Plenary Session 1

Evidence-based medicine vs common practice / challenging the evidence

Location: eURO Auditorium (Hall C1, Level 0)
Chairs: J. N'Dow, Aberdeen (GB)
J. Palou, Barcelona (ES)

Aims and objectives of this presentation
This session will address challenging clinical scenarios and treatment decisions that urologists have to deal with in daily practice. Whilst there are high quality EAU Guidelines that give generic guidance, this session will highlight how to use evidence and guidelines on the one hand and highlight the importance of tailoring care to the needs of each individual patient on the other, including when it is appropriate to deviate from the EAU Guidelines.

08:30 - 08:40
Introduction The future of guidelines in Europe: Legal implications
J. N'Dow, Aberdeen (GB)

08:40 - 09:15
Case discussion Management of ureteral stones
Moderator: C. Türk, Vienna (AT)

08:40 - 08:45
Medically induced stone passage: Are the EAU guidelines wrong?
C. Türk, Vienna (AT)

08:45 - 09:00
Pro
C.C. Seitz, Vienna (AT)

09:00 - 09:15
Con
S. McClinton, Aberdeen (GB)

09:15 - 09:50
Case discussion Male incontinence after radical prostatectomy: When does experience have to overrule the EAU guidelines?

09:15 - 09:20
Moderator and case presenter
F.C. Burkhard, Berne (CH)

09:20 - 09:35
When, why and which slings to use in moderate urinary incontinence?
V.W. Nitti, New York (US)

09:35 - 09:50
Artificial urinary sphincter - Get it right the first time?
E. Chartier-Kastler, Paris (FR)

09:50 - 10:05
American Urological Association (AUA) lecture Testosterone therapy
A. Morgentaler, Boston (US)

10:05 - 10:11
Late breaking news
Efficacy of *Mycobacterium phlei* Cell Wall-Nucleic Acid Complex (MCNA) in BCG-Unresponsive Patients

By: Ashish K.\(^2\), Amrhein J.\(^3\), Cohen Z.\(^1\), Champagne M.\(^1\)

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**American Urological Association (AUA) lecture**

**Aims and objectives of this presentation**
To present results of MCNA in patients with BCG Unresponsive NMIBC showing how in this highest risk subgroup of BCG Failures MCNA achieves 1 year DFS of 35% for overall population; 24% for CIS, and 60% for papillary tumors.

**10:11 - 10:15**

**Discussant**

J. Palou, Barcelona (ES)