

# ESRU looks ahead despite changing times

## Expanding the support net for young urologists



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Across Europe, people are experiencing, midway, a very windy, at times rainy, at times hot summer again. But many of us are getting used to this very changeable weather. And perhaps, the fickle weather and temperature may not really be a big deal to most people or be an obstacle for us to have a great vacation.

Looking forward to the coming fall and winter months, ESRU is busy preparing for a slew of educational programmes for both residents and young urologists.

This fall ESRU will offer for the first time a scientific meeting to be held in Ljubljana, Slovenia, during the EAU Central European Meeting (CEM). Unfortunately, we can only invite (and sponsor) a limited number of residents. Hopefully, this year will be a good start as we expect this meeting to become part of the

ESRU's annual regular activities. To those of you who are interested you can read details of this meeting elsewhere in this newsletter's ESRU pages.

Furthermore, ESRU will hold its next semi-annual "Board meeting," an event where elected residents (NCOs or national communication officers) from all European countries gather and discuss the important issues that affect or impact the education and training of urological residents and fellows in the region. Many of our colleagues have informed us that after getting the title "certified urologist" their professional lives have not changed that much or that the challenges they encounter are becoming more insurmountable in many countries.

**"The consensus was also reached that we will urge the EAU to expand its support net for young urologists."**

The comments we received included the difficulty of getting a job or being hired as a full-time consultant. In order to better compete in the market some of our colleagues have chosen to upgrade their education by looking or applying for a fellowship or pursuing a PhD degree. But we all know that nowadays it is very difficult to get sponsors for scientific meetings and other training opportunities.

In Stockholm, during the last ESRU Board meeting, all the NCOs voted to support not only residents but young urologists as well. The consensus was also reached that we will urge the EAU to expand its support net for young urologists. As you have witnessed ESRU is keeping up its efforts to achieve positive change and pursue various strategies to reach its objectives.

Currently, we are working to help in the evaluation of the training centers and to get easy access for residents and young urologists to new training courses and scientific meetings. If you need support or assistance, please ask your local NCO! You can also check the updated list of national representatives in our new website: [www.esru.eu](http://www.esru.eu).

Aside from the website, we also manage an e-mail list with thousands of ESRU members allowing us to keep you all informed. Just recently, all the residents who signed up for our e-mail list got an invitation letter and 10 ESRU members later received free registrations to the 9<sup>th</sup> International Prostate Forum to be held in Izmir, Turkey. We hope these lucky members are going to have a good and productive time. In the meantime we will continue to look for similar opportunities in the future.

Enjoy reading this issue of EUT which provides you with reports and details of past, current and upcoming ESRU events!

## European Society of Residents in Urology



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# ESRU looks back at Stockholm experience

## ESRU booth attracts enthusiastic visitors



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The 24<sup>th</sup> Annual European Association of Urology (EAU) congress held in Stockholm is a pleasant but already distant memory as we now look forward to the next meeting in Barcelona. However, we pay a small tribute in this column as we recall ESRU's best moments, particularly how the ESRU booth performed during the five-day congress.

In Stockholm, ESRU celebrated its 10th anniversary, a special occasion that called for a special celebration since ESRU finally managed to have its own booth in the same exhibition hall where the EAU and EBU also had their booths. The ESRU booth proved to be a popular meeting point for all participating European residents with more than 300 residents experiencing the warm welcome extended by our colleagues (Photo 1). With the small cozy space we created near the booth, visitors and the residents exchanged training experiences, made friends and got ideas on urological training.

The residents were also informed of the initial ESRU survey results regarding the evaluation of training



Ms Ylva Hüge (NCO Sweden) and Ms Dina Bedretdinova (NCO Russia) in the ESRU booth

centers. The same results were presented in a poster prepared by our project manager Dr. Thomas Bessedè. A PowerPoint presentation also informed booth visitors of the ESRU's various projects which provide benefits to our members (details on these projects can be viewed in a webcast of the ESRU Day at [www.uroweb.org](http://www.uroweb.org)).



Ballot winners for the free ESRU courses...

