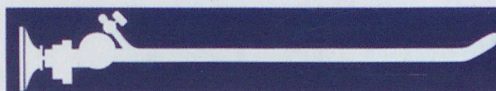


UROLOGIA

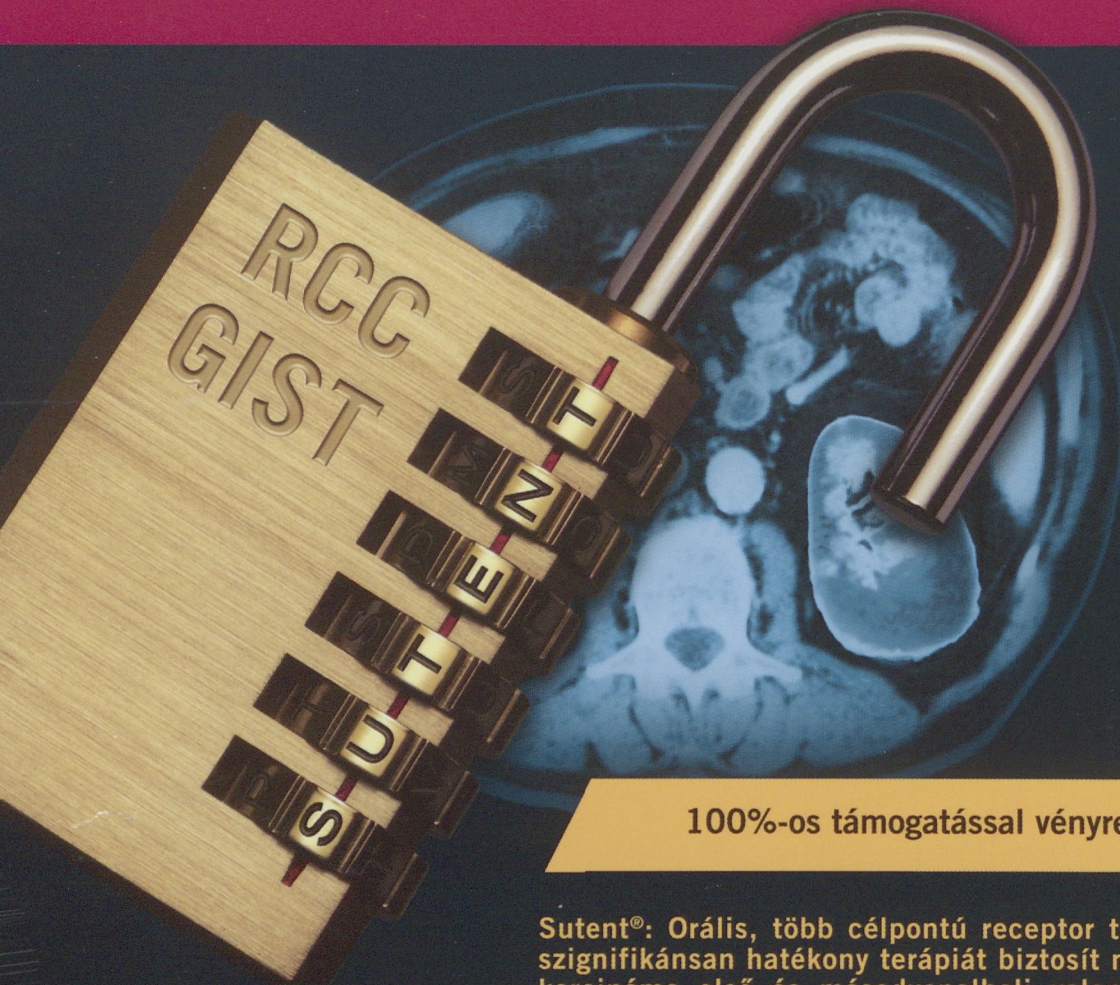
Illyés Géza Alapítvány tudományos folyóirata – Scientific journal of „Illyés Géza” Endowment



19-21 XI. 2009 BUDAPEST

**XVIII. INTERNATIONAL
SEMMELWEIS SYMPOSIUM**
NEW TRENDS, INNOVATIONS
& TECHNOLOGY IN **UROLOGY**



**SUTENT®****a metasztatikus veserák elsővonalú
kezelésének standard gyógyszere³****100%-os támogatással vényre írható²****Sutent®: Orális, több célpontú receptor tirozinkináz-gátló, amely szignifikánsan hatékony terápiát biztosít metasztatikus vesesejtes karcinóma első és másodvonalbeli valamint gasztrointesztinális stroma tumor másodvonalbeli kezelésében¹**

Sutent: 12,5 mg kemény kapszula, 25 mg kemény kapszula 50 mg kemény kapszula. **Minőségi és mennyiségi összetétel:** 12,5 mg szunitinib (szunitinib-malát formájában) kapszulánként, 25 mg szunitinib (szunitinib-malát formájában) kapszulánként, 50 mg szunitinib (szunitinib-malát formájában) kapszulánként. **Terápiás javallatok:** A SUTENT a gastrointesztinális stromából kiinduló, nem reszekálható és/vagy metasztatizáló malignus tumorok (GIST) kezelésére javallt, rezisztencia vagy a beteg intoleranciája miatt sikertelen imatinib-mezilát kezelést követően. A SUTENT előrehaladott és/vagy metasztatizáló vesesejtes karcinóma (mRCC) kezelésére javallt. **Adagolás és alkalmazás:** A kezelést vesesejtes carcinoma, illetve GIST kezelésében jártas szakembernek kell elkezdenie. A SUTENT ajánlott adagja naponta egyszer 50 mg per os, négy egymást követő héten keresztül, majd két hét szünet (4/2 adagolási séma), ami megfelel egy teljes hathetes kezelési ciklusnak. Az adag módosítása 12,5 mg-os lépésenként történhet, az egyéni biztonságossági szempontok és a tolerabilitás alapján. A napi adag 75 mg mg fölé emelése, ill. 25 mg alá csökkentése nem javasolt. Erős CYP3A4 enziminduktorok, mint pl. a rifampicin egyidejű alkalmazását kerülni kell. Ha ez nem lehetséges, a SUTENT adagjának csökkentése a minimális napi 37,5 mg-os adagig, a tolerabilitás körülmények ellenőrzése mellett. Egyidejű alkalmazásra a CYP3A4 enzimet nem, vagy alig indukáló, ill. gátló alternatív gyógyszer választását kell megfontolni. **Gyermekgyógyászati alkalmazás:** A SUTENT biztonságosságát és hatékonyságát gyermekeknél nem állapították meg. Gyermekeknél a SUTENT nem alkalmazható, amíg nem áll rendelkezésre több adat. **Alkalmazás időseknél:** A SUTENT klinikai vizsgálataiban résztvevő betegek kb. 25%-a 65 éves vagy annál idősebb volt. Nem észlelték szignifikáns különbséget a biztonságosság és a hatékonyság vonatkozásában fiatalabb és idősebb betegek között. **Majjelégtelenség:** Adagolás módosítás nem ajánlott, ha a SUTENT-et enyhe és közepes fokú (Child-Pugh A és B stádiumú) májkárosodásban szenvedő betegeknek adják. A SUTENT-et nem vizsgálták Child-Pugh C stádiumú májkárosodásban szenvedő egyéneknek. **Veseelégtelenség:** Nem végeztek klinikai vizsgálatokat károsodott vesefunkciójú betegekkel. A SUTENT étellel vagy anélkül is bevehető. Egy adag kihagyásakor a betegnek nem kell soron kívüli adagot adni. A beteg a szokásos előírt adagot vegye be a következő napon. **Ellenjavallatok:** Szunitinib-malattal vagy bármely segédanyaggal szembeni túlérzékenység. **Nemkívánatos hatások, mellékhatások:** Szolid tumorokban szenvedő betegeknek észlelt, a SUTENT-kezeléssel összefüggő leggyakoribb súlyos nemkívánatos hatások voltak a tüdőembólia (1%), throm-

bocytopenia (1%), tumorvérzés (0,9%), lázas neutropénia (0,4%) és hipertenzió (0,4%). A kezeléssel összefüggő, leggyakoribb (a betegek legkevesebb 20%-ában előforduló), bármilyen súlyosságú, nemkívánatos hatások voltak: fáradékonyosság; gastrointesztinális zavarok, mint pl. hasmenés, émelygés, stomatitis, dyspepszia és hányás; bőrszineződés; dysgeusia és anorexia. A leggyakoribb, 3-as maximális erősségű, kezeléssel összefüggő nemkívánatos hatás a fáradékonyosság, hipertenzió és neutropénia volt, míg a leggyakoribb, 4-es maximális erősségű, kezeléssel összefüggő nemkívánatos hatás az emelkedett lipáz aktivitás volt szolid tumoros betegekben. Hepatitis és májelégtelenség a betegek <1%-ában, QT-távolság megnyúlás a betegek <0,1%-ában fordult elő. **A forgalomba hozatali engedély száma:** EU/1/06/347/001 EU/1/06/347/002 EU/1/06/347/003 **A forgalomba hozatali engedély első kiadásának/megújításának dátuma:** 2007. január Sutent 50 mg kapszula 30x fogyasztói ár: 1 543 571 Ft, Sutent 25 mg kapszula 30x fogyasztói ár: 772 232 Ft, Sutent 12,5 mg kapszula 30x fogyasztói ár: 386 562 Ft. Az ár a biztonságos és gazdaságos gyógyszer és gyógyászati segédeszköz-ellátás, valamint a gyógyszerforgalmazás általános szabályairól szóló 2006. évi XCVIII. törvényben foglalt eljárások alapján negyedente változhat. Az aktuálisan érvényes árért kérjük, keresse fel az Országos Egészségbiztosítási Pénztár honlapját (www.oep.hu). A Sutent 50mg, 25mg és 12,5mg kemény kapszula a Magyar Közlöny 2007. december 14-i számában megjelent 37/a és 37/b EU pontok alapján, a kijelölt egészségügyi intézményekben kiemelt támogatással, vényre írható. **Referencia:** 1. Sutent alkalmazási előírat. A szöveg ellenőrzésének dátuma: 2007/02, 2. A Sutent a 37/a és 37/b EU pontok alapján, GIST és metasztatikus veserák másodvonalában, a kijelölt centrumokban 100%-os támogatással vényre írható. Magyar Közlöny 3. Figlin RA et al. Overall survival with sunitinib versus interferon-alfa (IFN- α) as first-line treatment of metastatic renal cell carcinoma (mRCC). ASCO 2008 (Abstrct. 5024) Oral presentation.

Kérjük, a gyógyszer alkalmazása előtt olvassa el a részletes alkalmazási előírat!

Pfizer – Társ az onkológiában
További információért kérjük, forduljon a Pfizer Kft-begeth
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Telefon: 488-3700 / fax: 488-3777
www.pfizer.hu



XVIII. INTERNATIONAL SEMMELWEIS SYMPOSIUM AND XXII. FUN

„New trends, innovations and technology in urology”

19–20 NOVEMBER 2009.

Location

Novotel Budapest Centrum

1088 Budapest, Rákóczi út 43–45.

Scientific committee

Prof. Imre Romics, *Conference Chair*

Péter Nyirády, *Conference Coordinator*

Antal Hamvas,

Zsolt Kopa,

Attila Majoros

Organizer

Zsombor Papp,

Dep. GM,

Coordinating Director

e-mail: zspapp@convention.hu

Convention Budapest Kft.

