Background

Androgen suppression has historically been the universal therapy for metastatic and advanced prostate cancer. More specifically, gonadotropin-releasing hormone (GnRH) agonists have been the pharmaceutical choice and remain the cornerstone of treatment. Androgen deprivation induces programmed apoptosis and inhibits cellular proliferation. This therapy however has its drawbacks. Initial treatment with GnRH agonists results in a testosterone surge due to the surge of luteinizing hormone (LH) and follicle-stimulating hormone (FSH) as a result of the stimulation of the pituitary receptors. This can lead to a clinical flare or exacerbations of symptoms such as bone pain and urinary retention. Additional treatment with antiandrogens is often prescribed to reduce this flare-up with increased side effects and cost.

The clinical flare effect of GnRH agonists is unwanted. In patients with vertebral metastases or ureteral obstruction, it may be dangerous, and even fatal. In patients with non-metastatic disease, i.e., prostate specific antigen (PSA) failure, the effects are not clinically apparent. However, it is very plausible that stimulation of prostate cancer cells by an increase in testosterone may have adverse effects in increasing tumor volume and proliferation, even when followed by castration. Thus the current recommendation is that men initiating GnRH agonists have flare blockade by an antiandrogen, particularly in the face of extensive disease. However, this requires combination therapy, increased expense, some potential morbidity of the antiandrogens, and the risks of poor compliance.

A novel new approach to pharmaceutical suppression of testosterone called Firmagon (degarelix) has been approved in the European and USA markets with Canada imminent. Firmagon will be the first of a new class of agents known as GnRH antagonists (blockers) to come to Canada. They immediately block the GnRH receptor resulting in rapid androgen suppression without the surge of LH and FSH. PSA nadir ≤ 0.5 ng/mL is achieved within 1-3 days following administration. The safety profile of degarelix is similar to other blockers but without the profound histamine response. In a dose determining study by Van
Poppel et al., the most significant adverse reactions reported were hot flashes (33%) and injection pain (10%). This new classification of hormonal therapies has proven to be effective for the management of advanced prostate cancers.

**Study Results (Pivotal 1-year Study)**

Firmagon’s efficacy and safety was evaluated in an open-label, multi-centre, randomized, active comparator, and parallel-group study. The study investigated efficacy and safety of two different degarelix monthly dosing regimens: a starting dose of 240 mg (40 mg/mL) followed by monthly doses via subcutaneous administration of 160 mg (40 mg/mL) or 80 mg (20 mg/mL) in comparison to monthly intramuscular administration of leuprolide 7.5 mg in patients with prostate cancer requiring androgen deprivation therapy. In total, 620 patients were randomized to one of the three treatment groups, 610 received investigational medicinal product treatment, and 504 (81%) completed the study. In the degarelix 240/80 mg treatment group, 41 (20%) patients discontinued the study as compared to 32 (16%) patients in the leuprolide group. The primary objective of the study was to demonstrate that degarelix is effective with respect to achieving and maintaining testosterone suppression to castrate levels, evaluated as the proportion of patients with testosterone suppression ≤ 0.5 ng/mL during 12 months of treatment. The lowest effective maintenance dose of 80 mg was chosen.

**Testosterone Suppression**

Maintenance monthly dosing of degarelix 80 mg resulted in sustained testosterone suppression in 97% of patients for at least one year. Median testosterone levels after one year of treatment were 0.087 ng/mL.

<table>
<thead>
<tr>
<th>Time</th>
<th>Degarelix 240/80 mg SC</th>
<th>Leuprolide 7.5 mg IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1</td>
<td>52%</td>
<td>0%</td>
</tr>
<tr>
<td>Day 3</td>
<td>96%</td>
<td>0%</td>
</tr>
<tr>
<td>Day 7</td>
<td>99%</td>
<td>1%</td>
</tr>
<tr>
<td>Day 14</td>
<td>100%</td>
<td>18%</td>
</tr>
<tr>
<td>Day 28</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Avoidance of Testosterone Surge**

None of the degarelix treated patients experienced a testosterone surge; there was an average decrease of 96% in testosterone at Day 3. Most of the leuprolide treated patients experienced testosterone surge; there was an average increase of 65% in testosterone at Day 3. Surge was defined as testosterone exceeding baseline by ≥ 15% within the first 2 weeks. This difference was statistically significant (p<0.001). The clinical benefit for degarelix compared to leuprolide plus antiandrogen for surge protection in the initial phase of treatment has not been demonstrated.

