In this issue

Life and Death of the Newsbulletin of the ISSM

ISSM 2010 Seoul Meeting

Cancer and Sexuality
World Meeting on Sexual Medicine
jointly organized by the Sexual Medicine Society of North America and the International Society for Sexual Medicine

August 26 - 30, 2012
Sheraton Chicago
Chicago, IL USA

Meeting information

The World Meeting on Sexual Medicine is jointly organized by the International Society for Sexual Medicine (ISSM) and the Sexual Medicine Society of North America (SMSNA). The SMSNA and ISSM promote, encourage and support the highest standards of practice, research, education and ethics in the study of human sexual function and dysfunction. This is the 17th Scientific Meeting of the SMSNA and the 15th World Meeting of the ISSM. The meeting is being held August 26 - 30, 2012 at the Sheraton Chicago, IL USA. Specialists from all over the world will discuss the latest research findings and practical data in sexual medicine. Specialists include (but are not limited to) scientists, clinicians and physicians in field of urology, andrology, gynaecology, psychology and psychiatry.

For more information, please visit
www.issmsmsna2012.org
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Dear ISSM Members,

This is a special issue of the ISSM Newsbulletin as it will be the last issue to be presented in the current format. Starting January 2011 the Newsbulletin will be replaced by a Newsletter delivered electronically. Dr. Hossein Sadeghi-Nejad, the new chairman of the ISSM communication committee carries the task of transforming the activities of the committee to be more web-based. Dr. Jacques Buvat former ISSM president and founder of the communication committee, Newsbulletin and ISSM List provides us with a very interesting article about ‘Life and Death of the Newsbulletin of the ISSM’ as well as the ISSM List and website.

During 10 years where I had the privilege to work on the communication committee, 6 years as ISSM List manager and 4 years as chairman, I witnessed several developments there were the outcome of many dedicated members. ISSN List introduced by Jacques Buvat on 2000 is the biggest success story that continued to grow and become more active consistently over the years. It quickly became the main means of communication & sharing knowledge and experiences among members, and also building friendships. Dr. Amr El Meleigy followed and later Dr. Sudhabar Krishnamurti with Dr. Hossein Sadeghi-Nejad as Co-manager.

Dr. Rany Shamloul worked on the development of the website and has many ambitious ideas. All members of the communication committee contributed ideas, updates, and articles.

Recently in the ISSM meeting in Seoul changes were made to involve more members to help the development of the ISSN newsletter, website and List. Main Changes include: Hossein Sadeghi-Nejad as New Chairman, Mohit Khera as New ISSN List manager and Abd El Rahman Zahran and Lasantha Malavige as ISSN List Co-managers.

In the current issue of the ISSN Newsbulletin we report about The 14th World Meeting of the International Society for Sexual Medicine, Seoul, Korea, 26-30 Sept, 2010. Luca Incrocci reports about The 5th Japan-Asean Conference on Men’s Health & Aging, Kota Kinabalu, Sabah, Borneo, Malaysia, 9-11 July, 2010. Srilatha Balasubramanian reports about the activity of Asia Pacific Society for Sexual Medicine and Adrian Momesso reports about the XI Congress of the Latin American Society for Sexual Medicine. Andrea Salonia provides us with the report about the 2010 ESSM meeting. Victoria Bertolino provides a very informative article about Cancer and sexuality, while while Adham Zazaaz reviews a timeline of procedures for the correction of congenital penile curvature.

Luca Incrocci provides us with the Calendar about future events in Sexual Medicine. The calendar will continue to be available online after the Newsbulletin is replaced with the Newsletter.

Hussein Ghanem, MD
Co-chairman, ISSN Communication Committee
During its last meeting, the ISSM Board of Directors decided to stop the publication of the Newsbulletin, and to substitute a Newsletter to it. This issue 33 is therefore the last one. Dr. Hussein Ghanem, present editor of the Newsbulletin, and co-chair of the Communication Committee, kindly asked me to write the last editorial, qua founder of the Newsbulletin, and to recount the first steps of the ISSM Communication Committee at this occasion.

I brought the project of a bulletin in 1996, at the time of the San Francisco biannual meeting of the International Society for Impotence Research (ISIR), the ISSM ancestor. I was then the new secretary general and treasurer of our Society that was still a big club, without effective communication tool since the International Journal of Impotence Research that was at that time the ISIR Journal had no section devoted to the life of the Society. Almost two years elapsed before the first issue comes out, because our priority during this period was to manage major changes in our organization, required by the rapid growth of the ISIR, and especially to set up a professional secretariat.

The first issue was prepared with the support of the late lamented Robert Kessler, head of the new Executive Secretariat of the ISIR, and was released in August 1998, at the time of the 8th World Meeting of Impotence Research held in Amsterdam. That congress “came in a time in history that the field of medical sexology in general and impotence research in particular was experiencing a tremendous progress” as Pr. Eric Meuleman, President of the congress, stated in his editorial. It was indeed the year when Viagra was launched, the meeting was a great success with for the first time over 1500 delegates from 50 different countries, many papers on the new science on the PDE5 were presented, and from its second issue we had for a long time a Pfizer ad on the back cover of the Newsbulletin. Already at this time we had hesitated over its name, between Newsbulletin and Newsletter.

The 8 following issues were prepared and printed in my city of Lille, in France. That was more efficient for me, since I was performing the office of editor. The periodicity was twice a year in 2000, then became thrice a year till today. Several fellows rapidly volunteered to help me, and joined the Editorial Committee, that became in 2001 the “Newsbulletin Committee”. Among them Luca Incrocci and Hussein Ghanem played the main roles, but for the first years, Young Chan Kim, the late lamented Abrie Schmidt, founder of the African Society for Impotence Research, Celso Gromatzky, Luiz Otavio Torres and Ira Sharlip all had a very important role in collecting the material of the regional chapters of the ISIR. One of the main aims of the Newsbulletin was already to be a link between the ISIR (which broadened its scope and became in 2001 the International Society for Sexual and Impotence Research, ISSIR, then the ISSM end 2004) and its regional chapters, conveying reports of the regional and international meetings, as well as other news from the different Societies. But it also already included results of surveys among their prominent members, and comments and reviews on the international literature.

In 2001 I appointed Dr. Luca Incrocci as associate-editor of the Newsbulletin, in anticipation of my presidency of the ISSM, that came into effect in 2002. From that time I step down after 4 years of hard work dedicated to the development of what had become one of the most important communication tools of our Society, and was now cost-free thanks to the ads of industry. Luca became Editor in chief, and I remained beside him as associate-editor for the 4 following years. Since that time, the Newsbulletin was prepared and printed in the Netherlands, with the help of the ISSM Executive Secretariat. End 2006, Dr. Incrocci became the ISSM treasurer, and left the office of Chief Editor to Dr. Hussein Ghanem who kept it until now, while Luca remained beside him as associate editor. With the help of several other ISSM members who joined the Newsbulletin Committee, then the Communication Committee that incorporated it later, and of those who merely accepted to contribute to one or several issues, as well as with the support of the Editorial Office of the ISSM Executive Secretariat, Drs. Incrocci and Ghanem have tirelessly, selflessly and brilliantly pursued this publication, and all have to be thanked and congratulated for their achievement.