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+361 299-0187

web:

www.convention.hu

e-mail

convention@convention.hu

WEDNESDAY, 18 NOVEMBER

16.00–20.00 Registration

13.30–13.45

Robotic assisted surgery in urology
G. Haas (Syracuse, USA)

13.45–14.00

Lasers in urology
*A. Gross (Hamburg, Germany)***THURSDAY, 19 NOVEMBER**

8.00–9.30 Registration

14.00–14.15

Advantages and disadvantages
of laparoscopic urology

8.30–9.30 Poster installation

10.00–10.15 Opening of Semmelweis
Symposium 2009

14.15–14.30

T. Flaskó (Debrecen, Hungary)

14.30–14.45

NOTES in urology
*P. Lukovich (Budapest, Hungary)***10.15–13.00**

Chairpersons:

*J. Fitzpatrick (Dublin, Ireland),**A. Falus (Budapest, Hungary)*

14.45–15.00

New perspectives in stone surgery
H. Mostafid (Surrey, UK)

10.15–10.30 Current trend in prostate cancer

J. Fitzpatrick (Dublin, Ireland)

15.00–15.15

The value of HI-RTE (Hitachi
Real-time Tissue Elastography)10.30–10.45 Genomics influences diagnostics
and therapy in urology*A. Falus (Budapest, Hungary)**G. Salomon (Hamburg, Germany)*

10.45–11.00 Genetics of bone metastases

15.15–15.30

Coffee break

in kidney cancer

J. Tímár (Budapest, Hungary)

11.00–11.15 Vitamin D and calcium

metabolism in prostate cancer

P. Lakatos (Budapest, Hungary)

15.30–15.45

Chairperson:

J. Tímár (Budapest, Hungary)

11.15–11.45 Coffee break

Chairpersons:

*M. Marberger (Vienna, Austria),**I. Romics (Budapest, Hungary)*Molecular markers in
uropathology–2009*A. Kiss (Budapest, Hungary)*11.45–12.00 Prevalent alterations of the ETS related
gene (ERG) in prostate cancer: a promising
biomarker and therapeutic target*A. Dobi (Rockville, USA)*

15.45–16.00

Plevic lymphadenectomy

*Á. Pytel (Pécs, Hungary)*12.00–12.15 Streamlining the diagnosis of
bladder carcinoma in situ*M. Marberger (Vienna, Austria)*

16.00–16.15

New molecular methods:
FISH in the detection
of bladder cancer*G. Lotz (Budapest, Hungary)*

12.15–12.30 Update in penile cancer

P. Nyirády (Budapest, Hungary)

16.15–16.30

The treatment of bladder cancer:
is it time to change?*Z. Bajory (Szeged, Hungary)*

12.30–13.30 Lunch

13.30–15.15

Chairpersons:

*G. Haas (Syracuse, USA),**P. Nyirády (Budapest, Hungary)*

16.30–16.45

Hypoxia regulated genes in hypernephroma
and consecutive distant
metastases—what is hyperactive?*M. Szász (Budapest, Hungary)*

16.45–17.00

Prognostic factors and survival of renal clear
cell carcinoma patients with bone metastases*A. Szendrői (Budapest, Hungary)*

FRIDAY, 20 NOVEMBER

9.00–10.00

Chairpersons:

T. Dénes (Sao Paulo, Brasil),

M. Merksz (Budapest, Hungary)

9.00–9.15

Challenges and results of laparoscopic urologic surgery in children ✓

T. Dénes (Sao Paulo, Brasil)

9.15–9.30

The management of vesicoureteral reflux ✓

M. Merksz (Budapest, Hungary)

9.30–9.45

Voiding dysfunctions of the hildhood ✓

O. Mártha (Marosvásárhely, Romania)

9.45–10.00

Stone management in children ✓

B. Tállai (Debrecen, Hungary)

10.00–10.15

Penile and urethral reconstruction in paediatric urology

Á. Kiss (Budapest, Hungary)

10.15–11.00

Coffee break

11.00–11.45

Chairpersons:

W. Weidner (Giessen, Germany),

W. Aulitzky (Vienna, Austria)

11.00–11.15

TESE and M-TESE

W. Weidner (Giessen, Germany)

11.15–11.30

New trends in the evaluation of sexual disfunction

Zs. Kopa (Budapest, Hungary)

11.30–11.45

Ageing male and its treatment

W. Aulitzky (Vienna, Austria)

11.45–13.00

Chairpersons:

R. Ackermann (Düsseldorf, Germany),

C. Fry (Surrey, UK)

11.45–12.00

The cancer stem cell concept: reality or fiction in kidney cancer? ?

R. Ackermann (Düsseldorf, Germany)

12.00–12.15

Electrophysiological and electromechanical properties of the urological smooth muscles ✓

C. Fry (Surrey, UK)

12.15–12.30

Biomarkers in kidney cancers: which impact for clinicians? ?

K. Junker (Jena, Germany)

12.30–12.45

Survival in prostate cancer patients with positive lymph nodes during radical prostatectomy—the advantage of completed radical prostatectomy ✓

P. Bastian (Munich, Germany)

12.45–13.00

What is new in urologic infectology

W. Vahlensieck (Bad Wildungen, Germany)

13.00–13.15

Experience in laser-therapy of prostate since 2003 ✓

Á. Erol (Istambul, Turkey)

13.15–14.15

Lunch

14.15–15.15

Chairperson:

V. Bérczy (Budapest, Hungary)

14.15–14.30

Resident urologists' education programme in Hungary

I. Buzogány (Budapest, Hungary)

14.30–14.45

New developments in interventional uro-radiology

V. Bérczy (Budapest, Hungary)

14.45–15.00

CT-based virtual methods in uro-radiology

P. Bata (Budapest, Hungary)

15.00–15.15

Physiology of the ureter ✓

O. Fares (Budapest, Hungary)

15.15–15.45

Coffee break

15.45–16.15

Poster presentation

Chairpersons:

A. Hamvas (Budapest, Hungary),

I. Buzogány (Budapest, Hungary)

16.15–16.45

Test exam

16.45–

Closing ceremony

19.00–

Gala dinner

Magyaroknak részvételi díj nincs. Kreditpont: 46

**Rolf ACKERMANN, MD****Education and Career**

- 1962–1968 Medical School University of Würzburg and Vienna
 1968 doctoral thesis—medical doctor
 1968–1970 Intern in surgery (Scuol Switzerland),
 1970–1977 Resident in general surgery and urology
(Department of Urology and Surgery, University of Würzburg)
 1973 Stipend of the NIH Department of Surgery,
 University of California, Los Angeles
 1975 Stateboard certified urologist
 1976 Senior resident in urology
(Department of Urology, University of Würzburg)
 1977 Assistant professor of urology
(Department of Urology, University of Würzburg)
 1980 Associate professor of urology
(Department of Urology, University of Würzburg)
 1983 Full professor and chairman
(Department of Urology, University of Düsseldorf)
 1993–1996 Vice-President
(Heinrich-Heine-University, Düsseldorf)
 1999–2003 Medical Director/Medical Facilities
(Heinrich-Heine-University, Düsseldorf)

Membership

- 1980 Corresponding Member of the American Urological Association
 1983 Host of the Annual Meeting of the Urological Research Society
 since 1984 Chairman Educational Commission of Urologic Oncology of the German Society of Urology
 since 1985 Member of the Executive Board of the German Society of Urology
 since 1986 Delegate of the German Section of the International Society of Urology
 1988–1994 Secretary General of the German Society of Urology
 since 1989 Corresponding Member of the American Association of Genito-Urinary Surgeons
 since 1992 Secretary of the XI. Congress of the European Association of Urology in 1994
 since 1992 Honorary Member of the New York Section of the American Urological Association

- since 1972 Corresponding Member of the Suisse Society of Urology
 since 1994 Vice-President of the German Society of Urology
 1995–1996 President of the German Society of Urology
 since 1996 Member of the Academy of the European Association of Urology
 since 1997 Honorary Member of the American Urological Association
 since 1997 Honorary Member of the Slovak Society of Urology
 since 1997 Honorary Member of the Polish Society of Urology
 since 2000 Honorary Member of the Swiss Society of Urology

Scientific Awards or Prices

- 1979 Scientific Award of the German Society of Urology
 1980 Scientific Award of the German Society of Urology
 1980 Heinrich-Warner-Award
 1983 Film-Price of the German Society of Urology
 Maximilian-Nitze-Medal of the German Society of Urology
 2007 Lifetime Achievement Award of the International Society of Urology
 2007 Frans Debruyne Lifetime Achievement Award of the European Association of Urology
 2007 Gold Medal of the Slovak Medical Association

Coeditor and Board-Member of Scientific Journals

- World Journal of Urology, Urologia internationalis, European Urology, Molecular Urology, Urology, Current Opinion in Urology

**Ali EROL, MD****Education**

- 1977–1983 University of Istanbul, Cerrahpasa School of Medicine
 1985–1989 Resident in Urology, Advanced Specialization Hospital of Turkey, Ankara

Professional Experience

- 2003– Consultant urologist, Hattat Uro-Andrology Hospital, Istanbul
 2008– Professor of Urology, Medical Park Hospital, Göztepe

- 2001–2008 Professor of Urology, Chairman, Department of Urology, Abant Izzetaysal University, Düzce School of Medicine, Düzce
- 1998–2001 Associate Professor of Urology, Chairman, Department of Urology, Abant Izzet Baysal University, Düzce School of Medicine, Düzce
- 1995–1998 Associate Professor of Urology, Department of Urology, Haydarpaşa Numune Hospital, Istanbul
- 1994–1995 Urologist, Department of Urology, Haydarpaşa Numune Hospital, Istanbul
- 1991–1994 Urologist, Advanced Specialization Hospital of Turkey, Ankara
- 1989–1991 Urologist(Military Service), Air Force Hospital, Eskisehir
- 1984–1985 Physician, Yenimahalle, Ankara
- 1983–1984 Physician, Digor, Kars

Research Experience

- 1999 Research Scholar, Department of Pediatric Urology, University of California, San Francisco School of Medicine
- 1996–1997 Research Scholar, Department of Pediatric Urology, University of California, San Francisco School of Medicine,

Membership

- Turkish Urological Association
- Turkish Association of Andrology, Urogynecology
- Turkish Endourological Association
- 1998–2006 American Urological Association, Corresponding Member
- 2006 American Urological Association, International Member,

Fields of Interest

Urooncology, Pediatric Urology, Urogynecology, Andrology

Publications in Turkish: 46

Publications in English: 23

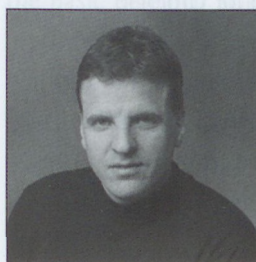
Presentations in Turkish: 56

Presentations in English: 17



Wolfgang AULITZKY, MD

He is the Medical Director of the American Austrian Foundation, and Associate Dean for International Medicine and Distance Learning, Adjunct Prof. of Clinical Urology and Adjunct Prof. of Clinical Reproductive Medicine at the Weill Medical College of Cornell University/New York Presbyterian Hospital. He is also Associate Prof. of Urology at the University of Innsbruck and was Visiting Scientist at the Population Council at Rockefeller University, New York. He is a member of the American, German and Austrian Societies of Urology and was awarded the Zuckerkandelpreis of the Austrian Society of Urology in 1989. In 1995 he received the Silver Medal and 2007 the Golden Medal for Merits to the Republic of Austria. As Director of the Medical Program of the American Austrian Foundation he has initiated the Salzburg Cornell-, Philadelphia-, Columbia- and Cleveland Duke Seminars. Dr. Aulitzky earned his medical degree at the University of Innsbruck in 1977, was a research fellow at the University of Uppsala, Sweden in 1978–79 and at the New York Hospital–Cornell University Medical College in 1988–1989. He received his training as an urologist at the University of Innsbruck and the General Hospital of Salzburg. As a clinician he works as Medical Director and Chairman of the Department of Urology at the Confraternitaet-Privatklinik Josefstadt in Vienna. He is the author of more than 140 publications on Urology, Andrology and Health Care issues and is co-author of books on basic and clinical urology/andrology.



Zoltán BAJORY, MD, PhD

Education and Career

- 1995 Medical Doctor Diploma (M.D.),
- 2001 Hungarian qualification exam in Urology
- 2002 EBU In-Service Exam, Budapest
- 2003 Doctor of Philosophy (Ph.D.)
- 1995–1998 Department of Urology, Hospital of Orosháza, Hungary
- 1998– Clinic of Urology, Albert Szent-Györgyi Medical Center, University of Szeged, Hungary. (2009– assistant professor)

Fields of research interest

Microcirculation of the genito-urinary system

Fields of clinical interest

Bladder malignancies and replacement,
Uro-gynecology, Laparoscopy

Awards and grants

1-year scholarship of the European Urological Scholarship Programme (EUSP) of the European Association of Urology (EAU) in the Institute for Surgical Research, University of Munich, Germany. Special prize, Hungarian Surgical Research Congress, Szeged, 1999. Best of the ESRU posters prize, EAU Congress, Brussels, 2000.
– Hungarian OTKA research grant, 2000.
– Soros and Open Medical Institute grants for the AAF Seminars, 2003, 2005, 2008.



Patrick J. BASTIAN, MD, PhD
FEBU

Education

1993–1995 Semmelweis University of Medical Science, Budapest, Hungary
1995–1998 Ruhr-Universität–Bochum, Germany
2005 German Board Certification for UROLOGY
2006 FEBU
2006–2007 Assistant Professor, Department of Urology, University of Bonn, Germany
2007 German Board Certification for Urologic Oncology
2007 Venia Legendi (Ph.D.)–CpG Island Hypermethylation as a molecular diagnostic and prognostic marker for prostate cancer
2007 Associate Professor, Department of Urology, University of Bonn, Germany
2006–2007 Head of the Urological Laboratory, Department of Urology, University of Bonn, Germany
2007 German Board Certification for ANDROLOGY
Since 2007 Associate Professor, Department of Urology, University of Munich, Germany



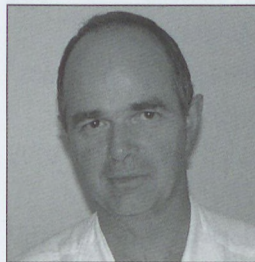
Pál BATA, MD

Education

1996–2002 Semmelweis University, Medical Faculty
Place of work Semmelweis University, Budapest, Department of Radiology and Oncotherapy
Position Clinical radiologist,
2002 Medical diploma, Semmelweis University, Medical Faculty
2007. II. Faculty exam of Radiology
Special field Uroradiology

Memberships

European Society of Radiology
Society of Hungarian Radiologists
Hungarian Oncological Society



Viktor BÉRCZI, MD, PhD

Chairman, Department of Radiology and Oncotherapy, Semmelweis University, Budapest, Hungary

Education

1977–1983 Semmelweis Medical University, Budapest, Hungary, M.D. degree.
1990 Ph.D. degree (Semmelweis Medical University, Budapest, Hungary)
1997 Radiologist (Budapest, Hungary).
2006 Doctor of Medical Sciences (DMSc) degree (Hungarian Academy of Sciences).

