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So it’s time again for the next issue of the NUF bulletin which will also be our last. After two years and four issues of the bulletin it’s time to pass on the torch to the next editors which will be from Sweden. The board of the Swedish Urology association has not yet made its final decision on who will be in charge for the next two years, but surely we will all find out with the next issue of the bulletin due in December.

Our tenure with the bulletin has given us the opportunity to get to know better the Scandinavian Association of Urology (NUF) as an organization which in many ways is in the process of being overshadowed by an omnipresent EAU. NUF is more or less dependent on voluntary contributions from all members. Where the EAU presents you with an ever increasing number of meetings, publications and guidelines organized and written by a chosen few, the strength of the Scandinavian Association of Urology lies in its grass root approach and focus on informal meetings and exchanges of information. One very good example of the importance of a Scandinavian cooperation, are the excellent and very much cited SPCG studies. These prospective studies later showed to be unique and will be cited for many decades to come. In these days with shrinking national health care budgets (related to earlier times) are challenging for medicine to come and the future generations. In this sense we have tried to promote not only the social aspects of us urologists in Scandinavia but also tried to promote the scientific importance of NUF as an organization. However, we cannot take for granted that people will find the time and the resources to ensure the continuing survival of NUF in times of dwindling support for congress travels unless we can make their efforts worth their while. We therefore want to extend our gratitude to the many authors who have published articles in the bulletin during the last two years. Their efforts are much appreciated!

We can see a clear trend that the different subgroups of the Scandinavian Association are willing to use the bulletin as a platform to publicize their activities and programs. This is very encouraging and will give the bulletin a sharper profile in the years to come. Remember, if you want the bulletin to be a good read, it’s at least partially your own responsibility!

There are other positive signs on the horizon which bode well for the future of SCAUR/NUF, namely the establishment of a resident organization under the umbrella of NUF. The chairman of the Nordic Residents in Urology, Mikkel Fode, presents the fruits of their first meeting in this bulletin. Hopefully, many residents will get the opportunity to participate at the planned courses and meetings of this group.

We wish you all a pleasant and relaxing summer and we hope to see many of you at the next NUF meeting in Sandefjord in August 2013!

Sven and Karol
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Nordic Residents in Urology
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by Mikkel Fode
Dear colleagues,

The summer has begun here in southern Finland. The spring has been quite busy and we had many activities in Scandinavian urology.

I thank Elisabeth Farrelly and the whole LUTD group for organizing the 2nd Nordic Course on Urodynamics and LUTD in Copenhagen in January. The course was a success. It was connected to the Herlev Endoscopic course, which has been a must for our residents for over 30 years. I sincerely hope that both courses will continue as a basic and interactive teaching sessions also in the future.

I will also thank Kim Hovgaard Andressen and the stone group for the fourth Scandinavian Course on Urinary Stone Disease, Billund, Denmark in May. I have heard that it was also a very versatile course with extensive topics.

One of our main functions is to support the collaboration groups and these courses are the main activities of the groups. The courses are also a good way to have social intercourse with Scandinavian colleagues. I hope we can read interesting reports in the forthcoming Bulletins.

President thanks Sven Löffeler and Karol Axcrona for their great job as editors for the Bulletinen. There is lot of work to build an interesting number and the dead lines are always too close (personal remark). The next editorship will be in Sweden and the names of the new editors will be announced in the Editor’s corner. I wish them good luck!

NUF Congress 2013 will be held in Sandefjord, Norway, on 21–24 August. Now it is the right time to plan the timetables, courses and other activities for Sandefjord. The congress president Sven Löffeler has already been very active and we are waiting for a very fruitful meeting.

I wish a nice and warm summer to all Scandinavian urologists and all friends of NUF.

June 2012
Kimmo Taari
The biannual spring meeting of the Norwegian Urological Association of 2012 was held in Bergen from May 31 to June 2.

The spring meeting is a conference with a long history, which rotates between the urological departments in Norway. Historically, this conference has been focusing not only on strict medical aspects, but also the more social part of the association.

The Norwegian Urological Association was founded in 1962, and we therefore celebrate our 50th anniversary this year. This was of course highlighted during the conference and especially at the conference dinner on the last evening.