However everything has to evolve. At the era of Internet, the ISSM Newsbulletin, may seem updated, even if it is published electronically in the same time as the paper version is sent. In addition the paper version is expensive for the Society. It is a long time since the Newsbulletin was self-financed with the ads of our industrial partners. Definitely we need something rethought and more modern. Such will be the ISSM Newsletter.

Of course the ISIR/ISSM developed other communication tools for all these years. The ISSIR website was also launched in 1998 at the 8th biannual ISIR congress. It was first
hosted by the Dutch UROlog foundation. In 2000, I asked Dr. Christian Fossat, then in 2001 Mr. Alexandre Gilbert, to administer the website and help me developing it. I had been successfully running websites of other scientific Societies with them for the 4 preceding years. With Dr. Fossat we launched in September 2000 ISIR list, now the well known ISSM List. With Mr. Gilbert, who remained since that time the ISSM website administrator, the website migrated to another provider, Platine Communication, the ISSIR Newsbulletin began to be published on line together with the paper version, then the sessions of the ISSM biennial meetings began to be fully reported on line, among many other achievements, especially the posting on-line of the “big books” “Erectile Dysfunction” then “Sexual Medicine” (Proceedings of the first 2 International Consultations on Sexual Medicine held in Paris). A “Website Committee” was established end 2000 by President Sidney Glina, including, in addition to Mr. Gilbert, Drs. Gregory Broderick, Eduardo Bertero, Ignacio Moncada and Hussein Ghanem under my chairmanship, then under that of Dr. Broderick who I appointed in 2003 after I became ISSIR President. All of them, as well as other members who joined the Website then the Communications Committees for the following years, and later the website manager Dr. Rany Shamloul greatly contributed to the success and fame of the ISSM website as a communication and educational tool.

One of the most popular achievements of the ISIR/ISSM electronic communication was ISIR (now ISSM) list. The start of the list was memorable. Initially every ISSIR member who had provided the secretariat with an e-mail address was put on the list, and informed about the possibility of being removed from it by merely activating a link available at the bottom of each mail. The activation of the list allowed me to suddenly realize that at that time the average ISSIR member was very little used to manage Internet. That resulted in an incredible number of mails of members who did not understand the rules of the list’s functioning, soon followed by a tide of protests, if not of insults, that obliged us to close the list for some weeks in order to more progressively educate the ISSIR members!

In spite of this difficult start, Dr. Hussein Ghanem accepted my proposal to take in charge the management of ISSIR list in 2001. He did it very smoothly and efficiently till 2006, when he stepped down to become the new ISSM Newsbul-
letin Chief Editor. Thanks to his administration, ISSM list became the tremendous communication tool I had dreamt, allowing every member to receive within some days, if not hours, replies to the questions they had asked, or comments and advices about the difficult cases they had presented, from many members of the ISSM, including some prominent ones, living in every part of the world. ISSM list is now an extremely valuable tool for communication, education and sharing experiences for ISSM members. Such lively on line discussions are today one of the main sources of wealth of our Society. Hussein started writing digests of every discussion, that are published in the Newsbulletin, and recorded on the website where they can be found again thanks to the search engine. Each one of his successors as ISSM list administrators (Drs. Amr El Meleigy from 2006 to 2008, Sudhakar Krishnamurti from 2008 to 2010, with Hossein Sadeghi-Nejad as co-administrator, again improved the management of the list until it becomes so busy that is no more possible to only one administrator to write all the digests (now there are 3 of them, Drs. Mohit Khera, Abd El Rahman Zahran, and Lasantha Malavige).

At the end of my presidency, my last action for boosting the communication of our Society while saving a part of the energy of the many contributors to the Newsbulletin and the Website was to closely tie the two tools end 2004, by merging their two Committees in a single Communication Committee. This Committee was first chaired by Dr. Luca Incrocci, who subsequently passed on that responsibility to Dr. Hussein Ghanem while remaining in the Committee as co-chairman. Dr. Ghanem continues to chair the Committee very efficiently since 2007.

It is not without emotion that I plunged into the 32 Newsbulletin issues that scrupulously recorded the history of our Society for the 12 last years, and refreshed my memories of this thrilling period of my life, 10 years serving our Society as member of its board. Thanks to Dr. Ghanem and to the Communication Committee for having given me the opportunity of telling this story. Thanks to the ISSM for having given me so much joy. And long life to the ISSM Newsletter!

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The 14th World Meeting of the International Society for Sexual Medicine took place at the COEX Convention Center, which is a prominent landmark in Seoul with Asia, located in the central business area in the beautiful city of Seoul, South Korea, from 26 to 30 September 2010, under the theme of "Sexual Health - A Gateway to Good Health".

More than 600 delegates from 51 countries enjoyed an excellent scientific program prepared by the ISSM scientific committee, science in both male and female sexual health, and shared their knowledge and science, and enjoyed the social program and a beautiful sunny weather.

The meeting started with an important debate topic ‘Franchise injection clinics provide a valuable service to men with sexual dysfunction’ and a wonderful Korean performance as an opening ceremony. The meeting was rich with timely State-of-art lectures, round table discussions, instructional courses, debate topics, and numerous presentations.

The first state of art lecture was a tribute to Sandra Leiblum. A very interesting lecture about ‘The brain and sexual desire’ was presented by Jim Pfaus. Excellent lectures followed on all days of the meeting including ‘Potential targets for the treatment of diabetes-associated ED’ by Jae Seung Paick, ‘Stem cell and gene therapy in sexual medicine: Current status and future possibilities’ by Tom Lue, ‘The evolving world of neuroprotective approaches to postsurgical sexual dysfunction’ by Arthur Burnett, ‘The evolution of sexual medicine: How sexual medicine can alter societal and cultural beliefs’ by John Dean, Strategy for penile reconstruction in regenerative medicine’ by James Yoo, ‘Definitions of FSD - Where are we heading?’ by Irv Binik, ‘ISSM guideline on diagnosis and management of PE’ by Stanley Althof, and many other timely lectures & research presentations.

The ISSM is currently processing the audio, video and PowerPoint presentations of this meeting to be published on the members’ only section of the ISSM website. Members will be informed as soon as it becomes available.

