures in the morning, followed by hands-on session. We had excellent faculty from 3 countries including Dr Henry Ho (Singapore), Dr Bannakij Lojanapiwat (Thailand) and Dr Nur Rasyid (Indonesia). The workshop was attended by about 30 individuals.

No. 2 Military Hospital University of Medicine no. 1, Myanmar (8-9 December 2015)

The second workshop was held in collaboration with Myanmar Urological Association and was held in Yangon supported by No 2 Military Hospital, Department of Urology as the pre-congress of the 2nd Endoscopic Surgical Society (ESS). We had live surgery and tutorial



Guiding local urologists how to navigate up to the kidney using an ultrasound

teaching over a two day programme. We had an experienced faculty of Dr Michael Wong, Dr Tan Yung Khan (Singapore) and Dr Png Keng Siang (Singapore) and was attended by about 40 individuals.

Masterclass in ESWL and Endo-Urology, 27th Video Urology World Congress, Chiang Mai Thailand (9th June 2016)

This was organised as a pre-congress



Masterclass in ESWL and Endo-Urology, 27th Video Urology World Congress

workshop of the World-Video Urology Congress and TUA annual Urology Congress. The focus of the workshop was on advanced Endo-Urological techniques and we had an excellent faculty, Prof Arthur Smith (USA), Prof Mahesh Desai (India) and Dr Michael Wong (Singapore).

Upcoming Masterclass in Laparoscopy, Endo-Urology and BPH, in conjunction of UAA 2016, Singapore (22nd July 2016)

This workshop is being organised by ASU with Asian Society of Endo-Urology and EASE to support the UAA Congress 2016 held in Singapore. The faculty includes Dr Olivier Traxer (France), Dr Mario Sung (S Korea), Dr Shin Egawa (Japan), Prof Mahesh Desai (India), Dr Andreas Gross (Germany) and Dr Michael Wong (Singapore). ■



Teaching the participants how to perform PCNL/IRIS

Asian Society of Endourology (ASE) 2015-2016

Gyung Tak Mario Sung
President, ASE



Asian Society of Endourology (ASE) was established in 1998 to provide high quality endourological and laparoscopic programs to regional urologists in south and central Asia and has since planned over 50 meetings to date, of which several meetings were held jointly with Asian School of Urology (ASU) and, lately, jointly with East Asia Society of Endourology (EASE) to promote academic collaboration and advancements in Asia.

President: Gyung Tak Mario Sung, MD

Past presidents: Michael Wong, MD, Mahesh Desai, MD

Academic meetings organized and participated:

- April 24th-26th, 2015: Presented a talk on the "Urology Department Management and Development" on April 25th during 4th International Forum on the Frontiers in Urology (IFFU), Beijing, China; Performed live surgery on the "Robotic-assisted Radical Prostatectomy" on April 26th at the Chinese PLA General Hospital during 4th International Forum on the Frontiers in Urology (IFFU), Beijing, China
- May 2nd, 2015: Organized 11th Dong-A MIS and Robotic Symposium

at the Dong-A University Hospital, Busan, Korea

- May 15th-19th, 2015: Presented Take Home Messages on the "Prostate Cancer" during Plenary Session I of May 19th, Tuesday at the 2015 American Urological Association (AUA) meeting
- Oct. 1st-4th, 2015: Delivered Instructional Course on "the Way to Achieve Pentafecta of Robotic/Laparoscopic Radical Prostatectomy" on Oct. 3rd during the 33rd WCE meeting, London, UK
- Oct 15th-19th, 2015: Participated as a moderator of the uro-oncology session of UAA Symposium on Oct. 15th during 2015 SIU held on Melbourne, Australia
- Participated as a moderator of the Joint CUA-JUA-KUA
- Symposium for the "Robotic-assisted partial nephrectomy" Session on Tuesday, Oct. 15th during 2015 SIU held on Melbourne, Australia
- Oct. 23rd-24th, 2015: Organized live transmission broadcast symposium of "7th International Symposium on Robotic Urologic Surgery" from Cleveland Clinic Glickman Urologic and Kidney Institute at Dong-A University Hospital, Korea. Organized

12th Dong-A MIS and Robotic Symposium at the Dong-A University Hospital, Busan, Korea

- Dec 4-5th, 2015: Presented a talk titled "Personal Journey of Laparoscopic/Robotic Radical Prostatectomy" as SIU speaker at the First International Urology Forum organized by CUA at the International Hotel, Hangzhou, China
- April 9th, 2016: Organized 13th Dong-A MIS and Robotic Symposium at the Dong-A University Hospital, Busan, Korea
- April 22-24th, 2016 Presented a talk as invited UAA speaker on the "Recent Advances in Robotic Surgery" on April 23th during 5th International Forum on the Frontiers in Urology (IFFU), Beijing, China. Invited moderator for

the live surgery session on April 24th at 5th International Forum on the Frontiers in Urology (IFFU), Beijing, China

Immediate Future meetings planned:

- July 20-24th, 2016: Organize ASE Symposium during 14th ACU meeting at Singapore
- Oct. 8th, 2016: Organize Joint EASE-ASE Symposium, Japan
- Oct. 21-22, 2016: Organize live transmission broadcast symposium from the Cleveland Clinic Urological and Kidney Institute on "the 8th International Symposium on Robotic Urologic Surgery" at Dong-A University Hospital, Busan, Korea



Asian Society of Female Urology (ASFU) 2015-2016

Professor Shing-Hwa Lu
President



This year, the ASFU conducted several scientific activities including 7 symposiums. President Shing-Hwa Lu was also invited and delivered lectures in Sydney, Australia; Beijing, China; and Taiwan.

1. **Symposium of nursing for urinary incontinence.** Aug 16, 2015, Taipei-Veterans General Hospital, Taipei, Taiwan
2. **Moon Festival Symposium for health promotion.** Sept. 19, 2015, Taipei, Taiwan
3. **Basic training course for continence practitioner.** Dec. 5- 6, 2015, Taipei-Veterans General Hospital, Taipei, Taiwan

4. **Women's Day Symposium for health promotion for women - urinary incontinence.** March 5, 2016, Taipei, Taiwan
5. **Joint symposium of ASFU and Chinese Medical Association annual meeting.** June 18, 2016; Taipei International Convention Center, Taipei, Taiwan
6. **Joint symposium of ASFU and Contemporary Urology Forum, 2016.** June 19, 2016, Taipei-Veterans General Hospital, Taipei, Taiwan
7. **Joint symposium of ASFU and 14th UAA Congress 2016 annual meeting.** To be held on July 21, 2016, Singapore

8. **Invited Lectures:** Represented ASFU and delivered lectures in the follow conferences:

1. USANZ 1st Functional Urology Symposium incorporating the 3rd Biennial Male LUTS Symposium Place:

Sidney, Australia (July 23 - July 26, 2015) Topic: The New Female and Male LUTS Guidelines in Asia

2. World Congress of Urology. Time: Aug. 1, 2015 Place: Beijing, China. The New Female and Male LUTS Guidelines in Asia
3. Contemporary Urology Forum, 2015 Time: June 14, 2015, Place: Taipei-Veterans General Hospital, Taipei, Taiwan Topic: Functional Urology – BOO and OAB
4. Resident training program. Time: Aug 16, 2015 Place: Taipei-Veterans General Hospital, Taipei, Taiwan Topic: Urodynamics and Neurourology
5. Meet the experts and 2015 post-ICS highlight Time: Oct 31, 2015 Place: Taipei, Taiwan Topic: How to do research in urodynamic study

and female urology

6. Training course of Taiwan Continence Society Time: Nov. 21- Nov 22, 2015 Place: Taipei, Taiwan Topic: Bladder anatomy and physiology
7. Annual meeting of Macau Medical Association Time: Sept. 13, 2015 Place: Fish Market Convention Center, Macau Topics: 1) Robot surgery in Urology 2) The new female and male LUTS guidelines in Asia.
8. Continence and Pelvic Organ Disorder Forum. Time: July 1, 2016 Place: Beijing, China Topic: Robot assisted repair of ureteral stricture caused by female pelvic surgery. Shanghai, China



Joint symposium of ASFU and 13th UAA Congress 2015 annual meeting, Sept. 5, 2015, Shanghai, China



UAA Youth Section

Rajeev Kumar

Professor of Urology

All India Institute of Medical Sciences, New Delhi, India

Chairman, UAA Youth Section



The UAA youth section aims at developing leadership among the younger Asian urologists and developing programs to cater to their academic and professional needs. It aims at building a network of resource persons who could help spread awareness and programs of the UAA within their regions. The focus areas of the section are research methodologies, scientific writing and publication ethics. The section implements these objectives through the conduct of short term training workshops involving small focus groups for periods ranging from 3 hours to 2 days in association with national or regional conferences of member nations or regional organizations.