Main interest vascular interventional radiology

Foreign fellowship

2004–2006 Endovascular Fellow, Sheffield Vascular Institute, Sheffield, UK, Reviewer activity: Cardiovascular Interventional Radiology (Consultant to the Editor); Stroke; Gut; European Journal of Radiology. Number of lectures and papers (English and Hungarian): 63 and 53, respectively. Cumulative impact factor of scientific papers: 88.7



**István BUZOGÁNY, MD,
PhD**

Education and Career

- 1978–1984 General Medical Faculty of the University of Pécs
- 1988 Specialist Degree in Urology
- 2005 Doctoral dissertation, Ph.D
- 1984–2005 In employment with Urological Clinic of Pécs
- 1989–1993 Assistant of the Urological Clinic of Pécs
- 1993–2005 Principal Assistant of Urological Clinic of Pécs
- 2006– Head of Department of Urology of Hospital Péterfy

Membership

- 1985 Societies Hungarian Urologist Society
- 1988 Hungarian Nephrologist Society
- 1989 Society Korányi
- 1994 Board Member of Hungarian Urologist Society
- 1995 European Association of Urology
- 1997 Secretary General of Hungarian Urologist Society
- 1998 Board Member of MET
- 2001 Leader of the Scientific Training Program of the Hungarian Urological Professional College
- 2003 National Representative of European Board of Urology
- 2004 Leader of the Accreditional, Training and Extension training standing committee of the Hungarian Urological Professional College
- 2005 EBU Examination Committee

Scientific Research

- 1992 Establishment of the Renal Tumour Work Group
- Creation of everyday working and scientific cooperation with several foreign researcher groups (Like Heidelberg, Salzburg, Syracuse)
- Leading of four university scientific work
- Coordination of five thesis

Scientific Interest Urooncology

Radical urological operations, Urogynecology



Francisco Tibor DÉNES, MD

- 1968–1977 medical school and residency, University of Sao Paulo
- 1980–1981 fellowship: University of Mainz (Germany)
- Title: Associate Professor of Urology, University of Sao Paulo, Head of the Uropediatric Unit, Sao Paulo University Medical School Hospital



Albert DOBI, MD, PhD

Assistant Director, Basic Science Research Program, Center for Prostate Disease Research.

Dr. Albert Dobi joined the Center for Prostate Disease Research (CPDR) in September 2003 and became the Assistant Director of Basic Science Research Program in March 2007. He is the Chief of the Section for Gene Regulation and Bioinformatics, a Research Assistant Professor of Surgery at the Department of Surgery, Uniformed Services University of the Health Sciences (USUHS) and also he is a member of The United States Military Cancer Institute (USMCI).

Dr. Dobi integrates prostate cancer research activities within the Basic Research Science Program and leads research efforts towards the exploration of regulation, expression and functions of prostate cancer-associated genes, such as, ERG and androgen-regulated genes. His specific goals are: to determine the relationship between oncogenic processes and androgen receptor and to develop new approaches towards the treatment of prostate cancer by synergizing state-of-the-art molecular and in silico bioinformatic methodologies.

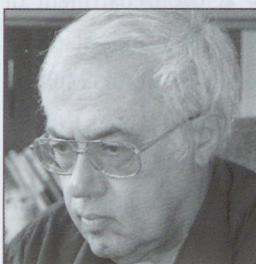
Dr. Dobi earned his doctorate in biology from the Jozsef Attila University, in Szeged, Hungary. As a recipient of the prestigious U.S. National Institutes of Health Fogarty Visiting Fellowship, from 1990 to 1992 Dr. Dobi received postdoctoral training under the mentorship of Dr. Dean H. Hamer at the National Cancer Institute (NCI). In this capacity, he formulated a model to elucidate the gene regulatory basis of a cellular self-defense response to copper stress. As a Fogarty Fellow and later

Visiting Associate Scientist in the Laboratory of Developmental Neurobiology at the National Institute of Child Health and Human Development (NICHD), he was responsible for numerous successful projects involving gene characterization and transcription regulation.

Dr. Dobi made the transition to the Uniformed Services University (1998–2003), Department of Anatomy, Physiology and Genetics, where his research focused on identifying important transcription factors in brain development. Within the multi-disciplinary setting of CPDR Dr. Dobi's endeavors revealed that C-MYC is a downstream target of ERG oncogene. His research also contributed towards the discovery of dominant ERG splice variants in prostate cancer.

Dr. Dobi is the recipient of several awards such as the Sustained Superior Performance Award for Continued Superior Performance, given by the Henry M. Jackson Foundation for the Advancement of Military Medicine, the prestigious Prostate Cancer Foundation Competitive Award, and award from the Congressionally Directed Medical Research Program. He authored numerous peer-reviewed original reports and serves as reviewer for scientific journals. Dr. Dobi supervises and trains researchers, residents and students in the CPDR Basic Science Research Program.

Scientific Awards: 23



Andras FALUS, MD, PhD, DSc

He is a professor of the Semmelweis University (Budapest, Hungary) and a full member of Hungarian Academy of Sciences. His major field is immunogenomics, allergy- and oncogenomics. Recently his major attention focuses to non-coding DNA (e.g. microRNA) and microvesicles, a newly recognized form of intercellular communication. He wrote and edited 9 books (including at Springer, John Wiley & Sons, Karger) and published over 300 research papers with a total citation over 3,500. He is the past president of Hungarian Society for Immunology. Dr. Falus was a fellow at Odense University (1980–81), Harvard Medical School (1984–86), visiting professor at Osaka University (1989). He organized the first International Immunogenomics (2004) and Immunoinformatics (2006) Conference, and is a founding member of International Immunomics Society. He is Editor or board mem-

ber of four international scientific journals. Andras Falus supervised about 30 graduated students, so far. Falus was awarded the Szechenyi price (2006), Neumann award (2006) and Semmelweis price (2008).



Tibor FLASKÓ, MD, PhD

Education and Career

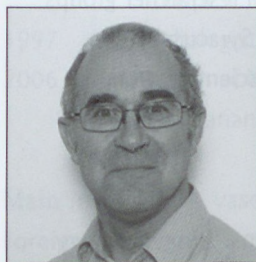
- 1979–1985 Medical University of Debrecen, Hungary
- 1989 Certificate in Urology
- 1985–90 Miskolc, County Hospital, Department of Urology
- 1990– Medical University of Debrecen, Department of Urology

Fields of interest

- Application of ultrasound for diagnosis and interventional procedures
- Laser treatments in urology
- Endoscopic methods
- Application of computers in medical activity
- Introduction and working out of laparoscopy in urology

Membership

- Member of leadership of Hungarian Association of Urology
- Member of Central European Association of Urology
- 1996–2002 Member of Hungarian Medical Laser and Optical Association
- 2004– Secretar of Hungarian Urological Professional Bording School



Christopher Henry FRY, MD, BSc, BA, PhD, DSc

Education and Career

- 1968–1971 Leicester University, B.Sc. Biological Sciences. Class 2i, Science Faculty Prize, 1970
- 1971–1974 Leicester University, Ph.D. Physiology, and
- 1981–1986 The Open University, B.A. Mathematics. Class: First

- 1991 London University, D.Sc. Physiology Regulation of muscle contractility and excitability
- 1995–2008 Professor of Cell Physiology, Institute of Urology, University College London
- 1994–1995 Reader in Cell Physiology, Institute of Urology & Nephrology, University College London.
- 1991–1993 Reader in Cell Physiology, Division of Physiology, UMDS, University of London.
Vice-chairman, Division of Physiology, UMDS, London University
- 1987–1991 Senior Lecturer in Physiology, UMDS, London University
- 1979–1987 Lecturer in Physiology. St Thomas' Hospital Medical School (later UMDS), London University.
- 1978–1979 British Heart Foundation Lecturer in Cardiac Physiology. Cardiothoracic Institute, London.
- 1977–1978 Research Assistant. Cardiothoracic Institute, London.
- 1976–1977 Teaching Assistant. Physiologisches Institut, University of Bern, Switzerland.
- 1975–1976 Royal Society Fellow. Physiologisches Institut, University of Bern, Switzerland.

Other positions

- 2002– Royal College of Surgeons of England: Court of Examiners
- 1991–1992 STEP cardiovascular course
- 2001–2002 The Physiological Society: Chairman of Executive
- 1999–2001 Committee Secretary;
- 1995–1999 Meetings Secretary
- 1994–1995 member of committee
Section editor (journals)
Neurourology & Urodynamics (Cell Biochemistry)
Nephron (Physiology); LUTS
International Continence Society Advisory Board – Chairman; section Cell Biology
- 2009– External examiner. BSc Biological Sciences (Southampton)
- 2006–2009 BSc physiology (Bristol)
- 2005–2008 MBBChir (Cambridge)
- 2000–2004 BSc physiology (Belfast)
- 1999–2003 Cardiff
- 1996–1999 Leeds
- 1995–1998 MSc Physiology Kings College
- 1984–2009 PhD, MD, MS degree examiner
- 1990–1993 Gordon Conference; Chair ;
- 1987–1990 vice-Chair
Magnesium in biochemical processes
University of Surrey appointments
Medical School standing committee

Membership

The Physiological Society, The American Physiological Society, International Continence Society, British Society for Cardiovascular Research

Teaching

Post-graduate students: PhD students 12;
MD/MS 23 (all successful);
MBBS, Medicine: all aspects of physiology;
BSc: 1st-3rd year physiology BSc modules (UCL):
Membrane biophysics (UMDS);
MRCS, FRCAnaesth Applied physiology for surgeons and anaesthetists



John FRITZPATRIK, MD

Education and Career

- 1971 Qualified as a doctor
- 1975 Become fellow of the Royal College of Surgeons in Ireland
- 1976 Masters degree
He is also a fellow of the Royal College of Surgeons of England and of Glasgow.
- 1977–1981 trained in the St. Peters Hospitals and the Institute of Urology in London.
- 1981 returned to Dublin as Consultant Urologist and Senior Lecturer in Urology in the Meath and St. James' Hospitals and Trinity College Dublin.
- 1986 was appointed Professor and Chairman of the Department of Surgery in the Mater Misericordiae Hospital and University College Dublin.

He has performed 45 visiting professorships in the United States and other countries throughout the world. He has also given 167 guest lectures throughout the world. He has produced 260 peer reviewed publications, 74 book chapters, has edited 6 journal editions, and published 12 books.

Professor Fitzpatrick is on the editorial board of 25 journals, and is Editor-in-Chief of the BJU International. He is President of the Irish Society Urology and is immediate Past President of the British Association of Urological Surgeons. He is a member of the Board of Trustees of the British Urological Foundation and is Chairman of the Scientific Committee of that Foundation. He is an Honorary Fellow of the College of

Urologists of South Africa and an Honorary member of the British Association of Urological Surgeons and of the American Urological Association as well as an Honorary member of the Urological Societies of Australasia, South Africa, Germany, Netherlands, Hungary, Argentina, Greece, and Georgia.



**Andreas Johannes GROSS,
Prof. Dr. med.**

Education and Career

- 1978–87 Universities of Freiburg, Lakeland/Florida, München, Lübeck, Wellington/Newzealand
- 1987 Graduation
- 1987 Approbation
- 1988 Doctoral Thesis
- 1997 Professoral Thesis

Residency

- 1987 Universität zu Lübeck
- 1989 Freie Universität Berlin
- 1992 Universität Hamburg
- 1993 Consultant Universität Göttingen
- 1997 Associate Professor Universität Göttingen

Head of Department

- 2000 Bergisch-Gladbach
- 2005 Asklepios Klinik Barmbek, Hamburg

Awards

- 1993 and 1999 Peter-Bischoff-Preis
- 2005 Gaikwad Oration
- 2007 Asklepios Award für Medizinische Innovation und Qualität
- Honorary Member New York Section of the American Urological Association

Membership

- German Society for Urology
- Member West-East-Committee
- North-German Society for Urology
- West-German Society for Urology
- West-German Society for the promotion of talented urologists
- American Urological Association

- Member of the History Committee
- Endourological Society
- Academy for Ethics in Medicine
- European Intrarenal Surgery Society

Examiner European Board of Urology
Board of Urology State General Medical Council

Reviewer Journal of Urology
African Journal of Urology
European Journal of Clinical Investigation
Journal für Urologie und Urogynäkologie
Extracta Urologica
Drugs and Aging

Editorial board World Journal of Urology

Member scientific advisory board
Spina bifida and hydrocephalus society
Uro News
Yaramdas Patel Academic Centre, Nadiad, India

Publications

- journal articles 91
- published abstracts 129
- national/international lectures 168
- several book articles
- Editor of several books



Gabriel P. HAAS, MD

FACS is Medical Director of Urology, Astellas Global Development, Inc, Previously, for the past 15 years, he has been Professor and Chairman of the Department of Urology at SUNY Upstate Medical University, Syracuse, New York. He is an internationally recognized clinician, researcher, educator and lecturer. An author of over 170 scientific papers and book chapters, his main research contributions have been in the area of the Epidemiology of Prostate Cancer, Autopsy Studies, and the Immunotherapy of Renal Cell Carcinoma. He has received the highly prestigious degree of Doctor Honoris Causa from Semmelweis University in Hungary, and is a honorary member of the Peruvian and Hungarian Urological Associations. He served as President of the Hungarian Medical Association of America, and of the Northeastern Section of the American Urological Association.