Hussein Ghanem, MD
At the 14th World Meeting of the International Society for Sexual Medicine, the following prizes were granted:

**Best Poster Prize**
Changes in androgens levels during the menstrual cycle and orgasm functioning in women  
A.H. Rellini and D. Murray-Close - University of Vermont

**Zorgniotti-Newman Prize**
Implicit and Explicit Cognitive Sexual Processes in Survivors of Childhood Sexual Abuse  
Alessandra H. Rellini, David Ing and Cindy M. Meston - University of Texas at Austin, Psychology Department

**Jean Francois Ginestie Prize**
Impact of Hypertension, Aging and Antihypertensive Treatment on the Morphology of the Pudendal Artery  
Johanna L. Hannan PhD, Mark C. Blaser BEng, Judith J. Pang, Stephen M. Adams BEng, Stephen C. Pang PhD, Michael A. Adams PhD - Queen’s University, Kingston, Ontario, Canada

**Emil Tanagho Prize**
Surgical Option for the Correction of Peyronie’s Disease: An Autologous Tissue-Engineered Endothelialized Graft  
Annie Imbeault, Geneviève Bernard, Gabrielle Ouellet, Sara Bouhout, Serge Carrier, Stéphane Bolduc  
1. Université Laval, CHUQ, Québec, Canada  
2. Laboratoire d’Organogénèse Expérimentale/LOEX, CHA, Québec, Canada  
3. McGill University, CUSM, Montréal, Canada

Congratulations to the winners!
This year’s important regional scientific event for APSSM was the 5th Japan-ASEAN Conference on Men’s Health & Aging, which was held at the beautiful Le Meridien Hotel in Kota Kinabalu, Malaysia (July 9-11, 2010). Jointly hosted by the Malaysian Society of Andrology and Study of Aging Male under the pertinent theme of defining the future of men’s health in aging, this successful meeting shared clinical updates and advances through a well-detailed scientific program. Several board members of ISSM and APSSM attended this exciting conference which addressed aging male issues in the warm congeniality of the exotic tropical city rich with natural heritage. As such, APSSM is also committed to support the next meeting in this series, the 6th Japan-ASEAN Men’s Health and Aging Conference, which will be held in Kamakura, Japan from June 30 - July 3, 2011. For details, please visit: www.japanasean-mh2011.net

Several key activities were enthusiastically planned and carried out through the dedicated efforts of APSSM secretariat (Dr. Nam Cheol Park) in the Asia Pacific region over the last quarter. The joint APSSM-JSM research grants were awarded to support four brilliant ideas in basic and clinical aspects of sexual medicine. As in previous years, this competitive grant call attracted many novel proposals by the deadline of April 30, 2010 and the APSSM’s Scientific Program and Research Committee chaired by Dr Kwangsung Park identified the deserving winners. APSSM hopes that with due completion of these pilot projects, the respective manuscripts will find a place in our prestigious JSM. During this year, APSSM also provided three travel grants to dedicated members for sharing their expertise at the 14th World Meeting of ISSM in Seoul, Korea (September 26-30, 2010).

With the well-utilized educational grant from ISSM, the APSSM secretariat recently published a guidelines book on “Modern Oriental Phytotherapy in Sexual Medicine” (cover picture). The chapters in this book provide useful narration of native and traditional medicines and also key scientific information on their purported sexual health effects. It is envisaged that this book will eventually reach wider audience through the collective ISSM membership.

In the views of our APSSM President, Dr. Doddy Soebadi, there are still many countries in Asia which are underdeveloped and as such, APSSM strives to extend the knowledge and awareness of sexual medicine to these under-privileged nations. This mission also partly translated into a focused membership drive which resulted in a creditable list of 276 joint APSSM-ISSM members for the year 2010. They represent as many as 16 Asian countries including the new member country of Uzbekistan. The membership information is updated in our official website: www.APSSM.org

The 13th Biennial Meeting of APSSM will be held next year in the natural environs of Kaohsiung, Taiwan and APSSM eagerly looks forward to your participation, contribution and sharing of knowledge and expertise. Please mark 17th - 20th November 2011 in your calendar for this important RAS event and be assured that the Organizing Committee headed by Dr. Bang-Ping Jiann will provide an exciting congress of rewarding experience for all participants.

Balasubramanian Srilatha, Singapore
The XI Congress of the Latin American Society for Sexual Medicine will take place on September 8-11, 2011, at the Four Seasons Hotel Buenos Aires, Argentina.

The scientific program will be planned taking into account the interests of those dedicated to the study of Sexual Medicine: medical doctors, psychologists, therapists, and other professionals related to this specialty. There will be simultaneous translation into English/Spanish/Portuguese in the main sessions. We invite you to save the dates!

Topics
- Gene Therapy and stem cells in ED
- Future of the ED Medical Treatment
- Chronic and recreational use of the PDE5 inhibitors
- Premature Ejaculation
- Delayed Ejaculation
- Male Hormonal Disorders
- Male Sexual Dysfunctions
- Female Sexual Dysfunctions
- Genital Cosmetic Surgery
- Penile Enlargement
- Oncology and Sexuality
- Ethical Aspects in Sexual Medicine
- Sexuality and Discapacity
- Peyronie’s Disease
- LUTS and ED
- Sexual Diversity
- Sexuality in the Curricula of Universities
- Married Sexuality
- Drugs and Sexuality
- Paraphilias
- Role of the Media in the Sexuality
- Adolescent Sexuality
- Penile Prosthesis
- Penile Rehabilitation
- Internet and Sexuality
- Psychiatric Disorders and Sexuality
- Sexuality and Addictions

For further information about the X SLAMS Congress:
info@slams2011.org / www.slams2011.org

For further information on the Scientific Program:

For further information on Registrations:

Adrian Momesso, MD
Dear Colleagues, dear friends,

On behalf of the Scientific Committee of the European Society for Sexual Medicine, we extend to everyone who attended the ESSM Congress in Malaga the warmest thanks for making the 2010 convention a great meeting with excellent scientific contents.

The constructive and interactive discussion that occurred during almost all sessions allowed a very high quality standard, thus arousing great interest. Thanks! Thanks! Thanks, on behalf of the President of the Congress, of the Executive Committee and the Scientific Committee. Once more, thank you for making Malaga a great Congress!

In this context, it gives me particular pleasure to recall some salient aspects of the scientific program, which, if you wish, you could calmly re-evaluate reading the newly-released ESSM’website. The Congress has been particularly successful in dealing with three main areas:

a) Surgery for sexual dysfunction

We realized during the different days of the ESSM Congress that 6 sessions were entirely devoted to the surgical field, including aspects of prosthetic surgery, cosmetic and reconstructive surgery of the penis, both in the simplest cases and in extremely complex situations that the specialist can meet every day in his clinical practice, as well. This was made possible by debates - even vibrant - including some of the leading surgeons present on the world scenario, who brought their own techniques especially in light of severe criticisms upon the more correct and discordant indications to the surgery itself.

In addition, an entire session was dedicated to an important debate on rehabilitation of erectile function after radical prostatectomy, an evergreen issue of sexual medicine. This topic was debated for the first time at ESSM, and was likely addressed for the first time with a truly comprehensive comparison between open surgery and robot-assisted surgery (RALP). To this end, we had the opportunity of having among us some of the world’s leading experts in the field.

Likewise, for the first time to ESSM and, perhaps for the first time in an European forum, we were able to discuss surgical emergencies in the field of andrology, starting from priapism, to fractures in the penis, Fournier’s gangrene, genitals’ trauma of different types and severity.

The various formal sessions during the congress were then complemented by an excellent educational program dedicated to the penile prosthetic surgery and the gender reassignment surgery.

b) Sexual medicine disorders of both genders in the everyday clinical practice

One of the main goals for the Malaga Congress has been to focus on several aspects of the everyday clinical practice, especially making treatments for sexual disorders physician-friendly in difficult-to-be-treated populations. With this aim in mind, the congress days included several translational discussions from physiopathology to the clinical scenario in order to tailor the right therapy for the right patient at all times. In this context, a renewed focus was directed upon the dramatic role and the several impacts of the numerous sexually transmitted diseases in the “real-life word”.

