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# ESSM Today

## ESSM NEWSLETTER

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Tommaso Cai, Italy

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# Welcome Address

It is great pleasure for me, as a new editor in chief, to welcome you to this August 2017 issue of ESSM today. I have the difficult task to carry on the work of the previous editor, Juan Ignacio Martinez-Salamanca, that I would like to thank on behalf our society for the brilliant work done. ESSM Today has become under his direction a very “looked forward” publication, that all of us love and have learned to enjoy.

The executive committee has now decided to make ESSM Today freely available also to non-members, in order to show to a wider public what Sexual Medicine means nowadays, and how many activities our Society conducts to improve culture, education, research and clinical practice in this important scientific field.

ESSM is a modern model of multidisciplinary and multinational scientific society. In this issue Maarten Albersen highlights the most relevant topics addressed in the latest ESSM annual meeting held in Nice last February, reminding us how wide, rich and complex Sexual Medicine is today; Mikkel Fode reveals why ESSM has the attitude to attract so many members and a number of national affiliated societies; Yacov Reisman describes the main educational activities of ESSM and the Multidisciplinary Joint Committee of Sexual Medicine, that strive to set up new quality standards in the training and clinical practice of Sexual Medicine in Europe. Thank to these and other articles in this issue you will have at a glance a colorful picture of ESSM, and I’m sure you will love it!

Welcome to the ESSM, a landmark for anybody involved in the field of Sexual Medicine, an entire world to discover and to join!

Ferdinando Fusco MD, PhD  
Editor-in-Chief



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# ESSM: A model of a multinational and multidisciplinary scientific society

by Mikkel Fode



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It's been almost 10 years since I was welcomed into the ESSM family and for the past 4 years I've had the privilege to serve as representative of the national affiliated societies. At first glance the differences between our individual societies and members are striking - we are comprised of all genders, nationalities, ages, beliefs, and professions. However, from the very beginning, I have noticed something unique about our society; a welcoming feeling of unity, which is truly rare. I've seen how every single member of our society is united by the ESSM purpose of advancing and promoting Sexual Medicine. Due to the nature of our field, it is only logical that we are comprised of clinicians with a focus on quality of life and an unprejudiced open-mindedness. Thinking back, this was what originally attracted me to the ESSM.

Our common focus means that when we meet for a few days every year at the annual congress, we enter a bubble in which Sexual Medicine becomes the most important thing in the world. This is inspiring and refreshing, especially because this is not always the case in everyday life in which our field is often pushed into the background by more prioritized medical issues. Therefore, our congresses are deeply important;

not only for their scientific content, but also for the inspiration they allow us to take back into our daily lives. Along with growing friendships, this has always made our annual congresses spectacular experiences. This being said, everyone who was present in Nice noticed that the mood was different from earlier years. While our local hosts had done an admirable job in making the congress a success, it is no secret that there were disagreements about the future constellation of the Executive Committee and direction of the society. At this point, the conflict is behind us with the confirmations and elections at the general assembly and I have no authority to judge regarding the specifics. The Executive Committee has made it a priority to update the by-laws and improve the transparency of future elections for the individual members of the ESSM. However, in addition to that, the events of the congress deserve some comments.

As the representative of the national affiliated ESSM societies I've had a unique position to witness the strong link between the Executive Committee, various sub-committees, and the affiliated societies. I've seen how different parts of the society communicate and work together. In my experience, this has always been done with a democratic approach and a strong trend to meet the needs of individual members. For example, we have created programs to sponsor both clinicians from low income countries as well as basic scientists and the ESSM has introduced student discounts to encourage active participation of young members. However, with our differences, it is obvious that opinions often differ on various issues and emotions may

surface as a result of strong dedication. This is both an inherent quality and challenge for a true multinational and multidisciplinary society. Therefore, there is no doubt that disagreements will also be part of our future. Most often, these disagreements will be resolved rationally and peacefully, but sometimes they will become obvious and potentially unpleasant. This is the case in any family and in all gatherings of dedicated individuals who feel that they are working for an important cause. It is crucial that we do not get scared of this and, the goal must never be to eliminate or obscure our differences. Rather, we need to utilize them in order to cultivate a diverse and embracing society. In my opinion, this is exactly what the ESSM has been doing for the past several years with a comprehensive focus on Sexual Medicine issues and a growing number of membership societies. Whenever problems arise, we need to be strong enough to overcome our conflicts, while staying united in our joint cause of promoting Sexual Medicine.

Looking into the future, I am confident that the ESSM will continue to display the great welcoming spirit and great respect for very single old and new member that I have experienced. I am also confident that the society will continue to focus on and benefit the members to whom it truly belongs. The ESSM is a chosen family grounded in a common purpose to promote Sexual Medicine. Let us remember that purpose and let us remember to view our multinational and multidisciplinary differences as a strength rather than a weakness.

# Meeting report ESSM 2017: Highlights from Nice

by Maarten Albersen



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## Nice 2017

This year, the annual meeting of the European Society of Sexual Medicine was held on the beautiful Cote d'Azur in close collaboration with the Association Interdisciplinaire post-Universitaire de Seologie and the Société Francophone de Médecine Sexuelle. Local chairs hosting us in the lovely city of Nice were Antoine Faix and Daniel Chevallier who did an outstanding job. A total of 1.077 participants enjoyed the city during the congress. With 7 master lectures, 4 debates, 19 round tables and 10 workshops the scientific program was very successful. International experts demonstrated cutting edge techniques and new tricks in live surgeries. More than 200 abstracts have been presented. Participants attended from several countries all over Europe and other parts of the world who come from different professional backgrounds including sexology, psychology, general medicine, gynecology, endocrinology, basic-translational research and urologists.

## The biopsychosocial model and the implications for a multidisciplinary society

As suggested in a 1977 article in science, psychiatrist George L. Engel called for "the need for a new medical model." And at that time offered a starting point for broader understanding of clinical practice. The biopsychosocial model is a broad view that attributes disease outcome to the intricate, variable interaction of biological factors (genetic, biochemical, (patho)physiologi-

cal, etc), psychological factors (mood, personality, behavior, etc.), and social factors (cultural, familial, socioeconomic, medical, etc.). In Sexual Medicine, this model has been broadly adopted as the standard approach to issues pertaining to sexual function and dysfunction. In this light, the ESSM every year again aims to provide a truly multidisciplinary meeting, where delegates from different fields of Sexual Medicine find a platform to interact, network, and educate themselves not only in their own specific area, but also gets a view from other disciplines on how they would approach a patient with a sex-related problem. To this end, in Nice we hosted well-attended multidisciplinary sessions aimed at broadening knowledge across disciplines on the role of the pelvic floor in both male and female sexual dysfunctions, sexuality in cancer patients, sexuality in adolescence, sex-related pain, transgender care, metabolic diseases and sexual dysfunctions, sexually transmitted diseases, infertility and psychiatric comorbidities. Besides, we provide highly specialized sessions aimed at deepening knowledge on specific clinical situations which may help clinicians with detailed tips & tricks, such as the live surgery sessions. In the coming years, we will poll the ESSM membership and congress attendees to get an oversight of what topics they would like to see discussed in the future congresses in order to fit the needs of all attendees in the best manner possible.

