

**SOCIEDAD IBEROAMERICANA  
DE UROLOGIA PEDIATRICA  
(SIUP)**

FEBRERO 2019  
Volumen 1, 2019

ORGANIGRAMA SIUP 2019

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◇ SOLON CASTILLO (ECUADOR)

• **SECRETARIA EJECUTIVA:** ANDREA GUZMAN AMAYA

• **COMITES**

• **BECA—FORMACION:** GOMEZ FRAILE, A.; LOPEZ, P.J.; BUJONS, A.; TOBIA, S.; CASTILLO, S.; ROSITO, T.; GONZALEZ, F.; CORBETTA, JP

\* **CIENTIFICO:** BUJONS, A.; CORBETTA, JP; REED, F.; MOLDES, J.; MACHADO, M;

• **ORGANIZACIÓN LOCAL BUENOS AIRES:** ORMAECHEA, E.; TOBIA, S.



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**COMISION DIRECTIVA 2019-2020**

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**Secretaria:** Andrea Guzmán:

[contacto@siupurolog.org](mailto:contacto@siupurolog.org)



## HOTEL “SIUP” EN BUENOS AIRES 2019

El **hotel MADERO** es el seleccionado por la Comisión Directiva para que podamos concurrir la mayor cantidad de socios posibles al mismo y así lograr estar lo mas juntos posibles para mejorar la coordinación de actividades extra congreso.

Es un hotel de 5 estrellas ubicado en la zona de puerto madero en donde se combina la gastronomía, la arquitectura moderna de la ciudad de Buenos Aires, los espectáculos de Tango y el Casino Flotante.

El hotel se encuentra situado a 3.8 km del Hotel Sheraton Convention Center (Lugar del Congreso CAU/SIUP).

Por ello, contaremos con servicio de traslado del Hotel Madero al Hotel Sheraton por la mañana y por la tarde una vez finalizadas las actividades académicas.

Los valores del hotel son menores al Sheraton con diferencia aproximada de 450 usd en un periodo de 6 noches.

<http://www.hotelmadero.com/en>

*La utilidad de reunir socios SIUP en un mismo hotel, es principalmente el de coordinar actividades extra congreso.*

### CONGRESO SIUP 2019



## • ESTRUCTURA DE CONGRESO BUENOS AIRES

Aprovechamos desde ya para invitarlos a nuestro XXIV Congreso SIUP que se llevara a cabo en Buenos Aires, Argentina del 2 al 5 de Octubre de 2019: <https://www.marriott.com/hotels/travel/buesc-sheraton-buenos-aires-hotel-and-convention-center/>

### ◆ CURSO PRECONGRESO

◇ Habrá un curso pre congreso de **Urología Pediátrica Oncológica** el martes 1ro de Octubre de 2019 liderado por los Dres. **Nicholas Cost** (Denver, Colorado) e **Yves Heloury** (Australia-Francia).

### ◆ CONGRESO

◇ Contaremos con la presencia de los Doctores **Martin Kaefer** (Indianápolis, Estados Unidos) y **Piet Hoebeke** (Bélgica).

### ◆ COMITÉ EUROPEO (ESPU)

◇ **Professor Henri Lottmann** (Paris, France): ESPU President.

### ◆ ACTIVIDAD SOCIAL BUENOS AIRES (ARG)

◇ **CENA DE TANGO** (Miércoles 2/10)

◇ **TARDE RECREATIVA—CENA SIUP EN ESTANCIA ARGENTINA** (Jueves 3/10)



AGENDA UROLOGICA 2019

## CURSOS—CONGRESOS 2019

- *NARUS 2019: 3rd Annual North American Robotic Urologic Symposium (NARUS), including a Pediatric Urology Track*  
08/02/2019
- *ESPU Event: [URETHRA 2019 - Pre-Congress Seminar on Urethral Reconstruction](#)*  
23/04/2019 - 09:00AM
- *30 CONGRESO ESPU: 24-27 DE ABRIL: LYON—FRANCIA: <https://congress2019.espu.org/>*
- *AUA annual meeting 2019 Location: McCormick Place 2301 S. Martin Luther King Drive Chicago: 2-5 mayo: <http://www.aua2019.org/>*
- *[Third International Bladder Exstrophy Boot Camp](#)*  
07/05/2019
- *[ICCS 2019 Annual Congress](#)*  
12/09/2019
- ***XXIV CONGRESO SIUP 2019: Buenos Aires, Argentina: 2-5 de octubre: <https://siupurol.org/>***
- *37<sup>th</sup> World Congress of Endourology*  
29 October – 2 November 2019  
Abu Dhabi, United Arab Emirates (UAE): <http://www.wce2019.com/>
- *[3rd Hypospadias World Congress 2019](#)*  
30/10/2019

## RESPUESTA DE ESPU AL COUNCIL EUROPEO: DSD

Resolution 2191 (2017)

Promoting the human rights  
of and eliminating discrimi-  
nation against intersex peo-  
ple

<http://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=24232&>

## ESPU: Open letter to the Council of Europe: DSD

After reading the Recommendation issue 2191 of the Parliamentary Assembly of the Council of Europe (PACE), published 12 October 2017, we would like to compliment the authorities that compiled this report for their dedication and effort into this complex and comprehensive dossier on DSD. This statement lists many thorough proposals, like the call to concentrate treatment of patients with DSD in specialized centers for multidisciplinary patient-centered care. We would like to extend this concept to: ‘multidisciplinary patient- and family-centered care’, as will be substantiated below. In many countries this objective is already largely implemented into medical practice, as evidenced by some recent surveys [1-3].