The main topic of the conference, however, was reconstructive urology. We started out on the first day with two state-of-the-art lectures on pyeloplasties and management of ureteral injuries presented by Peder Gjengstø and Bjarte Almås, respectively. They gave an excellent overview of the topics.

Later that afternoon, we went a little bit further down the urinary tract and focused on reconstructive surgery of the Urethra. We were so lucky, that Professor Guido Barbagli form Arezzo, Italy, could join us and share his large expe-
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rience in this field with us. Comprehensive lectures on Urethraplasty and management of Urethral injuries were presented in an eminent manner.

The second day started with a session focusing on Bladder reconstruction. Yngve Nygård and Thomas Davidsson from Bergen, Ole J. Nilsen from Oslo, Terje Wold from Kristiansand and Erik S. Haug from Tønsberg gave introductory lessons on Hautmann neobladder, Lundiana pouch, reconstruction using native bladder, Ileal Conduit and Studer neobladder, respectively. We then continued with the same panel in a round table session discussing various controversial topics related to the theme. The morning session was ended by a lesson presented by professor Thomas Davidsson from Bergen on metabolic complications related to urinary diversion.

The afternoon session was used by the Association. We first had a session about the new clinical guidelines of urology. The Norwegian Urological Association has decided to launch a series of such, meant to be of help to the General Practitioners in their daily practice. The first guideline, which was presented, addresses the field of lower urinary tract symptoms (LUTS). The rest of the series will hopefully be ready by the autumn meeting in late October this year.
The afternoon was ended with an award ceremony. The Orion scholarships were presented to the winners Helena Bertilsson from Trondheim and Ole J. Nilsen from Oslo. The latter gave an overview of the planned project, and Helena Bertilsson will be giving her at our meeting in October.

The conference dinner was held at Fløyen, one of the seven mountains surrounding Bergen. We had a fabulous five-course dinner and entertainment, with a panorama view over the city of Bergen. At the same dinner, the Department of Urology in Drammen was awarded the honor of hosting the next spring meeting in 2014.

On Saturday, the morning session addressed the topic of postprostatectomy incontinence. Karin Hjelle from Bergen, Ole J. Nilsen from Oslo and Ingrid Høie from Trondheim gave lessons on the topic.

The 2012 spring meeting was closed by farewell lunch.

The Norwegian Urological Association will thank all the participants and the sponsors for their efforts in making this year’s spring meeting a success.

I dessa spartider så kan man samtidigt känna sig lite bekymrad över hur framtiden ser ut för urologisk forskning i Norden. Det finns många unga blivande urologspecialister som är värda all uppmärksamhet, uppmuntran och träning inom både kliniskt arbete och akademisk urologi. Väl de blivit specialister så har de också en viktig roll i kliniska prövningar som vi måste kunna erbjuda våra patienter. Tyvärr är det färre urologiska centrum åtminstone i Sverige som idag har en forskningsavdelning och som också kan delta i de stora multicenterstudierna som pågår världen över. Jag tänker främst på prostatacancerstudier med abiraterone, MDV3100, alfaradin och många andra lovande läkemedel som nu utvärderas i Fas 3 prövningar. Som prostatacan-
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c erspecialist är det främst dessa studier som jag har kommit kontakt med på senare år som ansvarig för FoU-verksamheten på Skånes universitetssjukhus med centrum i Malmö. Vi kan inte räkna med ett ekonomiskt överskott för att delta i dessa studier men icke desto mindre är det viktigt att vi kan erbjuda denna möjlighet till våra patienter så både vi och de kan ta del av de senaste nyheterna inom behandling av t.ex. metastaserande prostatacancer, även om det alltid finns en risk att vissa patienter får placebo. Många studier är idag dock uppbyggda så att randomiseringen sker 2:1 vilket innebär att det är 2/3 chans att få aktiv substans. De senaste åren har vi sett många exempel på patienter som har varit oerhört nöjda med att få vara med i kliniska prövningar och de känner sig alltid mycket väl omhändertagna. Förutom prövningar som initieras av läkemedelsföretag så har vi ett gyllene arv att förvalta i form av SPCG-studier, där nya är under planering. För att återgå till urologisk forskning som helhet så är jag på sätt och vis en något udda figur som direkt efter läkarutbildningen fick en grundvetenskaplig forskarutbildning fick en grundvetenskaplig forskarutbildning med en period av gästforskning på NIH i USA innan jag påbörjade min specialistutbildning som urolog. Möjligt försöker jag idag greppa över allt för mycket men det är oerhört spännande att stå med en fot i grundforskning och en fot i klinisk verksamhet, i detta fall robotkirurgi, aktiv monitorering och kliniska prövningar vid prostatacancer. Det är spännande och mycket stimulerande att vara en budbärare mellan laboratoriet och kliniken i båda riktningar och det är något som jag önskar fler hade möjlighet att få uppleva. Jag är definitivt inte ensam om detta och jag ser många unga blivande urologer runt omkring i Norden som förhoppningsvis kommer att arbeta på samma sätt i framtiden. Jag tror att det passar bra för vissa av oss medan andra kollegor istället fungerar optimalt i att fokusera helt på klinisk forskning eller grundforskning inom urologin kan säkert få ett precis lika spännande arbete. Det viktigaste är inte exakt vad man gör.