## Education and science

The ESSM's core business is the advancement of both science and education in Sexual Medicine. Besides providing the newest science, we therefore invest in educating the younger generations, also during the congress. To this end, ESSM17 boasted 10 workshops and tips-and-tricks sessions which are as always included in the registration fee, so no extra fee is required to attend these intensive, interactive and focused sessions on different topics within Sexual

Medicine. In addition, a sexual medicine update pre-congress course was organized providing case-based education and how-I-do-it sessions by experts in the field.

## Hot topics & prize winners

As the ESSM organizes the largest sexual medicine congress worldwide, attendees can expect the newest research in the field to be presented at this stage. A variety of hot topics were trending during ESSM17. Low-intensity shockwave therapy for male sexual dysfunction for example, has been around for some years but only recently a worldwide increased interest for this novel treatment modality is observed. Although it is regarded as promising by many, questions remain about the ideal treatment protocol, the ideal device to be used, and the quality of evidence and many discussions on these topics have been conducted during the conference. This is likely a treatment strategy that will be omnipresent in future congresses as well as it may well be the first restorative, not symptomatic treatment for men with ED. Other clinical discussions in male sexual dysfunction revolved around testosterone replacement, penile implant surgery, Peyronie's disease and premature ejaculation where new discoveries and educational events refine the clinical practice of the many healthcare providers who take care of men with sexual dysfunction in their daily practice (prize winners male sexual dysfunction: Marco Capece, United Kingdom; Nikolaos Ioakeimidis, Greece; Athanasios Zachariou, Greece; Walter Cazzaniga, Italy). In preclinical developments we observed during ESSM17 that we are still struggling to understand the pathophysiology of very common conditions like post-radical prostatectomy erectile dysfunction and Peyronie's disease. On the bright side however, several abstracts were presented highlighting that the search for novel therapies -such as stem cell therapy, regenerative medicine using biomolecules and pharmaco-

## Meeting report ESSM 2017: Highlights from Nice

therapeutics selected by high throughput screening as well as repurposing EMA/FDA approved drugs for the use in sex med- is continuing to show encouraging results (prize winners: Javier Angulo, Spain; Linda Vignozzi, Italy; Marcus Ilg, United Kingdom). In female sexual function sex-related pain was a much discussed topic with much attention to vulvodynia and other genitopelvic pain disorders. Furthermore, there was attention given to sex following female cancer (treatments) and female sexuality as indicator of overall health. (prize winners female sexual dysfunction: Elisa Maseroli, Italy; Caroline Vos, The Netherlands; Chantelle Otten, Australia). On the sexology and psychology side, hot topics included pornography use, adolescent sexual-

ity and prevalence and help-seeking of sexual difficulties in the population, the latter which was awarded with a best presentation award to Dr. Richard de Visser from the United Kingdom.

### Future meetings

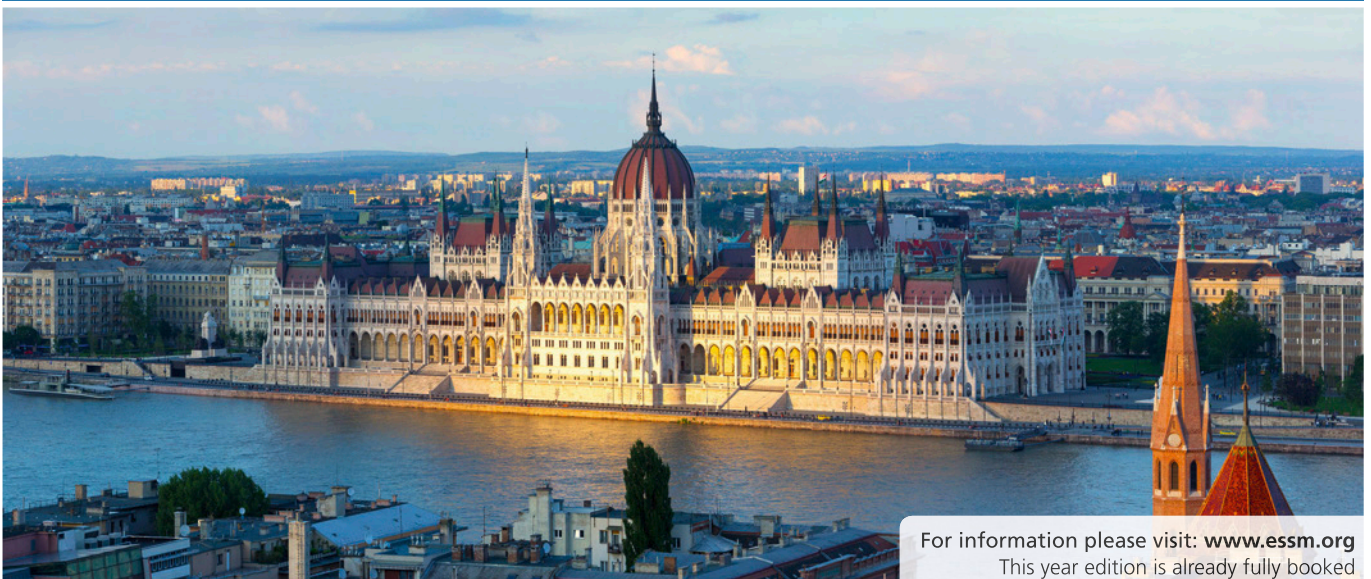
In 2018, we are very excited to host the World Meeting on Sexual Medicine which will be held in Lisbon on February 28 – March 3 and will be co-hosted by the ESSM, the International Society of Sexual Medicine (ISSM) and the Sociedade Portuguesa de Andrologia, Medicina Sexual e Reprodução. It marks the 20<sup>th</sup> Congress at the ESSM and the contents will be very attractive, program chairs Prof. Wayne Hellstrom

and myself are working hard to finalize the full program which will air shortly on [www.wmsm.org](http://www.wmsm.org), please take a look. We'll host more than 15 workshops (including a manuscript writing and reading workshop by the ISSM journal editors), 2 live surgery sessions, 2 video tips and trick-sessions, an international keynote speaker and an innovations in sex-med platform next to the well-known interactive, debate and round table sessions on various topics, again including multidisciplinary sessions as well as focused sessions. The audience as well as the speaker pool will be attending from all over the world indicating that you'll get the best of the best in terms of science, education and networking out of this collaboration with ISSM.



