

Anil Kapoor, MD

*CUAJ Associate Editor
and Professor of Surgery
(Urology), McMaster
University, Hamilton, ON,
Canada*

Cite as: *Can Urol Assoc J* 2018;12(6):151.
<http://dx.doi.org/10.5489/cuaj.5409>



**Special CUA
Guideline Session
Halifax Convention Centre,
Room: Ballroom 3
Chair, Dr. Anil Kapoor**

Tuesday, June 26, 2018
13:05–14:05

Venous thromboembolism
prophylaxis

Non-metastatic renal cell
carcinoma followup

Peyronie's disease and
congenital penile curvature

In this issue of *CUAJ*, we publish a Best Practice Report or BPR on chronic scrotal pain. Unlike a comprehensive Canadian Urological Association (CUA) guideline, these CUA BPRs will provide a summary of the best evidence available on common urological topics to help guide management decisions. Jarvi et al have given us some great direction in the medical and invasive management of chronic scrotal pain, a challenging patient issue many urologists deal with in their practice. We have further BPRs in development on topics including imaging in prostate cancer, management of hemorrhagic cystitis, and management of the large sporadic angiomyolipoma. If you have any other suggestions for topics relevant to common urological practice, please send them along to us!

The CUA Guidelines Committee (GC) has also been busy developing comprehensive guidelines for our membership. Recent guidelines on prostate cancer screening, antenatal hydronephrosis, circumcision, and Peyronie's disease have been well-received. Thank you to the authors of these guidelines for their time and commitment. These guidelines and their summary slides are available for review and download at cua.org and cuaj.ca.

Guidelines due to be published shortly include the updated male lower urinary tract symptoms/benign prostatic hyperplasia guideline, updated kidney cancer followup guideline, and incidental adrenal mass guideline. The CUA GC has also established a collaboration with Cochrane for methodological support for future guidelines, as well as a collaboration with the American Urological Association on an updated urinary tract infection guideline.

CUAJ has also published a number of consensus statements, which also provide direction to our membership on management of urological conditions, based on the best evidence available. Recent consensus statements include the Kidney Cancer Research Network of Canada (KCRNC)-CUA consensus on the management of advanced kidney cancer and current evidence for adjuvant therapy in high-risk resected kidney cancer. Due to be published shortly are the Genitourinary Medical Oncologists of Canada (GUMOC)-CUA consensus on management of urachal cancer.

The CUA GC recently held a workshop to review the GRADE level of evidence and transition from the Oxford system to GRADE. Guest speakers Dr. Philipp Dahm, Dr. Shahnaz Sultan, and Dr. Philippe Violette ran a great session, walking urologists through the GRADE process. Future guidelines will be in the GRADE format and topics in development include urethral stricture disease and updated asymptomatic microscopic hematuria. GRADE was developed in 2000 and has become the preferred grading system based upon a common sense and transparent approach to grading quality of evidence. Any CUA member who would like to learn more about GRADE can view the entire workshop in the members-only section of the CUA website (cua.org). Further information on GRADE is also available at gradeworkinggroup.ca.

We at the CUA and *CUAJ* hope these guidelines, BPRs, and consensus statements are useful to your practice and any feedback is always welcome. See you in Halifax at the annual CUA meeting and enjoy your summer!

Correspondence: Dr. Anil Kapoor, McMaster University, Hamilton, ON, Canada; akapoor@mcmaster.ca