Ha en riktig skön sommar, kolla av i hängmattan och kläck några bra ideer till nya forskningsprojekt.

Anders Bjartell
Next NUF Meeting in Sandefjord, Norway, August 21st-23rd 2013

After the last NUF meeting in Tampere, Finland, which was a great success and a lot to live up to, Norway is next to host the meeting in August 2013. The former secretary general of NUF, Alexander Schultz, approached us at the department of urology in Tønsberg, Vestfold, in late 2010 to ask if we would be willing to shoulder the responsibility of organizing such a meeting. There aren’t many places in Norway which are large enough to house a convention as large as NUF and we had to look to our neighboring town of Sandefjord to find a suitable place.

When I presented Sandefjord at the general assembly in Tampere I could see some raised eyebrows which were conveying some expected skepticism: Why on earth Sandefjord? And anyway, where on earth is Sandefjord? The purpose of this article is to answer both questions and to start a process which will hopefully lead to many urologists from all Nordic countries showing up in Sandefjord from August 21st to the 23rd 2013.

The venue
Admittedly Sandefjord is not among the larger cities in Norway where we find such sounding names as Oslo, Bergen and Trondheim. However, Sandefjord has one great advantage which only few other places can match: The Park Hotel. It is a true pearl among Scandinavian hotels, located at the water-front, and rooms a large and modern convention center. When Sandefjord was the world whaling capitol in the 50’s and 60’s many Sandefjordinger made little fortunes. One of them, a ship-owner and industrialist by the name of Anders Jahre, became one of the richest men of his time. He was friends with Aristoteles Onassis who visited Sandefjord on several occasions. Anders Jahre initiated and built the hotel in the late 1960’s when conventions and large meetings weren’t very common and the result was labelled by quite a few as rather megalomaniac. Time has proven him right and now room capacity is too scarce. Just in time for our meeting the new extension of the hotel will be finished which means that most participants will be able to stay at the convention hotel just an elevator ride from the congress venue. The hotel has been renovated several times but has retained its unique charm and the different art artifacts which Jahre collected during his lifetime are exhibited in the hotel. Two large paintings of Christian Krogh still greet every visitor in the entrance hall.

At the heart of the North
Sandefjord is located on the west coast of the outer Oslo Fjord and is easily accessible from all the Northern countries. The nearby airport of Torp (15 min. from the city centre) has among many others flight connections to Copenhagen, Stockholm, Bergen, Trondheim, Visby, Riga, Stavanger and Gdansk. There is also direct train and bus connection to Sandefjord from Oslo and Oslo airport Gardermoen. For our Swedish colleagues there is a ferry connection between Stromstad and Sandefjord and from Larvik, which is just a 20 minutes car or train ride from Sandefjord, you can reach the Danish port.
Next NUF Meeting in Sandefjord, Norway
of Hirtshals by ferry in just under four hours. Everyone who is the fortunate owner of a boat and who lives along the coasts of the Skagerrak and Kattegat can consider sailing up to Sandfjord which has a nice guest harbor just at the doorstep of the hotel.

The program
We are aware that the single most important reason for attending a scientific meeting is a good scientific program. The program committee has been at work for quite a while and although it is rather early days for specifics we are confident that we will be able to present excellent international and Scandinavian speakers which will make your trip worthwhile. For the first time in the history of NUF there will be a separate session for Nordic residents in urology which is scheduled for the 20th of August and will thus start the day before the official opening of the congress.