**Long-term Testosterone Suppression**

Maintenance monthly dosing of degarelix 80 mg resulted in sustained testosterone suppression in 97% of patients for at least one year. Median testosterone levels after one year of treatment were 0.087 ng/mL.

**PSA Suppression**

PSA levels were lowered by 64% two weeks after administration of degarelix (versus 18% for leuprolide), by 85% after one month (versus 68% for leuprolide), 95% after three months, and remained suppressed throughout the one year of treatment. The differences in PSA reduction from baseline between degarelix and leuprolide patients at two weeks and one month were statistically significant (p<0.001).

**Product Profile**

**Drug Name:** Degarelix  
**Trade Name:** Firmagon™  
**Name of Manufacturer:** Ferring Pharmaceuticals  
**Medical Ingredients:** Degarelix acetate  
**Non-medical Ingredients:** Mannitol  
**Classification:** Gonadotropin releasing hormone (GnRH) receptor antagonist (Blocker)  
**Route of Administration:** Subcutaneous injection  
**Dosage Form:** Powder for reconstitution  
**Strength per unit:** 80 mg and 120 mg per vial

**Indications and Usage**

Firmagon (degarelix) is a gonadotropin-releasing hormone (GnRH) receptor antagonist (blocker) indicated for testosterone suppression in patients with advanced hormone-dependent prostate cancer in whom androgen deprivation is warranted.

**Dosage and Administration**

Firmagon is for subcutaneous injection only. The effectiveness of this unique decapeptide is achieved by creating a subcutaneous depot resulting in a sustained release and should therefore never be given intravenously. It is supplied as a powder for reconstitution using Sterile Water, USP. Injections should be given subcutaneously in the abdominal region. (See instructions for proper administration below)

Initial dosing consists of two 120 mg injection, equating to a start dose of 240 mg. Maintenance dosing of a single injection of 80 mg is administered on a monthly basis.

**Instruction For Proper Administration**

**Cautions:**

- Gloves should always be worn when handling Firmagon during preparation and administration
- Always keep the vial vertical and do not shake, swirl only

**Equipment required:**

- 80 mg or 120 mg vials of Firmagon depending on whether dosing is initial or maintenance
• 6 mL vial of Sterile Water for Injection per vial of Firmagon, USP (WFI); Do not use Bacteriostatic Water for Injection
• reconstitution needle - 21G/0.8 x 50 mm
• administration needle for subcutaneous injection
  - 27G/0.4 x 25 mm
• injection syringe (5 mL)

NOTE: A back snap safety system is available with the Firmagon packaging to reduce needle stick injuries

Preparation: For 120 mg concentration (this procedure is repeated to achieve initial recommendation dose of 240 mg)

1. Withdraw 3 mL of sterile water, USP using reconstitution needle.
2. Inject sterile water slowly into the vial containing the powder form of Firmagon 120 mg.
   (NOTE: do not remove the syringe from the vial to maintain sterility)
3. Maintain the vial in an upright position and swirl gently until the solution is clear and without particulate. Avoid shaking. This process may take up to 15 minutes for complete dissolution.
4. Withdraw 3 mL of the reconstituted Firmagon while maintaining the vial on a tilt.
5. Once the solution has been withdrawn, exchange the reconstitution needle with the subcutaneous needle and remove any air that may have been withdrawn.
6. Inject the 3 mL/120 mg of reconstituted Firmagon immediately into the abdominal subcutaneous tissue. Grasp the abdominal tissue to elevate the subcutaneum.
7. Insert the needle deeply at an angle of no less than 45 degrees.
8. Gently aspirate to determine the presence of blood. If Firmagon becomes contaminated with blood the dose can not be used: discontinue dosing and begin procedure again. If blood does not appear, gently administer at the site chosen.