## The ESSM School of Sexual Medicine 2017

27 October – 5 November 2017 | Budapest, Hungary



For information please visit: [www.essm.org](http://www.essm.org)  
This year edition is already fully booked

# ESSM and MJCSM education & certification: Where we are now and where we want to be by Yacov Reisman



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Sexual problems are associated with various medical conditions and psychological causes. The healthcare providers who are dealing with these problems may be from diverse specialties. Furthermore, sexual dysfunctions involve the interaction of biological, psychological and social factors, which necessitate a multidisciplinary medical approach.

However, Sexual Medicine has recently been recognized as a medical discipline due to the revolutionary scientific researches which elucidated the causes and treatment options of various sexual problems. Despite the growth in this field, Sexual Medicine is still not recognized in all parts of the world as specialty or even subspecialty, resulting differences in quality of sexual medicine services between countries all over the world. Therefore, the quality and the content of the healthcare provided by the sexual medicine experts should be closely monitored and regulated according to their medical knowledge, skills and attitudes, after providing the educational possibilities.

## European qualification for sexual medicine physicians and for sexologists

The ESSM is the first and the only Sexual Medicine society, which decided and devoted efforts for establishing standards for practicing this medical discipline. In 2003, the executive committee of the ESSM started to seek for the development of regulatory framework under the European Union of Medical Specialists (UEMS) (1). After a long negotiation process, the UEMS approved the foundation of a Multidisciplinary Joint Committee for Sexual Medicine (MJCSM) in 2011. In the beginning, the MJCSM consisted of representatives from the European Boards of Urology,

Obstetrics-Gynecology and Psychiatry; however representatives from Endocrinology and Dermatology boards recently joined to the committee.

The MJCSM aimed to develop a curriculum for Sexual Medicine, to set educational standards, and to create a framework of assessment. The first assessment for sexual medicine physicians took place in 2012 and it has been repeated biannually for qualifications of fellows of the MJCSM. The assessment has been performed with a MCQ examination conducted by the MJCSM Exam Committee and included questions about all the domains of sexual medicine. In order to monitor the practical abilities of the healthcare providers, an online logbook has been designed which allows supervision of a senior Sexual Medicine expert. **The next MJCSM exam will take place just before the next ISSM-ESSM meeting in Lisbon on 28 February 2018.** Information and application will be soon available on the ESSM and MJCSM websites.

To be eligible to take the examination, the candidate needs to be a registered medical specialist or family physician with at least 5 years of experience in his/her country of practice. The candidate is expected to demonstrate documents proving his/her educational background, clinical experience in Sexual Medicine and active participation in Sexual Medicine congresses, symposia and seminars. The exam committee evaluates all applications and confirms the candidates who are able to take the exam. Candidates who took and pass the exam are able to use the title "Fellow of the European Committee in Sexual Medicine" (FECSM), which is a "mark of excellence".

Currently, the ESSM is also attempting to improve the quality of Sexual Medicine by establishing standards for psychologists who are dealing with sexual problems. The ESSM, together with the European Federation of Sexology (EFS), constructed a syllabus on clinical sexology in 2013 and established a "Mark of Excellence" qualification for psychologists through an examination process similar to the MJCSM examination. The first EFS/ESSM examination for psychosexolo-

gists was held in 2014. Candidates of this exam had to possess qualification as psychologist (or psychiatrists) with psychotherapy degree and postgraduate training in sexology including supervised experience. Those who passed the exam were able to use the title "EFS/ESSM Certified Psychosexologist" (ECPS). We believe that these activities will not only improve the standards of care in sexology but also will lead to the recognition and protection of sexologists by the European authorities (2).

Although both qualification processes for FECSM and ECPS are developed by European organizations, they are available for eligible health care providers from all over the world. Up to date more than 500 physicians and 80 psychosexologists from 5 continents were eligible for the examination and majority of them received the FECSM and ECPS title.

## Main educational activities of the ESSM

With the aim to support the training of Sexual Medicine physicians and to provide standardized educational opportunities in accordance with MJCSM curriculum, the Executive Committee of the ESSM founded an Educational Committee. This committee initiated several multidisciplinary educational activities:

1. **ABC master courses:** These courses took place during the annual ESSM meetings aiming to provide educational opportunities for residents and specialists in the field of Sexual Medicine. These courses incorporated endocrinological, urological, gynecological and psychological components.
2. **ESSM Syllabus of Sexual Medicine:** Right before the first MJCSM exam in 2012, the first and the only textbook in Sexual Medicine has been published. This book covered all the different aspects of Sexual Medicine for both genders and served as a learning source for the future FECSM candidates. In 2015, the Syllabus has been updated according to the recent literature and renamed as the ESSM Manual of Sexual Medicine. This book is avail-

## ESSM and MJCSM education & certification: Where we are now and where we want to be

able for ESSM members on the ESSM website ([www.essm.org/science-and-publications/the-essm-manual-of-sexual-medicine](http://www.essm.org/science-and-publications/the-essm-manual-of-sexual-medicine)).

3. **EFS/ESSM Syllabus of clinical sexology:** In collaboration with EFS, the ESSM educational committee developed the **EFS/ESSM Syllabus of Clinical Sexology**. This textbook covered all the aspects of sexology and served as an information source for sexologists and candidates for the ECPS exam. The Syllabus is also available to the ESSM members on the ESSM website ([www.essm.org/science-and-publications/the-efs-and-essm-syllabus-of-clinical-sexology](http://www.essm.org/science-and-publications/the-efs-and-essm-syllabus-of-clinical-sexology)).
4. **ESSM preparation course:** A 3 days intensive course on Sexual Medicine is taking place each time prior to the MJCSM and ECPS examinations. This course provides an overview of all the Sexual Medicine topics in curriculum along with the exam-taking skills. The objectives of the course are not limited to revising the Sexual Medicine knowledge but also to improve the clinical skills of the candidates.
5. **The ESSM School of Sexual Medicine:** This school has been initiated in 2007 under the leadership of Dr. John Dean. In the recent years the school become very popular all around the world, and some students are supported with scholarships from the ISSM and the EFS. ESSM school alumni turned into key opinion leaders in the field of Sexual Medicine in their countries with increasing amount of time devoted for the care of patients with sexual concerns or dysfunction (3).

### The future of Sexual Medicine and clinical sexology

In spite of the significant progress that we have achieved through the last 5 years, we are aware of the fact that it is only the beginning of a long marathon. Considering the multi-dimensional aspects of the Sexual Medicine, there is a need for postgraduate sexual medicine education centers, which provide specific and well-constructed

training program dedicated to Sexual Medicine. To overcome the need for acquirement of the right attitude as sexual medicine physician or sexologists, the MJCSM designed an online logbook ([www.mjcsm.org](http://www.mjcsm.org)) for establishing a mentor-fellow interaction which provides an excellent opportunity for collaboration. This logbook offers the possibility for each exam candidate to record his/her clinical, educational, and scientific experience in the field of Sexual Medicine. Fellows with certain clinical and educational experience according to MJCSM criteria, are invited to become a supervisor and to contribute to the education of the future fellows.