**Günter JANETSCHKEK, MD,****Education and Career**

- 1967–1973 School of Medicine, Leopold-Franzens-University of Innsbruck
- 1970 Scholarship of the Foreign Ministry of France, University of Montpellier, France
- 1973 Doctor of Medicine, University of Innsbruck
- 1980 Specialist of Urology/Germany
- 1981 Specialist of Urology/Austria
- 1993 Professor of Urology
- 1973 Surgical Intern, Prince Henry Hospital, Sydney, Australia
- 1973–1975 Internship, General Hospital Salzburg, Austria
- 1976–1999 Department of Urology, University of Innsbruck
- 1979–1980 Dept. of Urology, University of Mainz/Germany
- 1980–1981 Dept. of General Surgery, University of Innsbruck
- 1988 Associate Professor, Dept. of Urology, University of Innsbruck
- 1988–1999 Vice Chairman, Dept. of Urology, University of Innsbruck
- 2000–2000 Associate Professor, Dept. of Urology, University of Vienna
- 2000–2009 Head, Dept. of Urology, Elisabethinen Hospital, Linz, Austria
- since 04.2009 Chairman, Dept. of Urology, Paracelsus Medical University, Salzburg, Austria
- 2001–2003 Vice President, Austrian Society of Urology
- 2003–2005 President of the Austrian Society of Urology
- 2001–2008 Chairman working group of the Heads of the Austrian Urological Depts.
- European Association of Urology**
- Member Scientific Committee
- Board member of the ESUT: European Society of Urotechnology, chairman of the subgroup: education, fellowship program
- Board Member of the ESU: European School of Urology
- Former Board member (ex officio) of the EUSP: European Scholarship program
- Awards**
- 1987 Zuckerkanndpreis – Austrian Society of Urology
- 1997 Video Award – German Society of Urology

- 2000 Video Award – European Society of Urology
- 2001 Video Award – European Society of Urology
- 2005 Poster Price – „Dreiländertagung“ Nuclear Medicine Basel

**Kerstin JUNKER, MD, PhD**

Chief of the Laboratory of Molecular Biology Department of Urology, Friedrich Schiller University Jena Research Interests and Areas of Supervision – Molecular biology of urological tumors Focus on molecular profiling of renal cell tumors – role of tumor associated fibroblasts in tumor development and metastasis

Education and Career

- 1990 Diploma in Human medicine (*Biomedicine*), 2. Medical Institute Moscow, Russia
- 1996 M.D. (*Dr. med.*) in Human Genetics, University of Jena
- 1990–1997 Institute of Human Genetics, University of Jena
- 1996–1997 Postdoctoral fellowship at the National Cancer Institute, Frederick, MD, USA
- Since 1998 Chief of the Laboratory of Molecular Biology, Department of Urology, University Jena
- 2004 Habilitation in Experimental Urology
- Since 2003 Senior physician at the Department of Urology

Administrative Experience

- 2005–present Speaker of the German kidney cancer network
- 2006–present Member of the Interdisciplinary Task Force Renal Cell Tumors of the German Cancer Association
- 2007–present Speaker of the project: role of tumor associated fibroblasts in development of metastasis
- 2009–present Board member of the European Society of Urological Research, Section of the European Association of Urology

Reviewer for Journals

- European Urology
- The Journal of Urology
- Urologica Internationalis
- World Journal of Urology

Urology
 BMC Cancer
 Expert Opinion on Medical Diagnostics
 Journal of Cancer Research and Clinical Oncology
 Neoplasia



András KISS, MD, PhD

Education and Career

1992 M.D., Semmelweis Medical University, Budapest, Hungary; Ph.D., Hungarian Academy of Science, Budapest, Hungary; Board certified pathologist, Ministry of Health, Budapest, Hungary; 2002 Board Exam in Molecular Genetics and Diagnostics, Ministry of Health; Social and Family Affairs; Board Exam in Diagnostic Cytology, Ministry of Health, Social and Family Affairs. Diploma of Health System Manager, Semmelweis University, 2007.

2002–2007 associate professor of pathology, 2nd Institute of Pathology, Semmelweis Medical University; 2001– present Head of the Laboratory of Molecular Pathology; at the 2nd Dept. of Pathology, Semmelweis University, Budapest; 2007– associate professor of pathology, 2nd Institute of Pathology, Semmelweis Medical University, Budapest; 2001– present Head of the Laboratory of Molecular Pathology; at the 2nd Dept. of Pathology, Semmelweis University, Budapest; 2006– deputy director of the 2nd Dept. of Pathology, Semmelweis University, Bp., Scientific degree: 1999 Ph.D. – Hungarian Academy of Science and Semmelweis University. 2007 Diploma of Habilitation, Semmelweis University, Budapest.

Memberships in Scientific Societies

1993– Hungarian Society of Pathologists,
 1993– Hungarian Society of Gastroenterology,
 1993– Hungarian Cancer Society,
 2000– International Academy of Pathology,
 2006– International Councilor of the International Academy of Pathology,

Member in Editorial Board

Leges Artis Medicinae,
 Orvosok Hetilap

Research Interest

hepatology, hepatic stem cell compartment, hepatocarcinogenesis, growth factors, diagnostic molecular pathology

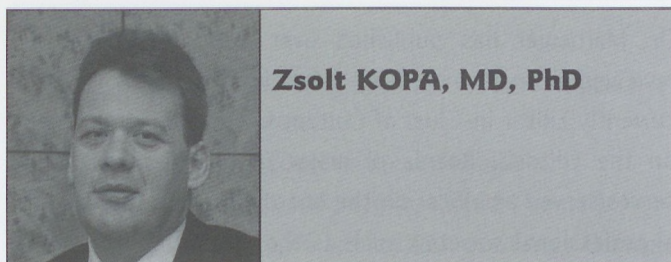
Awards

Glaxo-Falk Award at the XXX. Annual Meeting of the Hungarian Society of Gastroenterology, 1998. 3 year Bolyai Scholarship of the Hungarian Academy of Science 1999–2002, 1999. Soros Scholarship to NCI, NIH, Laboratory of Experimental Carcinogenesis (Bethesda, Maryland, USA), 2000. exchange scientist, NCI, NIH, Laboratory of Experimental Carcinogenesis, (Bethesda, Maryland, USA), 2003– diploma for excellence in Bolyai Scholarship, 2003–2006 Bolyai Scholarship of the Hungarian Academy of Science Principal investigator in grants: ETT (Department of Health) 1998–1999, OTKA (Hungarian Research Fund) 1999–2002; ETT (Department of Health) 2001–2003; ALK (Applied Research in Biotechnology) 2002–2005; ETT (Department of Health) 2006–2008; 2001– accredited tutor of the Oncology Ph.D. School at Semmelweis University. 2005– Secretary of the Committee for Diagnostics in Molecular Genetics at Semmelweis University. 8 Scientific Publications in Hungarian and 45 Scientific Publications in English Total citation: 471; independent citations: 405. Total Impact Factor of the publications: 113.478



András KISS, MD, PhD

Dr. Kiss obtained his MD in 1990 at the Semmelweis Medical School, Budapest, Hungary. He is board certified in pathology (1995) and urology (1999). Between 1990 and 1994 he worked as pathologist. Since 1994 he has worked at the Heim Pál Children's Hospital in Budapest at the Department of Surgical Urology as a urological surgeon. Receiving a fellowship from the European Urological Association followed by a grant from the European Society of Pediatric Urology (ESPU) he spent 12 months in London at the Department of Urology at the Guys Hospital and at the Great Ormond Street Sick Children's. Dr. Kiss has performed many different operations including more than 500 hypospadias repair. Working at the national centre for pediatric urology he has also been actively involved in graduate and postgraduate education of his field. His scientific interest is penis disorders including balanitis xerotica obliterans and hypospadias surgery. He has obtained his PhD in 2000. He has been the author of 21 articles and 3 book chapters. His Hirsch-index is 7, citation index is 474 and his cumulative impact factor is 29.6.

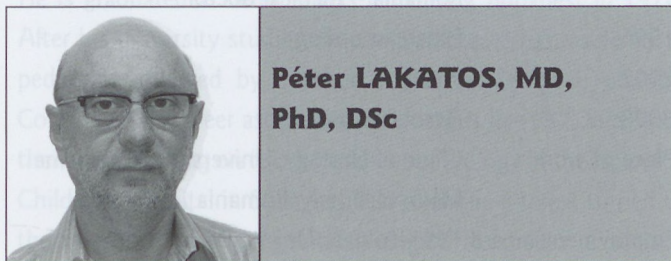
**Zsolt KOPA, MD, PhD**

Head of the Andrology Center of the Department of Urology of the Semmelweis Medical University, Budapest, Hungary.

Zsolt Kopa graduated on the 15.th of September 1990 in the Medical University in Pécs and started his medical work in the Urological Department of the Semmelweis University in Budapest. In 1994 he became specialized urologist, in 2004 specialized andrologist. In January 2006 Ph.D. degree was achieved with the work on male infertility.

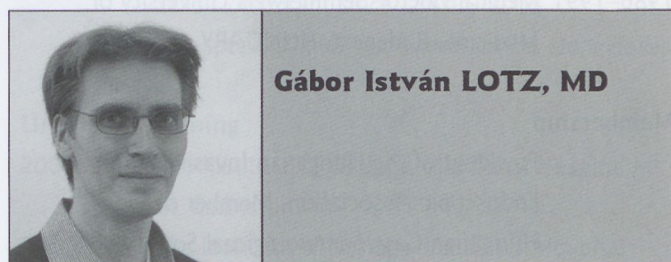
His works are continually published in peer reviewed national and international journals, is participant of several international and national congresses with scientific presentations several times as invited lecturer and chairman. He has a routine in organizing national and international conferences and in graduate and postgraduate education in three languages.

Since 2007 he is a valued member of the European Association of Urology Working Group on Male Infertility Guidelines Panel. He is the President of the Board of Andrology of the Semmelweis University Budapest, Vice President of the Hungarian Scientific Society of Andrology, member of the Executive Committee of the Hungarian Society of Urology and the Hungarian STD Society. Since 1996 he works as Coordinating Editor of the journal Hungarian Andrology.

**Péter LAKATOS, MD, PhD, DSc**

After studies in biology and chemistry, Dr. Peter Lakatos finished medical school at the Semmelweis University, Budapest, in 1981. He started his medical career at the 1st Department of Medicine, Semmelweis University. Between 1989 and 1992, he worked with *Prof. Paula Stern* at the Department of Pharmacology, Northwestern University, Chicago, studying intracellular signal transduction in bone cells. After that, he returned to the Semmelweis University but remained a faculty member at the Northwestern University until 1998. Currently, he is a full professor of medicine and endocrinology, as well as head of the Molecular Research Laboratory at the 1st Department of Medicine, Semmelweis University. *Dr. Lakatos* and his research group have actively participated in the development and

introduction of biochemical and densitometric methods in the management and research of osteoporosis. In the 80's, he developed an osteocalcin radioimmunoassay among the first. He directs basic and clinical research programs in the field of metabolic bone diseases with a special interest for osteoporosis and thyroid hormone-stimulated bone loss. During the last decade, his major interest lies in the genetic background of metabolic bone diseases as well as in the role of calcium in cancer development. Dr. Lakatos also conducts drug development studies. He has authored more than 280 full length scientific articles and book chapters. Among others, Dr. Lakatos acted as the President of the Hungarian Society for Osteoporosis and Osteoarthritis (1999–2005) and board member of the European Society for Calcified Tissues (1997–2007).

