

Treasurer

Ervin Kocjancic

My application for this position would be based on the wish to continue the great job done by the current treasurer and merge it with the methods and ideas established in the Education Committee, led by me in the past 3 years. Should I be elected I will be more proactive in founding all the ICS activities and promote the ICS brand. Additionally, I will also ensure that the ICS bylaws are adhered. Another important area of action will also be the improved transparency between the board, the office and the membership.

Jerzy Gajewski

ICS has to follow the new realities in regard to interaction with the industry and with the emerging new political environment. The old scheme of fund raising through annual meeting has to be re-examined.

I have been the President and/or Treasurer of several national and international organizations. I have been also involved with ICS as a trustee, meeting chair, local arrangements and committee chair and as a member of several ICS committees. I have an excellent and vast experience working with industry and with the different health and political systems, which will be an asset if elected the Treasurer of ICS.

Safwat Tosson

I have the time and ability to discharge the responsibilities of this key role. I will work diligently with fellow trustees and members to achieve ICS objectives and regain ICS's leading role in the field.

I will maintain the highest standards of financial management to ensure ICS security and resilience.

I have extensive ICS committee experience, last year I led on an important disciplinary hearing for ICS. I am MBA of the Durham Business School, winner of the Health service Journal award and finalist of the Hospital Doctor year 2000 award, urology. I am Gibraltar responsible officer for medical practice QA.

Trustee

Alex Digesu

I am willing to bring dedication, passion in this multidisciplinary team with a collegial and collaborative approach. I will be sure that in ICS all disciplines are equally represented and the Board supports and gives voice to nurses, physiotherapists, scientists, fellows, urologists, gynecologists, neurologists equally. I will continue to strengthen the society in both financial growth and scientific missions. I will be sure that if cost cutting measures are required, all the available resources strategies will be carefully evaluated and employed without compromising the scientific quality of the annual meetings. I will spread the ICS voice worldwide aiming to engage more members and multidisciplinary healthcare providers in active roles and activities.

Bruno Deval

Member of the ICS for fifteen years, I will give time, commitment and passion for the ICS. Professor of surgery (Gynaecology), I actually work in an academic private institute (Geoffroy-Saint -Hilaire – Private Hospital – Paris V). My aim for the ICS, is to develop surgical technics and innovative procedures in Reconstructive Pelvic surgery (RPS). If you give me your voice: I will Promote Conentionnal laparoscopy in RPS. Organize ICS –Educational Meeting in Paris, work on technical recommendations. Hope my candidature will be selected, Wishes from PARIS – France

Chris Constantinou

Having served as ICS scientific chairman, as well as an elected scientific committee member, I bring to the board my experience of how our science is presented and the way the programme is constructed. While the majority of the ICS leadership is basically an assembly of clinicians, I feel as a biomedical engineer whose academic endeavours bridged practice with technology, I can complement and contribute to the current mission of the ICS. It is my view that technology would continue to play a significant role in the society and I think my bioengineering background would be of value to the board.

Dudley Robinson

I have been an active ICS member for over 17 years and have seen it evolve into the leading multidisciplinary society that we have today. However the world is changing around us and we must continue to develop to meet these changes; scientifically, educationally and financially. As a urogynaecologist with considerable experience with IUGA and BSUG, as well as being a co-opted trustee, I feel I am in an ideal position to drive these changes and ensure the safety and long term security of the society as well as promoting stronger links across our organisations and disciplines.

Scientific Committee – Chair

Douglas Tincello

I have been passionate about high quality research in incontinence and pelvic floor dysfunction for many years. Having served on the scientific committee I am familiar with its functions. I am excited about the prospect of having a longer term oversight of the scientific activities of ICS. I believe this is an opportunity to refine the format of the annual meeting to ensure that a) the best, high quality research is given a wide platform for dissemination and debate, and b) the next generation of clinical academics and researchers can be developed, and supported with research methodology training opportunities.

Laurence Stewart

I have served on the Scientific Committee for six years. Serving as Chairman for the very successful meeting in Glasgow 2011. I have gained a wide understanding of the functioning of both this committee and the ICS as a whole during that time.

Going forward the Scientific Committee needs to be much more proactive and more coordinated with the Education committee to continually deliver the highest quality academic, technical and practical meeting to meet the needs for our diverse membership.

I believe I have the understanding, skills and personality to deliver this.

Nucelio Lemos

Due to my passionate dedication to the chairing of the Scientific Committee in Rio (2014), I was invited as a co-opted interim chair. Since 2013, we have worked to increase the liaison of the Education and Scientific Committees to unprecedented levels, integrating workshops into the main Scientific program, making sure that “there was always something for everyone”, from scientific sessions for cutting edge researchers to education activities and Roundtables to day to day practitioners and training fellows. My vision to this committee is promoting ICS’s interaction with its membership and the society by means of its scientific and educational channels.

Scientific Committee – Clinical

Ajay Singla

This is an important committee to promote the scientific content and education mission for the society. I am interested in promoting this mission.

I have worked for the society in the past at certain important positions including Treasurer and education committee member. I am interested in helping out with the scientific mission of the society.