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<th>In details</th>
<th>VC-01 Video Surgery Course</th>
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<td>RT-10</td>
<td>Peyronie’s disease: still a pain in the neck! A critical reappraisal</td>
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<td>ML-05</td>
<td>SMSNA Lecture: penile augmentation surgery - quo vadis?</td>
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<td>PS-05</td>
<td>Surgery and Peyronie’s disease</td>
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<td>RT-17</td>
<td>Prevention and management of male genital emergencies</td>
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<td>RT-18</td>
<td>The “bull fighting experience”: My surgery works better in severe cases of Peyronie’s disease!</td>
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<td>In details</td>
<td>EC-06 The role of penile prosthesis in contemporary sexual medicine practice</td>
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<td>EC-03</td>
<td>Gender Reassignment Surgery</td>
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Of great appeal, the Congress proposed a number of useful sessions on men’s endocrine aspects, with attention paid to the role of testosterone with regards to the overall men’s health, and particularly, to prostate’s health. Likewise, rates and predictors of female sexual dysfunction have been discussed throughout the reproductive cycle.

c) Translational research in sexual medicine
One of the items ESSM has always considered of greater importance was the opportunity to grow intellectually and to broadly promote knowledge in the field of Sexual Medicine. This is why also during the conference in Malaga, we tried to pay close attention to research and, foremost, to research that could be applied to everyday life. For this particular aspect, many interesting and provocative sessions were devoted to translational science, research in the field of psychology and the combination of the different facets of quality of life and human’s health. We want to especially remember in particular

Time and space constraints prevent us from mentioning all the other amazing pieces of science that took place throughout the congress days.
Once more, the Scientific Committee is very happy and proud for having the opportunity to welcome you all in Malaga. See you next year in Milan!

Andrea Salonia, MD
Dear Colleagues and Friends,

It is our great honor and pleasure to hold the 6th Biennial Meeting of the Asia Pacific Society for the Study of Aging Male (APSSAM) in Busan, Korea from September 1 to 4, 2011. We cordially invite you to this special meeting to discuss the issues and it will be a memorable occasion for fruitful interchanges of ideas and the development of long-lasting friendship in the upcoming years.

Busan is Korea’s largest port and the second largest city located on the southeastern tip of the Korean Peninsula, which serves as the main gateway to Northeast Asia. Here you can absorb the beautiful scenery that this region offers during the mildest season of the year, and also enjoy warm hospitality that the city extends to visiting dignitaries.

We look forward to seeing you in Busan for a stimulating and enjoyable meeting.

Sincerely yours,

Nam-Chul Park, M.D., Ph.D.
President
APSSAM2011 Organizing Committee

Soo Woong Kim, M.D., Ph.D.
Secretary General
APSSAM2011 Organizing Committee

KOREA
With its picturesque views, four distinct seasons, and over 5,000 years of cultural development, Korea will captivate you from the moment you arrive. Korea’s courteous, warmhearted people are ready to welcome you into a world of myriad of healthy, flavorful foods, some of the world’s most advanced information technology and future-oriented hi-tech cities, and experience the economic Miracle of the Hangang River. With so many wonderful opportunities, there is something in store for everyone. Korea is sure to offer you a unique and unforgettable experience!

Register Your Mailing Address for future APSSAM2011 Information!
Please register your mailing address and email through the office at APSSAM2011.org, or by email to: secretary@apssam2011.org
The 5th Japan-Asean Conference on Men’s Health & Aging
Kota Kinabalu, Sabah, Borneo, Malaysia, 9-11 July, 2010

The 5th Japan-Asean Conference on Men’s Health & Aging, organized by the Malaysian Society of Andrology and the Study of the Aging Male (MSASAM), took place in Kota Kinabalu, Sabah, Malaysian Borneo. The venue was conveniently located in the center of Kota Kinabalu, in front of the sea and the market. The conference was extremely well attended with nearly 400 delegates from 16 countries. With around 80 Japanese delegates attending the conference, it was the biggest Japanese representation in the series of the previous Japan-Asean conferences outside Japan.

Men in general tend to ignore aging symptoms and are less keen to seek treatment for their problems. The conference highlighted erectile dysfunction, regenerative medicine, premature ejaculation, testosterone deficiency syndrome and much more. Drs. Tan and Okuyama, honorary presidents of the conference and founding presidents of MSASAM, and Dr. Zainuddin, organizing chairman and president of MSASAM, put together an excellent programme.

In his welcome address Dr. Zainuddin stated that the theme of the meeting: “Defining the Future of Men’s Health and Aging” was aimed to bring the current and future progress in the field of men’s health and improve quality of life of the aging male population. The conference commenced with the Pre-Conference workshop on 8th July 2010. This half-day workshop was attended by more than 50 family physicians and general practitioners. This was an informative and interactive workshop which was well received by the participants. The workshop addressed assessment and management of testosterone deficiency syndrome (TDS), erectile dysfunction (ED), overactive bladder and lower urinary tract symptoms. Dr. Zitzmann (Germany) presented his lecture on the practical aspects for the use of testosterone, after that attendees went in small groups to discuss on the different topics. Hypogonadism is one of the most frequent and underdiagnosed dysfunction in the aging male. Sexual dysfunction, decrease in muscle mass, accumulation of body fat, osteoporosis, disturbances of mood are common in male hypogonadism. Restoring normal level of testosterone can greatly improve the clinical symptoms.

The conference was opened by a Keynote Address and featured 12 Plenary Sessions, 35 Concurrent Symposia and a Men’s Health Forum. A total of 26 Free Papers were presented together with 18 Posters.

The future of men’s health in Asia

Dr. Tan (Malaysia) presented a keynote address, highlighting the concept of men’s health as it pertains to the Asian community. The field of Men’s Health is rapidly growing and is taking precedence throughout Japan and Asia, in part due to the age structure of the population. Stressing the importance of the multidisciplinary nature of men’s health, Dr. Tan urged health-care professionals to recognize the importance of prostate health, hypogonadism and sexual health as factors that have a huge impact on the quality of life for aging men. Taking into consideration the cultural context of the Asian community requires knowledge of “masculinity” traits among Asian men. As Dr. Tan elegantly pointed out in his keynote address, although the multidisciplinary nature of men’s health will continue to be shaped by the development of sexual health, the most important men’s health movement is to improve cardiovascular health and obesity. In Asia the male dominant culture inhibits males to expose their weakness, especially if it deals with sexual dysfunction. When addressing these problems, it is necessary to be culturally sensitive.

Dr. Kumamoto, President of the Japanese Medical Society of Men’s Health, stated that the metabolic syndrome is the most important medical problem in today’s society, and this is 2-3 times higher in males as compared to females. It is mainly induced by TDS and ED and is the most important sign that patients report. Asian races are not so sexually active as compared to Caucasian. A survey in Japan found that about 30% of men in their fifties are sexless. This is an interesting finding indeed, because it also means that a questionnaire as the International Index of Erectile Function (IIEF) might not be the most appropriate instrument in Asian males. To address erectile function, sleep-related or morning erections measures might be more useful in the evaluation of the endothelial dysfunction present in the aging males.