**Gábor István LOTZ, MD**

Education

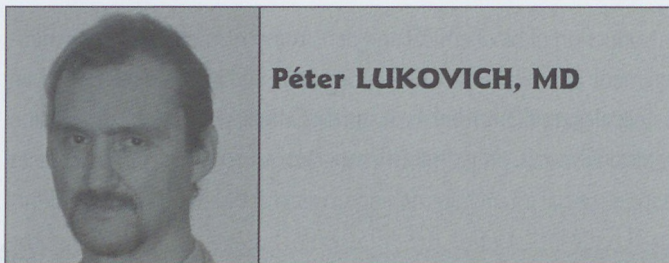
Medical student at the Semmelweis Medical University in Budapest, Hungary from 1990 till 1997. Ph.D. student years followed from 1997 to 2000 spent at the 1st Institute of Pathology and Experimental Cancer Research of the Semmelweis University in Budapest, Hungary. Ph.D. degree was obtained in 2004, and also becoming a board certified pathologist in the year 2004.

Honors and awards

- 1995 the Antal Gensich Prize won in the student category
 - 1997 the Terry Fox Prize of the Hungarian Society of Oncology won
 - 2003 the Dr. Kuntz Foundation Prize for the best publication in the field of gastroenterology won
- Fellowships and scholarships: research fellow at the Hôpital Necker and Institut Pasteur in Paris, France in the year 1998 and scholarships won to the Allgemeines Krankenhaus in Wien, Austria in the years 1999 and 2000 and to the Washington State University in Pullman, USA in 2000.

Membership

the Hungarian Society of Pathology, the Hungarian Division of the International Academy of Pathology as well as the Hungarian Society for the Study of the Liver.

**Péter LUKOVICH, MD**

Associate professor of the 1st Dept. of Surgery, Semmelweis University

Education

2000–2002 Specification: Gastroenterology

1991–1995 Specification: Surgery

1986–1991 Medical Doctor, Semmelweis University of Medicine, Budapest, HUNGARY

Membership

President of the Hungarian Invasive Flexible Endoscopic Association, Member of the Hungarian Gastroenterological Society, endoscopic section and the Hungarian Surgical Society

Publications

Publications 21,

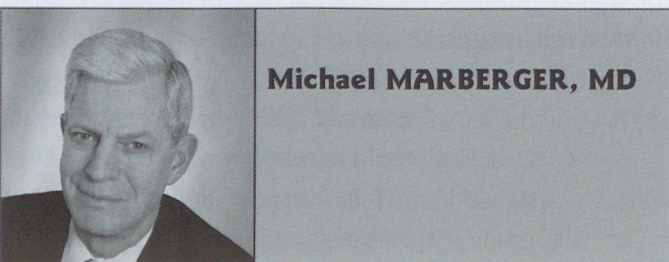
Presentations 108

Chapter in books 1

Impact factor of publication 3,927

Impact factor of abstracts 60,99

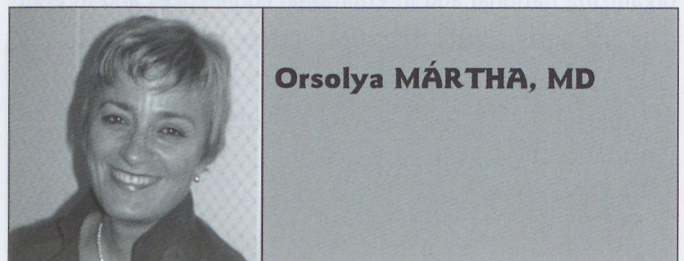
Citation: 5

**Michael MARBERGER, MD**

Professor and Chairman – Department of Urology – University of Vienna, Austria.

Michael Marberger, MD, FRCS (ed), is a native of Innsbruck, Austria. He graduated there from Medical School and completed his residency in urology at the Innsbruck University Hospital. 1973–1980 he served as Staff member at the Department of Urology, University of Mainz, Germany and 1980–1990 as Urologist-in-Chief of the Department of Urology, Rudolfstiftung, Vienna, Austria. Since 1990 he is Professor and Chairman of the Department of Urology of the University of Vienna Medical School.

Dr. Marberger has published over 500 articles in peer reviewed journals and edited 5 text books of Urology. He is currently Editor-in-Chief of Current Opinion in Urology and on the Editorial Boards of major urological journals. He serves/served as officer on the boards of major international professional societies such as the EAU, the SIU and the Endourology Society. He received numerous awards, among them the Dr. honoris causa of the Semmelweis University Budapest, the Honorary Fellowship of the Royal College of Surgeons of Edinburgh, the SIU–Yamanouchi Lifetime Achievement Award, the St. Paul's Medal of the British Association of Urological Surgeons, the Certificate of Achievement Award of the American Association of Urology. He is Honorary Member of 19 Urological Societies, among them the American Urological Association, Canadian Urological Association, the German Association of Urology, the Australasian Society of Urology, the Dutch Urological Association and the South African Urological Association.

**Orsolya MÁRTHA, MD**

Education and career

1979–1985 University of Medicine, Tg. Mures, Romania – medical doctor

1995 Expert in urology

2002 PhD

2008 Associate professor

Place of work Clinic of Urology, University of Medicine Marosvásárhely, Romania

Employment record 1991 -to date University of Medicine of Tg Mures, Clinic of Urology

Range of interest

urodynamics, pediatric urology, overactive bladder, female urology

Membership

1992 Romanian Association of Urology,

1996 European Association of Urology,

1998 Central European Association of Urology,

Member of the board of Romanian Association of Urodynamics

Study visit

- 1993 General Ultrasonography – Oradea, Romania – course, 3 month
- 1994 Course of Endourology – 6 month
- 1994 Urodynamics-Nijmegen Holland – 1 month
- 1996 Urooncology 2 weeks Clinic of Urology Debrecen
- 1999 Flexible ureteroscopy course – Stockholm
- 2008 Course of pathology of the prostate, bladder

Teaching

1991 to date courses of urology for medical students and nurses

Grants

- „Studiul determinarilor urodinamice in stabilirea diagnosticului si tratamentului tulburarilor de mictiune”. Project participant (1998–2001) Univ. Med. Farm. Tg. Mures.
- Project PC7: „Centre for Patient Safety and Service Quality of the Imperial College London I project participant.
- Project TET: Prosztatárak kimutatása Magyarországon és Romániában, 2009, project participant



Miklós MERKSZ, MD, PhD

He is graduated at Semmelweis University, Budapest in 1974. After his university studies, he completed a 4 year residency in pediatrics followed by another 4 year residency in urology. Continued his career as a pediatric urologist in 1982, and since then he is working on the department of urology in the Heim Pál Children's Hospital in Budapest. His scientific interest turned to the investigation of congenital urological anomalies, especially to cryptorchidism. Currently, he is the head of the department of urology in Heim Pál Children's Hospital since 1999. Board member of the Hungarian Society of Urology. Member of the ESPU (European Society for Paediatric Urology) since 1990 and he was the organizer and the president of the 13th Annual Meeting of the ESPU held in Budapest in 2002. Member of the Editorial Board of the Journal of Paediatric Urology. Editor of the textbook „Gyermekekrológia” („Paediatric Urology”) published in Hungarian by Semmelweis Publisher, Budapest in 2007.



**Hugh MOSTAFID, MD,
MBBS, FRCS, MSc, FRCS,
FEBU**

Education

1984–1989 St. Thomas's Hospital Medical School

Consultant Appointment

Consultant Urologist at the North Hampshire Hospital, commenced June 1st 2001
Lead Consultant since January 2003
Sub-specialist Interests: Bladder cancer, stone disease

Urological Training

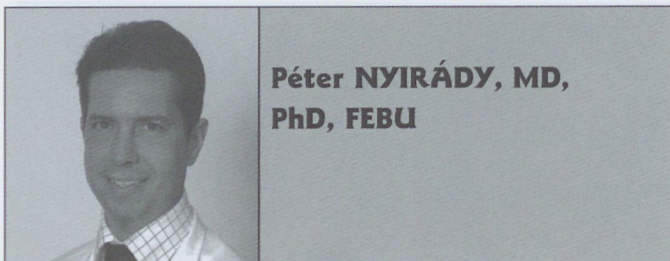
- 2000–2001 The Institute of Urology, Middlesex Hospital Mr. M. Emberton
- 2000 The Institute of Urology, Middlesex Hospital, Professor. C.R.J. Woodhouse
- 1999–2000 The Institute of Urology, Middlesex Hospital Professor A. R. Mundy
- 1999 The Stone Unit, Middlesex Hospital Mr. H. N. Whitfield
- 1998 Guy's Hospital, Professor A. R. Mundy
- 1997–1998 Kent and Sussex Hospital, Mr. T Ford, Mr. J. Lewis
- 1996–1997 Guy's Hospital, Mr. R Popert Harrison
- 1995–1996 Royal Sussex County Hospital, Mr. N.W. Mr. M.S. Fletcher
- 1994–1995 Research Registrar in Urology, Brighton General Hospital
- 1992–1994 SHO General Surgery/Urology rotation, West Suffolk Hospital, Bury St. Edmunds, Mr. M. P. McBrien
Mr. A. P. Barabas
Mr. D. L. Lawrence
Mr. C. L. Kennedy
- 1990–1992 SHO Orthopaedics and Trauma rotation, Hammersmith Hospital, London Professor S. P. F. Hughes
- 1990–1991 SHO Cardiothoracic Surgery St. Thomas's Hospital, London, Mr G E Venn
- 1990–1990 House surgeon General Surgery / Urology St. Thomas's Hospital, London Mr R W Lloyd, Davies Mr R Tiptaft, Mr B T Jackson, Mr R J Nicholls
- 1989–1990 House physician General / Renal medicine Royal Cornwall Hospital, Truro Dr. J N Barnes

Publications: 19

Published Abstracts: 16

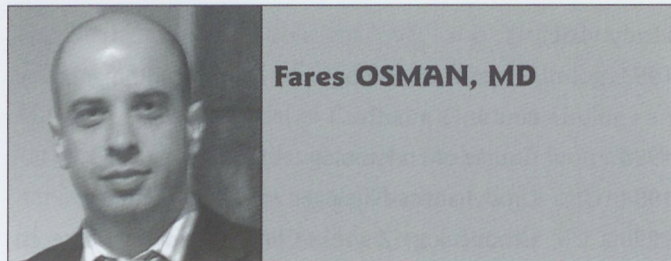
Podium presentations (1st author): 5

Poster and video presentations (1st author): 10



**Péter NYIRÁDY, MD,
PhD, FEBU**

He graduated in 1995 as Doctor of Medicine in Albert Szent-Györgyi University of Medicine, Szeged, Hungary. He started his carrier in the Department of Paediatric Urology at Heim Pál Children's Hospital and work there until 2000. During this time he spent 3 months as a travelling fellow of the ESPU in Royal Manchester Children's Hospital and St. James's Hospital Leeds, UK. Between 2000 and 2001 he spent one year at the University College London, London, U.K. as a research fellow with a EUSP scholarship of the EAU (European Association of Urology). He was doing basic research on foetal sheep experiments, looking on the electromechanical properties of the detrusor smooth muscle of the urinary tract. Since April 2001 he has been working on the Department of Urology at Semmelweis University. In December 2001 he became a specialist urologist. He defended his theses of Ph.D. in 2003. By passing part I and part II exams of the European Urological Exam in 2006 became Fellow of the European Board of Urology (FEBU). He was appointed to become adjunct associate professor in 2006 on the Semmelweis University. Since 2006 he has been leading one of the departments of the Clinic. He habilitated on the Semmelweis University in 2009 and on the same year he was appointed to become an associate professor. He has won several travel scholarships as in 2005 the EAU-AUA Academic Exchange Programme and visited 6 leading academic urological departments of the USA. EUSP Short Term Visits on the departments of urology on the Vienna University in 2006 and Royal Hallamshire Hospital, Sheffield in 2008. He was granted as best of paper, presentation or poster on the XIIIth Congress of the European Society of Pediatric Urologist (ESPU), April 11–13, 2002, Budapest, Hungary; *Magy. Urol.* 14(1), 21–30, 2002, XVIIIth EAU Congress Madrid, Spain, 12–15. March 2003; 3rd Central European Meeting, 2003, Crackow, Poland; EAU 6th Central European Meeting 15–16 Sept. 2006. Prague, Check Republic; Karl Storz first price EAU 8th Central European Meeting 24–25 Oct. 2008. Warsaw, Poland; 3rd Price on the European Urology Forum 2009 Challenge the experts 7–11 Febr. 2009 Davos, Switzerland.



Fares OSMAN, MD

Education

- 1983–1984 The primary study certificate from the Rosary private school in the United Arab Emirates-Abu Dhabi
1989–1990 The preparatory and secondary school in the National Private Orthodox College in Syria-Latakia and graduated from the secondary school
2002–2003 Graduated from the Human Medical Faculty of Tishreen University Syria-Latakia in February
2005–2006 Joined the Ph.D. English program
2007–2008 Semmelweis University Hungary, Budapest in the year 2005–2006 and completed the program at the 31st of August 2007–2008

Publications

- Fares Osman, György L Nádasy, Emil Monos, Péter Nyirády, Imre Romics: (2009) A novel videomicroscopic technique for studying rat ureteral peristalsis. *World J Urol* 27: 265-270. IF: 2.699
Fares Osman, Imre Romics, Péter Nyirády, Emil Monos, György L Nádasy: (2009) Ureteral motility. *Acta Physiologica Hungarica*, Volume 96 (4): 407-426. IF: 0.491

Abstracts of Congresses Participated in

- Osman F, Nádasy GL, Monos E, Nyirády P, Romics I: (Szeged, Hungary, 2006. Június 7–9).
A new videomicroscopic method to study in vivo ureter movements of anesthetized rats. A Magyar Élettani Társaság (MÉT) LXX. Program. Előadások és poszterek összefoglalói P55
Osman F, Nádasy GL, Monos E, Nyirády P, Romics I: (Siófok, Hungary, 2–4 November 2006).
A new videomicroscopic method to study the ureteral movements in vivo in anesthetized rats. Poster delivered at the conference of the Hungarian Urological Society.