Youth section sessions have been regularly held since 2011, beginning with a session at the 6th Asian Urology Symposium in Colombo, at the Asian Endourology Meeting in Kathmandu, and at the 7th Asian Urology Symposium in Macau in 2013. From 2012 onwards, the section has initiated a Young Urologists' Fellowship that funds fellows to attend the UAA congress and participate in the Young Urologists' session. The fourth such fellowship program is being held at the 14th UAA Congress in Singapore on 21st July, 2016. The list of awardees is given below.

UAA Youth Section Fellows 2016

MD Abul Hossain

Associate Professor
Shaheed Suhrawardy Medical College
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drmahossain.qpm@gmail.com



Mohammed Mizanur Rahman

Assistant Professor
National Institute Of Kidney Diseases & Urology
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UK Pisey

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Tao Jin

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Xiao Dong

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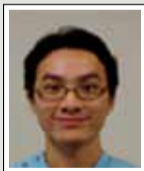
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Siu Kei Li

Resident
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Ashish Kumar Saini

Senior Consultant
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Pankaj Joshi

Consultant - Reconstructive Urology
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UAA Youth Section Fellows 2016

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Vijay Pramod Sawkar

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Liemer Miranda

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Victor Federico Acepacion

Chairman
The Health Centrum Hospital, INC
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Keng Siang Png

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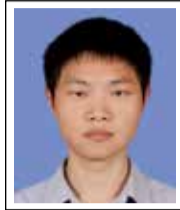
USANZ training week application qualifying essays

22-26 November 2015, Brisbane, Queensland, Australia

How Would I View My Future in the Path of Urology

Fan Xinxiang

Department of Urology, Sun Yat-Sen Memorial Hospital,
Sun Yat-Sen University, Guangzhou, China



Urology is a fascinating subject to me. All the things that appeal to me in medical school come to life in urology. Many cool techniques, such as ureteroscope, PCNL, laparoscopy and Da Vinci robotic surgical system, these pioneering works were coming out of urology.

As a young doctor in urology in China, I am keeping an eye on the latest progresses in urology. Two years ago, I wrote a systematic review about laparoendoscopic single-site surgery for nephrectomy, and this article was published in European Urology and cited by Guidelines of European Association of Urology. In addition, the extend of pelvic lymph node dissection is a controversial problem in urology, I summarized the evidences of recent years and published an article in British Journal of Urology International.

However, I am facing with both opportunities and challenges. In the past two decades, Chinese urologists have made many achievements. Many minimal-invasive techniques, such as laparoscopy reaches the top level in the world. So with the guidance of these experts, I could start at a higher level and minimize the learning curve. At the same time, Chinese economy is developing at high speed, many new equipment could be introduced in China soon. More and more important international conferences have been held in China. Besides, many funds could support me to attend important conference in other countries. So I have many opportunities to learn the latest and best knowledge from others.

However, I still have many challenges. My tutor, Prof. Huang Jian, is the chief editor of the Guidelines for Bladder Cancer in China. Two years ago, we updated our guideline. There were many controversial issues, but we have little evidence from Chinese literatures. In China, we have huge amount of patients, our treatment techniques are as good as developed countries. But we could not provide sound evidence for others. So, as a young doctor in urology in China, I should make great efforts to perform good clinical research to give out the voice of China in the world.

In the past three years, I have made a lot of efforts on clinical research. Under the guidance of Prof. Huang Jian, I and my other colleagues established Chinese Bladder Cancer Consortium (CBCC). Nearly fifty famous hospitals around China have joined CBCC, and we have started several multi-center studies, such as the application of BCG for high risk non-muscle invasive bladder cancer in China, the efficiency of fast-tract for radical cystectomy.

In the future, I will continue to focus my time on learning clinical techniques and performing clinical studies. Although I have done a lot of work with the help of professors in our department, we still have a lot to learn from others. So I am looking forward to have the opportunity to attend the Trainee Week to be held in Australia. I believe I can learn a lot from professors and young trainee there. This will be a great benefit for my path of urology.

Weida Lau

Khoo Teck Puat Hospital, Singapore



Urology is an evergreen subject with regular advances in technique and technology occurring at nearly daily basis. It is like a race car forging ahead, as I attempt to keep up on a bicycle. The advancements in robotic surgery, laparoscopy, endourology, and microsurgery continue to fascinate me and will continue to fuel my interest in Urology.

As a scholar in the subject, I have to be familiar with the basic sciences and the traditional techniques. At the same time, I must strive to be current with the advances. Self-reading, attending conferences, and courses are all methods that I keep up with the times, and pick up new knowledge. The USANZ trainee week presents an excellent opportunity to learn from experts in Australia and New Zealand. It also serves as an opportunity to gauge my level of training with trainees of a similar level in ANZ.

Research is an essential component of scholarship. Publication of local data serves to audit oneself against the worldwide audience. Research keeps one up to date with latest development. Obviously, research is also the cornerstone of evidence based medicine. In the path of Urology, one must be committed to research. At the same time, it would be wonderful if good quality research puts my institution on the world map.

A Urologist is also a physician. As a physician, one must be an excellent communicator of information to patients. One must prescribe evidence based medicine, as well as evidence balanced medicine tailored to individual patient's needs. To be an effective communicator, one must not only be knowledgeable, but also comfortable with

dialogues with colleagues and patients. Hence this course presents a unique opportunity to meet new acquaintances and contemporaries, to discuss points of technique and deal with difficult case scenarios in a supervised manner.

In my opinion, the best communicator is also the best teacher. A good teacher is always able to communicate his/her knowledge to his understudies. The Urologist who is a good teacher is one who is sound with his technique and at ease with his capabilities. As I venture on my path in Urology, I see myself as a teacher who would be mentor to new residents joining the specialty.

Of course, foremost, the Urologist is a Surgeon, and the surgeon a technician of his methods. In the ideal world and in my dreams as a young doctor, there are visions of being an expert, or the best in a particular field. However, with awareness of the vast numbers of experts in their field, I realize that that accolade is reserved for the talented few. In my view, a good and capable technician is sound, safe and efficient. This is achievable with meticulous training, close supervision, and persistence. It would be my aim to be a capable technician.

In summary, in the path of Urology, I have to be an accomplished scholar, communicator and technician. There is still plenty of work to be done to achieve the above targets. Completion of training is probably only the start of the process. While it is impossible to overtake or even draw level with the race car that is Urology, I see myself drawing closer and keeping up with the advancements without getting left behind.

Wan Song

Department of Urology, Samsung Medical Center
Sungkyunkwan University School of Medicine, Seoul, Korea



From now on, I would like to talk about my past, present and future. Since childhood, I bethink myself what is the most valuable in life and finally, I decided to become a doctor. I graduated Korea University School of Medicine and started my career as an urologist at Samsung Medical Center (SMC). In there, it was a piece of luck for me to meet great mentors. I really want to thank them for their teachings. Although I have a short career and do not have many opportunities, I have helped hundreds of patients navigate and understand their urologic disease better.

Of several urologic specialties, I become interested in urologic oncology and minimally invasive surgery. So I am especially trying to become a specialist in these clinical fields. As many diseases in urologic oncology are more likely to recur, I am trying to figure out what is the best for patients and help patients decide whether this option is proper for them. Therefore, I always try to deliberate before making a decision in order not to regret.

While a urologic surgeon, I also have a strong interest in researching. I am participated in several projects associated with the diagnosis, treatment and prognosis of castration-resistant prostate cancer in order to find new biomarker or to investigate the molecular mechanism of resistance. In addition, I am also interested in the relationship and its clinical significance between renal volume and postoperative renal function. At present, I am studying the effect of postoperative renal function on survival in patients with renal cell carcinoma (RCC) and adequate timing of additional therapy in patients with advanced upper tract urothelial cancer (UTUC). When treating patients with urologic cancer, we should consider both oncologic and functional outcomes. Therefore, it is relatively difficult but interesting to treat and manage these patients. There is still a long way to go, but I want to go to the way given to me.

Last year, I fortunately had an opportunity to go abroad to study for a while. I visited Cancer Institute of New Jersey, University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School. In there, Dr. Kim gave me a chance to observe the robotic surgery and to participate in lab meeting. I was really impressed by his passions and efforts for the patients. I felt his true feelings for the patients. Although it was relatively short time, it was a great chance to restore the heart. Since then, I recognized the importance of research and education and I know that this is the way I should.

Through such efforts, I asked myself what I should do. Clinically, I strive to deliver the best care for patients with urologic cancers which are strongly based on currently available scientific and medical evidence. In addition, basically, I would like to write a lot of articles. My dream is to write excellent papers which are clinically important not for my reputation but for patients with urologic cancer. Over the past two years, I wrote more than 10 papers which are already published or ongoing as the first author.

I believe the saying that where there is a will, there is a way. I really want to have an opportunity to participate in the "The 2015 USANZ Trainee Week Exchange Program". In there, I would like to discuss with young colleagues moving toward the same place for the treatment of urologic cancer. I am sure that this meeting will be an opportunity to grow a little more. So far, I really thank you to read my story.