Different injection sites must be used for any additional dosing.

Preparation for Maintenance dosing of 80 mg

1. Withdraw 4.2 mL of Sterile Water, USP using reconstitution needle.
2. Inject sterile water slowly into the vial containing the powder form of Firmagon 80 mg.
3. As above.
4. Withdraw 4 mL of reconstituted Firmagon while maintaining the vial on a tilt.
5. As above.
6. Inject 4 mL of Firmagon 80 mg and administer, subcutaneously, immediately after reconstitution. Grasp the abdominal tissue to elevate the subcutaneum.
7. As above.
8. As above.

Contraindications
Degarelix is contraindicated in those who have had previous hypersensitivity reactions to degarelix or any of its components.

Warnings and Precautions
Degarelix is contraindicated in those who have had previous hypersensitivity reactions to degarelix or any of its components.

Cardiovascular
An increased risk of heart disease has been observed in men who have had orchiectomy or who have been treated with a GnRH agonist or antiandroon monotherapy. Similarly, in the randomized, active-controlled trial comparing degarelix to leuprolide, mild/moderate hypertension occurred in 26 (6%) patients in the pooled degarelix group and 8 (4%) patients in the leuprolide 7.5 mg group; myocardial infarction occurred in 5 (1%) patients in the pooled degarelix group and 4 (2%) patients in the leuprolide 7.5 mg group. Therefore, screening for and intervention to prevent/treat cardiovascular disease is warranted.

PSA Monitoring
Therapy with degarelix results in suppression of the gonadotrophic axis. The therapeutic effect of degarelix should be monitored by measuring serum concentrations of prostate specific antigen (PSA) and testosterone if PSA is found to be rising. Clients with cardiovascular disease are at an increased risk for developing metabolic syndrome. Monitor accordingly.

Adverse Reactions (AE)
The most commonly observed adverse reactions during degarelix therapy include injection site reactions (e.g. pain, erythema, swelling, nodule or induration), hot flashes, increased weight, fatigue, dizziness, anemia and increases in serum levels of transaminases and gamma-glutamyltransferase (GGT). Injection site reactions usually occur with the first dose, becoming much less frequent with subsequent doses. They are typically of mild to moderate intensity and resolve after a few days. Several common reactions such as hot flashes and weight gain are due to the expected physiological effects of testosterone suppression.

In a 12-month, randomized, comparative analyses of degarelix

(Continued on page 7)
It is time to recognize that “special” UNC nurse in your group. The one who has done that “extra something” for your chapter, your workplace, or your community.

Each year UNC proudly and publicly recognizes an individual who has made significant contribution through education, research or clinical practice or has achieved distinction through excellence in UNC promotion, UNC mentoring or other enhancement of the UNC Mission.

Over the years many of our finest nurses have been honored with this award.

We have some exceptional people within our ranks and they need to be recognized.

The Award of Merit will be presented at the Urological Excellence Conference in Edmonton, Alberta.

Urology Nurses of Canada needs your application for the annual awards that we are able to offer through the continued support of our corporate sponsors.

Awards available are:

**Editorial Award**
This award will be given to a UNC member who has written an article, paper or editorial that has been published in the past year and has not been previously published.

**Research Award**
This award is available to a UNC member proposing research related to urological nursing practice in one of the following sub-specialties: urodynamics, biofeedback, endourology, sexual health, uro-oncology or incontinence.

**Scholarship Award**
This award is available to a UNC member who wishes to further his/her education as related to the practice of nursing.

This year $1000 will be granted for each of the Editorial, Research and Scholarship awards. These awards are made available through unrestricted educational grants given via our Corporate sponsorship Program.