Our website will soon be up and running and you can visit us for updates on www.nuf2013.no or you can join the event NUF2013 on Facebook!

See you next year in Sandefjord!
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Indications This medicinal product is for diagnostic use only. Detection of bladder cancer, such as carcinoma in situ, in patients with known bladder cancer or high suspicion of bladder cancer, based on e.g. screening cystoscopy or positive urine cytology. Blue light fluorescence cystoscopy should be used as an adjunct to standard white light cystoscopy, as a guide for taking biopsies.

Dosage and method of administration Hexvix cystoscopy should only be performed by health care professionals trained specifically in Hexvix cystoscopy. The bladder should be drained before the instillation. Adults (including the elderly): 50ml of 8mmol/l reconstituted solution is instilled into the bladder through a catheter. The patient should retain the fluid for approximately 60 minutes. Following evacuation of the bladder, the cystoscopic examination in blue light should start within approximately 60 minutes. Patients should be examined with both white and blue light to obtain a map of all lesions in the bladder. Biopsies of all mapped lesions should normally be taken under white light. Only CE-marked cystoscopic equipment should be used, equipped with necessary filters to allow both standard white light cystoscopy and blue light (wavelength 380–450 nm) fluorescence cystoscopy. Children and adolescents: There is no experience of treating patients below the age of 18 years.

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Interactions No specific interaction studies have been performed with hexaminolevulinate.

Pregnancy and lactation No clinical data on exposed pregnancies are available. Reproductive toxicity studies in animals have not been performed.

Undesirable effects Most of the reported adverse reactions were transient and mild or moderate in intensity.

The most frequently reported adverse reactions were bladder spasm, reported by 3.8% of the patients, bladder pain, reported by 3.3% of the patients and dysuria, reported by 2.7% of the patients. Other commonly reported adverse reactions are: headache, nausea, vomiting, constipation, urinary retention, haematuria, pollakiuria and pyrexia. Uncommonly reported adverse reactions are cystitis, sepsis, urinary tract infection, insomnia, urethral pain, incontinence, white blood cell count increase, bilirubin and hepatic enzyme increase, post-procedural pain, anaemia, gout and rash. The adverse reactions that were observed were expected, based on previous experience with standard cystoscopy and transurethral resection of the bladder (TURB) procedures.

Overdose No case of overdose has been reported. No adverse events have been reported with prolonged instillation times exceeding 180 minutes (3 times the recommended instillation time), in one case 343 minutes. No adverse events have been reported in the dose-finding studies using twice the recommended concentration of hexaminolevulinate. There is no experience of higher light intensity than recommended or prolonged light exposure.

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2. Hermann 66 et al. BJU int (published online)
Sacral neuromodulation: a miracle or an expensive sham?

by Martti Aho

An Opinion from Tampere, Finland.

Everyone reading this paper should be familiar with the treatment called sacral neuromodulation. Despite this or perhaps because of it, once this topic comes out in big meetings like EAU and AUA the crowd starts to wander out of the session. I always wonder why. Is it because they think it is too complicated, it does not work or they do not have patients for it?

Sacral neuromodulation is an approved therapy for non-obstructive urinary retention, overactive bladder, anal incontinence and obstipation. In these indications it has 60-80 % chance of helping the patient significantly, this success rate is based on numerous clinical studies. In real life based on a published study from the US the results are inferior to that, but in big-volume centres like ours, the success rate almost equals those achieved in clinical studies. If sacral neuromodulation fails the next treatment modality is usually bladder augmentation, urinary diversion or bladder substitution. This tells us that this treatment is not for your everyday patient with overactive bladder. it is for patients who spend their days in toilet or spend their money on diapers.

The official approval in Europe for sacral neuromodulation in treating overactive bladder came in the late 1990s. In Finland, the first treatments were given in 1999, first in Oulu and then in our hospital, in Tampere. Several technical advances has been made since the beginning. The permanent stimulator is smaller and more importantly, the permanent lead is be used already in testing phase. This means that if the 1- to 4-week test phase is successful, we can almost guarantee that the same effect when permanent stimulator is implanted. We only change the battery but the lead stays in the same place.