More than 150 of our colleagues completed the ESRU questionnaire evaluating training departments. They also joined the ballot to draw four lucky places that will provide free participation in three of the most popular ESRU courses: advanced course on laparoscopic prostatectomy (course No. 33 - one place), advanced course on laparoscopic prostatectomy (course No. 35 - one place) and robot-assisted laparoscopic prostatectomy (course No. 38 - two places).

On Friday noon four winning names were drawn (Photo 2), namely Dr. Ozorak, Dr. Hafid, Dr. Busto Martin and Dr. Charitopoulos. European residents-members of ESRU also had the opportunity to attend these very interesting courses. The free course participation were offered by the European School of Urology (ESU) and we would like to thank Professors Hein Van Poppel and Chris Chapple as well as Ms. Jacobijn Sedelaar for the continuing and fruitful collaboration, and Ms. Henriët Wieringa for her valuable contribution in setting up the ESRU booth.

With the positive results in Stockholm, we look forward to welcome more residents in our booth next year in Barcelona. We will ensure that many surprises and prizes will await all participating residents...

# BREAKING NEWS

## ESRU's first Autumn Meeting

## All set for ESRU's landmark meeting in Slovenia

# BREAKING NEWS

Several events promoted by the ESRU took place in 2008 while others have been planned for this year. One of these projects is the ESRU Autumn Meeting, the result of a close collaboration between the ESRU and the EAU and the active cooperation and partnership of some pharmaceutical companies.

As many readers already know, ESRU organises a meeting during the annual EAU Congress, the so-called "ESRU Day" which gathers residents for a series of expert lectures given by prominent speakers. During ESRU Day the group also traditionally holds a urology knowledge test where the winner gets a copy of Campbell Urology, and to stimulate discussion amongst residents challenging clinical case are also presented during the "Nightmare Session." Unfortunately, the annual ESRU Day is the only opportunity for European residents to share experiences, deepen their contacts or simply meet together!

To further encourage such activities the ESRU Executive Committee worked very hard to have a second meeting during the year. Some months ago we proposed to the EAU, particularly to Professors Chris Chapple and Michael Marberger, to organise and concurrently hold the first ESRU Autumn Meeting with the annual EAU Central European Meeting (CEM). CEM is the ideal setting for this event and is considered as the most attended among EAU regional meetings, where many of the participants are residents from across Europe and where the selected venue is easily accessible from all over mainland Europe.

**"The lectures in Slovenia will also include updates on diagnosis, treatment and quality of life of prostate cancer patients"**

Thanks to the enthusiastic support of the EAU Executive Committee, we were able to secure the cooperation of companies to support the participation of residents coming from European countries. With

the CEM scheduled from October 23 to 24 in Ljubljana, Slovenia, we worked on a scientific programme that focuses on a main topic considered of paramount interest. For this we chose an update on prostate cancer treatment as the most appropriate and timely. The ESRU meeting will take place in the afternoon of the October 24 to avoid an overlap with the main CEM programme.

With regards to programme contents, we actively collaborated with GSK who has shown interest not only to organise a specific session dealing with prostate cancer prevention but also to support the participation of more than 30 European residents.

We are very grateful to GSK and their managers (amongst them Maria Rio Presa, Sally McNab, Danilo Lembo and Ramiro Castro) as the collaboration we had with them goes beyond financial support. They have also shown a deep interest to share educational projects for European residents, and promote new ways to involve residents and stimulate debate in our community. We appreciate this cooperation very much as this inspires us to further enhance our efforts to reach the ESRU's educational goals.

The lectures in Slovenia will also include updates on diagnosis, treatment and quality of life of prostate cancer patients and will be given by prominent speakers from the local faculty. There will be time for interactive sessions during the "Nightmare Session." Details of the programme will soon be made available in our new website at [www.esru.eu](http://www.esru.eu).

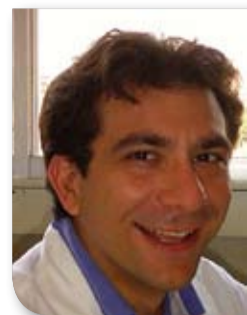
Furthermore, our thanks to the organising support of the hosting NCO of Slovenia, Dr. Guillermo Martinez, for preparing an exciting social programme for all residents attending the meeting.

