

INTERNATIONAL UROGYNECOLOGICAL ASSOCIATION
International Urogynecological Consultation (IUC)
Terms of Reference of IUC Committee Members

PURPOSE

The aim of this project is to select and bring the world's most renowned experts together to produce best practice documents and consensus papers concerning Pelvic Organ Prolapse (POP) based on a selection of (review) articles containing the most up-to-date scientific evidence.

ROLES AND RESPONSIBILITIES OF IUC COMMITTEE MEMBERS

- The Committee Members are responsible for the producing the contents of the documents and papers.
- All IUGA members are welcome to apply to become a Consultation Committee Member. The Steering Committee and Committee Chairs will review all applications and make a recommendation to the IUGA Board to select up to 8 Committee Members in each committee.
- The Committee Members must:
 - Be available and responsive
 - Disclose any Conflict of Interest (any identified conflicts should be resolved prior to participation)
 - Be an expert in the topic of their committee.
- Each Committee will be comprised of up to 8 IUGA members.

TERMS OF OFFICE

The IUC Committee Chairs and IUC Committee Members will serve a three-year term. Committee members will be chosen by the Chair of the respective committee with input from the IUC Steering Committee.

TIMELINE

The duration of the commitment is 3 years. The committees will be formed in 2018 and will begin working at the beginning of 2019. Each committee will be invited to meet in person at the IUGA/AUGS Annual Meeting in Nashville in September 2019. A private meeting room will be provided for a half day (4 hours) to finalize the first set of recommendations. After first set of recommendations has been finalized, each committee will present their ideas to the attendees of the Annual Meeting at a dedicated consultation session scheduled on a pre-meeting day. Each committee will have 15 minutes to present their recommendations followed by 15 minutes of questions and discussion with the audience.

After the consultation sessions at the Annual Meeting, the committee will have 12 months to finalize their recommendations and write the manuscript. This final work may be presented by the committee at the IUGA Annual Meeting in the Hague in 2021. Immediately following the Annual Meeting, the final manuscript will be submitted to the *IUJ* in 2021 with the aim to be published in the beginning of 2022.

WHAT IS EXPECTED

- The manuscripts will be developed using a collaborative process that requires regular communication via email, periodic conference calls, and completion of assignments. Although many communications will be by email, Committee Members are required to participate in teleconferences and in-person meetings.
- Committee Members will thoroughly research their topic or sub-topic, as specified by chair.
- Committee Members will produce and deliver all completed assignments and required information before the specified and agreed upon deadlines.

- Committee Members will disclose all potential Conflicts of Interest. (see Conflict of Interest policy [here](#)).

Any Committee Chair or Committee Member that does not meet these requirements will be replaced.

EXPERIENCE

- Committee Members must have completed training at the Masters, MD, and/or or PhD level
- Committee Members must be an expert in the topic of their respective committee.

COMMITTEES

1. Clinical Definition of POP

This report will discuss how the mechanisms of vaginal birth and age predispose women to develop pelvic organ prolapse. The impact of pregnancy, the mechanics of the delivery process and enzymatic and protein alterations or deficiencies will be reviewed and their contribution to the process of developing pelvic organ prolapse will be discussed. What is known about how genetics and family history contribute to these processes will be discussed looking for potential risk factors for developing pelvic organ prolapse.

Steering Committee Advisor: TS Lo (Taiwan)

Committee Chair: Kimberly Kenton (USA)

2. Epidemiology of Pelvic Organ Prolapse: Incidence/Prevalence, Natural History

This will be the first report for this section and will set the tone for this entire report. Defining the disease and how symptoms and physical exam findings play a role in an accurate definition of the disease state of pelvic organ prolapse. This committee should seek to develop a clinically useful definition of this disease based on what is known about normal support vs abnormal support and how the interaction of physical exam findings relates to pelvic organ prolapse specific symptoms.

Steering Committee Advisor: Lynsey Hayward (New Zealand)

Committee Chair: Heidi Brown (USA)

3. Pathophysiology of Pelvic Organ Prolapse: Risk Factors, Family History, Genetic Mutations

This report will focus on the how many women are affected with pelvic organ prolapse, the lifetime risk of developing pelvic organ prolapse and how untreated pelvic organ prolapse progresses or regresses. This will set the tone going forward by giving the overall impact of pelvic organ prolapse as a disease in women. There should be discussion of the future need for services, particularly surgical care of prolapse as the population ages. This reports can touch on definitions (symptomatic definitions vs physical exam definitions) and how this relates to the various reports on incidence, prevalence and natural history, but should not express opinions on which definition is most appropriate (that will precede this report in the chapter on the definition). The committee chairs will coordinate their writing so that terminology in this report is consistent with the report on the Definition of Pelvic Organ Prolapse.

Steering Committee Advisor: Maria Bortolini (Brazil)

Committee Chair: Jan Deprest (Belgium)

4. Patients' Perception of Disease Burden of POP

This report will focus on how women perceive pelvic organ prolapse and its relationship to body image and poor health. How the vaginal bulge affects women's sense of health and wellbeing and how women perceive benefit from treatment will be reviewed. This report will attempt to best define what aspects of pelvic organ prolapse have the greatest impact on women's sense of wellbeing so that appropriate treatment goals can be established. The cost to society of treating pelvic organ prolapse will be covered in this chapter. The chair of this report will coordinate with the chair of the report on Relationship to Associated Morbidity/Pelvic Floor Dysfunction Prolapse to assure consistency as there will be some overlap of these reports.

Steering Committee Advisor: Chantal Dumoulin (Canada)

Committee Chair: Dudley Robinson (UK)

5. Relationship to Associated Morbidity/Pelvic Floor Dysfunction (Urinary Incontinence/Voiding Dysfunction, Fecal Incontinence, Sexual Dysfunction and Pelvic Pain)

This report will focus on comorbid conditions that commonly impact women with pelvic organ prolapse. Vaginal/lower abdominal/back pain, sexual dysfunction, lower and upper urinary tract disease and gastrointestinal dysfunction will be discussed and their prevalence in women with pelvic organ prolapse defined. How these comorbid conditions affect health and treatment planning will be briefly reviewed. Treatment of these co-morbid conditions will follow in subsequent reports dedicated to treatment and will not be discussed in depth in this report. The chair of this report will coordinate with the chair of the report on Patients Perception of Disease, Quality of Life and Disease Burden to assure consistency as there will be some overlap of these reports.

Steering Committee Advisor: Bob Freeman (UK)

Committee Chair: Marie-Andree Harvey (Canada)

HOW TO APPLY

To apply, please follow these two steps:

- 1) Submit a letter of interest stating which committee you are interested in joining, your qualifications for the position, and a brief CV to office@iuga.org,
- 2) Complete the online COI form available by clicking [here](#).

Applications are due by November 21, 2018.

STAFF LIAISON

Corie Pel, IUGA Association Manager
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Updated November 1, 2018