Currently, there are two urologists at Tampere University Hospital doing more than fifty tests annually on urological patients and about ten for bowel patients. The increase in last few years has been rapid. We have done more procedures in last two years than we did in ten years before that and our success rate has at least doubled. Our gastroenterological unit refers their patients to us while at some hospitals like Helsinki University Hospital urological patients are treated by GE surgeons. Their ratio of voiding and bowel patients is opposite to us. This shows that once you start to treat patients by this method, you find suitable patients for it. One has to notice that the operation is done the same way in every indication. A lead is placed through sacral S3 or S4 foramen near to the nerves originating in this area, connect the lead to an external stimulator first and then in successful cases to a subcutaneous permanent stimulator. Subsensory electrical current normalizes the neuronal signaling between pelvic organs and brain. Usually a 50 % reduction in symptoms is considered a good result: 20 voids per day to 10 voids per day, big difference is impossible by anticholinergic medication. In retention we define success as no need to catheterize, and incontinent patients have to be completely dry.

At our hospital, in above mentioned official indications six out of ten tested patients get the permanent neurostimulator. Ten per cent of those will lose the effect in the future. We have tested the limits of this procedure on other indications that might be partly neurogenic or where the reason for symptoms is not evident. With these I mean pelvic pain and interstitial cystitis, for example. Amazingly, about half of these patients get help. It would be useful to recognize clear predictive factors for success. Unfortunately there are no good ones, the only way to know if neuromodulation works is to do the test. Of course, a small contracted bladder with volume of 150 ml is not going to get bigger with the help of electricity. Sacral neuromodulation is not without drawbacks, about six per cent of patients have infections which require the removal of components. In addition, some may get symptoms related to pressure or electricity generated by the neurostimulator. Some candidates are afraid of foreign material in their body. In every case, if the treatment fails, electrodes are simply removed and no permanent harm can happen to a patient.

A 20-minute operation can change whole life but not without costs. As every second patient gets help, one success demands one failure and one test costs 5000 €, a permanent stimulator 10 000 € (all charges). Cost-benefit analyses are clearly needed for this great treatment in order to keep it alive in this financially unstable world. The limits or different indications in pelvic area problems need to be defined. There is a place for nordic co-operation, once again!
Dear colleagues!

It is an honor for me to introduce myself to you as the new Chairman of the Scandinavian Prostate Cancer Group – SPCG. It is now more than 30 years since SPCG was founded in 1981 with Per-Aage Høisæther as the first chairman. Since then, 14 SPCG protocols have been suggested and 12 of them have recruited patients. So, to keep you updated, SPCG will from now on have it’s own corner in “NUF-bulletinen”.

The board

Please let us introduce ourselves. (see picture) On this photo you can see the present board members and also Oncologists from all the Nordic countries as they are involved in several of the ongoing SPCG studies. It is our intention to make one Oncologist from each country a permanent board member, as treatment of prostate cancer more and more is a team work between Urologists and Oncologists.

SPCG Home Page

The link to our Home Page on the web is www.spcginfo.com. Here you can find everything about previous, ongoing and future SPCG protocols. All the contact information is also there, please go in and let us here your opinion!!

SPCG Trial Meeting

In the 1990’s there were several SPCG Trial Weeks in different resorts at the Mediterranean Sea. Unfortunately, this is not possible with the present rules and regulations. However, in 2008 and 2010 we have had two successful “SPCG Trial meetings” at Johannesbergs Castle outside Arlanda in a joint venture with the industry. The 3rd SPCG Trial Meeting is 20-21 September 2012! The focus this year is on Locally advanced disease. So, all of you that have participated in previous SPCG trials, or are interested to participate in future SPCG trials, please sign up for this years meeting through the home page!

SPCG foundation

The SPCG foundation has in 2010 received a donation of 2 mill. SEK and the “Ing-Britt and Stig Mårtenssons stiftelse” was created. I am now proud to announce that a yearly SPCG Grant of 50 000 SEK for clinical research within Prostate Cancer is open for application. This year we announce both the 2011 and 2012 SPCG Grant. Please forward your application no later than 31st of October as stated in the announcement). Furthermore, the donation can provide a solid base to initiate new SPCG trials for the future until applications from other sources are accepted.