UAA Honorary Members

Keong Tatt Foo, MD

Dr Foo graduated from Singapore University in 1965 and obtained FRCS Ed in 1971, and FAMS (Urology) 1991. He is currently Emeritus Consultant Department of Urology at the Singapore General Hospital, Clinical Professor, National University of Singapore, and Adjunct Professor, Duke-NUS medical School.



He is the Founder President of the Singapore Urological Association. He was the Secretary-General to the Urological Association of Asia (UAA) 1998 to 2006 and served as Director of Asian School of Urology (2006-2010). He is currently the Honorary Executive Director of UAA.

He was the Vice-Chairman for the 5th International Consultation on BPH in Paris, 2000 and was a member of the Steering Committee for the International Consultation on Urological Diseases (ICUD) (2000 to 2006).

He was conferred the honorary membership of the Malaysian Urological Association in 1999, the Wu Jieping Medical Foundation (China) trophy for his contributions to Urology in 2000. He was accorded the Lifetime Achievement Award by World Chinese Urological Society in May 2008, and the Karl Storz Endourological Award by the Endourological Society in December 2008. He received the Distinguished Career Award from the International Urological Society (SIU) in 2009. He was made the Honorary Fellow of the Sri Langka Urological Association in 2011. He was conferred the Honorary membership of the European Urological Association, and the Outstanding Chinese Urologist, in 2015.

He was awarded the Public Administrative Medal (Silver) in 2001 by the President of Singapore. He has over 100 publications in Local, and International journals on BPH, Urinary Stone Diseases, Bladder Cancers and philosophy in Medicine. ■

Luke S Chang, MD

Professor Luke S Chang is currently Academician of the Chinese Academy of Engineering, Professor Emeritus of the National Yang-Ming University, and Chairman of the R&D Foundation of Urological Medicine. He is also Professor and Honorary Dean of School of Medicine at the Xian Jiaotong University, P. R. O. C., and Committee Specialist and Honorary Dean of College of Urologists Training at the Beijing University, P. R. O. C.



Professor Chang qualified in medicine at the National Defense Medical Center, Taiwan in 1967. He completed surgical residency training at the Taipei Veterans General Hospital (TVGH) and specialized in urology at the same hospital in 1975. He served as a clinical fellow in Department of Urology, Presbyterian Hospital of the Columbia University, U. S. A. in 1978-1979.

Professor Chang was Chief of Urology (1983-1985) and Chairman of Department of Surgery (1985-1995) at the TVGH. In addition, he was Dean of School of Medicine (1994-1997) and President (1996-1999) of the National Yang-Ming University. Then he served as President of the Cheng-Hsin General Hospital, Taipei (2001-2002), and CEO of Medical Field of the Ruentex Group, Taiwan (2002-2011).

He has published 224 articles and 34 books in the fields of urology and surgery. He was Editor-in-Chief of Journal of the Surgical Association, R. O. C. (1992 - 1994) and Journal of the Urological Association, R. O. C. (1992 - 1994). In addition, he was President of Urological Association, R. O. C. (1993 - 1995); Vice President (1999-2000) and Executive Council Member (2001-2004) of the International College of Surgeons; President of the International College of Surgeons, ROC Section (2001-2002); National Deputy Delegate of the International Society of Urology (SIU), Chinese Section (1993-2013).

He hosted two international medical conferences in Taipei, Taiwan: the 7th Video Urology World Congress (July 17 - 20, 1995) and the 33rd World Congress of the International College of Surgeons (October 27-31, 2002).

His invention on "Electrosurgical Control System Using Tissue Conductivity" has been patented by R. O. C., Canada, U. S. A., Korea, Japan, and the European Economic Community. He donated all the patent gold and set up the R&D Foundation of Urological Medicine to assist research and development in urological sciences.

Besides establishing the first "Urologist Training Program" and the "Surgical Oncologist Training Center" in Taiwan, he is the first one introducing urodynamic examination and extracorporeal shock wave lithotripsy to Taiwan. He did all his efforts to promote TURP in Taiwan and the Mainland China by video tape demonstrated personally. He was also Chairman of the Committee of Guideline for the Clinical Practice of Prostatic Cancer in Taiwan, National Health Research Institutes. In addition, he has been devoted in medical and urological education exchange between Taiwan and the Mainland China since 1991.

With these achievements and contributions in his career, he has been awarded the Outstanding Talents Prize in Science and Technology, R. O. C. (1987); Wu Je-Ping Prize (1996); Academician, Chinese Academy of Engineering (elected 2001); Award of Outstanding Contributions, Taiwan Urological Association (2005); Life Member, Taiwan Urological Association (2007); and Award of Life Achievements, American Urological Association, Chinese Section (2007). ■

Hemant Tongaonkar, MD

Dr. Hemant Tongaonkar is presently working at P. D. Hinduja Hospital, Mumbai, India as a Consultant Urologic Oncologist. Having worked at the Tata Memorial Hospital for nearly 30 years, he retired as Professor & Head, Department of Surgery and Departments of Urologic Oncology and is one of the most experienced and accomplished Urologic Oncologists in India. Having superspecialized in Urological Oncology, he has among the largest experience in treating these cancers In India. Over last 3 decades, he has contributed significantly to the development of this specialty in India in terms of patient care, research and education and is easily the foremost expert in his specialty, acclaimed widely for his achievements.



An outstanding surgeon, he is a member of the team that has pioneered, developed and standardized many new state-of-the-art surgical procedures like neobladder, radical prostatectomy, nerve-sparing retroperitoneal lymph node dissection etc. in India, initiated for the first time in the country intravesical BCG therapy, bladder preservation protocols, penile and groin reconstruction and introduced multimodality management protocols for improving outcomes and for organ, function, fertility and quality-of-life preservation. He has spearheaded the efforts to develop evidence-based management guidelines for urological cancers, which are widely used throughout the country. He was the national co-ordinator for the Indian TNM Committee for urological cancers, which reviewed the staging of urological cancers and suggested modifications.

He has conducted numerous clinical, basic & translational research trials, showing his deep commitment to research and was involved in collaborative research with many institutes. He co-ordinated the first trial in the world on "Intravesical BCG immunoprophylaxis in bladder cancer using the Danish-1331 strain", the results of which were hailed as "of major importance to world health". He has carried out Psychosexual Quality-of-life studies in patients with penile cancer and Quality of life studies in patients with urinary diversions. He was a member of International Cancer Genome Consortium. He was also member of the Department of Atomic Energy Clinical Trials Centre and has served on several scientific and research committees of Government of India.

He has published extensively, with more than 100 scientific publications mainly in peer-reviewed international and national journals, some of which have been acknowledged as "major contribution to the subject", and 8 book chapters. He has been on the Editorial Board of several journals and been a reviewer for many more.

Dr. Tongaonkar started the first formal Fellowships in Urologic Oncology at the Tata Memorial Hospital, Mumbai under the aegis of Homi Bhabha National Institute. An outstanding teacher, he has moulded generations of oncologists, surgeons, urologists from India and many other countries in principles and practice of Urologic Oncology. In fact, majority of the practicing Urological Oncologists in India have been trained by him. He has been a teacher and examiner for MCh Surgical Oncology under Mumbai University, MUHS and HBNI. He has organized many important conferences and surgical workshops and moderated many academic programmes.

He has successfully carried out many important international and national assignments. He was invited by the Government of India as the National co-ordinator (Surgical Oncology) of Task Force for planning resources under 11th five-year plan for cancer control. He was the WHO expert for expansion of Cancer Hospital, Dhaka. He has been on a member of the National Cancer Registry Programme. He has been the National Convener of various organizations and programmes like Uro-oncology Section of Urological Society of India, Indian Kidney Cancer Registry, Prostate Cancer Preceptorship Programme, Urologic Cancer Foundation He a member of many international and Indian professional organizations and has adorned academic and administrative positions in many of them.

Dr. Tongaonkar has received many accolades and been decorated with many awards and honours for his achievements. He was the recipient of Dr. C. K. P. Menon Award of Urological Society of India, President's Urology Gold Medal of Urological Society of India West Zone and Rashtriya Rattan Award for excellence in Medical Sciences. He has also been awarded the Dr. Pinnamaneni Venkateswara Rao Gold Medal & Oration of the Urological Society of India for the year 2016-17. He has been commended for his outstanding contribution to patient care, research and education at Tata Memorial Hospital. He has also been honoured with numerous orations across India and delivered nearly 300 lectures in international & national conferences.

A firm believer in social commitment, he has conducted numerous Cancer Education Programmes in schools, colleges, for army, navy officers, police personnel, industries & corporate houses and for the general public, counselling them regarding prevention & early detection of cancer. He has disseminated the Knowledge about cancer through television, radio and newspapers and organized many cancer detection camps. Dr. Tongaonkar has always been committed to treating the poor and needy patients and spent nearly 30 years serving the poorest from across the country and alleviating their suffering, which speaks of the spirit of service that he exemplifies. Even today, he continues to offer them his expertise completely free at Hinduja and Nair Hospitals.