**The deadline for applications is August 31, 2010.**
UNC Info

UNC Representative 2008-2009

UNC Executive

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
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<tbody>
<tr>
<td>President</td>
<td>Frances Stewart</td>
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<tr>
<td>Past President</td>
<td>Susan Freed</td>
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<tr>
<td>Vice-President West</td>
<td>Colleen Toothill</td>
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<td>Vice-President East</td>
<td>Gina Porter</td>
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<td>Elizabeth Bowman</td>
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<tr>
<td>Membership</td>
<td>Nancy Carson</td>
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<td>Cheryl Scott</td>
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<tr>
<td>Treasurer</td>
<td>Jill Jeffrey</td>
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<td>Secretary</td>
<td>LuAnn Pickard</td>
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UNC Provincial Representatives

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<th>Representative</th>
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</thead>
<tbody>
<tr>
<td>VP West - Colleen Toothill</td>
<td>Roz Kranzler</td>
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<tr>
<td>British Columbia</td>
<td>Sandra Rowan</td>
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<tr>
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<td>Judy Pare</td>
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<tr>
<td>VP Central - Elizabeth Bowman</td>
<td>Sylvia Robb</td>
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<tr>
<td>Ontario</td>
<td>Mary-Agnus Hall</td>
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<tr>
<td>Quebec</td>
<td>Raguel De Leon</td>
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<tr>
<td>Quebec</td>
<td>Carol-Anne Lee</td>
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<tr>
<td>VP East - Gina Porter</td>
<td>Liette Connor</td>
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<td>Nova Scotia</td>
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<tr>
<td>New Brunswick</td>
<td>Lorraine Lambert</td>
</tr>
<tr>
<td>New Foundland and Labrador</td>
<td>Sue Hammond</td>
</tr>
<tr>
<td>Prince Edward Island</td>
<td>Cathy Croken</td>
</tr>
</tbody>
</table>

Local Chapter news info: www.unc.org

- Victoria Info: Sandra Rowan Tel: (250) 381-3747
- Edmonton Info: Liz Smits Tel: (780) 407-6154
- Calgary Info: Laurel McDonough: lormed@shaw.ca
- Kingston Info: Sylvia Robb Tel: (613) 549-6666 ex. 4778
- Ottawa Info: Susan Freed Tel: (613) 721-4700 ex. 3900
- Montreal Info: Carol-Ann Lee Tel: (514) 934-1934 ex. 35213
- Halifax Info: Emmi Champion Tel: (902) 473-2570
- New Brunswick Info: Gina Porter Tel: (506) 632-5720
- New Foundland Info: Sue Hammond Tel: (709) 368-0101
- Hamilton Info: Elizabeth Bowman: ebowman@mountaincable.net
- Regina Info: Judy Pare: judy@cru.ca

How to form a local UNC Group

1. Contact nurses and allied health in your area interested in Urologic Nursing.
2. Pick a topic and a speaker (for initial meeting).
3. Book meeting room
4. Contact local sales rep for potential support of meeting.
5. Advertise meeting and distribute information about the UNC.
6. Create local executive e.g. chairperson, secretary, treasurer.
7. Organize educational meetings/events.
8. Contact UNC provincial representative regarding local business meetings.
9. Encourage submissions of articles and upcoming events to “Pipeline”.

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PIPELINE
In the past year our chapter has been very active. We have had monthly meetings with presentations on various topics: Neurogenic Voiding Dysfunction - Dr. J. Wilson, Acute & Chronic Pain - Dr. Liz VanDenKerkhof, Renal Stones - Dr. D. Beiko, Renal masses - Dr. P. Jones, A Primer in Breast Cancer - Dr. Y. Madarnas, Advanced Prostate Cancer - Dr. C. Booth. Our meetings are attended by 10-15 RN’s, RPN’s and Research Associates. We have had excellent pharmaceutical support from AstraZeneca, Pfizer and Sanofi-Aventis.

Upcoming topics include presenters on Urological Research, Addictions and hormonal changes in the aging male and Mindfulness & Stress Management for Interstitial Cystitis. We will also hold a Journal Club meeting for the first time.