Ákos PYTEL, MD, PhD

Education and Career

- 1977–1985 Elementary school in Pécs.
 1985–1989 Secondary school in Pécs.
 A special bilingual (Hungarian–German) school.
 1989–1995 Medical School of the University of Pécs.
 1992 Elective period in Cardiff (UK)
 1993 Elective period in Linz (Austria)
 1994 Participation in the surgical programme of the Department of Urology
 1995 Graduation as medical doctor
 1995–2000 Resident-in-training at the Department of Urology of the Medical School of University Pécs.
 Since 1996 I have been involved in the student teaching programme.
 2000 My application for a scholarship was by EUSP approved.
 2000–2002 Resident-in-training („Assistent Arzt“) at the Department of Andrology and Urology, St. Johans-Spital, Landeskliniken Salzburg, Austria
 2001 Qualification as urological specialist
 2002 I was appointed as Professor Assistance at the Department of Urology of the Medical School of University of Pécs.
 2005 Doctoral (PhD) degree, work entitled: In-vivo and in-vitro photodynamic diagnosis of bladder tumours
 2006 Fellow of the European Board of Urology (FEBU)
 2007 I was appointed as Associate Professor at the Department of Urology of the Medical School of University of Pécs.

Special field of interest

Radical pelvic surgery (prostate, bladder, penile cancers), incontinence, urodynamic studies, neuro-urology

Memberships

Hungarian Association of Urology,
 European Association of Urology,
 Hungarian Endourological Association,
 European Urology-Accredited Continuing Medical Education (EU-ACME)
 Hungarian Continence Society,
 International Continence Society

Executive Board of the Hungarian Association of Urology,
 Educational Committee of the Hungarian Association of Urology,
 Executive Board of the Hungarian Continence Society
 Educational Committee of the Hungarian Urological Council
 Leader of the Hungarian EU-ACME Programme



Prof. Imre ROMICS, MD, PhD, DSc

He was graduated at the Semmelweis Medical University in 1971. Since 1997 he has been the professor and chairman of the Department of Urology Semmelweis University. Between 1986 and 1988 he worked as an Assistant and Oberarzt at the Department of Urology St. Agnes Hospital, Bocholt (West-Germany) He is the member of German Urol. Society, American Urol. Association, EAU (European Association of Urology) (1990-), EUSP-Scholarship Program Committee (1999-2004), Historical Committee (1999-), full faculty and board member of ESU (European School of Urology) (2004-), full member of the Association of Academic European Urologists (2005.-), president elect (2008).

He is honoris causa professor of Univ. in Tirgu Mures (Marosvásárhely), Romania (2007.) He is an honorary member of the Romanian, Slovakian, German Urologic Societies, Slavonic Medical Society, Polish and Czech Urological Associations.

Editorial board

Uroonkológia (editor) (2004-), British Journal of Urology, EAU Today, Open Urology & Nephrology (USA), Int. Urol. Nephrol. (USA), Canadian Journal of Urology, Polish J. Urol, Klinická Urológia (Slovakia), Revista Romana de Urologie, Central European Journal of Urology.

Publications

653 presentations in Hungarian, German, English
 392 papers at home and international congresses
 73 chapters of books
 19 books
 Impact factor: 96.313

He was the president of Board of Urology (1999-2004), has been the national coordinator of qualification and postgraduate education (1999–), member of the General Assembly of Hungarian Academy of Science (2004).

**Marcell A. SZÁSZ, MD****Education**

- 2006– Semmelweis University School of PhD Studies
Experimental and Diagnostic Pathomorphology
Prognostic Factors in Breast Carcinomas
- 1999–2006 Semmelweis University Faculty of Medicine
Combined College and Medical School Program

Scholarships/Awards

- 2009 Avon Foundation-AACR International Scholar-in-
Training Award
- 2008– Research fellow–Department of Pathology,
Brigham and Women's Hospital / Informatics
Program, Children's Hospital Boston; Harvard
Medical School, Boston, MA, USA
- 2007 First prize–Babics Antal Award for Young Scientists
- 2007 Award from the Hungarian Surgical Society and
the Hungarian Oncologist Society
- 2006 Hungarian Medical Students' International
Relations Committee–Scholarship, Charles
University, 3rd Medical Faculty Burns Center,
FNKV, Prague, CZECH REPUBLIC
- Second prize for the Professional Essay in Oral
and Maxillofacial Surgery
- Internal Medicine Subinternship, The Johns
Hopkins University, School of Medicine
Department of General Internal Medicine, The
Johns Hopkins Hospital, Baltimore, MD, USA
- The Balázs Dezső (†) & Walter Julianna Award
First prize awarded by the Scientific Student
Committee of the Semmelweis University Special
additional award from the Hungarian Surgical Society
- 2005–2006 ERASMUS–Scholarship Compact Clinical Training
in Surgery and Pediatrics Humboldt University
CHARITÉ-UNIVERSITÄTSMEDIZIN Campus
Virchow Klinikum Berlin, GERMANY
- 2004 Hungarian Medical Students' International
Relations Committee–Scholarship Chang Gung
University
Dept. of Anatomy (Med.Domain: Genetics),
Laboratory of Integrated Biomedical Sciences
Tao-Yuan, TAIWAN
- 2004 First prize for the Professional Essay in Urology

- 2003 Second prize for the Essay Competition
„Krompecher”
Award from the Hungarian Pathologist Society
and the Hungarian Oncologist Society

Membership

- 2009– European Association for Cancer Research
- 2009– American Society of Clinical Oncology (ASCO)
- 2007– International Academy of Pathology (IAP)
- 2004– Association of Friends of Semmelweis University

Publications 18

Presentations 33

**Attila SZENDRŐI, MD,
FEBU**

He won in 1998 and 2000 the first prize of Scientific Congress of Students, Semmelweis University, Budapest, Hungary. He graduated summa cum laude in 2000 as Doctor of Medicine in Semmelweis University of Medicine, Budapest, Hungary. He started his carrier in the Department of Urology at Semmelweis University and has been working there since then. During this time he spent 3 times 2 weeks at Friedrich Schiller University, (Jena, Germany), he was doing basic research on renal cell cancer bone metastasis, looking on the genetic background. In December 2006 he became a specialist urologist. By passing part I and part II exams of the European Urological Exam in 2006 became Fellow of the European Board of Urology (FEBU). He is working as an associate professor. His special field is urooncology, particularly prognostic factors, radiomorphology and genetic background of renal cancer and its bone metastasis, calcium metabolism in prostate cancer, microsatellite analysis in bladder cancer. He was granted as the best of poster presentation on the Congress of Hungarian Urological Society, Szeged, Hungary, 2003 and on the Congress of Hungarian Urological Society, Keszthely, Hungary, 2009. He was awarded by Babics Antal-prize in 2007.

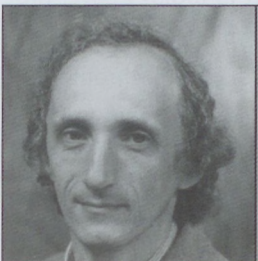
He has been the reading editor of Uroonkológia since January 2009. He is a member of the Hungarian Urological Society, Hungarian Oncological Society and European Association of Urology. He is the first author of 14 articles, total impact factor: 16, co-author in 19 articles.

**Béla TÁLLAI, MD, PhD****Education**

- 1989–1995 Student at Medical University of Debrecen, Hungary
- 1995–2001 Resident in Urology
- 12.2001 Certificate of Urology
- 07.2005 Certificate of Ph.D. degree
- Current state: assistant professor of urology at University of Debrecen, Medical and Health Center, Dept. of Urology

Work history

- 1995–1999 Resident in urology in Szombathely.
- 1999–2001 Resident in urology at Department of Urology, University of Debrecen.
- 2002–2005 assistant lecturer of urology.
- 2005– assistant professor of urology.

**József TÍMÁR, MD, PhD, DSc****Education and Career**

- 1995 DSC, Hungarian Academy of Sciences,
- 1987 PhD (canc.biol) Hungarian Academy of Sciences,
- 1980 Spec. pathol. Postgradual Med School, Budapest,
- 1976 MD Semmelweis University, Budapest
- 2008– chairman, 2nd Dep. Pathology, Semmelweis University, Budapest,
- 1999–2008 head, Dep. Tumor Progression, National Institute of Oncology, Budapest,
- 1995– full professor at the Semmelweis Medical University, Budapest (1st Institute of Pathology),
- 1990–91 research associate, Wayne State University, Detroit; visiting scientist, Institute of Cancer Research, London;
- 1976–1998 pathologist, 1st Inst. Pathol. Exp.Canc.Res, Semmelweis University

Membership

- head National Oncology R&D Consorcia;
- secretary Department of Medical Sciences, Hungarian Academy of Sciences; Oncology Advisory Board, Hungarian Academy of Sciences

Professional Societies

- 2001–2004 *member*, Metastasis Research Society (Board member; *member*, European Association for Cancer Research; *member*, International Academy of Pathology; *member*, American Association for Cancer Research; *member*, American Society of Oncology

Scientific Journals

- Pathology Oncology Research (founding Editor);
- Cancer & Metastasis Reviews (member of the Editorial Board);
- Clinical Experimental Metastasis (member of the Editorial Board);
- Hungarian Oncology (editor-in-chief)

Honours and Awards

- 1983 recognition of excellence, Ministry of Welfare;
- 1994 Huzella price of the Semmelweis University;
- 1996 Recognition of excellence in university teaching, SU;
- 1998 Academy Award, Hungarian Academy of Sciences;
- 1997–2001 Széchenyi professorial fellowship, Ministry of Education;
- 2002 Terry Fox award for cancer research;
- 2003 Excellent PhD tutor, Semmelweis University;
- 2003 Krompecher award, Hungarian Cancer Society;
- 2003 Bio-Rad award;
- 2005 Academy Award, Hungarian Academy of Sciences;
- 2005 G. Weber prize, Hungarian Cancer Society

Publications

- 174 peer reviewed in English (citations: > 2106, cumulative IF: >450)



**Winfried K.G. VAHLENSIECK,
MD**

- 1976–1982 Medical school, Friedrich-Wilhelms-University, Bonn
 2007–1980 Holiday school, University of Wisconsin, Madison, USA
 1982 Official approval as physician
 1983 Graduation as MD, University of Bonn
 1982–1983 Resident, Dep. of Urology, University of Bonn
 1983–1984 Resident, Dep. of Surgery, Maria Hilf Hospital, Bad Neuenahr
 1984–1989 Resident, Dep. of Urology, University of Freiburg
 1989 Resident, Dep. of Urology, University of Munich
 1989–1992 Urologist, Dep. of Urology, University of Munich
 1993–1995 Assistant Medical Director, Dep. of Urology, University of Munich
 1996– Chief, Dep. of Urology Oncology Nephrology and Medical Director, Rehabilitation hospital Wildetal, Bad Wildungen
 1997 Graduation as „Privatdozent“ (assistant professor), University of Munich

Educational and University Work

- University of Freiburg Summer 1984– winter 1988–89 student teaching
 University of Munich Summer 1989–now student teaching
 10.90–12.95 Committee of antibiotic therapy
 04.91–12.95 Radiologic safety delegate, Dep. of Urology
 04.91–12.95 Hygiene delegate, Dep. of Urology
 07/93–12.95 Committee of tropical medicine

Scientific Work

Main scientific topics

Urologic oncology and especially rehabilitation, urinary tract infection, urolithiasis, urologic instillations and irrigations resulting in 196 scientific publications, 368 lectures and 40 chairmanships at conventions
 Organisation of 34 seminars and conventions
 3rd Poster Prize, Western Section AUA 03/1989
 Member of editorial boards of 6 scientific journals (3 of the journals since suspended)
 Member of 20 scientific associations and institutions
 Supervisor of 13 thesis for the doctorate, reviewer of international urologic journals



**Wolfgang WEIDNER, MD,
PhD**

Professor Wolfgang Weidner is Professor and Chairman of the Department of Urology, Pediatric Urology and Andrology of the Justus Liebig University of Giessen, Germany.

He is Co-Editor of the International Journal of Andrology and a member of the Editorial Board of different journals. He is President elect for the German Congress of Urology 2010 in Düsseldorf and current President of the German Society for Andrology. He is member of more than 10 international scientific societies.