The Plenary sessions addressed several topics of interest to most audience. Dr. Lue (USA) presented on regenerative medicine, and elegantly and ironically, as he normally does, brought the audience to several interesting basic mechanisms of tissue regeneration (bioengineering) that will probably become very useful in ED in the near future. Dr. Wang (USA) gave an excellent overview on the relationship between male low urinary tract symptoms (LUTS) and sexual dysfunction. He pointed out that epidemiological data clearly demonstrate an association between LUTS and ED, therefore studies are now ongoing to evaluate integrated treatments.

Prostate cancer (PCa.) received much interest at the meeting with Plenaries and Symposia on different aspects. Dr. Fujisawa (Japan) addressed radical prostatectomy, Dr. Incrocci (The Netherlands) concluded in his talk that there is still a sexual life after treatment of PCa. But that patients and their partners have to adapt to a new situation where the use of drugs or medical devices can improve their sexual activities. Also the epidemiology of PCa. in Japan was addressed by Dr. Kondo (Japan) who showed that as it happens in Western countries PCa. is increasing very quickly being the highest increase rate in urological cancer. Dr. Horie (Japan) expressed his concerns on the Japanese longevity. This is world known but life-style disease (metabolic syndrome, cardio-vascular diseases, PCa.), and financial problems of the health services might all endanger the sustainability of Japanese longevity.
Interesting symposia has been held to update on premature ejaculation, on complementary medicine, on benign prostate hyperplasia. Also proffered papers and posters were very interesting, but it is impossible to mention all of them. A parallel programme of nursing colleagues run in conjunction with the meeting and was very well attended.

The social programme
The social programme has also been fantastic. The Faculty members were invited to a dinner hosted by the Chief Minister of Sabah, Yang Amat Berhormat Datuk Seri Panglima Musa Haji Aman (to remember and pronounce the name is already a true experience). He also officially opened the conference. The Chief Minister’s presence together with the Minister of Tourism, Environment and Innovation, YB Datuk Masidi Manjan and other state dignitaries emphasised the importance placed by the State government for the conference. It was an honor to have had the Japanese Ambassador to Malaysia, H E Masahiko Horie, to address the audience during the Opening Ceremony. The conference dinner was hosted by YB Datuk Masidi Manjan, the Minister of Tourism, Culture and Environment. The Sabah Tourism Board did an excellent job in terms of entertainment, food and overall arrangement during the event. The delegates were offered cultural extravaganza with emphasis on the lifestyles of the various ethnic groups in the state. The delegates had a great evening with some joining in the activities conducted by the entertainers.

Overall, the 5th Japan-Asean Conference on Men’s Health & Aging was concluded successfully and was one of the best in its series. For me as European (and certainly also from other fellows from USA, Europe and elsewhere) it has been a fantastic experience to be in Sabah, Malaysia, to be well received by our Asian friends and colleagues and to have had the possibility to attend such an interesting programme.

Invitation to the next meeting
The 6th Japan-Asean Conference on Men’s Health & Aging will be held in the city of Kamakura, Japan and will be hosted by Prof. Shigeo Horie in the beautiful temple of Kenchoji, from June 30th to July 3rd, 2011.

Kamakura, the medieval capital of Japan, is a coastal town at less than an hour south of Tokyo; it has numerous temples, shrines and other historical monuments. Kenchoji is the oldest Zen temple in Kamakura, which was founded in 1253. The conference will present new frontiers in men’s health and aging, based on the biological, physiological, pathological and therapeutic evidence. The theme “Spreading Men’s Health” will aim at discussing and debating unresolved issues of men’s health with leading experts from Asean counties and Japan.

We all invite you to attend this challenging meeting, to enjoy the hospitality of the Japanese people and the magnificent location. For any information, please visit: www.japanasean-mh2011.net.

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“Time is all you have... and you may find one day that you have less than you think”

- Randy Pausch -

Recently, the International Agency for Research on Cancer (IARC), which is part of the World Health Organization (GLOBOCAN) has estimated that 12.7 million new cancer cases and 7.6 million deaths occurred in 2008. The most commonly diagnosed cancers worldwide were lung (12.7%), breast (10.9%) and colorectal cancers (9.7%). Kamangar et al have acknowledged that nearly 25 million persons were living with cancer in year 2002. Although there is a huge variation in cancer survival rates across the world, for those countries that invest in technology for screening and follow up, survival rates are around 60% to 90%. The CONCORD study showed that US had the highest five-year survival rates for breast cancer at 83.9% and prostate cancer at 91.9%. Japan came out best for male colon (63%) and rectal cancers (58.2%), while France fared best for women with those cancers at 60.1% and 63.9%, respectively.

Some years ago Pausch, a 47 year-old professor at Carnegie Mellon University, happily married and father of three little kids gave “The last lecture” before dying of pancreatic cancer. He precisely made clear that cancer gave him “the time”, and thank for not dying of a heart attack or an accident but from a disease that gave him time: The time to enjoy, to think and to say good bye.

On the one hand, people with cancer still have the right to have pleasure, express their sexuality and improve through it, their quality of life (QoL). On the other hand, as mentioned by Margaret J. Redelman, for some patients, sexual intimacy is not a desirable form of closeness; and this also needs to be respected.

It is difficult for both the patient and the health team to approach the topic and talk about sex. Feelings of embarrassment, shame or guilt may appear and sexual feelings and behaviors may be thought as inappropriate. Marwick conducted a survey and found that around 70% of the patients with cancer were concerned that if they wanted to talk about sex with their doctors:
- there would be no medical treatment for their problem (76%),
- the doctor would be uncomfortable talking about the problem because it was sexual in nature (68%),
- the doctor would dismiss patients' concerns and say that they are just in their patients' head (71%).

Several scientists, including social ones, agreed that sex and death are two sensitive and value-laden subjects in contemporary society and that sexuality at the end of life is generally a neglected topic as a result of a societal discomfort.

In an interesting paper, Gianotten described that during the “diagnosis-stage” of cancer, when coping with the information and surviving are priorities, most couples practice “intimate cuddling”. After the treatment stage and during follow up, the “process of recovery” starts. Return to pre-cancer levels will probably depend on the bio-psychosocial impact and/or impairment, the adaptation (assimilation and accommodation) to a new situation and the role and importance of sexuality in couple's life (including acknowledgement of sexual functioning before cancer).

But, as mentioned by the author, when patients enter the terminal stage other changes take place. The description of the wide variety of sexual reactions that he described is enriching for care-givers. Due to the several reactions that couples may experience at the different stages of cancer they face, they may quit sex completely, be satisfied with only petting, or get into active and even violent sex.

The partner of a dying person also “faces” death, fears and almost the same beliefs. He/she may try to avoid sexual intimacy to not feel guilty or responsible for causing partner’s fatigue, health impairment or death.

I agree with Gianotten in that “sex is not only for the young the healthy and the beautiful”; although, quite often, fatigue, pain, mood swings or changes in hormone level may interfere with sexual activities and desire.

Several situations may arise in a patient with cancer and his/her partner: Man or woman with cancer
a. without sexual dysfunction
b. with personal and/or partner sexual dysfunction
i. previous to diagnosis/treatment
ii. after diagnosis/treatment

I would like to share some histories of patients with cancer (not “cancer patients”) that came to our clinic.