To recognize Breast Cancer awareness month in October, we had a speaker on Breast cancer. We also put a team together for the “Run for the Cure” and raised $1700.

In order to increase attendance at the meetings, we proposed an incentive prize draw to the members who attended meetings in the fall.

We also invited oncology nurses (non-members) to attend when the topic was related to their field.

We had a fundraising Thanksgiving bake sale. There are plans for a fundraiser, involving a book/DVD sale in the spring. The monies will be directed to members who are interested in attending the UEC conference in Nfld.

President: Sylvia Robb, Secretary: Denise Noreau
versus leuprolide adverse reactions were comparable. The most frequently reported adverse reactions related to injections site. Pain (28%), erythema (17%), swelling (6%), induration (4%) and nodule formation (3%) were mostly transient and of mild to moderate intensity, occurring primarily with the starting dose. There was few discontinuations (<1%) as a result of these AEs. Leuprolide is administered intramuscularly and may explain the differences reported regarding injections site adverse reactions.

**Clinical Studies**

Previous therapies for the treatment of prostate cancer requiring hormonal manipulation utilized GnRH agonists. They worked by over stimulating the pituitary gland resulting in the suppression of gonadal steroid production. Though this classification is effective they are associated with “microsurges” of testosterone which may lead to an exacerbation of clinical symptoms. GnRH receptor antagonists have been found to rapidly suppress, (within 3 days) testosterone levels without inducing surges. There have been a number of pivotal studies both randomized open-label phase II and III trials, that have demonstrated that Firmagon was associated with a “profound and sustained suppression of testosterone” and subsequent reduction in PSA without evidence of “microsurges”. In a phase III comparison trial between leuprolide and degarelix, degarelix was found to be as effective in suppressing testosterone levels to castration, ≤ 0.5 ng/mL but it was achieved more rapidly: 3 days versus 28 days and a subsequent PSA reduction noted at 14 days versus the leuprolide at 28 days.  

For more information contact Ferring Pharmaceuticals at 1-800-263-4057

**References:**


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### St John Chapter News

The Saint John Chapter of the Urology Nurses of Canada held our 6th annual Urology workshop on Oct. 24/09. A table was set up promoting Urology Nurses of Canada and much interest was received. We generally include one health topic to the healthcare providers outside the field of urology.

Dr. Carson (a Saint John Radiation Oncologist) spoke on prostate cancer and pelvic radiation. This was a very enlightening talk about new radiation treatment being performed in Saint John that is precise & direct at targeting cancer cells with limited infliction on surrounding healthy tissue and organs. A comment received from an attendant was “If I need radiation I will travel to Saint John”.

UTI’s and clean intermittent catheterization was presented by Gina Porter. An overview was given on the most common micro organisms as well as behavioral modifications to prevent UTI’s and medical management. Her discussion was vast and informative generating lots of questions.

Our health topic this year covered Breast Health/Breast Cancer with focus on a patient’s perspective from screening, diagnosis, surgery and post surgery. It was wonderful to hear that a local hotel offers 1 – 2 night’s accommodation, room service and parking free of charge for a patient and a loved one living out of town in order for them to be close to the hospital upon discharge. An extra mural nurse visits the patient while at the hotel.

Our half day workshop was well attended with a 100% positive feedback received from our questionnaires. Thanks to our wonderful sponsors for free registration, luncheon and break. Can’t wait until next year!

Lorraine Lambert

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### The Victoria Chapter

The Victoria Chapter held a workshop for nurses on October 24th, 2009. Guest speaker Dr Katherine Moore answered “all of your questions about catheters”. We learned about all types of catheters and the problems nurses deal with in their practice. We learned about urinary tract infections and catheters, everyone’s questions were answered, and we all learned. We enjoyed a great lunch by the sea. Nurses from all over the Island attended, community, hospital, OR and more were represented. The day was partially sponsored by Q-med.
The Edmonton Chapter hosted the 22nd annual UEC for 2009. The conference started Thursday with a Networking reception, meeting with industry representatives and fellow nurses from across the country.