A surgeon par excellence, a renowned academician and researcher, a brilliant teacher, internationally acclaimed Oncologist, Professor Dr. Hemant Tongaonkar, has made a significant contribution to development of the specialty of Urologic Oncology in India.

Koki Obayashi

Jikei University School of Medicine, Department of Urology



First of all I would like to express the gesture of gratefulness for giving me this opportunity to write my future in the path of Urology. I am currently working as a clinical associate in The Jikei University School of Medical Hospital. The Jikei University School of Medicine urology department has the oldest history in Japan for 90 years since it was opened a course as this country.

I am a Japanese urologist whom 5 year has passed after receiving qualified degree of Japanese Urological Association. I become chief resident of The Jikei University Hospital as the ward chief physician. Major surgery becomes specialist in performance of an operation to specialist in instruction.

As chief resident, I learned urological surgical techniques including laparoscopic procedures. I came to understand that the urology department is responsible for treating many organs, both benign and malignant diseases, and involves both internal medicine and surgery aspects. It is very attractive for me that urology goes evolving now in basic and clinical medicines. The textbooks on urology from several years ago no longer serve as a reference today. We urologists always need to maintain up-to-date knowledge and surgical techniques. It is the reason why I became the doctor to want to save the life of the person. The field that was able to strongly realize it as an urologist was urological oncology and especially urolithiasis.

I was engaged a lot in a patient of the urolithiasis when I was junior resident. The hospital where I was junior resident had experts who had taught me a splendid operation and the way of the medical treatment for the urolithiasis. Though it is not malignant, the urolithiasis may be sometimes life-threatening even if they are specialists. I thought the method has been improved by the progress of the surgical instrument busily, so it is necessary for me to catch up with the progress and can thereby save life of a patient.

It is certain that cancer is the field that is the most important in medical care. Our hospital is one of the universities of the top in Japan. I learned the operation technique of the world top-class and the figure which there should be as the doctor here. Of course I learned that I provided treatment based on guidelines, it was important to think about treatment superior to it. Like it is clear that ten years ago and current treatment are different.

I think rises in the global viewpoint to search it and it is necessary to send information by oneself. Our department invite well-known urologist in Jikei several times a year from foreign countries and hold lecture and deepen interchange with foreign countries. I have a chance achieving it and believe it when I am tied to the reason that became the doctor. Europe, the United States are medical standards of the world top, but hope that it becomes Asia, Japan now

To achieve my objectives, I will devote my time and effort in improving my knowledge and skills in urology in general in particular through clinical experience, medicine journals, magazines and reports. I also hope to have more opportunities in participating in urology specialized conferences and forums, as well as training courses to catch up with latest medical advances in urology. I think that the road in front of me is still very long, and I still have many more to learn; however, I believe that there are many opportunities for me.

My reason for applying to the USANZ Trainee Week 2015, Brisbane, Queensland, Australia is to discuss about recent topics in the field of urology with urologists of my generation from other countries. Recently, foreign students and doctors, who possess excellent English skills, have visited our facilities and are very delighted and sincere. They have their own medical treatment policies and opinions of one another. I want to interact with others who have different opinions and backgrounds. I would like to exchange information with urologists of my generation from other countries to broaden my knowledge and experience. I established myself as an urologist and thereby now contribute to the development of the future of Japanese urology departments. I hope to participate in USANZ Trainee Week 2015, Brisbane, Queensland, Australia.

(Continued from pg 6)

Member	President	Elected Council Members
AFFILIATED MEMBER NATION		
Australia & New Zealand (USANZ)	Mark Frydenberg, MD President Urological Society of Australia and New Zealand Email: president@usanz.org.au	USANZ Secretariat Office Suite 512 Eastpoint, 180 Ocean Street Edgecliff NSW 2027 Australia Email: communication@usanz.org.au
	Mr Michael Nugara CEO Urological Society of Australia and New Zealand Email: michaelnugara@usanz.org.au	

SUB-SPECIALTY ORGANIZATION AFFILIATED TO UROLOGICAL ASSOCIATION OF ASIA

Organization	President
Asia-Pacific Society of Uro-oncology (APSU)	Hideyuki AKAZA MD Research Centre for Advanced Science and Technology The University of Tokyo Komaba, Meguro-Ku, Tokyo Japan. E-mail: akazah@med.rcast.u-tokyo.ac.jp
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Asian Association of UTI and STI	Yong-Hyun Cho MD The Catholic University of Korea Seoul St Mary's Hospital, Seoul, Korea Email: info@medrang.co.kr / cyh0831@catholic.ac.kr

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UAA Youth Section Fellows 2016

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13th UAA Congress 2015

3-6 September, Shanghai, China

The 13th Urological Association of Asia Congress was successfully held by the Urological Association of Asia (UAA) and organized by the Chinese Medical Association and the Chinese Urology Association (CUA) on September 3-6th, 2015 in Shanghai. This Congress was held together with the 22nd CUA annual meeting. A total of around 5000 urologists from 36 countries and regions and from 32 provinces/cities in China participated in this Congress. This year's UAA Congress holds the largest number of participants and abstract submissions. The agenda and organization of this year's UAA were of the largest scale in the history of UAA, with the meticulous planning and arrangement of the local organizing committee. The subjects of the Congress are quite novel. The actual effects and the academic level of the Congress were much higher than expected. This UAA Congress is also considered as a precious gift for the 25 anniversary of UAA.

The agenda of this 4-days Congress was divided into 2 plenary sessions, 3 main-sessions, 4 specialized-sessions and 3 sessions of affiliated associations, in addition to 26 subspecialty sessions. There were 633 lectures, including invited speeches and abstracts, and 34 cases of live-surgery performance and 44 posters. The contents of this Congress cover all the subspecialties in urology with special focus on the latest progress in clinical and basic research. Furthermore, invited speakers from EAU, AUA, SIU, European countries and the States shared their understanding of the cutting edge progress in Urology world-wide. To fulfill the needs of the grassroots urologists, the organizer arranged a forum on Urology in Developing Countries in addition to the contents of academic frontier.

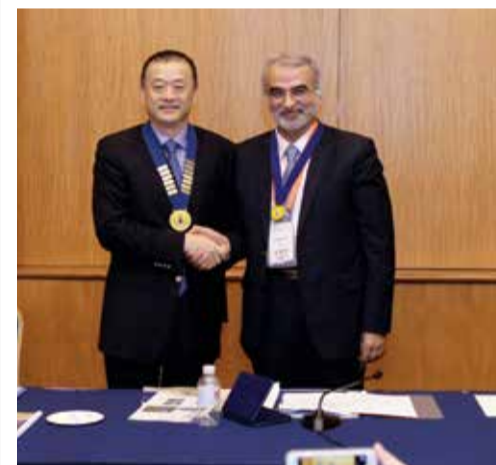
The theme of this year's Congress is "Asian Urology, the world's future". This Congress focused on originality, novelty, and the cultivation of future talents in Asian Urology. Discovery and Innovation

Sessions in this Congress encouraged original researches and provided an opportunity for researchers to share progress in multi-center studies in Asia. Consensus of Asian experts were established. Authoritative Urological experts in Asia were invited to discuss on some main diseases in Urology (prostate cancer, bladder cancer, urinary stones) and consensus were reached on the diagnosis and treatment of these diseases which may help to promote the standardization of clinical practice in diagnosis and treatment and perspectives in further studies. The future of Asian Urology depends on the cultivation of the next generation Urologists. A special session of live-surgery was setup for younger Urologists. A rigorous screening of submitted surgery video was performed to ensure the high quality of the included surgeons. All of the included surgeons were under 45 years old. The surgery performance was warmly welcomed and these young urologists were greatly encouraged. Thirty-three young urologists from underdeveloped countries/regions received sponsorship from CUA and UAA to participate in the Forum of Younger Urologists. This forum provided a high-end platform for the cultivation of excellent younger urologists.

March-in Session at the opening ceremony of this congress was an innovation in field of social activities. The organizing committee designed this special session to enhance the cohesion and solidarity of Asian Urologists. Representative from each association was confirmed by intensive contact and communication. Each volunteer was assigned to lead one representative onto the stage to ensure the whole process is smooth and consistent. The March-in Session was splendid and inspiring. This year marks the 25 years' anniversary of the UAA. Social activities in this congress, including Welcome Dinner and Huangpu River Night, fully illustrated the theme



of 25 year anniversary. Award ceremonies of Prominent Chinese Urologists and Prominent Younger Urologists were held during the artistic performance. These social activities were of high academic and artistic level and fulfilled their function as a bridge for cultural exchange and a bridge of friendship. These social activities played an important role in enhancing communication and solidarity in between Urology associations in Asian countries.