Since receiving his MD and PhD degrees he has published more than 600 papers, mostly in international urological and andrological journals and has contributed multiple chapters to internationally known textbooks in urology. Professor Weidner is editor of 8 books in urology and andrology. His principal fields of scientific interest in urology cover urological andrology, microsurgery, Peyronie's disease, penile reconstruction, urethral surgery, men's health, chronic prostatitis and urogenital infections. Recently, he has been appointed by the German Research Council (DFG) as speaker for the Clinical Research Group – impaired spermatogenesis – for 3 years.



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Társ a sikeres mindennapokban

1

The Role of Alfa-Adrenergic Receptor Blockers in Cases of Urinary Retention Proven with Urodynamics

Attila ANGYAL¹, Levente LAKATOS¹, László SZABÓ^{2,3,4}

¹Department of Rehabilitation, Borsod County University Hospital, Miskolc, Hungary

²Department of Nephrology and Urodynamics, Borsod County University Hospital, Miskolc, Hungary

³Faculty of Health Science, University of Miskolc, Miskolc, Hungary

⁴Postgraduate Institute of Child Health, University of Debrecen, Miskolc, Hungary

Efficient urination can be affected due to congenital, acquired, anatomical or neurological anomalies. The functioning of the urinary bladder is controlled by the spinal reflexes, which is made up of sympathetic, parasympathetic and somatic fibers. The urinary retention and/or incontinence are dependent on the level of the lesion.

Our audit consists of patients who were victims of trauma or had undergone a spinal surgery, and were paraparetic. The urodynamics study results of these were assessed. These patients were admitted to the Rehabilitation Department, between 2008-2009. The average age of the patients was 51 years and they did not have a previous history of incontinence or problematic micturation. Following admission significant urinary retention was noted in these patients, due to which a Foley-catheter had to be used. Following urodynamic studies (uroflow, cystomanometry, urethral-pressure profile), in 11 cases an increased sphincter tone was detected, therefore alfa-adrenergic receptor blockers were initiated. Besides a low-dose of prazosine and/or doxazosine, no case of collapse (syncope) was noted. In 9 cases the urinary catheter could be removed, and spontaneous urination initiated. In these cases significant residue was not present in the bladder and the patients could be discharged in continent state. We could not reach improvement in 2 patients, requiring clean-intermittent catheterization.

The results of our audit reveal that alfa-adrenergic receptor blockers in paraparetic patients with increased sphincter tone can lead to significant improvement in symptoms and prevention of severe urological complications.

2

Daily Beetroot Consumption Modifies the Levels of Cytokines and Growth Factors in Metastatic Prostate Cancer

Gabriella BEKŐ¹, A. BLÁZOVICS², K. SZENTMIHÁLYI³, E. BIRÓ¹, A. SÁTORI¹, I. ROMICS⁴, P. NYIRÁDY⁴

¹Central Laboratory, Semmelweis University, Budapest, Hungary

²Department of Pharmacognosy, Semmelweis University, Budapest, Hungary

³Chemical Research Center, Hungarian Academy of Sciences, Budapest, Hungary

⁴Department of Urology and Urooncological Centre, Semmelweis University, Budapest, Hungary

Background: Features of prostate cancer, such as high incidence and long latency period, offer many occasions to work out strategies of prevention and/or treatment to suppress or revert this disease. Preliminary tests suggest that beetroot ingestion can be one of the useful means to prevent lung and skin cancer. Other studies have shown that beet juice inhibits the formation of cancer causing compounds called nitrosamines. It is well documented, that serum levels of several cytokines and growth factors are increased and IL-2 is decreased in the presence of metastasis in lymph nodes and bones. *Our aim* was to test the impact of regular beetroot (*Beta vulgaris* L. ssp. *esculenta* var. *rubra*) intake on cytokine pattern in metastatic prostate cancer.

Patients and methods: 18 (age range 68±8) patients with metastatic prostate cancer during chemotherapy started to consume beetroot in the form of powder for one month. Serum levels of 9 cytokines and 3 growth factors were assessed before initiation, then after completion of the study. PSA and routine laboratory investigations were also performed.

Results: The levels of proinflammatory cytokines shown of a declining tendency, but these changes were not significant (IL1a, $p = 0.084$; IL6, $p = 0.154$; IL8, $p = 0.578$). It was a beneficial effect. Measured parameters of anti-inflammatory cytokines also decreased (IL2, $p = 0.255$; $p = 0.38$; $p = 0.204$), but the levels of EGF increased significantly ($p = 0.003$) and PSA was weekly higher ($p = 0.441$). These were disadvantageous results.

Conclusion: Consumption of beetroot decreased the proinflammatory cytokines and in some of patients (44%) increased the level of IL2. In other patients (52%) we measured lower level of PSA. These were hopeful results. But increased EGF levels draw attention to the fact, that further investigations and correlation analysis must be performed, in which patient beneficial effect observed.

3 Biochip Cytokine Pattern in Early Prostate Cancer

Gabriella BEKŐ¹, A. BLÁZOVICS², E. BIRÓ¹,
I. ROMICS³, P. NYIRÁDY³

¹Central Laboratory, Semmelweis University, Budapest, Hungary

²Department of Pharmacognosy, Semmelweis University, Budapest, Hungary

³Department of Urology and Urooncological Centre, Semmelweis University, Budapest, Hungary

Background: Laboratory diagnosis of prostate cancer (CaP) is difficult in the early stage. It is well documented, serum levels of several cytokines are increased and IL-2 is decreased in the presence of metastasis in glands and bones. Our aim was to study the changes of 9 cytokine and 3 growth factor levels in the early stage of CaP.

Patients and methods: Evidence Biochip Array Analyzer was applied to quantify serum levels of IL (interleukin)-1 alpha and beta, IL-2, IL-4, IL-6, IL-8, IL-10, TNF-alpha, interferon-gamma (IFNG), vascular endothelial growth factor (VEGF), monocyte chemoattractant protein-1 (MCP-1), and endothelial growth factor (EGF) concentrations in 42 patients with early-stages CaP and 31 healthy, age-matched volunteers. Levels of the measured markers were correlated with serum prostate-specific antigen (PSA) and CRP values. Concentrations of IL-6 and TNF-alpha were compared with traditional ELISA.

Results: Serum levels of cytokines and growth factors were in low range in early stage of CaP. No difference was found in serum markers between patients and healthy controls. Serum PSA correlated with serum IL-6 ($r = 0.78$) but not with other markers. CRP levels did not correlate with any of the parameters measured. Results obtained with the protein chip and ELISA correlated only weakly (IL-6, $r = 0.54$, TNF-alpha, $r = 0.47$) range.

Conclusions: Our results show that measurement of cytokines and growth factors does not help in the early diagnosis of CaP. Interestingly, concentrations of IL-4 ($p < 0.002$), IL-8 ($p < 0.014$), IL-10 ($p < 0.002$), TNF-alpha ($p < 0.001$) and EGF ($p < 0.001$) were lower in older men compared to younger adults.

4 Choroidal metastasis from renal cell carcinoma

Gábor BÓDY, M. SZŰCS, I. ROMICS

Department of Urology, Semmelweis University
Budapest. EBU certified Clinic

Unusual sites of metastases are characteristic of renal cell carcinoma. Intraocular and intraorbital metastases are approximately 3% of metastases from RCC primary. Among intraocular metastases the choroid has been found to be involved in 88%. Herein we present one case of RCC metastasis to the choroid.

5 Seminal Vesicle Cyst Presenting as Pelvic Abscess

Péter DOMBÓVÁRI¹, Stelios MAVROGENIS¹,
Péter NYIRÁDY¹, Katalin BORKA²,
András THOMAN³

¹Semmelweis University, Department of Urology and Urooncological Centre, Budapest, Hungary

²Semmelweis University, 2nd Department of Pathology, Budapest, Hungary

³Uzsoki Street Teaching Hospital, Department of Urology, Budapest, Hungary

We report about a rare complication caused by an extraordinary congenital disease after reconstructive bladder and penile surgery owing to extrophy of the bladder and epispadias.

In the past medical history of a 34-year-old man there was a reconstructive bladder surgery in his childhood and a reconstructive penile surgery in his adulthood. Due to recurrent lower abdominal pain, purulent bloody urethral discharge and recurrent urinary tract infection he was examined. Computed tomography demonstrated on the left side of the basis of the bladder-wall laterally a 25x15 mm circumscribed fluidum and left renal agenesis.

On surgical exploration of the abdomen the seminal vesicle full of pus on the left side of the bladder was identified and removed. The patient fully recovered, and symptoms disappeared.

6 Optimized method of antegrade pyelo-ureterography for exact localization of complete uretic occlusion

Gábor FILKOR

Department of Urology, Semmelweis University,
Budapest, Hungary

Introduction: In case of total or subtotal occlusion of the ureters contrast medium during the antegrade pyelography procession can hardly reach the end point of the occlusion leading to diagnostical errors if the examination is performed through the classic method of filling the pyelum with a syringe. Also the amount of contrast medium to use is doubtful because small amounts are ineffective, however large amounts can raise pyelar pressure to a dangerous level causing pyelo-tubular reflux and bacteraemia. We performed a new method for antegrade pyelography so that we can eliminate disadvantages of high-pressure direct syringal filling of the pyelum and ineffective diagnostical process.

Patients and methods: We performed pressure-controlled antegrade pyelography in standing position in 16 cases in 2006. Every patients was inserted a transrenal drain due to the suspicion of total ureteral obstruction and threatening of infection some days

before. We performed the examination after the acute period, free of fever. First the patient lied in horizontal position. We filled the pyelum with 10 ml non-ionic iodine contrast medium administered the syringe directly to the transrenal drain and shooting an X-ray film from the kidney. Then in a standing position the drain with the emptied urine-bag was conducted over the ipsilateral shoulder from front to back. We inserted an 18G-needle 30-40 cm over the spot of puncture. A syringe fulfilled with 20 ml of non-ionic iodine contrast medium was connected to the needle. Gently press the piston the pyelum was filled with the contrast medium in a manner that the fluid-column could not reach more than 15 cm in the drain so that high pressure in the pyelum could not have arisen. After 5 minutes walking the second X-ray film was shot.

Results: The spot of occlusion of the ureter was seldom shown by the first X-ray film. The contrast medium could not mix with the urine in the pyelum and ureter and intrapyelar pressure could reach dangerous levels. In the other hand during pressure controlled filling of the pyelum high pressures could be avoided and during the 5 minutes -spent in the vertical position- higher specific weight contrast medium could stream to the end of ureter showing stop position of occlusion or could pass through the subtotal occlusion appearing in the bladder too in every case.

Conclusion: Pressure controlled antegrade pyelography is a safe and reliable diagnostic method in case of ureteral occlusion with higher diagnostic effect and less iatrogenic complications. We suggest that this method can also be safely used in case of pyelonephritis because pyelo-parenchymal reflux can be avoided by pressure control.

7

Method of High Pressure Local, Intravesical Medicine Application by Using Special Balloon Catheter

Sándor LOVÁSZ, Péter TENKE

Urological Department, Jahn Ferenc Teaching Hospital, Budapest, Hungary

Aim: Topical intravesical medication via transurethral instillation shows several advantages over oral or systemic therapy. Intravesically administered drugs penetrate into vesical mucosa and submucosa by passive diffusion. In order to enhance drug transport, diuresis reduction had been widely used to prevent concentration reduction and to prolong time of action. We sought for a new method to enhance drug transport by profiting from high pressure difference, and increased surface with thinning of bladder mucosa at the same time.

Methods: We invented the use of a special balloon dilation-catheter inside the bladder that let us press any sort of drug previously injected around the balloon into the bladder mucosa by

growing pressure as balloon grows bigger and bigger. As soon as pressure reaches 80 cm H₂O intravesical pressure (relative to perivesical pressure), it is kept constant for a max. of 20 minutes. Intravesical pressure can be measured indirectly inside the balloon by subtracting perivesical pressure + balloon's characteristics from actually measured value.

Results: Our method let positively influence all parameters influencing passive drug diffusion through urothelium (concentration gradient, time of action, surface, diameter of urothelium). In addition exact measurement of pressure-volume relation can be used for the calculation of distensibility of the bladder wall.

Conclusion: Presented method of high pressure local intravesical medical treatment of the bladder may provide a number of clinical trials using different drugs (antibiotics, antiphlogistics, steroids, hormones, local anaesthetics, etc.) and contribute to improved efficacy of instillation therapy.

8

New Method for Calculation of Bladder Wall's Distensibility Using Evaluation Software

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Aim: Precise measurement of volume-pressure dependence of the bladder in a wider range of pressure indicates a nonlinear relation, proving that conventional compliance calculation is inexact thus inappropriate to define elastic properties of the bladder wall.

Methods: We measured intravesical pressure during continuous filling in the wide range of 0–80 cmH₂O pressure as a part of hydraulic distension of the bladder in interstitial cystitis patients. In order to rule out high pressure induced iatrogeny caused by vesico-renal reflux and inexactness caused by leakage, we were filling a special balloon catheter inside the bladder. Intravesical pressure was measured inside this balloon indirectly, through balloon's wall. Perivesical (intraabdominal) pressure was observed as pressure of reference.