Early Friday morning we were welcomed by Liz Smits, chair of the UNC Edmonton Chapter and Frances Stewart our President.

The first speaker Dr Mikel Gray enlightened us on Evidence and practice in Urology nursing. Then Edmonton's Dr Michael Chetner explained the use of Cryotherapy for Prostate Disease. Excellent slides highlighting new technology. After a break we broke into concurrent sessions, Paediatric Gynecology, Dr Tarek Motan. Bariatics: Pre and post operative surgical challenges, Dr Arya Sharma, and UTI across the Lifespan Dr Chasta Bacsu. Tough to choose. The next sessions were also fascinating: Congenital anomalies of the newborn urinary tract with Dr Darcie Kiddoo or the Evolving role of nurses in sexual medicine, a presentation by LuAnne Pikard, and nurses from her Clinic.

Lunch with the Exhibitors brought everyone together again. Awards were presented to National Sponsors, Astra Zeneca and Abbott. Nursing awards were presented to Susan Freed- Award of Merit, Liette Connor -Editorial Award, Keri Coulson -Scholarship Award and Grace Neustader- Research Award. A special Lifetime Honorary Membership Award was presented to Sandra Rowan, recently retired but an active member who has promoted UNC in many ways over the years.

After lunch we enjoyed the Short paper presentations. Grace Neustaedter presented her study on "how well informed are women who undergo urodynamic testing?" Then Gloria Connelly showed us firsthand how she uses "Incontinence Jeopardy" in her teaching. That was fun, and informative.

Mikel Gray puts the "C" into Continence care, sharing his experiences as a Continence Nurse. The day's sessions ended with the choice between Childhood Enuresis-Betty Ann Thibodeau, Prostate Health and the Nursing Role-Frankie Bates, and Drugs and Elders- Kathleen Hunter. It was a full and fun day for all.

Though out the Conference the UNC registration desk was manned, mostly by Gina Porter and some of the executives. They answered queries and handed out registration information. The UNC promotional material and clothing was offered by Jill Jeffrey, helped out by some of the Provincial Representatives. Posters explaining the Executive Positions and introducing current Executive members was displayed as well.

Friday night is Fun Night at the UEC, and we were delighted by the Ivory Club and Ebony Grill. They fed us all a great meal, then had us up dancing, entertaining us with amazing tunes.

Saturday morning came too early. Up for breakfast and the Annual General Meeting, including Elections (a full list of Executive and Provincial Reps on page 5). The first talk of the day was "Sexual Health", with Dr Theresa McCallum and her experiences in the field. That woke everyone up!

Then Dr Eric Estey spoke on Robotic Assisted Laparoscopic surgery. A new surgical treatment for Prostate Cancer. More new technology available now in most major centres.

After a break Dr Keith Rourke went through some great slides to explain Urethral Strictures and his experiences with repair.

After a great lunch we split into Concurrent Sessions;
Total Continence Reconstruction in Spina Bifida Dr Peter Metcalfe. Dr Adrian Fairey-Evaluation and management of Bladder Cancer. Prostate Cancer with a focus on Drug Therapeutics -Dr Scott North.

Next- Spina Bifida a Panel discussion with an adult with Spina Bifida and parents of children with Spina Bifida, who gave their perspectives. this was moderated by Betty Ann Thibodeau. Sharon Goodhelpsen answered lots of questions in "Stomas tricks of the trade form a human plumber". Belinda Parke explained Elder friendly Hospitals, and how nurses can prevent geriatric complications. Joanne Billings explains RNAO's Best Practice Guidelines.

The last keynote speaker Debbie Elliott had us all laughing, and showed us how Humour can help us in today's "busy" world.