UAA Executive Committee and Council meetings were held on September 2nd and 5th, respectively. Important affairs of the association were discussed and decisions were made. Smooth transition of the presidency of UAA was performed on the council meeting; Yinghao Sun, President of CUA, became the president of UAA. Malaysia was elected as the host country of UAA 2019.



5th International Forum on Frontiers in Urology (IFFU) Beijing, China

Anil Shrestha

National Academy of Medical Sciences, Kathmandu, Nepal

The 5th International Forum of Frontiers in Urology was held in Beijing from 21st to 24th of April 2016 which was hosted by Chinese Urological association (CAU) and Wu Jieping Medical Foundation. Since the very first IFFU held in March 2012, it has made a significant impact not only in introducing Chinese Urology to west and rest of the world but also created very positive impression among the young urologists who have attended these events.

The Young Urologist session of the 5th IFFU was divided into two very interesting sub-sessions: International Simulation competition for young urologists; Best Paper Campaign among the fellow international young urologists. The young urologists from different part of the world representing different organizations like UAA, EAU, KUA, CUA, actively participated in above mentioned program and it proved to be an excellent platform to learn new things and share our experiences. I had the privilege of representing UAA in that forum and I thank UAA for giving me this opportunity. The Olympus training centre where the simulation competition was held was well equipped with best of the simulators and the program was well co-ordinated by very friendly faculties from Peking University.

The objective of this program was to discuss the minimal invasive treatment modalities that are emerging and are being used in the treatment of different urological conditions especially prostate cancer, bladder cancer and stone diseases. The aim of exchanging ideas among young urologists and also to effectively teach different endourological procedures by organising simulation sub session was quite impressive.

I learnt numerous things attending young urologist session of 5th IFFU in Beijing. First of all, the simulation competition session was quite a good experience for me. The excellent co-ordination by the guides in the Olympus centre made me feel very comfortable during the competition and I learnt many tips of the endourological procedure and I believe that these tips will help me sharpen my endourological skills. Secondly, I learned tips for training the beginners in endourological procedures from the coordinators that were guiding us during the simulation sub-session. I think this is also a very important aspect for me as I have to teach my fellow residents in my country to make good urologist out of them. So, the learning experience for me was "Beyond the Borders". Lastly, the way organizing committee have managed everything so perfectly that made me notice few of the managerial aspects of the conference and I consider it as the "Bonus".

Another very important and striking features of the event was meeting fellow urologists from different part with different ideas of doing things. The fabulous experience to interact with so many friends. So this event was not only academic but also an excellent social gathering for all those who participated.

The benefits of attending such conferences are not only one. Since you are meeting so many experts and fellow urologists from various parts it will give the opportunity to learn so many things that you can't learn in one centre only. The updates of different aspect in urology keeps you up to date and stimulates to do new things and manage the patient in better way.

Since the international young urologist session is meant for urologist from different countries it will be nice if the papers presented in this session and comments made should be in English language or at least have the provision of interpretation. Secondly, I would recommend to continue such a great work carried out by UAA so that more numbers of young urologists will be benefitted that will help to uplift the Asian Urology.

Simulation Competition for Young Urologist was one of the main component of Young urologist session of 5th IFFU. All the fellow participant enjoyed every single moment of it and at the same time everybody had that desire to win. The competition was very healthy and interesting and the award session on the next day during the opening ceremony was interesting too. I as a UAA representative am very proud to mention that I won third prize in Simulation competition.

The 5th IFFU was very well organised program which was very useful for young urologists like us. The organising committee deserves full credit for all the arrangements made for us. It brought so many unknown faces together and now we are friends and share our thoughts and ideas. I thank entire team of IFFU, Wu Jieping Medical Foundation, CUA and especially UAA for giving me this opportunity to attend such a wonderful event and I hope to contribute in some way to the Asian Urology and Urology as a whole.



Alireza Ghoreifi

Urology Department, Mashhad University of Medical Sciences, Iran

The International Forum on Frontiers in Urology is held every spring in Beijing, starting from 2012, at the memorial ceremony for Prof. Wu Jieping. Following aims of the forum "to emulate our predecessors as role models, encourage the future generations to integrate with the world and explore new developments", Wu Jieping Medical Foundation collaborates with urology experts to organize the Forum as a platform of academic exchange, promote Prof. Wu's "gracious medical ethics, excellent medical skills and specific services" and make contributions to the development of Chinese urology.

In the 5th IFFU that held in Beijing at 21-24 April 2016, I was selected as the representative of Urological Association of Asia (UAA) to attend this event. I attended the simulation competition which was a great experience for me and also I had a presentation titled "The

Future of Urology in Asia" which according to the chairmen's opinion was exciting and provoking for the audiences. I did not have any experience in the field of working with the simulators. So it was a new experience for me and I hope that we can have such devices in our centre! The presentations were in different fields according to the subspecialty of the participants. My presentation was a kind of different because I decided to talk about the future of urology in Asia. I think it is an important topic because as an Asian urologist we should improve our skills and set goals for the future and try to have a detailed program to achieve these goals. I think this matches the objective of UAA which is "To Promote Urology and Improve the Care of Patients in Asia".

The benefits of this meeting were: contact with other young urologists from different countries and sharing experiences about educational and practical urology; attend the simulation completion that was a great experience for me because I had a little experience in this field; have a close contact with the great professors- Dr Chapple the president of EAU and Dr Palou the chairman of the European school of urology; to learn more about the Chinese culture.

The simulation competition was an exciting competition that was mainly in the field of endourologic skills: Laparoscopic suturing; TURP and Ureterscopy (flexible and semirigid). So it was challenging because different urologists that have been attended the event had different fellowships and different field of interests. Also according to the different educational curriculums in different countries the skills of the participants were different. So it was also challenging for me because I have no experience in the flexible ureteroscopy (we don't have this devise in our hospital!) and also according to our national curriculum we are only trained for diagnostic laparoscopy not the other laparoscopic skills.

I should thank the Iranian Urological Association (IUA) and its Young Urologists Committee, specially Dr SJ Hosseini and Dr F Soleimanzade and also the Urological Association of Asia for choosing me to attend in this event. It was my great pleasure to represent UAA. I also ready to collaborate with UAA in any field and share my experiences to the other colleagues for better preparation in future events.



Opening Ceremony

International Committee Report

2015 – 2016

Osamu Ogawa, MD
Chairman



The International Committee was established in the year 2003. Together with the UAA Executive Committee, it selects UAA lecturers for various named talks at international meetings such as at the American Urological Association Annual Meeting (AUA), European Association of Urology Meeting (EAU) and the Societe Internationale Urologic Meeting (SIU).

The list of past and current (for 2016) UAA lecturers for various organizations is given below.

UAA Lecture	Member	Country	Title of UAA Lecture
AUA			
Year 2009 (Inaugural)	Dr N P Gupta	India	Management of GUTB in Asian Countries
Year 2010	Dr Christopher Cheng	Singapore	Prostate Biopsy : Approaching the truth with BioXbot, a robotic prostate intervention device
Year 2011	Dr Allen Chiu	Taiwan	What a urologist needs to know to be a competent health policy maker
Year 2012	Dr Rajeev Kumar	India	PCNL for Pediatric Calculi : The Asian Perspectives
Year 2013	Dr Osamu Ogawa	Japan	Patient-derived xenografts as useful models for prostate cancer research
Year 2014	Dr Mark Frydenberg	Australia	An Asia-Pacific perspective on active surveillance (AS): an Australian experience: uptake, results, pitfalls and research needs
Year 2015	Dr Yoshiyuki Kakehi	Japan	Impact of chronic prostatic inflammation on BPH/ LUTS
Year 2016	Dr Tan Hui Meng	Malaysia	Men's Health in Asia
EAU			
Year 2003 (Inaugural)	Dr Li Man Kay	Singapore	Kidney Transplantation in Asia
Year 2004	Dr Foo Keong Tatt	Singapore	Grading & Staging of patients with lower urinary tract symptoms (LUTS) suggestive of BPH
Year 2006	Dr Kang-Hyun Lee	Korea	Prostate Cancer Incidence in Korea
Year 2010	Dr Allen Chiu	Taiwan	Current status of minimally invasive ablative techniques in the treatment of unrespectable or metastatic renal tumour