Future SPCG Trials

SPCG has played an important role in clinical research in prostate cancer in Scandinavia for more than 25 years. Together we shall continue to produce clinical research of high quality, that are published in leading scientific journals. At present we have three trials (SPCG 12, 13 and 14) that test docetaxel in the adjuvant setting after surgery, radiation and at rising PSA. We are also planning a protocol randomizing between surgery and radiation treatment in locally advanced disease (SPCG 15).

Once again, I welcome all of you to participate in the trial meeting and also to apply for the two SPCG Grants that are available for application. We also hope to see you on a special SPCG session at the NUF-meeting in Sandefjord, Norway in August 2013!!

Have a nice summer vacation!!

Yours, Göran Ahlgren, SPCG Chairman goran.ahlgren@skane.se

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Back row: G Ahlgren, Johan Stranne, Teuvo Tammela, Andes Widmark, Terje Wold, Finn Rasmussen, Terje Åkesson
Front row: Klaus Brasso, Mårten Höyer, Jon Iversen, P-O Hedlund, Anders Angelsen
As described in the last issue of the NUF bulletin, the general assembly of the Scandinavian Association of Urology in Tampere 2011 approved an initiative to start a collaboration group of young urologists in the Nordic countries.

In January of 2012, representatives for the next generation of urologists from Norway, Sweden, Finland and Denmark met in Copenhagen to begin this work. There was a pleasant atmosphere surrounding the meeting from the very beginning and the day turned out to be highly constructive.

At the meeting differences between the residency programs and educational courses in urology within each of the Nordic countries were debated. We attempted to find both common ground and issues in which we can learn from each other. One of the striking differences was that urology in Norway and Sweden, is a part of the residency program in general surgery, which was not the case in Denmark and Finland where urology is an independent specialty. Furthermore, there are differences in the length of the education, in theoretical courses offered and in the research opportunities and incentives.

There was a desire among the participants of the meeting to increase collaboration and networking between young urologists in the Nordic countries, in order to improve overall education and research opportunities. For example, it was pointed out that there is a need for an expanded cooperation in Nordic countries to perform large volume clinical studies that could compete with the European and American studies. To accomplish this increase in collaboration it was decided to form a collaboration group of younger urologists from the Nordic countries within the NUF organisation. The name “Nordic Residents in Urology” was chosen for the group, which will consist of 2 representatives from each of the Nordic countries. The members will be elected from the associations of young urologists in each county. In Finland the two members will be elected among the residents within the national urological association as no separate association for young urologists exists. Mikkel Fode (Herlev Hospital, Denmark) was chosen as the first chairman.

The group will need formal approval at the next NUF general assembly in Sandefjord, Norway, 2013. However with the support of the previous general assembly and the continued support of the NUF board we have been given permission to begin our work.

As the first task for the new group it was decided to arrange a session for residents at the next NUF meeting. In addition to this, the group will work to create a database with information about current research and clinical practice to facilitate future research collaborations between the Nordic countries. Finally, we will explore the possibilities of arranging joint non-compulsory courses. Because of the high expense of “hands on” courses, the group decided to begin with theoretical courses. It is our expectation that these will have the potential to reach very high standards. The next meeting in the group has already been arranged in order to continue the work on these projects.

Since the meeting, the “Nordic Residents in Urology”-group has made its way to the NUF website where it can be found under “Collaboration Groups”. Here, the aims of the group are stated and the members can be seen. We have also established a facebook group for Nordic urologists in training - currently it has 54 members. We encourage all urologists in training to join the group and to add others: www.facebook.com/groups/351474814880712/

On behalf of “Nordic Residents in Urology” we would like to thank everyone in the NUF organisation that has supported the group. We hope for the formal approval in Sandefjord and we look forward to continue the work.

Mikkel Fode and Martin S. Skøtt

Nordic Residents in Urology
- a new collaboration group within NUF

by Mikkel Fode, Department of Urology, Herlev Hospital, Denmark

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Welcome to the 29th Congress of the Scandinavian Association of Urology and Urological Nurses

Mark your calendar August 21\textsuperscript{st}-23\textsuperscript{rd} 2013
Park Hotel Sandefjord, Vestfold, Norway

Visit our website at www.nuf2013.no
Scandinavian Association of Urology and Urological Nurses

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