Moreover, the MJCSM initiated a certification program for standardization of the sexual medicine education centers all over the world. Currently, we have 4 certified sexual medicine training centers and we wish to increase their number. We are willing to have at least one educational center in each European country where fellows will be able to get clinical and scientific experience in their own language (4). Sexuality is an important component of quality of life, each patient deserves to have the possibility to discuss his/her sexual complains or problems with their physician. Therefore, there is a need for acquisition of basic knowledge in sexuality.

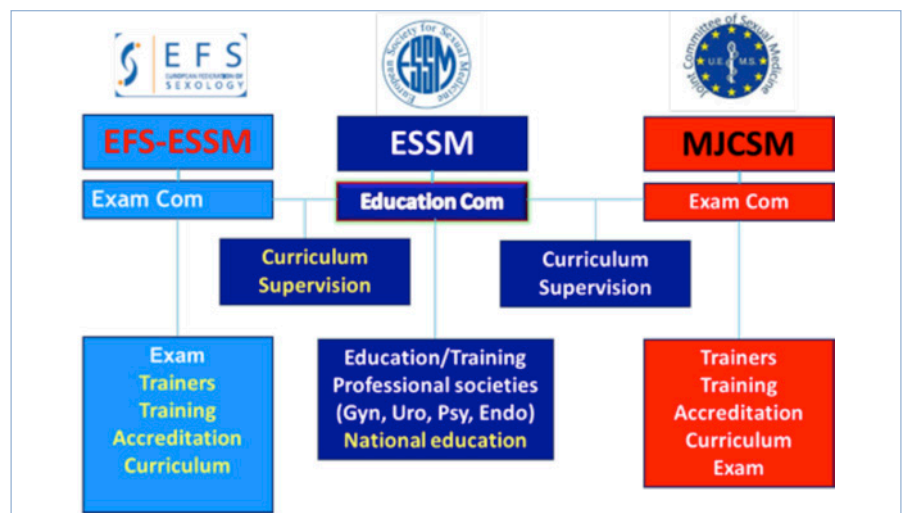
We wish that basic sexology/sexual medicine will be included in the curriculum of each medical student in each medical faculty in each country

in Europe, so future physicians will be able to practice it in their own language.

The figure bellow summarize the current activities and future targets (white text = currently available and yellow text = in development).

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# The new ESSM – Boston scientific partnership for a three-year educational program: Report from the European masterclass on penile prosthesis implant by Carlo Bettocchi



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Dear Friends and Colleagues,

first of all I would like to spend few words with regard of my treasury resignation during Nice ABM. It has been a strong decision for trying to move ESSM establishment to renew our by-laws and give a more updated and balanced mechanism for election into different EC positions. Afterwards, I have been asked by both, president and president elect to complete my last year as treasurer in order to avoid problems in the ESSM financial work and with the genuine commitment to change and ameliorate the actual bylaws. We are now working hard to complete this difficult but essential mutation.

Going back to our educational programs, the European Society of Sexual Medicine (ESSM) together with Boston Scientific International (BSI) has developed a 3 years' program (2017-2019) of educational activities in penile prosthetic surgery. It has been scheduled in three different levels (figure 1): The first one for beginners with residents and fellow program and new implanters hands on classes. The second level, created for experts, includes European expert's meetings and advanced techniques coaching program while level 3, conceived for masters, includes a training program for the trainers and a management skills program.

The "European Masterclass on penile prosthesis implant" held in Bari from the 20<sup>th</sup> to the 22<sup>nd</sup> of April represents the first event of these educational activities within the level 2 schedule and

has been a great occasion to share tips and tricks between experts and beginners in penile prosthetic surgery. This live surgery course organized by Carlo Bettocchi and Michele Battaglia in the role of presidents together with Fabrizio Palumbo and Marco Spilotros as scientific referents aimed to show different surgical techniques for penile prosthesis insertion ranging from virgin penile implants to complex cases such as in patients underwent to previous penile surgery or with severe corporal fibrosis. Surgeons at different levels have been involved in this event: residents and fellows, new implanters and experts in penile prosthetic surgery have participated as attendees or members of the faculty. A magnificent effort to bring attendees from all around the world to Bari has been shown by the local branches of Boston Scientific. The majority of participants were from Europe (including, between the others, 59 Italians that were the most represented country) but a significant part of the attending urologist were also from Africa (11), Asia (17), USA (2) and South America (3). This aspect reflects the growing interest and the need to attend practical courses where this kind of surgery is clearly demonstrated and explained "step by step" by masters in this field during live surgery and videoclip sessions.

A total of 10 procedures have been performed during the Masterclass. During the first day J. Martinez-Salamanca demonstrated a three-piece inflatable implant insertion in a virgin patient with ED secondary to diabetes while Ignacio Moncada (Spain) performed a double implant of an artificial urinary sphincter and a penile prosthesis. In the second session of the 20<sup>th</sup> April two interesting cases were performed by Nim Christopher (insertion of a 3P prosthesis in a FtM transgender with a pubic phalloplasty) and David Ralph (3P prosthesis implant and modelling in patient with Peyronie's disease) both surgeons from UCLH, London, UK. Simultaneously several lectures were presented by Italian and international

guests on different topics including the management of difficult penile prosthesis implant (Daniel Chevallier, France), complications (Antoine Faix, France) and variety of patches for penile reconstruction (Ruiz Castane, Spain). The first session of the second day has been focused on the surgical management of erectile dysfunction and penile curvature. Complex cases of penile prosthesis implant with modelling and patching of the penile shaft using different techniques have been showed by experts in this field such as Rados Djinnovic (Serbia), Koen van Renterghem (Belgium) and Omid Sedigh (Italy). This session achieved huge success among the audience thanks to the complexity of the procedures and detailed demonstration of penile anatomy. During the last session of live surgery, a demonstration of penile prosthesis substitution has been given by Maurizio Carrino (Italy). Saturday 22<sup>nd</sup> has been dedicated to a video-clip-session on the best tips and tricks and worst cases of penile prosthetic surgery presented by expert members of the faculty including Maarten Albersen (Belgium), Ahmed Shamsodini (Qatar) and Salvatore Sansalone (Italy).

The Masterclass earned big success among the attendees and the members of the faculty thanks to the conditions presented and the different techniques utilised to treat challenging situations such as ED in severe corporal fibrosis or re-do penile implants. Live surgery and videoclips have been appreciated not only by the new implanters, residents and fellows who could reinforce their basic skills in this field but by experts who could compare and discuss their difficult cases and share their experiences too.

We reckon that the educational program promoted by ESSM/BSI could become a milestone in the training of the uro-andrologist and could represent a source of continuing learning and debate between experts.