I have been in academic medicine practice throughout my life and focusing on Female Urology and voiding dysfunction with a track record of many publications, book chapter and journal reviewer.

Marco Blanker

I have applied for the membership of the scientific committee, because I would be happy to contribute to (and learn from) this committee.

This committee supports the scientific development of this important field of research, by ways of producing the scientific programme for the annual meetings. Evaluating the scientific quality of studies – as described in abstracts submitted for the meetings – is of vital importance. It enables the society to improve the quality of care for patients with uro(gynaeco)logical problems.

As an academic general practitioner and epidemiologist, I can bring my skills and expertise to this committee and to the ICS.

Peng Zhang

China had most population in the world, but we had very few people who devoted themselves into ICS. Chinese research and clinical facilities are lacking. Too many Chinese people with functional urological problems cannot receive correct treatment as they want. I might be a representative of Chinese Urologist and give them more chance to expand their knowledge and skills. To be elected as Clinical Representative, which will result in achieving my goals of helping China to communicate with western people better than before. Furthermore, I can accomplish my goal to establish academic and clinical bases in neuromodulation field.

Scientific Committee - Nursing

Kathleen Hunter

I have served on the Nursing Committee since September 2011, and will complete my final year in 2017. As Chair of the Research Subcommittee, I have worked to move from a secondary abstract process for the Nurses Forum to funneling energy into having nurses submit abstracts and present at the main scientific session. In recent years, more papers using qualitative methods, often used in nursing research, have been presented at the main scientific session main scientific meeting. I would like to be part of the Scientific Committee as the ICS continues to invite and adjudicate studies reflecting a variety of investigative methods.

Education – Chair

Alex Digesu

Having been a member of the Educational Committee for the last 4 years, I would like to use my expertise in reviewing educational activities and workshop applications in the planning of the best possible program for the ICS Meetings. I would like to provide more support to allied health providers and give voice to nurses, physiotherapists, scientists, fellows, urologists, gynaecologists, neurologists. I look forward to encouraging younger people to join ICS, to submit their research, to present and share their data at the annual meetings. I would work to have programs with more practical, didactic, interactive hands on sessions

Elise De

I have dedicated 10 years to the ICS on the Education, eLearning, and Ethics Committees, and in an initiative completing free online education for Fistula Prevention.

As Chair of the Education Committee I would facilitate the following goals:

- Egoless discussion among members allowing for the most robust educational approach to the pathophysiology and interventions for continence and pelvic floor disorders.
- Complementary initiatives for education worldwide.
- Expanding the educational reach of the ICS to those who cannot physically attend meetings
- Actualizing the ICS' unique educational potential in its multidisciplinary approach to provision of expert care in varied physical and cultural settings.

Ervin Kocjancic

I have served as chair of Education Committee for the past 3 years. With hard work we were able to accomplish the massive renovation that the Education committee underwent under my chairmanship. We were able to maintain and increase the number of high quality education events despite a significant reduction in the available budget. We increase the e-learning platform. We are working on implementing the web platform, which is going to allow an online participation to education events such as cadaver classes and other high quality courses. I am asking you for a vote to promote the interdisciplinary culture of all the different players in the field of pelvic floor dysfunction, Urologists, OBGYN, physical therapists and nurses are crucial for a modern approach in treatment of lower urinary tract and genital dysfunction.

Hashim Hashim

I have been interested in education from the very beginning of my career and was appointed as the first trainee representative in the ICS education committee more than 10 years ago. I feel education is an integral part of the ICS and it is really what the ICS is all about. Having progressed through my clinical career and appointed as a consultant urological surgeon five years ago, I feel now is the right time to be able to offer more to the ICS to improve the educational aspects by chairing the education committee.

Piotr Radziszewski

“Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime” (M.Maimonides)

Being ICS member for 25 years I was a Trustee and member of many Committees.

If elected as Educational Committee chair I will concentrate on raising the education of the ICS members to the next level, creating unique multidisciplinary educational programs on incontinence. Contributing to global education, I would like to spread the wisdom accumulated within ICS to all countries and organizations who need it. I believe ICS can really prevent incontinence pandemy through education.

SSC - Chair

Bernard T Haylen

Serving the SSC Committee as Chair would be a privilege and an exciting challenge.

What I can bring to the Position includes:

- (i) 29 years of ICS membership.
- (ii) SSC Meeting attendance each of the last 8 years (Cairo to Montreal).
- (iii) Chair, IUGA Standardization & Terminology Committee (2009-2014).
- (iv) Co-initiating the ICS-IUGA terminology collaboration.
- (v) Initiating 8 joint ICS/IUGA Terminology papers: 5 published (4 as lead author).
- (vi) A record of around 100 journal publications dating back to 1988.
- (vii) A good understanding of male terminology having published four male articles.

I offer my service to the ICS Membership.

Howard Goldman

I have much interest in making sure all pelvic floor health professionals speak the same “technical” language and utilize primarily similar methodology when it comes to patient management and research. This is critical for good patient care and for moving the field forward. I believe there is tremendous value in having both comprehensive definitions and methods while at the same time keeping them useable. I have been involved in a number of these committees with ICS as well as with the AUA and believe I can continue the positive trajectory this committee has had for the past few years.