UAA Lecture	Member	Country	Title of UAA Lecture
Year 2016	Dr Wen-Jeng Wu	Taiwan	New insights in diagnosis and management of urothelial carcinoma of the bladder and of the upper urinary tract
SIU			
Year 2000 (Inaugural)	Dr Masaru Murai	Japan	The Imaging of Prostate
Year 2002	Dr Osamu Ogawa	Japan	Molecular Biology in Urology
Year 2004	Dr N P Gupta	India	Does Traditional Medicine still have a role in Urology?
Year 2006	Dr Ganesh Gopalakrishnan	India	Urological Trauma
Year 2007	Dr Lai Ming Kuen	Taiwan	Urothelial Carcinoma in Asia – An Overview
Year 2009	Dr Sidney Yip	Hong Kong	Challenges of Robotic Surgery in Developing Countries
Year 2011	Dr Peter J Gilling	USANZ	Holmium Laser Encucleation of the Prostate (HoLEP) – Evolution of a Surgical Technique
Year 2012	Dr Kazuto Ito	Japan	Present Status and Future Perspective in Screening for Prostate Cancer : Asian View
Year 2013	Dr Rajesh K Ahlawat	India	Is Minimally Invasive Route a possibility for patients undergoing renal recipient surgery for kidney transplantation?
Year 2014	Dr Osamu Yokoyama	Japan	Lifestyle-related Diseases and LUTS'
Year 2015	Dr Soo-Woong Kim	Korea	Management of panurethral stricture : circular fasciocutaneous flap with ventral onlay buccal mucosal graft
Year 2016	Dr Foo Keong Tatt	Singapore	Holistic approach to BPH for Individualized and Personalized Care

This year, we are happy to announce that Drs. Tan Hui Meng, Wen-Jeng Wu, Foo Keong Tatt, were selected as UAA lecturers at AUA, EAU and SIU respectively. Every year, the International Committee receives many nominations from the member associations for these honoured lectures. In the reviewing process of the nominees, we realize that our association has many members who have made a substantial contribution to the field of urology. They are all knowledgeable and experts in their respective fields and the UAA Executive Committee and I have difficulty in making the selection. We really appreciate all member nations recommending their suitable candidates for the UAA lecture, and look forward to their continuous support in this aspect.

Towards zero harm in urology clinical practice

KT Foo, MD
Singapore

Since Hippocratic times, physicians have been urged to do no harm. It was relevant then and even more so now with the advent of medical treatments where the intended therapeutic effects are sometimes accompanied by side effects which can cause significant harm to patients.

All health care workers have their role to play and contribute towards this goal of zero harm. One example is proper infection control by all health care workers. What else can we do in urology? To avoid complications and harm to our patients, a prudent approach is not to over-investigate or over-treat the patient.

Treating patients is easier than not treating them and when to treat them is more important than how to treat them. In this information technology age, information useful for internists on treatment options is readily available from websites with the latest evidence published while surgical workshops and simulators allow surgeons to sharpen their skills. But deciding when to treat a patient requires clinical judgment and balancing of the risks and benefits, always bearing the patient's best interests in mind. Achieving this requires more skills and experience.

Skills and experience: In Chinese, skills are known as "ben ling (本领)". The two characters form the terms "ji ben (基本)" and "ling wu (领悟)", which mean "fundamental" and "awareness" respectively. To become skilled clinicians, we need to be aware of the fundamentals and basic pathophysiology to treat our patients optimally and adhere to the Hippocratic Oath: first do no harm.

For example, benign prostatic hyperplasia (BPH) is fundamentally an adenoma affecting a certain part of the prostate, instead of diffuse enlargement of the prostate. The obstruction caused by the disease may not be due to its size alone, but rather the site of the adenoma in relation to the bladder outlet. Thus for some patients a small prostate may obstruct the bladder outlet while a large prostate may not cause obstruction 1.

Patients with a big prostate but no significant obstruction and no bothersome symptoms can still be observed and managed conservatively with fluid adjustment and exercise 2. Medications for BPH can have harmful side effects including giddiness leading to falls and sexual dysfunctions. The cost of medications may also be an important consideration for many patients. Often patients can just be reassured that they have no cancer and there would not be any harmful effects on the bladder or kidneys.

In clinical practice, deciding not to treat a patient is more important and difficult to do than deciding to treat a

patient. The decision to withhold treatment requires more experience. What then is experience?

A wise man was asked:

"How do you become successful in work or in life?"

Wise man: "Make the right decisions."

"How do you make the right decisions?"

Wise man: "Through experience."

"How do you acquire experience?"

Wise man: "Wrong decisions!"

Experienced clinicians learn from their successes as well as past mistakes and strive to avoid repeating the mistakes. Experience is therefore important in decision making in real life practice. They have learnt from their wrong decisions and hopefully this knowledge can be passed on to the younger generations so that they would not make the same mistakes and make patients worse off. The clinicians would be in a better position to weigh the benefits and risks for the individual patient not just based on evidence but also from their experience and that could be a better guide in the decision making in managing a patient.

Advising against further investigation or treatment is a difficult task, especially for surgeons including the urologists. Surgeons love working with their hands; they do not consider surgical operations as a chore and most surgeons enjoy operating, not just for the fee! Telling patients not to have the biopsy or operation in their best interests would be more a difficult decision than to go ahead with the procedure.

For example, any patient with an elevated PSA (prostate specific antigen), a tumor marker, may need to have a



biopsy of his prostate. It would be easier for the urologist to perform the biopsy than to observe the patient. However the complications rate of transrectal ultrasound (TRUS) biopsy is high with 6.5% of patients developing bleeding, fever and retention of urine 3. There is also a possible mortality of 1 in 1000 (0.13%) from sepsis 4. This is really not acceptable for a diagnostic procedure. The best way to avoid the complications is simply not to do it for some cases.

In a balanced approach, there should be stricter indications for the TRUS biopsy, taking into account other factors besides PSA readings. A senior and more experienced urologist would be better equipped to make the decision for the individual patient and be prepared to take the responsibility of being wrong should the patient later make a complaint and sue him for not diagnosing the prostate cancer earlier.

The decision to avoid a biopsy in spite of an elevated PSA requires more explanation and counseling to the patient than performing the biopsy which has a potential harm to the patient. This explains why the current positive biopsy rate for patients with a raised PSA (above 4 ug/L) is low at about 30% 5. The other 70% consists of mainly BPH or prostatitis. Yet, these patients have been exposed to the potential harm of the biopsy with possible sepsis and mortality. Can we do better?

We hope to do better with the recent advances in magnetic resonance imaging (MRI) to detect suspected prostate cancer more reliably 6. By performing biopsies when the MRI results are suggestive of prostate cancer, the positive biopsy rate can be improved while reducing unnecessary biopsies, thus decreasing the potential harm to patients.

Conclusion: To avoid harm to our patients, it is important to understand the basic pathophysiology of diseases.

One should go beyond evidence-based medicine to consider the individual patient's age, comorbidity and preference during decision making. In this way, the clinician can make a balanced decision aiming at zero harm to patients, while maximizing his chance of attaining a healthy life.

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Skills are known as "ben ling (本领)" in Chinese, shorten from "ji ben (基本)" and "ling wu (领悟)", meaning "fundamental" and "awareness". To be skillful, Clinicians, need to be aware of the fundamentals for Balanced Practice as in Tai Chi exercise

Urological Association of Asia Lectures

24th Malaysian Urological Conference, Johor Bahru, 2015

Can the prostate risk calculator based on Western population be applied to Asian population?

Jae Young Park

Associate Professor, Urology

Korea University College of Medicine, Republic of Korea



The Prostate Cancer Prevention Trial risk calculator and European Randomized Study of Screening for Prostate Cancer (ERSPC) risk calculator has been developed based on Western population database. However, an external validation of these calculator using Western patients was rarely performed. We developed a Korean Prostate Cancer Risk Calculator (KPCRC) for predicting the probability of a positive initial prostate biopsy using clinical and laboratory data from a Korean male population (<http://acl.snu.ac.kr/PCRC/RISC/Calculator.html>). We compared its performance to prostate-specific antigen (PSA) testing and the Prostate Risk Calculator 3 (PRC 3) based on data from the Dutch part of ERSPC, which predicts biopsy results for previously unscreened men. In addition, our model and the other two models were validated externally using a data set from an affiliated hospital to compare the performance directly.

Data were collected from 602 Korean men who were previously unscreened and underwent initial ten-core prostate biopsies. Multiple logistic regression analysis was performed to determine the significant predictors. Area under the receiver operating characteristic curve (AUC) and calibration plots of both calculators were evaluated.

Prostate cancer (PCa) was detected in 172 (28.6%) men. Independent predictors of a positive biopsy included advanced age, elevated PSA levels, reduced volume of the transition zone, and abnormal digital rectal examination findings. The AUC of the KPCRC was higher than the PRC 3 and PSA alone on internal and external validation. Calibration plots of the KPCRC showed better performance than the other models on internal and external validation. Applying a cut-off of 10% of KPCRC implied that 251 of the 602 men (42%) would not have been biopsied and that 12 of the 172 PCa cases (7%) would not have been diagnosed.

The KPCRC improves the performance of the PRC 3 and PSA testing in predicting Korean population's risk of PCa. It implies that Asian populations need their own risk calculators for PCa.