## The new ESSM – Boston scientific partnership for a three-year educational program: Report from the European masterclass on penile prosthesis implant

Figure 1: ESSM / BSI Educational Activities Program Outline 2017– 2019

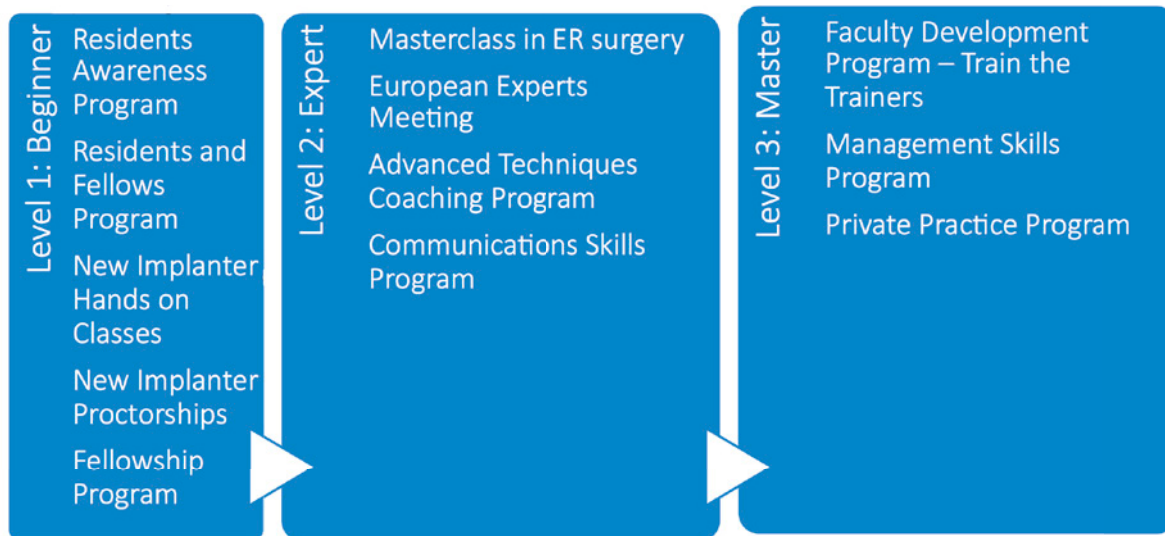
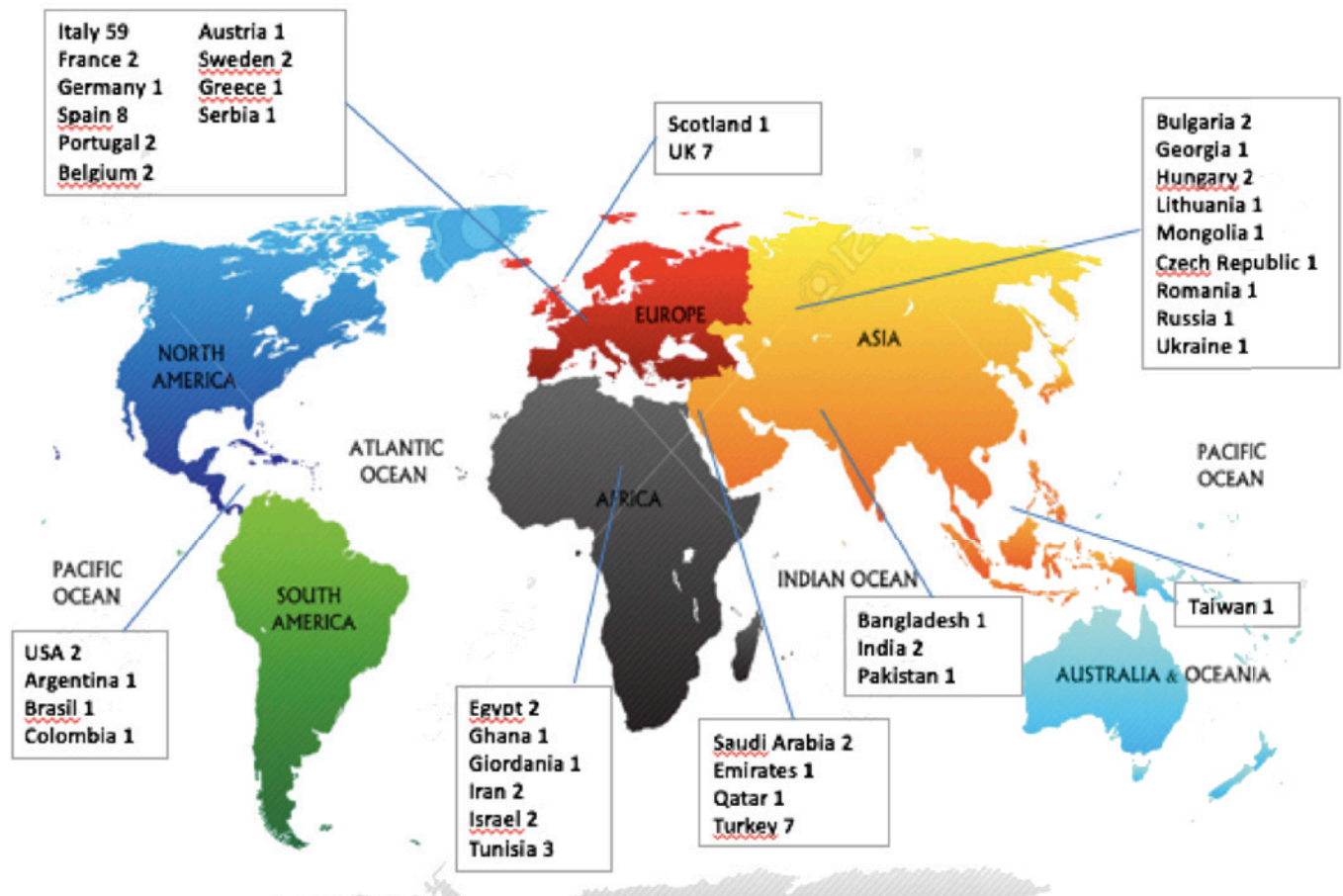


Figure 2: List of participants and application request for the “European Masterclass on penile prosthesis implant”



# Key from Kols: Human papillomavirus infection in males: The time is now! by Tommaso Cai



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Human papillomavirus (HPV) infection is one of the most common sexually transmitted conditions in both genders with important consequences on public health. Even if the role of HPV infection in female is well known and there is a common consensus about the link between HPV and female oncological and non-oncological disease, in males the role of HPV infection is not totally understood and taken into account. Men play a key role in the transmission of HPV to women, but little is known about the natural history of HPV infections in males.

**Moreover, in everyday clinical practice there are a lot of questions without answer:**

- What is the role of HPV infection in males? Is the man only a carrier?
- How can perform a HPV infection diagnosis in men? What is the role of HPV-positive partner?
- What we need to do in men who are partner of HPV-positive women?
- What is the role of HPV vaccination in males?