As medical professionals active in these specialized centers for multidisciplinary, patient- and family-centered care, we also recognize the call to break any secrecy, shame and stigmatization. We support the committee’s advice to provide full disclosure to patients and their parents, and to facilitate physical, psychological and social conditions for children and adolescents to grow and develop, and enabling them to fully participate in society, both while growing up and in adulthood. This is in line with the recommendations made in 2005 by an international consortium of medical and scientific professionals as well as patient representatives during the so-called Chicago consensus meeting [4].

This report however also includes some important caveats. We oppose to the use of the terminology: ‘intersex people’ and ‘intersex children’, as these terms are poorly defined and not synonymous with DSD, the latter being clearly defined as a group of distinct congenital conditions in which development of chromosomal, gonadal or anatomical sex is atypical. Moreover, most DSD patients prefer the use of the specific etiological name when referring to their condition, and disapprove of the term intersex, which they perceive as annoying, confusing, and stigmatizing [5,6].

Soon after the introduction of the term DSD in 2005, intended to overcome at least some of the objections against the old nomenclature, including the term intersex, it became clear that this substitution also elicited negative perceptions. As especially the word: ‘Disorders’ had a negative connotation, the terms: ‘Differences’ and ‘Variances’ are at present increasingly used as alternatives to meet this demur [6]. Recently the term: ‘atypical genital development’ was proposed as an alternative to address to DSD-conditions as a group [7].

There is however a more worrying issue than semantics, namely paragraph 7, in particular 7.1.1, 7.1.2 and 7.5, dealing with medico-surgical care for children with DSD. Indicating that surgical interventions in children with DSD should only be applied in emergency conditions is discordant with the definition of health according to the World Health Organization (WHO), stating that health is not merely the absence of disease, but is a much broader concept, including physical, mental, and social domains.

This especially applies to children, as favorable physical, social and emotional conditions are all critical factors for their optimal growth and development, which enables them to reach their full potential at adult age. As social and emotional interactions with the parents, being the most important adults in a young child's life, form the basis for their future, treatment of children with DSD can best be organized in a patient- and family-centered multidisciplinary setting, in an atmosphere based on openness, commitment and trust. We, physicians who daily take care of children with a variety of congenital conditions, alike their parents, are committed to the current as well as the future health and well-being of all children entrusted to our care. In contrast to what is alleged in this recommendation, parents implicitly act in the best interest of their children and should be respected as their outstanding representatives, and should not be put aside by claiming prohibition regulations regarding the well-informed decisions they make on their behalf.

We are aware that society is in motion and constantly changing, and welcome the current evolution, to which this report has made a significant contribution, towards a less divided and polarized humanity, where everyone is respected. However medical treatments are evolving too, and it may happen that therapies that were once standard are nowadays no longer applied. These changes are mainly based on scientific progress, continuous evaluation and resulting adjustments of treatments. Retrospective judgement of treatments applied in the past, although regrettable for all people who experience negative experiences or harm, is therefore incorrect.

Counseling parents and children with DSD in a patient- and family-centered multidisciplinary setting should be complete and unbiased, and based on available scientific and condition-related outcome information. We also encourage patients and parents to obtain information from other sources, especially from patient support societies. We have learned that a 'one size fits all' treatment does not exist for patients with DSD: treatment should be tailored to in-

dividual needs, taking into account all medical, psychological, social, and cultural considerations of the patient and its parents. All treatment options, including the pros and cons of each choice, are discussed extensively and repeatedly to ensure a well-considered shared decision. Advocating a ban on medico-surgical treatment contradicts the atmosphere of equality, openness and trust as is currently provided in the various patient- and family-centers for DSD care, and is actually a step backwards in evolution rather than forwards. We call society to entrust the care of children with DSD to their well-informed, committed parents and dedicated professionals of a multidisciplinary center.

We advocate to keep the dialogue open with the professionals active in specialized centers for multidisciplinary, patient- and family-centered care as well as with patient societies, for which the present resolution is recognized as being a solid starting base.

Board of the ESPU

January 25, 2018

Document prepared by Wolffenbittel KP and Hoebeke P, approved by the board of the ESPU.



European Society for Paediatric Urology

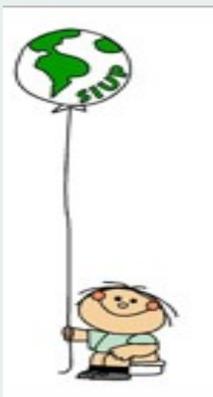
- **SOCIO SIUP**

En nuestra nueva página web puede encontrar todo lo referente al listado de beneficios mencionados. Lo invitamos a participar activamente en SIUP.

<https://siupurol.org/>

## BENEFICIOS DE MEMBRESIA SIUP

- Acceso para participar por la Beca SIUP para entrenamiento adicional en Centros de Formación en Urología Pediátrica de Alta Excelencia
- Acceso gratis a foro de discusión de casos clínicos en español SIUP/Pedi Uro list via email.
- Acceso gratis a los seminarios web SIUP.
- Posibilidad de presentar candidatura para certificación SIUP de programas de formación en Urología Pediátrica.
- Acceso a participar por el premio a mejor trabajo científico del “Congreso Anual SIUP”
- Posibilidad de participar en “Concurso de Formación-Educación Continua SIUP”
- Acceso a nuestra zona de socios en nuestra página web SIUP para ver videos y presentaciones de congresos pasados.
- Acceso periódico al Boletín SIUP.
- Acceso a AUA News en español.
- Acceso a Protocolos AUA en español.
- Acceso a videos, charlas y estudios multicéntricos/prospectivos a través de plataforma CAU
- Descuento especial para suscripción anual al Journal of Pediatric Urology.
- Descuento cuota registro para los congresos anuales CAU/SIUP.



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