Clinical cases:
Case 1: making love to a dying one
Woman 42 years old, mother of three adolescents, spouse of a man 45 yrs. old with terminal larynx cancer. She has sexual intercourse to please him and although she is afraid of him dying during the sexual act, she thinks it would be best for him. She consulted us for a gynecological control (“it is time to care myself”). She accepted counseling and support.

Case 2: surviving cancer and connecting with life
Woman of 51 yrs old, breast cancer fighter & survivor. She is still alive 10 years after the diagnosis and treatment of an advanced breast cancer. She received many therapies, including radiotherapy for brain metastasis (overcome a coma twice) and consulted us for dyspareunia. She received counseling and was prescribed a vaginal moisturizing gel.
Case 3: getting annoyed with cancer... and everything
Man of 32 yrs. old with testicular cancer with lung metastasis had his sperm frozen before cancer treatment. After three failed ICSI attempts, they accepted intrauterine insemination with donated sperm and had triplets. She helped him with all chemo adverse events and was receptive to sexual intercourse although he was very aggressive and sexual activity turned unsatisfactory. She consulted us for advice to cope with the situation but he refuse to receive psycho and sexual therapy.

Case 4: mood swings: from happiness to sadness and to happiness again.
Woman of 32 yrs. old who, during puerperium was diagnosed thyroid cancer. She underwent surgery and systemic radiotherapy (I131) due to which she was separated from her husband and baby. Several concerns caused her distress and asked us to help her rebuilding her personal and familial life (“as it was before cancer diagnosis”). After receiving specific counseling, family planning advice and IUD method she resumed satisfactory sexual intercourse three months postpartum.

Case 5: rebuilding body image and sexual life
Woman 56 yrs. old with ovarian cancer FIGO stage IIIc with multiple peritoneal implants. She signed and informed consent for an exploratory laparotomy but was never informed about the possibility of a colostomy, which was performed due to intestinal obstruction risk. After ending chemotherapy, the scan-images showed no sign of disease but she rejected the ostomy and her quality of life started to deteriorate. Counseling about intimacy and body image should have been given but her doctor never referred her to us.

Sexual dysfunction in patients with cancer varies from 40% to 100%. Not only cancer treatments have the potential to alter sexual function but also myths about sexuality after cancer can lead to poor sexual intimacy.

- For men, surgery, chemotherapy, radiation/brachytherapy and/or hormonal therapy can lead to erectile or ejaculatory dysfunction, decreased libido, body image changes, infertility, urinary problems and bowel dysfunction.
- In woman, cancer treatments may cause menstrual cycle disturbances (oligo or amenorrhea), premature menopause (hot flashes, insomnia, irritability, depression, vaginal dryness), infertility, hypoactive sexual desire or receptivity, sexual arousal and/or orgasmic dysfunction, pelvic or vaginal fibrosis (dyspareunia, stenosis, decreased elasticity, shortening, and increased irritation), body image impact (due to scars, anatomical changes such as mastectomy, vulvectomy, colostomies, etc), urinary and bowel issues.

For both sexes, treatments can cause:
- fatigue
- pain
- anxiety and mood swings
- changes in body image
  (hair loss, ostomies, weight changes, etc)

It has been said, that with intervention, up to 70% of patients can improve their sexual functioning and intimacy.

How to cope?
“The greatest gift you can give one another is the purity of your attention”.  
- Richard Moss  
(The ministry of listening)

There are some intervention models that may be used to assess the presence and degree of sexual dysfunction in a patient with cancer: PLISSIT (Robinson & Annon, 1976), ALARM (Anderson & Lamb, 1995), BETTER (Mick & Cohen, 2003; Mick et al., 2004) and EX-PLISSIT (Taylor & Davis, 2006). Although Hordern in 2008 criticized the former two models as “outdated” they are still in use.

1. The PLISSIT model is based on the four levels of intervention
- Permission (Assessment):
- Limited Information (Education)
- Specific Suggestion (Counseling)
- Intensive Therapy (Referral)

Around 70% of patients with cancer can be managed at the first 3 levels.

2. The ALARM model follows Masters&Johnson´s model of sexual response.
- Activity (sexual)
- Libido (Desire)
- Arousal (and Orgasm)
- Resolution
- Medical information (related to cancer and co-morbidities)

3. The BETTER approach
- Bring up the topic of sexual health.
- Explain (sexuality is part of QoL and you are open to talk about this)
- Tell (there are resources and you will assist the patient in finding them).
- Time (the discussion to the patient’s preference).
- Educate (about sexual side effects of treatments or medical conditions).
- Record (the assessment, treatment, and outcome in the patient’s files).
4. The extended PLISSIT model (Ex-PLISSIT)
- Suggests that the Permission level should include both permission to discuss sexual issues and to be a sexual being.

Coping with fatigue and pain
“I feel exhausted, have no strength. I cannot get dress or comb my hair. I throw-up frequently. How can I feel pretty?”
Quote from a woman having chemotherapy

I’m recovering much faster this time from the congestive heart failure. I’m still hideously fatigued, but today I was out of bed most of the day.

- Randy Pausch -

Fatigue, or lack of energy, is common and may be overwhelming during the first months (or year) of treatment. It may be cause, worsen or maintained because of poor dietary habits, lack of exercise, too much efforts and activities without adequate resting, inappropriate sleeping or sleeping disturbances, depression, pain, anemia, electrolyte imbalances due to vomiting, diarrhea or dehydration, anger and worries regarding future, financial constraints, impossibility to cope with daily responsibilities, kids caring, breathing difficulties, weak muscles, chemotherapy, and radiation, among others. Several scales (visual analogical QoL or diaries that measure fatigue/ pain and their interference with daily activities and impact in QoL) may be used to plan activities and sexual encounters. Painkillers should be indicated as needed.

Coping with body image changes
A positive body image and feeling sexually attractive is related to sexual satisfaction. Cancer treatments may severely alter self-image. Surgery may cause mutilation or “dys-functionality” of parts of the body strongly related to sexual appearance, identity and/or fertility (e.g. mastectomy, vulvectom, hysterectomy, non-nerve sparing surgeries). It can also produce scars (tight, fibrotic or with grafts) that reminds the patients their disease. Ostomies generate a big concern, not only because of their appearance but also because of the fear of leakage or odor from them. Chemotherapy and cancer can cause weight changes, loss or gain (e.g. ascitis due to ovarian cancer). Many drugs can also provoke temporary hair loss (alopecia) not only on the head but also on the body, including the pubic area reminding that “cancer is still there”. There are some women who refuse treatment with chemotherapy and others who stop it. We attended a gipsy woman with breast cancer, (fortunately with positive estrogen and progesterone receptors and good prognosis), who refused to receive chemotherapy (she had positive axillary nodes) because she had a long braid and her husband and herself could not think about the possibility of losing it. This is an important area to keep on working in. The impact of these changes may differ from one person to another depending on their personal history and body image-esteem. It’s important to allow the patients to talk about the changes they perceived and how they affect their self-esteem and may affect personal and interpersonal relationships.