There is an urgent need for upgrading current knowledge among andrologists in terms of HPV prevention, diagnosis and treatment to resolve patients' doubts.

## HPV infections in males: Not only a carrier!

Data about HPV infection prevalence are not fully clear. The prevalence of HPV in males, in fact, ranges from 1.3 to 72.9 % in the general population. However, a first limitation is due to the fact that the majority of studies conducted so far have been performed on specific male

populations, such as homosexuals, human immunodeficiency virus (HIV)-infected or infertile men. Another bias is due to the fact that genital warts are considered the only HPV infection signs in males. In this sense, the spreading and diffusion of HPV non-condilomatos related infection in general population is high. Moreover, several reports demonstrated that HPV infection is often asymptomatic in males, highlighting the high risk of infection diffusion.

## There are several diseases related to HPV infection in males:

- **Oncological disease**  
Penile, oral, neck and anal cancers
- **Non-oncological disease**
  - Genital warts
  - Infertility (in particular when co-infection with other sexually transmitted pathogens, such as Chlamydia trachomatis).

The high risk of oncological disease development after HPV infection exposure is due also to the fact that HPV clearance in males is not fast. Recently, has been demonstrated a low prevalence of high-risk HPV infection clearance in non-vaccinated males, highlighting the need for considering the implementation of male vaccination programmes, especially against high-risk HPV. The role of HPV vaccination in males will be discussed in deep in the next sections.

## Diagnosis of HPV infections in males: A real challenge!

Even if the HPV infection diagnosis in females is standardised and commonly performed, in males a general consensus is lacking about this issue. The anamnestic evaluation with an accurate analysis of sexual behaviour and number of partners is very important. An accurate evaluation of penile, scrotum and perineal area is essential. Other instrumental procedures (such as cystoscopy or penoscopy) should be performed only in very selected cases.

For research reasons, the use of urine samples for HPV DNA detection in asymptomatic men

should be considered. A number of experts demonstrated that non-invasive urine sampling is an accurate method for screening genital HPV infections in both men and women. This aspect is crucial, since such a non-invasive procedure could improve patient compliance and adherence to an extended surveillance protocol. Moreover, the accuracy of the test used for the detection of HPV DNA by PCR in the urine is high, as reported by other authors (sensitivity about 98 % and specificity about 97 %).

In everyday clinical practice an accurate examination of genitals and perineum is enough. However, to all men with genital warts the screening for all the other sexual transmitted infection should be offered.

## Treatment of HPV infections in males: Vaccination program, I suppose!

**The aims of the HPV infection in males are:**

- eliminate the clinical manifestations of the infection (genital warts, etc.)
- improve the HPV clearance
- reduce the risk for new re-infection
- reduce the HPV diffusion among males and females

The local treatment of genital warts can be performed in line with the andrologist skill and armamentarium; from surgical approach to laser ablation. Several authors suggest to use penoscopy during ablation procedures in order to identify the not visible lesions too. However, the gold of the treatment should be the elimination of the virus and the reduction of the new infection risk.

In this sense, the role of vaccination in males is imperative.

Prophylactic HPV vaccines have been developed to target the commonest high- and low-risk HPV genotypes. Currently available vaccines now include bivalent (targets HPV 16/18), quadrivalent (targets HPV 16/18/6/11) and nonavalent (targets HPV 16/18/6/11/31/33/45/52/58) vaccines.

## Key from Kols: Human papillomavirus infection in males: The time is now!

In 2013 the Australian government extended the program to include 12- to 13-year-old males, including a 2-year catch-up vaccination program for those ages 14 to 15 years. About 70% have received all three doses for boys, with a high compliance about the vaccination program. Consequently, Australian researchers were among the first to report reductions in the prevalence of vaccine-type HPV infections, by 76-86% in 18- to 24-year-olds. The advantage for males and females is clearly demonstrated.

### Some issues should be improved:

- the ideal age for vaccination
- the dosing
- the type of vaccine

Administration of vaccines is ideally done prior to sexual debut for both males and females for the greatest impact. However, several experience demonstrated that the advantage of HPV vaccination in males are high even if performed after the first sexual debut. Moreover, the herd and cross-protection contribute further to the impact of the vaccines.

### The vaccine should be offered to:

- young boys before first sexual intercourse
- males with genital warts after ablation
- males who are partner of HPV positive women
- males with high risk sexual behaviour

Finally, males vaccination has the advantage of reducing the risk of HPV transmission to sexual partners, lowering the infectious pool of HPV in the general population and ultimately HPV-related diseases for both genders. Moreover, it is worthwhile that all countries consider and promote national guidelines and programs to prevent HPV-related diseases.

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## World Meeting on Sexual Medicine



20th Congress of the  
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21st World Meeting of the  
International Society for Sexual Medicine

**February 28 - March 3, 2018**  
**Lisbon, Portugal**

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# Have you read? Best of the Best: Clinical

by Nicola Mondaini



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## INDURATIO PENIS PLASTICA

Abdel Raheem A et al: **Safety and effectiveness of collagenase clostridium histolyticum (CCH) (Xiapex®) in the treatment of Peyronie's Disease using a new modified shortened protocol.** *BJU Int.* 2017 Jun 14.

To evaluate the efficacy and safety of collagenase clostridium histolyticum (CCH) (Xiapex®, Xiaflex®) in the treatment of Peyronie's disease (PD) using a new modified treatment protocol which aims at reducing the number of injections needed and reducing patient visits, thus reducing the cost and duration of treatment. A prospective study of 53 patients with PD who had treatment with CCH at a single center using a new modified protocol. The angle of curvature assessment after an intra-cavernosal injection of PGE1, IIEF and Peyronie's disease questionnaires (PDQ) were performed at baseline and at week 12 (4 weeks after the last injection). The global assessment of PD questionnaire was performed at week 12. Under a penile block of 10ml of plain lignocaine 1%, a total of 3 intra-lesional injections of CCH (0.9 mg) were given at 4 weekly intervals using a new modified injection technique. In between injections patients used a combination of home modelling, stretching and a vacuum device on a daily basis in order to mechanically stretch the plaque. Investigator modelling was not performed.

The mean penile curvature at baseline was 54° (30 – 90°). Of the 53 patients in the study, 51 patients (96.2%) had an improvement in the angle of curvature with a mean value of 17.36° (0°– 40°) or 31.4% from baseline (0 – 57%) after 3 CCH injections. The end mean curvature was 36.9° (12°– 75°;  $p < 0.001$ ). There was an improvement in each of the IIEF questionnaire

domains, all 3 PDQ domains and the global assessment of PD questionnaire. CCH was well tolerated by all patients with only mild and transient local adverse events. The new shortened protocol using CCH treatment is safe, effective and cost efficient. The results of using only 3 CCH injections according to this modified protocol are comparable to those of the clinical trials which used 8 CCH injections. This article is protected by copyright. All rights reserved.