Urological Society of India Annual Conference, Hyderabad, 2016

Intravesical drug delivery for dysfunctional bladder

Yao-Chi Chuang

Professor of Urology,

Kaohsiung Chang Gung Memorial Hospital



The bladder is a hollow organ that can be treated locally by transurethral catheter for intravesical drug instillation or cystoscopy for intravesical drug injection. With advancing technology, local organ-specific therapy and drug delivery is of expanding interest for treating dysfunctional bladder, including interstitial cystitis/bladder pain syndrome, overactive bladder and sterile hemorrhagic cystitis after chemotherapy or pelvic radiation. Intravesical therapy has shown varying degrees of efficacy and safety in treating interstitial cystitis/bladder pain syndrome, overactive bladder and hemorrhagic cystitis with new modalities being developed. Intravesical (regional) therapy has several advantages than oral (systemic) therapy, including high local concentration and less systemic toxicity. In recent years, intravesical delivery of biotechnological products including neurotoxins and immunosuppressive agents, and delivery platform including liposomes has shown promise for lower urinary tract symptoms. Furthermore, physical methods, like high pressure gene gun, and low energy shock wave, have been developed for intravesical gene delivery or drug delivery. I'll focus on the current status of intravesical therapy in dysfunctional bladder including interstitial cystitis/bladder pain syndrome, overactive bladder and hemorrhagic cystitis with special attention to lipid based novel drug-delivery.

Bangladesh Association of Urology Conference, Dhaka, 2016

Multiparametric Magnetic Resonance Imaging (MRI)
-Transrectal Ultrasound (TRUS) Fusion Prostate Biopsy

Narmada P Gupta

Chairman Academic, Urology

Medanta, The Medicity Hospital, Gurgaon, India

Advisor, UAA



Transrectal rectal ultrasound (TRUS) guided systematic biopsy is the gold standard for diagnosis of prostate cancer. However, systematic biopsy has high false negative rate and often misses anteriorly located tumours. Magnetic resonance imaging (MRI)- TRUS fusion biopsy can potentially improve cancer detection by better visualization and targeting of cancer focus. We evaluated the role of fusion biopsy in detection of prostate cancer and the association of PI-RADS score for predicting cancer risk and its aggression.

96 consecutive men with suspected prostate cancer, underwent MRI-TRUS fusion targeted biopsy of suspicious lesions and standard 12 core biopsy from May 2014 to July 2015 in our institution. All patients first underwent 3.0 T multiparametric MRI before biopsy. PI-RADS score was assigned to each suspicious lesion.

Mean age was 64.4 years and median PSA was 8.6 ng/ml. Prostate cancer was detected in 57 patients (59.3%). Of these 57 patients, 8 patients (14%) were detected by standard 12 core biopsy only, 7 patients (12.3%) with MRI-TRUS fusion biopsy only and 42 patients (73.7%) by both techniques. Of the 7 patients, detected with MRI-TRUS fusion biopsy alone, 6 patients (85.7%) had Gleason ≥ 7 disease. Prostate cancer was detected on either standard 12 core biopsy or MRI-TRUS fusion biopsy in 0%, 42.8%, 74% and 89.3% patients of suspicious lesions of highest PI-RADS score 2, 3, 4 and 5 respectively.

MRI-TRUS fusion prostate biopsy improves cancer detection rate when combined with standard 12 cores biopsy and detects more intermediate or high grade prostate cancer (Gleason ≥ 7). With increasing PI-RADS score, there is an increase chance of detection of cancer as well as its aggressiveness.

27th World Congress on Videourology 2016 Chiang Mai, Thailand

Young leaders are urgently needed to elevate
urological service in Asia

Allen W Chiu

Secretary General, Urological Association of Asia (UAA)

Professor, Department of Urology, School of Medicine,

National Yang-Ming University, Chinese Taipei



The Urological Association of Asia (UAA) was established by a group of leading urologists in 1990 and the first meeting was held in Fukuoka, Japan. The biannual meeting was changed to annual event after 2015 due to the increasing demands for development of Asian urology. As the Asian society grows older, there is greater demand for urology in Asian countries. Asia, as the largest continent of the world, has tremendous social, economic, ethnic and religious differences. The 21st-century world is more global, digitally enabled and transparent with faster changing speeds of information and innovation and the UAA is no exception in being heavily influenced by these trends. The growth of urology relies greatly on better communication and cooperation between the member associations of UAA. As a specialized profession, urologists focused on knowledge procurement, technical learning through academic events in the past. We often forgot to train our followers on how to motivate and inspire people to engage with that vision - to develop better urological care for the future of Asian people. Young urological leaders are urgently needed in Asia. For leadership, the fundamental essence is trust. Leadership is a character and a skill to influence people. Theoretically, there are 5 levels of leadership, positional leader (level 1), permissive leader (level 2), productional leader (level 3), developmental leader (level 4), and pinochel leader (level 5). Young urologists need to develop leadership skills, expand the network and accelerate professional growth, earn the recognition and prestige that comes with being a future leader through involving into congress, symposiums, visiting professorship and preceptor workshops. This is a calling for young potential Asian urologists to polish their leadership skills, take advantage of networking opportunities and become better acquainted with UAA educational programs and service, learn about the administrative process and advocate on behalf of the specialty, make significant contributions be prepared to serve as a future leader in Asian urology, and later to become a global leader. This is the duty of current UAA committees to put more efforts on leadership training for young Asian urologists. I truly believe in that the best leaders in UAA do not create followers only; they create more leaders.

AUA Annual Meeting, San Diego, 2016

Men's Health in Asia

Hui Meng Tan

Adjunct Professor, Faculty of Medicine, University of Malaya
Petaling Jaya, Selangor, Malaysia.



Human health which has made tremendous strides over the last century is mainly attributed to great achievements in public health, medical science, changes in safety legislation, lifestyle modification and environmental campaigns for healthy human surroundings. However, over the last decade, gender medicine has been recognized as the way forward to improve both male and female health.

The Asian Men's Health Report (AMHR) is the first study that systematically and comprehensively documents the status of men's health in Asia. This was reported at the US Congressional Briefing in Dec 2013. Databases on men's health status were obtained from WHO, UNESCAP, and CIA factbook, covering 47 Asian countries and 2 regions (Hong Kong and Taiwan). We extracted information relevant to men's health including sex ratio, life expectancy, lifestyle changes, cardiovascular diseases, cancer, accidents and injuries, mental health, communicable diseases and male-specific diseases. Subgroup analyses based on sex and income groups were performed. Income categories were based on WHO definition on GNI per capita. We also compared the overall prevalence of CVD risk factors between income groups and between Asia and Western countries. Trends on changes of mean systolic blood pressure, FBS, total cholesterol and BMI over 30-year duration were plotted. The AMHR also covers a 2nd phase online Delphi Survey which gathered and distilled opinions from 128 men's health stakeholders across Asia.

Demographic difference and life expectancy vary greatly among 49 Asian countries/regions. Life expectancy for male ranged from 83 to 59 years. Male-to-female ratio were high in UAE (2:1) and Qatar (3:1). Most Asian Countries have between 35 to 50% male smokers. Death rates due to communicable and non-communicable diseases were higher in low-income countries. Male T2DM prevalence is particularly high in the Middle-East. Prevalence of male hypertension is the highest in Mongolia (51.5%). Cancer mortality was also much higher in poorer nations. Male suicide rate ranged from 36.2 to 53.9 deaths/100,000 in Japan, South Korea and Kazakhstan. Road traffic accidents killed 3.9 (Maldives) to 73.9 (Thailand) men/100,000 population.

Between 1980 and 2009, trend of systolic blood pressure was on the decline among high-income countries. However, the trends for FBS and BMI showed steady increasing trend for all income countries.

In the Delphi survey, the KOLs in Asia were concerned about cardiovascular diseases, its risk factors and road traffic accidents. There is lack of policies on men's health issues across Asia.

Other key issues on men's health and aging in Asia include the rapidly changing demographics – declining birth rate, increasing aging process, sex-ratio imbalances and migration of workers. The socio economic consequences of an accelerated shrinking workforce, high dependency of aging populations and social and mental issues of sex ratio imbalances, couple with lack of men's health policies, are indeed very challenging to most Asian countries in the coming decades.

Many urological conditions like prostatic diseases, sexual dysfunction, bladder diseases and urolithiasis are related to cardiometabolic risk factors. Urologists who manage urological problems like prostatitis (CPPS), LUTS, ED and TD are not only able to improve the quality of life of their patients but also have the golden opportunity for health maintenance and cardiometabolic disease prevention.

5th International Forum on the Frontiers of Urology, Beijing, China

Recent Advances in Robotic Surgery

Gyung Tak Mario Sung

Dong-A University Hospital
Busan, Korea



The advent of minimally invasive surgery (MIS) has changed the way surgery is practiced. Technological advances in optics, instrumentation, materials, robotics, computer and software technology, etc, are bringing new means and possibilities to the operating room. Two innovative approaches in MIS that have been introduced recently are the robotic platform and single port laparoscopic surgery (SPLS).