Coping with mood swings, anxiety and depression
The first impact that the patient receives is the diagnosis, sometimes suspected due to previous symptoms but many times not suspected and evidenced at a screening. The emotional impact can affect the way patients relate to other people, including the health team. Criticized by some, there is no doubt that Elisabeth Kübler-Ross had spent many years of her life working with people with cancer and other severe diseases that confront people with death. She described five stages of grief: Denial, Anger, Bargaining, Depression, and Acceptance, that do not necessarily come in that order or may be not experienced by all the patients. Some authors had alleged that no scientific studies have established that stages of grief actually exist and that there is no evidence to support discernible sequences of emotional adaptation to loss or an endpoint to grieving that would designate a state of “recovery”. But the truth is that many of these emotions are experimented by people who are facing a potential end of their life. And we have to teach them how to cope with them in order to improve their QoL and relationships. In addition to the stress that the cancer diagnosis and treatment puts on, other factors may impact patients’ mood (prognosis, social support, financial situation, age, kids, partner, history of anxiety, depression, etc). Depression and anxiety may alter partner’s relationship and intimacy. Communication is vital to “keep the kite flying again”. Depression can be short- or long-term, and may need medication. It also helps to talk with a counselor or therapist when dealing with a cancer diagnosis. It is important to let the patient talk and to non-judgemental-listen about his/her concerns and fears. A Japanese sociologist, Kawashishi, believes that one of the characteristics of some people is that they decide not to express their difficulties and conflicts to others to avoid being annoying. “So telling the problems to a listener that has no connection whatsoever with his/her private life eaiser life.”

Coping with sexual problems
“Will anyone look at me or want to be my partner knowing my diagnosis? “Will my partner still want/need/love me? Will he be attracted to me? Is he/she making love to me because of feeling pity/guilty? Will he like me or feel disgusted because of my odor (cervical cancer, ostomy), physical appearance?”
Cancer diagnosis and treatment may cause anger, sadness and depression because it “interrupts” patients’ life. It may also cause role changes (including gender role changes) which may impair sexual relationships and intimacy and quality of life. Genitourinary cancers have the greatest impact on sexuality, mainly in people at reproductive ages. Gynecologic
cancers and their treatment can cause pain during vaginal intercourse. In these cases, using water-soluble vaginal lubricants or vaginal estrogen creams or gels and “setting the time and scenario for the sexual activity” (planning it, taking appropriate time, prolonging foreplay, trying different positions, taking medicines to cope with symptoms that may interfere during the sexual activity) may improve the quality of the encounter.

There are many drugs (testosterone, vasoactive therapy) and approaches (nerve sparing surgery, vacuum, prosthesis, etc) to treat male sexual dysfunctions. Unfortunately we do not have many drugs approved to cope with female sexual dysfunction. Some devices and drugs are only available in some countries (have vacuum device, vaginal dilators, testosterone and estradiol). For both sexes antidepressant (bupropion, SSRI, mirtazapin, etc) and anxiolytics are accessible.

**Coping with fertility issues**

Around 4% of people diagnosed with cancer are under age 35. It is important to discuss with these patients the importance of family planning during treatment and the future fertility impairment and preservation. Cancer treatments, namely surgery, chemotherapy and radiation can impair fertility since reproductive organs and cells are more sensitive than other organs. Fertility cryopreservation can be achieved through embryo preservation (in people at stable relationships), gametes freezing (it is easier to freeze sperm than oocytes) or gonadal tissue cryopreservation (testicular and ovarian).

**Coping with mind issues**

“mindfulness is about being fully awake in our lives. It is about perceiving the exquisite vividness of each moment. We feel more alive. We also gain immediate access to our own powerful inner resources for insight, transformation, and healing”.

- Jon Kabat-Zinn -

Philippe Goldin, from the Stanford Psychophysiology Laboratory and Cognitive Neuroscience Laboratory expressed that “Buddhism begins with the premise that the mind is the primary source of human joy and misery, and is central to the understanding of the natural world as a whole. And mindfulness is about cultivating an ability to be fully present in a single moment.” He recalled an experience of Young (1999) where 18 patients with cancer volunteered for a 9-week mindfulness meditation course. For these patients, the cancer diagnosis stimulated an interest in inner exploration. They described how bringing an accepting awareness to daily routine enhanced their self-knowledge, and made them conscious of the good moments still available to them. In addition, the participants reported that bringing nonjudgmental awareness to stressful interactions with others gave them greater control over their feelings and behavior, enabling them to develop more appropriate modes of communication.

**References:**

1. WHO. ABOUT CANCER Mondial. the GLOBOCAN project. http://www-dep.iarc.fr/

Victoria Bertolino
Dubai is situated on the southern shore of the Persian Gulf on the Arabian Peninsula. It is the second largest Emirate after Abu Dhabi and is usually recognised as the ‘Pearl of the Persian Gulf’. Dubai is an intriguing blend of desert and modern city, and portrays an image all of its own.

The newly established Middle East Society for Sexual Medicine is organizing the 1st Biennial Meeting, which will take place in Dubai, from 3 to 5 March 2011. We welcome all specialists in the field of Sexual Medicine to come to the modern and cosmopolitan city of Dubai to attend the meeting and become members of the MESSM. The first MESSM General Assembly will be organized during this meeting. The MESSM will offer all her members the possibility to a joint MESSM/ISSM Membership, which includes a subscription to the Journal of Sexual Medicine, discounted registration fees for all MESSM and ISSM Meetings and Symposia, and access to an active website and intranet for discussion among MESSM and ISSM members of vexing problems and cases.

Please visit our website: www.messm.org
Correction of congenital penile curvature: A timeline of procedures

Congenital penile curvature tends to manifest early in adult life, with the mean age of the patients being 25 years. There are several techniques for correction in postpubertal men, the success rate of which lies between 85-100%. The first technique, developed by Nesbit in 1965, involved excision of ellipses of tunica albuginea. Twenty years later, the correction of penile curvature came to a cross road. While Kelami modified the Nesbit technique, followed by Yachia; Ebbehøj & Metz advocated a new approach: Tunica Albuginea Plication (TAP). Tunica plication has the advantage of not violating the integrity of the tunica albuginea. Since then, surgeons have subtly perfected different approaches. The following is a timeline of those techniques.

1965: Nesbit
A single ellipse of tunica albuginea is excised. The excision is an average of 1mm per 10 degree of curvature. The defect is closed with 0-polydioxanone synthetic (PDS) suture, the knots buried.

1985: Kelami-Nesbit procedure
After the excision of the diamond shaped area of tunica, the edges of are brought together with interrupted absorbable suture (polydioxanone 2-0).

1985: Ebbehøj & Metz. Tunica albuginea plication (TAP)
Tunica albuginea plication with one to three rows of non-absorbable sutures. Prolene 0 in the centre of the row, and Prolene 2/0 at the sides, in order to have the stronger suture in the place of maximal tension. The tunica albuginea plication procedure requires two transverse parallel incisions at the point of maximum bend. Simple stitches with inverted knots as described by Knispel, are tied with the assistant pushing down the tunica albuginea within the stitch with a small mosquito clamp in order to create an adequate groove for the knot.

1990: Yachia. Modified or Incisional corporoplasty
Simpler than the Nesbit procedure. It is based on the Heineke-Mikulicz principle. By horizontally closing longitudinal incisions in the longer portion of the tunica albuginea. The longer side is made equal in length to the shorter side. And given the distance between the incision and the neurovascular bundle or corpus spongiosum, these structures become less susceptible to injuries and need not be mobilized.