## ERECTILE DYSFUNCTION

Corona G et al: **Sexual dysfunction in subjects treated with inhibitors of 5 $\alpha$ -reductase for benign prostatic hyperplasia: a comprehensive review and meta-analysis.** *Andrology.* 2017 Apr 28.

Despite their efficacy in the treatment of benign prostatic hyperplasia, the popularity of inhibitors of 5 $\alpha$ -reductase (5ARIs) is limited by their association with adverse sexual side effects. The aim of this study was to review and meta-analyze currently available randomized clinical trials evaluating the rate of sexual side effects in men treated with 5ARIs. An extensive Medline Embase and Cochrane search was performed including the following words: 'finasteride', 'dutasteride', 'benign prostatic hyperplasia'. Only placebo-controlled randomized clinical trials evaluating the effect of 5ARI in subjects with benign prostatic hyperplasia were considered. Of 383 retrieved articles, 17 were included in this study. Randomized clinical trials enrolled 24,463 in the active and 22,270 patients in the placebo arms, respectively, with a mean follow-up of 99 weeks and mean age of 64.0 years. No difference was observed between trials using finasteride or dutasteride as the active arm considering age, trial duration, prostate volume or International Prostatic Symptoms Score at enrollment. Overall, 5ARIs determined an increased risk of hypoactive sexual desire [OR = 1.54 (1.29; 1.82);  $p < 0.0001$ ] and erectile dysfunction [OR = 1.47 (1.29; 1.68);  $p < 0.0001$ ]. No difference between finasteride and dutasteride regarding the risk of hypoac-

tive sexual desire and erectile dysfunction was observed. Meta-regression analysis showed that the risk of hypoactive sexual desire and erectile dysfunction was higher in subjects with lower Qmax at enrollment and decreased as a function of trial follow-up. Conversely, no effect of age, low urinary tract symptom or prostate volume at enrollment as well as Qmax at end-point was observed. In conclusion, present data show that the use of 5ARI significantly increases the risk of erectile dysfunction and hypoactive sexual desire in subjects with benign prostatic hyperplasia. Patients should be adequately informed before 5ARIs are prescribed.

## ORGASMIC DYSFUNCTION

**Orgasmic dysfunction after radical prostatectomy**

Capogrosso P et al: **Orgasmic Dysfunction after Radical Prostatectomy.** *World J Mens Health.* 2017 Apr;35(1):1-13.

In addition to urinary incontinence and erectile dysfunction, several other impairments of sexual function potentially occurring after radical prostatectomy (RP) have been described; as a whole, these less frequently assessed disorders are referred to as neglected side effects. In particular, orgasmic dysfunctions (ODs) have been reported in a non-negligible number of cases, with detrimental impacts on patients' overall sexual life. This review aimed to comprehensively discuss the prevalence and pathophysiology of post-RP ODs, as well as potential treatment options. Orgasm-associated incontinence (climacturia) has been reported to occur in between 20% and 93% of patients after RP. Similarly, up to 19% of patients complain of postoperative orgasm-associated pain, mainly referred pain at the level of the penis. Moreover, impairment in the sensation of orgasm or even complete anorgasmia has been reported in 33% to 77% of patients after surgery. Clinical and surgical factors including age, the use of a nerve-sparing technique, and robotic surgery have been variably associated with the risk of ODs after RP, although robust and reliable data allowing for

## Have you read ? Best of the Best: Clinical

a proper estimation of the risk of postoperative orgasmic function impairment are still lacking. Likewise, little evidence regarding the management of postoperative ODs is currently available. In general, physicians should be aware of the prevalence of ODs after RP, in order to properly counsel all patients both preoperatively and immediately post-RP about the potential occurrence of bothersome and distressful changes in their overall sexual function.

### FEMALE SEXUAL DYSFUNCTION:

Mendonça CR et al: **Sexual dysfunction in infertile women: A systematic review and meta-analysis.** *Eur J Obstet Gynecol Reprod Biol.* 2017 Jun 7;215:153-163.

This study aimed to assess the prevalence of sexual dysfunction and Female Sexual Function Index (FSFI) score in women with infertility. A systematic search of the literature was conducted using PubMed, EMBASE, IBECs, and LILACS. The search was limited to articles published from January 2000 to September 2016, without language restriction. Data were analyzed using Stata 12.0. Random effects meta-analyses in weighted mean difference (WMD) were performed for six comparative studies (infertility versus fertility). Heterogeneity was estimated using I<sup>2</sup>. Moreover, to explore the heterogeneity sources among the studies, meta-regression analyses were also performed. Quality of evidence was assessed using the grading of recommendations assessment, development, and evaluation guidelines, and risk of bias, with a graphic funnel. Meta-analysis was performed in 11 of 13 comparative studies. The result indicated a significant association between an increase in sexual dysfunction and infertility in women (WMD = -0.16, 95% confidence interval = -0.254 to -0.084,  $p < 0.001$ ), and high heterogeneity between studies was noted ( $I^2 = 98.6\%$ ,  $p < 0.000$ ). Meta-regression analysis did not indicate heterogeneity ( $I^2 = 0.00\%$ ). We also performed a meta-analysis of individual FSFI domains in 10 studies.

Infertile women had problems with lubrication, orgasm, and satisfaction. Meta-regression analysis also showed that heterogeneity had no influence on the final results of all the analyses. Infertility was associated with an increase in female sexual dysfunction. The most affected areas of sexual function were lubrication, orgasm, and satisfaction.

### SEXUAL PROBLEMS:

Rowland DL et al: **The Burden of Sexual Problems: Perceived Effects on Men's and Women's Sexual Partners.** *J Sex Res.* 2017 Jun 20:1-10.

Sexual dysfunction sometimes negatively affects the individual, his or her partner, and the relationship. We investigated the relationship between the distress experienced by men and women with orgasmic phase difficulties and the perceived distress of their partner(s). We also identified predictors of perceived partner distress, and related self and partner distress to severity of the problem and relationship quality. Data were drawn from 374 men with premature ejaculation (PE) and 377 women with anorgasmia who responded to a survey regarding their sexual functioning, including their distress about their condition and the perceived distress of their partners. Results yielded an overall distress score consisting of combined self and perceived partners distress, with women showing a higher overall score and higher perceived partner distress than men. For men, significant predictors of perceived partner distress included self-distress, relationship quality, interest in sex, and arousal difficulty; for women, only the level of self-distress significantly predicted perceived partner distress. These findings indicate the burden of experiencing sexual difficulty, identify factors related to perceived partner distress, and demonstrate differences in self versus partner distress across men and women. Overall, such findings reiterate the strong need for the inclusion of the partner in any attempted remediation of a sexual problem.