Today, robotic surgery stands at the pinnacle of technological advancement in the field of medicine, opening up a whole new world for patients and doctors alike. Over the past decade, the development of groundbreaking surgical techniques and state-of-the-art medical technology has revolutionized traditional surgical procedures. Application of robotics will allow some procedures to be done automatically, and coupling of slave robotic instruments with virtual reality images will allow surgeons to perform operations by remote control. Miniature motors and instruments designed by micro-engineering could be introduced into body cavities to perform operations that are currently impossible. New materials will allow changes in instrument construction, such as use of memory metals to make heat activated scissors or forceps. With the reduced trauma associated with minimally invasive surgery, fewer operations will require long hospital stays. Traditional surgical wards will become largely redundant, and hospitals will need to cope with increased throughput of patients. Operating theaters will have to be equipped with complex high technology equipment, and hospital staff will need to be trained to manage it. Many traditional specialties will be merged, and surgical training will need fundamental revision to ensure that surgeons are competent to carry out the new and emerging procedures. These advances confer considerable advantages on the patient, but they are also imposing additional difficulties on the physician, who needs to develop new skills and dexterity in order to adapt to a limited working environment.

Herein, the author will describe the use of robotic devices to enhance the surgeons' capabilities in terms of dexterity and accuracy. The development of haptic feedback in tele-robotics, semi-autonomous robots and robotic systems cross-linked with image data will be presented. Also, recent development and application of augmented reality (AR) technologies for guidance and navigation during surgical procedures are described.

Many novel technologies are still in the testing phase, whilst others have entered clinical practice. With further improvements in technology, minimally-invasive procedures under the combinatorial control of multiple devices on a single stable platform could become the preferred approach for the management of certain diseases in select patients. The safety, efficacy and clinical benefit will need to be clearly demonstrated whether these currently technically-demanding procedures are to be universally accepted.

6th ASU-ESU Joint Course report 28th August 2015 Nha Trang, Vietnam

Vu Le Chuyen

Chairman, Vietnamese Urological and Nephrological Association



The 6th ESU-ASU joint teaching course was organized successfully in Nha Trang on 28th August 2015. There were 6 lecturers composed of 4 from ASU – H. Yamada (Japan), J. Yuen (Singapore), R. Um bas (Indonesia) and V.L. Chuyen (Viet Nam), and 2 from ESU (J. Palou, D. Rengifo).

The courses focused on 4 topics:

- (1) Kidney cancer epidemiology and surgical anatomy,
 - (2) Conservative approach in kidney cancer,
 - (3) Advanced or metastatic kidney cancer: Systemic treatment, and
 - (4) Upper urinary tract tumours (UTUC).
- Even the registration was 62, there were only 35 participants in the morning and

15 in the afternoon (caused by 3 other Vietnamese sessions at the same time. We will learn from this experience). The lecturers presented very interesting lectures. After the lectures, the audiences had many questions and discussions with the speakers ebulliently.

The lecture of Prof. Palou was outstanding, we learn that it should be presented in our plenary session for the whole meeting. We evaluate that the

audiences have learned a lot of helpful knowledge so that they can apply in their clinical practice in Viet Nam.

On behalf of Vietnamese Urological and Nephrological Association (VUNA), we would like to thank all of you for your helps. Hope that we will continue having many cooperation programs among VUNA, ESU and ASU in the future.

Once more, thank you very much and best regards.

Urological Association of Asia Symposium

35th Congress of the Société Internationale d'Urologie

15th – 19th October 2015, Melbourne Australia

David Winkle
 Convenor, UAA Symposium
 Deputy Chairman, Scientific Committee of UAA



The Organizing Committee of the 35th Congress of SIU invited the Urological Association of Asia to conduct a symposium on the first day of the SIU Conference in Melbourne, Australia on Thursday, 15 October, 2015. Invited faculty addressed three topics including female urology, reconstructive urology and uro-oncology. The faculty contributed an excellent program.

Professor Kyu-Sung Lee from South Korea spoke on the topic of functional bladder outlet obstruction in women. Dr Peggy Chu from Hong Kong, China spoke about management of the overactive bladder in the elderly patient while Associate Professor Vincent Tse from Australia addressed the topic of the failed mid-urethral sling. Professor Aziz Abdullah from Pakistan provided an insightful and comprehensive review of vesico-vaginal fistula repair. The wide ranging topics covered in the session reflected the expertise in female urology evident amongst the UAA membership.

The reconstructive component of the program was chaired by Dr Justin Chee from Melbourne, Australia. Professor Sanjay Kulkarni from India was kind enough to share his enormous experience and expertise in the field of urethral reconstruction with a further excellent contribution on the topic of urethroplasty from Dr Kuncoro Adi from Indonesia. Dr Chu spoke of her experience in relation to ketamine cystitis and Dr Peter Chin from Australia spoke about the novel management of bladder outlet obstruction using the "urolift" device. This is an excellent session covering a range of urologic reconstruction topics.

The third session of uro-oncology was chaired by Professor Shin Egawa, Director of the Asian School of Urology, Urological Association of Asia and Professor Gyung Tak (Mario) Sung from South Korea. Professor Masatoshi Eto from Japan provided a contemporary review of the status of medical management for renal cell carcinoma. Professor Allen Chiu, Secretary-General of UAA provided an overview of management of the relatively uncommon condition of upper tract urothelial malignancy. Professor Chaozhao Liang from China continued the theme of urothelial malignancy with an update on the treatment of bladder cancer and Professor Jun Miki from Japan provided insights into intraoperative imaging for sentinel node identification on prostate cancer. The session demonstrated the depth of knowledge and the expertise in uro-oncology within the UAA.

The UAA Symposium was extremely well attended and the room was full for the majority of the Symposium. The interest in UAA speakers and topics amongst SIU delegates was a reflection of the high regard with which the Asian urological community is held internationally. The remainder of the SIU Congress was well attended by urologists from all parts of the globe but, specifically, there were significant numbers of delegates from Asia.

The success of the UAA Symposium at this Congress will, I am sure, inspire attendance and participation in the 36th Congress of the SIU in Buenos Aires, Argentina. ■

104th Annual Meeting of Japanese Urological Association

23rd -25th April 2016, Sendai, Japan

Shin Egawa, Chair, International Committee of JUA
 Director, Asian School of Urology of UAA



The 104th Japanese Urological Association (JUA) Annual Meeting was held from April 23-25, 2016 in Sendai, Japan. Under the theme of "The Spirit of Urology, The Power of Partnership", the meeting attracted 6,581 delegates from Japan and overseas countries.

Globalization is one of the main goals of the JUA Annual Meetings. Accordingly, international sessions were held during the meeting including lectures by overseas distinguished doctors. From the UAA, Drs. KT Foo, Nitin Kekre, Rajeev Kumar and Myung-Soo Choo were invited as faculty to the international sessions. They organized excellent UAA lectures and a panel discussion for the joint program. Also, at this Meeting, Dr. KT Foo became an honorary member of JUA. His attendance to the ceremony of commendation was much appreciated.

Globalization of JUA Annual meetings will expand further, and the relationship with Asian countries will be deepened in the future. We all look forward to your participation from Asian countries in the 105th JUA Annual Meeting. See you in Kagoshima.



Emirates Urological Society Conference 2015

5-7 November 2015, Dubai

Jalil Hosseini
 Past-President, UAA



The UAA symposium consisted of 2 hour lecture presentations from UAA speakers. The topics were: Posterior urethroplasty updates and experience, Jalil Hosseini; Pan Urethroplasty, Sanjay Kulkarni; Microsurgery for male infertility, Rajeev Kumar; Urethral Surgery in Pediatric Populations, Katsuhiko Ueoka. ■



Welcome to UAA 2017

Man CW
Organizing Chairman, UAA Congress 2017



Dear Colleagues,
The Hong Kong Urological Association has been awarded the 2017 UAA Congress and it is scheduled to be held from 3-6 August 2017. It is my pleasure to invite you to be a part of this meeting and experience the latest developments in our field with a faculty representing the key opinion leaders in the world. We welcome our UAA members and anticipate over 1,000 delegates to join the event.

Our objective is to create a state of the art scientific program to foster knowledge sharing and exchange experiences in a series of panel sessions, discussion forums and symposia, highlighting innovations and developments in various urological areas, including uro-oncology, voiding dysfunction, stone management etc. Proposals on guidelines & consensus

statements on some common urological problems in Asia will be presented with the aim to encourage close collaboration within Asian countries.

All this will be in a setting along Hong Kong's skyline, as the event is being hosted at the Hong Kong Convention Centre located in the centre of the city, easily accessible from surrounding hotels and areas. Hong Kong, as a world-renowned destination, will be a welcoming experience for everyone, whether a regular visitor or first timer.

Please visit the website www.uaa-congress.org and leave us your email so that we can update you on the progress of the developments and welcome you to the Hong Kong UAA 2017 Congress.

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