1998: Baskin LS & Lue TF. Multiple parallel plications (MPP)
Anatomical studies suggested that the dorsal nerves of the penis are not localized to the 11 and 1 o'clock positions, but wrap extensively around the tunica. Also, at the 12 o'clock position on the dorsal midline of the penis there are no nerves or blood vessels and suture cut-through is unlikely because it is the thickest and strongest area of the corporal body. These findings led L.S. BASKIN and T.F. LUE to develop the multiple parallel plications (MPP) procedure in 1998.

Multiple deep plication sutures are placed into the tunica albuginea at the point of maximum bend between the deep dorsal vein and the arteries, using 4-6 nonabsorbable braided sutures, either 0 or 00 Ticron or Tevdex. It is not uncommon to partially tie the sutures to prevent overcorrection. If there is lateral curvature or a combination of ventral and lateral curvature, the sutures are placed more laterally. For the rare dorsal curvature, four to six deep plication sutures are placed into the tunica at the point of maximum bend along each side of the spongiosum.

1999: Popken et. al. Modified corporoplasty
Readopting the Nesbit procedure, but aiming at reducing the incidence of palpable indurations, G. Popken et. al suggested the diamond shaped defect of tunica albuginea to be closed with a continuous intratunical suture of slowly absorbable material (polyglactyn 3-0) and the end knots buried.

2002: Gholami SS & Lue TF. The 16-Dot Procedure
In case of ventral curvature the 16 dots are placed between the deep dorsal vein and the paired dorsal arteries. In case of dorsal curvature, the 16 dots are marked on the ventral surface of tunica albuginea 3 mm lateral to the corpus spongiosum. The dots are easily repositioned, allowing fine adjustments to be made. Each set of four dots consisting of an “in-out, in-out” suture placement. Travel of the suture under the tunica should be approximately 1 cm; travel outside the tunica may be much longer. For more acute or longer curves, a longer travel is preferable, providing a longer lever-arm (less tension) as the suture is tied down. Sutures should be soft, braided, permanent material such as 2-0 Ticron.

2003: M Özgür Tan et al. 12 o’clock ‘z’ shaped sutures
A review of two suturing techniques for Incisional corporoplasty was undergone by H Ghanem and RM Shamloul in 2008. They found it equivocal to either use two inverted 2-0 PDS sutures or placing an inverted Prolene 2-0 suture in the middle of the suture line and completing the transverse closure of the incision line with 3-0 vicryl.

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Osama Shaeer. Rotational corporoplasty

Medial corporal rotation was previously suggested for correction of ventral curvature in hypospadias patients. Osman Shaeer customized it for the management of ventral curvature of the penis, in patients without hypospadias. The tunica albuginea is incised on the dorsomedial aspect of both corpora cavernosa. The two parallel incisions placed at the point of maximum curvature. The medial edges of the incisions joined in the midline by slowly absorbable (Polydioxanone) inverted sutures. The lateral edges of the incisions approximated by sutures over the sealed medial edges. This results in dorsomedial rotation of the corpora and straightening of the curvature without shortening.

Correction of deformity while preserving function is the aim of correction of penile curvature procedures. There are many different approaches, yet simplification is the way to go.

Minimal manipulation of the neurovascular bundle should be a priority. Not violating the integrity of the tunica should be encouraged. Currently it appears the plication procedures, mainly the 16-dot procedure, attain these goals, yet soft permanent suture material needs to be used to avoid bothersome sutures felt by the patient.

References:


Adham Zaazaa, Assistant Lecturer, Cairo University
Dear readers,

Hereby, I wish to say goodbye to all readers of this Newsbulletin, since this is the last paper edition.

I started designing the bulletin from number 14 on, and in the years, I also worked on the advertorials, programs, banners, etc. Also a special thank you for ISSM Executive Office, for the pleasant cooperation and all the trust you have had in me.

Best regards,

Eelko L’Abee
graphic designer eelkolabee@gmail.com
2011

11th Meeting of the International Society for the Study of Women’s Sexual Health (ISSWSH)  
February 10-13, Scottsdale, AZ, USA  
ISSWSH  
E-mail: isswsh@wjweiser.com  
Web: www.isswsh.org

1st Biennial Meeting of the Middle East Society for Sexual Medicine (MESSM)  
March 3-5, Beirut, Lebanon  
MESSM Executive Office  
E-mail: office@messm.org  
Web: www.messm.org

26th Annual Congress of the European Association of Urology (EAU)  
March 18-22, Vienna, Austria  
Congress Consultants B.V.  
E-mail: info@congressconsultants.com  
Web: www.eauvienna2011.org

106th Annual Meeting of the American Urological Association (AUA)  
May 14-19, Washington, DC, USA  
AUA Convention Department  
E-mail: convention@auanet.org  
Web: www.auanet.org

20th World Congress for Sexual Health (WAS)  
June 12-16, Glasgow, United Kingdom  
Kenes International  
E-mail: was@kenes.com  
Web: www.kenes.com/was

Cancer Survivorship and Sexual Health Symposium  
17-19 June, Washington D.C., USA  
ISSM Executive Office  
E-mail: issmoffice@cancersurvivorsandsex.org  
Web: www.cancersurvivorsandsex.org

6th Japan-Asean Conference on Men’s Health & Aging  
June 30-July 3, Kamakura, Japan  
Secretariat  
E-mail: office@japanasean-mh2011.net  
Web: www.japanasean-mh2011.net

6th Congress of the Asia Pacific Society for the Study of Aging Male (APSSAM)  
September 1-4, Busan, Korea  
MECI International  
E-mail: secretariat@apssam2011.org  
Web: www.apssam2011.org

11th Congress of the Latin American Society for Sexual Medicine (SLAMS)  
September 8-11, Buenos Aires, Argentina  
E-mail: info@slams2011.org  
Web: www.slams2011.org

31st Congress of the Société Internationale d’Urologie (SIU)  
October 16-20, Berlin, Germany  
SIU Central Office  
E-mail: congress@siucongress.org  
Web: www.siucongress.org

2nd Congress of the World Association of Medical Sexology (WAMS)  
October 26-28, Vina del Mar, Chile  
E-mail: info@congresodesexologia.com  
Web: www.congresodesexologia.com

13th Biennial Meeting of the Asia Pacific Society for Sexual Medicine (APSSM)  
November 17-20, Kaohsiung, Taiwan  
E-mail: apssm2011@knaintl.com.tw  
Web: www.apssm2011.com

2012

15th World Meeting on Sexual Medicine  
August 26-30, Chicago, USA  
ISSM Executive Office  
E-mail: chicago2012@issm.info  
Web: www.issmsmsna2012.info
We wish you a happy & healthy 2011
Over the last decade there have been significant improvements in the quality of health care men and women receive for sexual dysfunctions. The ISSM and SMSNA have adopted this image “The Challenge” for our conference as it symbolizes barriers and obstacles which must be overcome to address sexual health in cancer survivors.

Lilly Oncology On Canvas, an art exhibition honoring the physical and emotional journeys people face when confronted by a cancer diagnosis, will be on display at this meeting. The image shown above is a photograph submitted by a healthcare professional to LOOC, 2008.