Results: Pressure-volume correlation can be best described by a composition of two parabolic curves. This had been proven by using our newly developed evaluation software. Based on this finding an other software automatically evaluates measured data and calculates best fitting parabolic curves. Volume at the breaking-point of the two curves defines basic capacity of the bladder. Distensibility can be defined as the coefficient of the second parabolic curve divided by basic volume.

Conclusion: Basic volume and distensibility coefficient, the newly defined quantitative parameter, objectively measure physical characteristics of bladder wall, letting us improve diagnosis and follow up of processes deteriorating bladder function.

9

Complications after Incontinence Surgery in Female Patients

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Aim: Our aim was to present the intra and postoperative complications after different incontinence operations in female patients.

Material and methods: Two hundred and forty-eight patients underwent incontinence surgery were evaluated (57 Burch colposuspension and 191 different type of sling procedures) between 2002 and 2007. The mean age of patients was 59.8 year (41–77).

Results: After colposuspension the following complications were found: bladder injury in 1 case (1.57%), peritoneum lesion in 2 cases (3.5%), ureter occlusion in 1 case (1.75%), fever in 6 cases (10.5%), postoperative urinary retention in 6 cases (10.5%), wound inflammation in 3 cases (5.26%). Re-operation had to be performed in 1 case. The postoperative urinary retention (24 cases, 12.5%) was the most frequent finding after sling surgery was. Bladder perforation in 12 cases (6.7%), perforation of vaginal fornix in 3 cases (1.57%) were detected. In 3 cases re-operation was necessary.

Conclusions: On the basis of our results it seems, that the sling procedures have less serious intra- and postoperative complications than the open ones.

10

PSMB7, a New Biomarker of Doxorubicin and Paclitaxel Chemoresistance

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Background: Doxorubicin and paclitaxel are first line drugs in the chemotherapy of urinary bladder cancer. The development of chemoresistance to these chemicals results in the reduction of their efficiency. The product of the gene *PSMB7* is a component of the proteasome β subunit, so far its role has not been studied in resistance to doxorubicin or paclitaxel. The gene has significantly overexpressed in doxorubicin-resistant cell-lines therefore the option of its role in the generation of resistance has been identified. Since cell-lines indicated resistance to paclitaxel as well, tests have been conducted with the use of both drugs. Our research aims were to

examine whether RNAi silencing of the *PSMB7* gene has an impact on the chemoresistance of doxorubicin-resistant cell-lines.
Methods: We worked with MCF-7 cell-lines. The gene was silenced by RNA interference, which was produced by self designed siRNA oligos and siPORT NeoFX transfection reagent. The validation of the RNA happened with RNeasy Mini kit, the gene expression was measured by RT-PCR. The drug treatment took place 24 hours after transfection. The cells were counted by CASY DT Cell Counter. Experiments were carried out three times with both doxorubicin and paclitaxel, and each well was measured three times in each experiment.

Results: 79.8% \pm 13.3% of resistance cells survived after doxorubicin treatment. Combined with gene silencing, only 31.8% \pm 6.4% of the MCF-7-RAdr cells survived. The significance between siRNA-treated and siRNA-untreated MCF-7-RAdr cells after doxorubicin treatment was $p > 0.001$. After doxorubicin treatment, 48.3 \pm 8.1% of sensitive cells survived. 72.4% of negative control siRNA-treated cells survived. After combination of paclitaxel treatment and gene silencing, 22.6 \pm 4% of the MCF-7-RAdr cells survived compared to siRNA-untreated cells, while 43.8 \pm 6% of sensitive cells survived. Relative cell vitality of siRNA-treated and siRNA-untreated MCF-7-RAdr cells after paclitaxel treatment differed significantly ($p = 0.03$).

Discussion: According to our findings, by reducing the overexpression of the *PSMB7* gene via gene silencing the resistant cell's chemoresistance significantly decreased. Consequently the doxorubicin- and paclitaxel-therapy became more efficient. In order to predict clinical significance gene expression should be measured in tumor samples from therapy resistant patients.

11

Developing a New Method Relying on Doxorubicin Autofluorescence to Measure Intracellular Localization

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Doxorubicin is an anthracycline antibiotic used in solid tumor's chemotherapy. It interacts with DNA by intercalation and inhibits the nucleic acid synthesis; hence the doxorubicin resistance can be related to decreased nuclear localization. Doxorubicin is autofluorescent, hence the intracellular localization can be measured by

fluorescent microscopy. We developed a protocol to measure doxorubicin's intracellular localization and investigate the correlation between intracellular localization and the degree of resistance.

Doxorubicin sensitive and resistant MCF7 and MDAMB231 cell lines were used in the study. We used 5.000 cells/well in Leibowitz-15 medium. We let them adhere for 24h, then used a doxorubicin treatment (0.5 μ M). After 24 hrs incubation we fixed the cells and made photos with fluorescent microscope. Red fluorescent protein filter (excitation filter: 535–555 nm, emission filter: 570–625 nm, dichromatic mirror: 565 nm) was used. We assessed fluorescence with 100, 200, and 500 ms exposition time, 20x–40x enlargements. Photoshop was used to combine fluorescent images with light microscope pictures of the same area. The drug resistance of the cells was measured by MTT cell proliferation kit.

Our results demonstrate the capability to measure doxorubicin intracellular localization. The background fluorescence did not influence the results. The doxorubicin localization usually is intranuclear, but we unearth cell lines where it was outside of the nucleus. There was not significant relationship between the intracellular localization and the degree of the resistance.

Our method is suitable to measure the intracellular localization of doxorubicin. A clinical study investigating a suitable sized cohort of patients with documented doxorubicin resistance could be used to assess the clinical applicability of our technology.

12 Estimation of prostate cancer volume on biopsy does not correlate with final pathological tumour volume

Simon ROBINSON

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Estimation of prostate cancer volume on biopsy does not correlate with final pathological tumour volume.

Estimates of cancer burden, in terms of bulk, are often made on biopsy samples sometimes supplemented by MRI estimation.

We compared the number of cores involved on transrectal ultrasound guided biopsy of the prostate and compared them to the final prostate tumour estimate found on pathological examination post radical prostatectomy.

There was no correlation between number of samples positive for tumour and final tumour bulk.

This appears not to be a reliable estimate of tumour bulk and therefore management decisions are subject to greater difficulties

13

Endoscopic Management of Ureterocele Associated with Stone in a Child

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Introduction: Ureterocele diagnosed in childhood is generally associated with duplex system. In these cases the ureterocele is sitting on the orifice of the ectopic ureter causing dilatation in the corresponding moiety, but sometimes even contralaterally as well. If surgical management is needed, the primary intervention depends on the concrete case and on the preferred therapeutic approach of the surgeon (e.g. upper pole heminephrectomy or transurethral incision of the ureterocele, TUI). Single system ureteroceles are rare in children, approx. 10 % of the cases. Furthermore, in pediatric population stones are found very seldom found in duplex or in single system ureteroceles. We describe the successful management of a child with a stone in a ureterocele.

Patients and methods: A 6-year old girl was examined at the local health centre for abdominal pain and vomiting. Abdominal ultrasound revealed 10x10 mm ureterocele on the left side associated with a single system and containing a stone 9x6 mm in size. No ureteral dilatation was seen, both kidneys appeared normal. The child was referred to our hospital. At cystoscopy the wall of the ureterocele seemed edematous. After TUI the coarse, tawny, fragile stone was removed. The stone was composed by calciumoxalate-dihydrate. The post-operative period was uneventful, no recurrent stone, VUR or dilatation was found at follow-up.

Discussion: Endoscopic incision of a ureterocele is generally accepted in the treatment of ureteroceles associated with duplex systems in children. It has been recommended by many experts as an initial and in the majority of the patients, as a definitive procedure. However, in the literature no publication is seen about TUI done for the removal of a stone developed in a ureterocele in a child. In our patient with this minimally invasive method - which could be done even on outpatient basis - total recovery was achieved.

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Childhood Pyeloureteral Obstruction – Intraoperative Findings and Treatment

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Introduction: In children pyeloureteral junction obstruction is caused either by congenital stenosis or a crossing vessel to the lower renal pole. In a retrospective analysis of children operated at our department, we evaluated the frequency and treatment modalities of these two disorders in various age groups, as well as the late outcome of the interventions.

Patients and methods: In a period of 6 years 120 operations were performed on 114 children. The cause of obstruction was congenital pyeloureteral stenosis in 75, a crossing vessel in 45 cases. Patients were divided into three age groups (I: < 1 year, II: 1-5 years, III: > 5 years). Long term follow-up (more than 3 years) including abdominal ultrasonography, intravenous urography and radioisotopic examinations was performed.

Results: We found various distribution of the causative factors in age groups: the incidence of congenital stenosis decreased, those of crossing vessel increased with age. An Anderson-Hynes pyeloplasty was performed in 105 cases. Transection, transposition or hitch of the crossing vessel without pyeloplasty was sufficient in 7. Nephrectomy was done in eight children. Improvement in hydronephrosis and drainage occurred in 105 kidneys out of 112 (93.8%). Secondary nephrectomy or reoperation was required in 1 case, each. Transection of the lower pole artery did not result in significant loss of parenchyma according to follow-up investigations.

Conclusion: Neonatally or postnatally diagnosed hydronephrosis is caused by pyeloureteral stenosis in the majority of cases. Therefore, a negative ultrasonography of the infant does not preclude the possibility of a childhood hydronephrosis due to crossing vessels. In older children more than 50% of all hydronephrosis are caused by crossing vessels. This should be considered when the surgical plan is devised. In our opinion, vascular surgery without pyeloplasty is appropriate only in selected cases. Crossing vessels often lead to so-called „intermittent hydronephrosis”, therefore in case of recurrent pain control abdominal ultrasonography is required when symptoms appear.

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Voiding Disturbances in Recurrent Urinary Tract Infections

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Background: To reveal the function and morphological anomalies together are very important and the videourodynamics (VUD) combined with conventional voiding cystourethrography (VCUG) with cystomanometry seemed to be the most appropriate method.

Materials and methods: During a 17-year study period 810 children had pyelonephritis, and 50,440 urine cultures were measured. Gram negative bacterium was found in 16,800 samples, and E. coli in 11,032 samples (66%). 448 children with recurrent urinary tract infections prospectively underwent videourodynamic (VUD) to further define their urinary tract abnormalities. 184 infants were under 1 year of age (Group I), 172 children between 1 and 6 years (Group II), 92 patients were between 7 and 12 years (Group III). All children had history, clinical examination, urine analysis and culture; serum creatinine examination; and ultrasonography before VUD. Measurement of CM was registered onto a computer and VUR was documented with plain films and later in a PACS system. The first choice of treatment was 3rd generation cephalosporin antibiotics.

Results: The VUD diagnosis was of normal bladder function in 72 (16%) children (Group I: 22, Group II: 31, Group III: 19), vesico-ureteric reflux (VUR) alone in 198 (44%) (Group I: 93, Group II: 59, Group III: 56), VUR and unstable bladder dysfunction in 101 (23%) (Group I: 39, Group II: 48, Group III: 14), and unstable bladder dysfunction alone in 77 (17%) (Group I: 30, Group II: 34, Group III: 13).

Conclusion: Only 33% of the urine culture showed Gram negative bacteria, but 66% of them were E. coli. VUD is a useful technique for a complex investigation of the lower urinary tract function and X-Ray morphology. The advantage of these studies is that they combine the objectivity of urodynamics with the visual radiographic image which having lower radiation doses, and making for a far more logical interpretation of the results.

Whether Pre-Term Caesarean Section is Necessary Because of Urinary Tract Dilatation?

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Hypothesis: Pre-term caesarean section is unrequired in order to enable the operation of dilatation of urinary tract in neonate.

Methods: A retrospective analysis of the patients of two large case-volume paediatric institutions. In a period of 5 years, 329 neonates were followed due to intrauterine diagnosis of urinary tract dilatations (197 at the Department of Urology, Heim Pál Children's Hospital in Budapest, whereas in Miskolc 132), including 13 cases where the urological anomaly was the indication for pre-term induction of labour.

Results: Of the 13 neonates who had been delivered prematurely, none were operated before the postconceptional age of 40 weeks, and 3 subsequently required no surgical intervention. Two neonates developed life-threatening conditions that presumably could have been avoided without the premature caesarean section.

Conclusions: There are several arguments against pre-term delivery: 1. Prenatal diagnostics does not always yield as accurate information as the diagnostic procedures performed in infancy; 2. Intrauterine urinary tract dilatation often resolve spontaneously, superseding the need for both pre- and post-natal surgical interventions. 3. Scientific observations have confirmed that there is no difference between the efficacy of postnatal and pre-term interventions. Based on the above-mentioned, authors emphasize that this outdated practice can no longer be accepted, and call for good cooperation between the obstetrician, the paediatric urologist and nephrologist, to coordinate the management of the case.

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