Closing ceremonies were held. Thank you to the Edmonton Committee and Volunteers for another great nursing conference! The banner was passed to the St John’s Chapter. We'll see you all in St John's Newfoundland in 2010.

for members unable to attend the Edmonton Conference some of the presentations are on the website
www.unc.org

Urology Nurses of Canada

The Ivory Club tonite
Where the pianos will duel.
Where Nurses will mingle
With Alcohol for fuel

Tonight they will dance
And tonight they will sing,
Tomorrow it’s back to Learning
That never-ending thing

New Technology, New Procedures
Looking for a better way,
Urology Nurses of Canada
…It’s just another day

Back to work they go
As soon as they get home,
And it’s a hospital ward
That they normally roam

With patient’s and their problems
Heavy on their backs,
They carry a heavy load
They take on important tasks

To help the Elderly
To heal the Sick,
To carry the workload
Through Rules so thick

With Administration and Government
Regulations Intertwined,
So thickly they are laid
Bigger Scissors Need designed

To cut through it all
To get past all that Red Tape,
To really help those Patients
Takes a Superwoman Cape

So bless them every day
For doing a job so very tense,
…They are the best we have
The last line of defense

…..Jack Patrick Gibbs
The Annual Meeting of the CUA - Toronto

The annual meeting of the CUA was held this year in Toronto.
The UNC was once again fortunate to be provided with 10 free registrations to the “Scientific” sessions. Most of the UNC executive attended this year and helped man the UNC booth. This space was also provided by the CUA. A lot of doctors stopped to get info on the UNC for their nurses.

Colleen Toothill gave an excellent presentation on "Stones" which was well attended by nurses and industry. This session was generously sponsored by Boston Scientific.
The general sessions were informative and interesting.

We hope to keep this liaison with the CUA for next year in PEI.
The executive held a face-to-face meeting prior to the UNC presentation.

If there are any suggestions for next years presentation we would be very glad to consider them

Fran Stewart
President UNC

WHAT DO ALL THESE ABBREVIATIONS MEAN????

UNC - Urology Nurses of Canada
CUA - Canadian Urologic Association
UEC - Urologic Excellence Conference
CPCN - Canadian Prostate Cancer Network
NCA - Nurse Continence Advisor
AQIIU - Association Quebecoise des Infirmieres et Infirmiers En Urologie
SUNA - Society of Urology Nurses of America
AUA - American Urologic Association

Your Executive

Elizabeth Bowman, RegN, BScN, CURN, MN (cand).
St. Joseph’s Healthcare 16 years in the kidney/urinary department,
Charge nurse, Educator, staff nurse
Hamilton and district Urology group: research coordinator in urological Oncology 5 years
Clinical Instructor: Mohawk College
Single mom.

Contact 902-473-2570
Email ebowman@mountaincable.net

The Vice-President collaborates with provincial representatives to promote the UNC Mission, objectives and Membership. Liaises with UNC executive on Regional events research and educational initiatives. Assist with the programming and planning of the Urological Excellence Conference when held within their region. Promotes research recognition.
Coming Events

**Canadian Urological Association**
65th Annual Meeting
June 27 - 28, 2010
Delta Prince Edward
Charlottetown, PEI
[www.cua.org](http://www.cua.org)

**Urology Nurses of Canada at the CUA Meeting**
Monday June 28, 2010
1600-1800 hrs
Details tba
[www.unc.org](http://www.unc.org)

**23nd Annual Urologic Excellence Conference**
September 23-25, 2010
Delta Hotel
St John’s, NF
[www.unc.org](http://www.unc.org)

**Society of Urologic Nurses and Associates:**
**SUNA Annual Conference**
March 10-13, 2010
The Broadmoor at Colorado Springs,
Colorado Springs.
[www.suna.org](http://www.suna.org)

**AUA Northeastern Section**
61st Annual Meeting
October 7-11, 2009
Fairmont Queen Elizabeth
Montreal Quebec
[www.nsaua.org](http://www.nsaua.org)

**40th Annual ICS/IUGA 2010**
August 23-27, 2010
Toronto, ON
[www.iscoffice.org](http://www.iscoffice.org)