# MJCSM

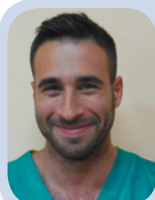
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## MEETINGS AND EVENTS CALENDAR 2017



**Dr. Roberto Larocca**  
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### August

4 – 6 August 2017

#### **15<sup>th</sup> Urological Association of Asia Congress**

Location: Hong Kong, China

Website: <http://uaa-congress.org/>

### September

7 – 9 September 2017

#### **XIV Congress of the Latin American Society for Sexual Medicine (SLAMS)**

Location: Lima, Peru

Website: <https://www.slams2017.org/>

13 – 15 September 2017

#### **22<sup>èmes</sup> Journées de la Fédération Française d'Etude de la Reproduction**

Location: Tours, France

Website: <http://www.ffer-tours2017.com/>

14 – 16 September 2017

#### **4<sup>th</sup> Biennial Meeting of MESSM**

Location: Abu Dhabi, UAE

Website: <http://www.messm.org/web/meetings/4th-biennial-meeting>

### October

6 – 7 October 2017

#### **The PRISM World Summit on Men's Health (in conjunction with EAU)**

Location: Warsaw, Poland

Website: <https://www.prismcmh.com/>

07 – 10 October 2017

#### **90<sup>th</sup> National Congress of the Italian Society of Urology (SIU)**

Location: Naples, Italy

Website: [www.siu.it](http://www.siu.it)

12 – 13 October 2017

#### **APSSM Meeting 2017**

Location: Chiang Mai, Thailand

Website: <http://www.apssm.info/>

17 – 18 October 2017

#### **Pre-37<sup>th</sup> SIU Semi Live Workshop on Genitourethral Reconstruction**

Location: Lisbon, Portugal

Website: <https://www.siu-urology.org/congress-2017/siu-live-surgery-gu-recon-workshop>

19 – 22 October 2017

#### **37<sup>th</sup> Congress of the Société Internationale d'Urologie**

Location: Lisbon, Portugal

Website: <https://www.siu-urology.org/congress-2017>

### November

15 – 18 November 2017

#### **111<sup>th</sup> French Congress of Urology**

Location: Paris, France

Website: <http://www.urofrance.org/congres-et-formations/congres-francais-durologie/111-congres-afu.html>

25 November 2017

#### **Annual Congress of the German Society for Sexual Medicine, Sexual Therapy and Sexual Sciences (DGSMT e.V.)**

Location: Berlin, Germany

Website: <http://www.dgsmtw.de/>

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# Preparation Courses and Exams

## ESSM/EFS Exams Preparation Courses – Lisbon, Portugal

25 – 27 February 2018

► Fellow of the European Committee on Sexual Medicine ► EFS/ESSM Qualified Psycho/Sexologist

EFS/ESSM will offer examination preparation courses for practitioners intending to take the examination in February 2018.

The courses are intended for physicians with experience of specialist-level practice in Sexual Medicine who wish to increase their chance of passing the MJCSM exam and for psychologists and psychiatrists who intend to apply for the EFS / ESSM qualification exam for Psycho-Sexologists. Preparation courses of 3 days will be held 25 – 27 February 2018; these will provide an overview of all subjects in the MJCSM curriculum of Sexual Medicine that may be included in the examination and overview of the content of the syllabus for clinical sexologist. Furthermore, advice about exam-taking skills and practice in completing Sexual Medicine MCQs. The teaching faculty of the courses will include recognised experts in the field of Sexual Medicine. The location will be published on the ESSM website.

### CME Accreditation

Application will be made for CME recognition for these courses and the exam so that participants may gain CME credits.

## ECPS Exam 2018 – Lisbon, Portugal 28 February 2018

### Become an EFS and ESSM certified Psycho-Sexologist

The European Federation of Sexology (EFS) and the European Society for Sexual Medicine (ESSM) collaborate in order to provide competency certification to individual psycho-sexologists from around the world. This procedure was initiated in 2014, and is carried out once in every two years.

### Eligibility criteria

The candidate eligible to apply for the exam must demonstrate expertise in psycho-sexology and obtain proof of

- Psychology degree or
- Psychiatry degree or
- MD degree with additional psychotherapy training

and

- Post graduate training in sexology (providing certificate) including relevant supervised experience of at least 2 years (providing 2 letters of recommendation according to preformat)

### Examination format

Competency on the curriculum shall be assessed through a written exam consisting of 100 multiple choice questions to be answered in 3 hours.

### Who can apply?

Applicants that meet the eligibility criteria of all nationalities, including countries outside the EU, may apply for the exam.

**Application deadline: 1<sup>st</sup> November 2017**

Information and an application form will be available on the ESSM website:

[www.essm.org](http://www.essm.org)

The ESSM and EFS Syllabus on Clinical Sexology (ed) Kirana P, Tripodi F, Reisman Y, Porst H: 2013, Medix, Amsterdam, is the preparation material endorsed by the EFS and ESSM Psycho-sexology Accreditation Committee (EPSA Committee).

## MJCSM Exam 2018 – Lisbon, Portugal 28 February 2018

### The Multidisciplinary Joint Committee on Sexual Medicine (MJCSM)

was established by the UEMS specialist sections of Urology, Obstetrics and Gynaecology, and Psychiatry, and functions, within the framework of their respective statutes and by-laws. Its principle objective is to guarantee and promote the highest standards of healthcare in the field of Sexual Medicine, by ensuring that training in Sexual Medicine in Europe is established at an optimal level. The MJCSM determines the standards for training and assessment in Sexual Medicine.

### Eligibility

The exam is set under the auspices of the UEMS but physicians of all nationalities, including countries outside the EU, are allowed to take the exam.

### Examination format

The exam duration will be 3 hours and will include 100 MCQ's in 5 domains of Sexual Medicine.

### Who can apply?

Only registered medical practitioners with education and clinical experience in sexual medicine and are accredited as medical specialists in their country of practice, or who are General Practitioners with more than 5 years' clinical experience of unsupervised independent practice, are eligible to apply. Candidates need to fill out their cases in the logbook available at the MJCSM website. Two letters of recommendations will be needed.

**Application deadline: 1<sup>st</sup> November 2017**

Information and an application form will be available on the MJCSM website:

[www.mjcsm.org](http://www.mjcsm.org)

The contents will be according to the curriculum of Sexual Medicine defined by the MJCSM. The content has also been described in an ESSM publication, The Manual of Sexual Medicine by the ESSM Educational Committee. 2<sup>nd</sup> Updated Edition 2015, Editors: Reisman Y, Porst H, Lowenstein L, Tripodi F, Kirana PS; ISBN / EAN: 978-97-91487-02-06

# World Meeting on Sexual Medicine



20th Congress of the  
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21st World Meeting of the  
International Society for Sexual Medicine

February 28 - March 3, 2018  
Lisbon, Portugal

Jointly organized by:

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Announcement for the next Congress

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