Rizwan Hamid

ICS is a global organization. It is my privilege to be a member of its Standardization Steering Committee at present. I have already initiated and co-chaired a working group on terminology for Neuro-urology. As a board member for EAU and BAUS functional urology groups, I have considerable experience of committee work. I sit on the EAU Guidelines panel for Neuro-urology, broadening my experience and ability to interact with colleagues from various healthcare systems.

I have excellent connections with various international organizations for collaboration where necessary to ensure we keep ICS brand at the forefront of our speciality.

Children and Young Adult's Committee Chair

Giovanni Mosiello

I have been the Chair of this Committee for the past 3 years, and I have worked to define new relationship with ICCS in order to avoid overlap and conflict, defining a specific role for ICS, and I would like to complete this action according to the Board of Trustee suggestions. The committee has worked mainly on transitional care, but we have worked on several projects within the last 3 years, including a book with ICCS. At the end of the next 3 years I would like to leave this committee with a well-defined international leader role on Transitional Continence Care in order to reinforce ICS position.

Publications & Communications Committee Chair

Jacqueline Cahill

Should I be re-elected as Chair my aim is to continue to build upon the solid work the PCC has achieved to date by increasing communication with the ICS membership through the E-News and social media. To establish the ICS as the primary, "Go to", source in the field of incontinence and create a vibrant community within the ICS wherein communication and updates flow in a timely manner to and between members, with scientific content and incontinence related topics.

Developing World - Chair

Ajay Singla

This is a new committee formed to help promote continence and ICS education and scientific mission in developing mission. I would like to promote this mission through my services as a Chair.

I have worked in the society for many years at various positions, first as education committee member and then as a Treasurer and Trustee. I gained tremendous experience in these roles in building and advancing the society in its international education and scientific mission. With my background and vast knowledge, I will help the society promote our mission in developing world.

Cristiane Carboni

The chance to be ahead of this committee motivated me deeply and intensely. I have experience in setting up outpatient clinics for the public health system in my country with bad conditions and I trained the professionals. We need to ally experience with fresh and motivated persons that are willing to forget internal politics and the main motivation is to truly develop continence in this countries that so need. We should join forces with other organizations on the behalf of something bigger. And I believe I have all the qualities needed to make an amazing work.

Diane Newman

I ask for your vote for Developing World Committee Chair. I have been a very active member of the ICS since 1999. I have over a 20 year career commitment to raising community awareness in the area of bladder control problems, especially urinary incontinence. I have:

- Chaired ICS-Continence Promotion Committee for 2 terms
- Mentored and provided UI educational programs to clinicians in many parts of the world.
- And continue to conduct multi-site, community-based research on Bladder Health and prevention of UI.

I feel I have the expertise and qualifications to Chair this new and exciting committee.

Heidi Moosdorff-Steinhauser

Dear members, there is great inequality in access to good health care in developing countries. I am very happy that the ICS wants to play an active role in improving care by starting up the developing world committee.

I believe, that this committee together with ICS members, its worldwide network and local care workers can make a difference for those who really need it. Our mission will be to educate and improve prevention and cure of urinary and faecal incontinence and fistulae.

There is no time to waste so let's get on with it.
At ICS we CARE!!

Jacques Corcos

I have an extensive experience of underdeveloped world medical assistance and of ICS (former General secretary 2008-11)

Former French officer in the health corps I served 2 years in Centrafrica republic

I did several missions for different organizations in very dramatic situations (earthquakes, war zones etc..)

Since 2008 I am going bi-annually in Africa for fistula repair missions

I am the president founder of "Healthy mothers of the world" (www.meresdu mondeensante.org)

Presently working on the construction of an operative room in Burkina Faso and planning to build a fistula hospital in west Africa

Magdy Hassouna

I am very interested in providing care for patients from the underdeveloped countries who suffer from urinary and/or faecal incontinence.

I am willing to offer logistics, surgical care for those unfortunate patients.

I have a vast experience in all surgical procedures that are involved in urinary incontinence.

I can offer all my expertise in the field of incontinence to the Committee members.

I am currently an active member in the Neurourology Committee.

Mauro Cervigni

As the Chair, I will endeavour to transfer my academic, clinical, administrative and professional expertise gained over more than 30 years as a key opinion leader in incontinence care to physicians, nurses and physiotherapists as well as health policy makers working in the developing world to project the image of the ICS as an ambassador and world authority on improving education, practice, service and care of incontinence. My primary objective is to assist in establishing policies, procedures, guidelines and care pathways for reducing the burden of incontinence through active prevention of obstetric fistula and evidence-based management of urinary and fecal incontinence.

Sakineh Hajebrahimi

We have all united with ICS for a single unanimous scope which is promoting, educating, and preventing incontinence around the world. Having lived in a country with less developed health services, I feel responsible for doing my best to improve continence care for all the people, especially the ones who are being victimized every moment just because of the lack of an efficient service they could have been treated with! Actually I travel a lot and trained in many developed countries in female urology and in addition Evidence based medicine. So I could be an expressive voice of developing countries.