We hope that the ESRU Autumn Meeting will be the first in a long series that will give European urology residents the chance to have a more active exchange of ideas, experiences and a dynamic social network to strengthen solidarity in Europe!

**Dr. Andreas Petrolekas and Dr. Francesco Sanguedolce**

# The importance of looking beyond borders

## Italian summit identifies ways to minimise gaps in training quality



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Europe is like one big 'country' even though there are many differences which characterise each one of its members. The continent's diversity also plays a significant role since various political, cultural and social settings serve as distinguishing elements or provide resources that contribute to progress.

With this context of European diversity, the national meeting of Italian residents in urology called "Summit 2009" took place last February, in Verona, Italy. Thanks to GSK, which supported the event, and to the Italian Board of Full Professors in Urology chaired by Prof. Giuseppe Martorana, more than 200 Italian residents in urology had the opportunity to attend a very interesting meeting which focused on prostatic diseases and urological training programmes.

On the first day, prominent international speakers included Professors Michael Marberger, Kurt Naber and Francesco Montorsi. They gave the audience an extensive overview on prostate cancer prevention and

the treatment of BPH and prostatitis, amongst others. Some residents representing each of the Italian training schools in urology were also asked to present clinical cases on the same topics during the so-called "Nightmare Session," patterned after the popular session traditionally held during the ESRU meeting in the annual EAU congress.

Educational sessions were held the following day with Professors Walter Artibani, Clément-Claude Abbou and Gerasimos Alivizatos giving the attendees an overview of what the EAU and the European Board of Urology (EBU) can offer European residents, highlighting in particular the European Urology Residents Education Programme (EUREP) and the European Urological Scholarship Programme (EUSP).



From left to right: F. Sanguedolce, T. Bessedè, A. Petrolekas, S. Erikson, E. Huri

The Italian residents also had the opportunity to compare their training with other programmes in Europe. Former ESRU Chairperson Stina Erikson, ESRU project manager Thomas Bessedè and former ESRU secretary Emre Huri, who represented Sweden, France and Turkey, respectively, showed the audience the pros and cons of the training programme in their own countries.

The participants then had the opportunity to propose changes in the current Italian training programme to the members of the Italian Board of Full Professors in Urology, taking into consideration the positive training experiences reported by their European colleagues.

Finally, former ESRU chairman Andreas Petrolekas, after having introduced the goals and programmes of ESRU, reported the updated data collated from the "ESRU Evaluation Questionnaires of Training Centres." Comparing data from across Europe, it was noted that residents from southern and eastern countries of Europe (including Italy) were not sufficiently trained in surgery. A point already recognised by the resident community, this was, however, the first time in which these data were discussed and analysed in the presence of a considerable number of chairmen of the Italian schools in urology.



Moments of the meeting

The "Summit 2009" was definitely a great experience with all the attendees expressing satisfaction and recommending that the meeting be held annually. The same comment was echoed by their European colleagues who wished to hold a similar meeting in their respective countries.

In my view this kind of experience should be encouraged all over Europe since it could help in providing European residents a common basic training programme, thereby minimising the gaps or discrepancies in training quality amongst European countries. Moreover, a good residency programme is of paramount importance since young urologists who are not adequately trained do impact the region's healthcare system.

Furthermore, a general high-level training standard will improve the quality of health care, and this is crucial nowadays as surgery is becoming more and more dependent on technological innovations which require high aptitude and physical skills in young surgeons.

Hoping to see you in future meetings!

# Basic Sciences for Urology Residents

## A Portuguese experience



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The Basic Sciences for Urology Residents meeting took place in Charlottesville, Virginia, USA, from June 12 to 17 this year. Charlottesville is an independent city located at the foothills of the Blue Ridge Mountains in Albemarle County.

Charlottesville was named after Princess Sophia Charlotte of Mecklenburg-Strelitz, the wife of King George III of England. The area has an incredibly rich history that draws millions of visitors every year to Monticello, home of Thomas Jefferson, Ashlawn-Highlands, the home of James Monroe, and Montpelier, home of James Madison as well as the renowned University of Virginia.

This week-long conference is designed for first- and second-year residents in urology. The emphasis is on basic sciences and the clinical applicability to urology. This conference provides a review of basic science knowledge applicable to urology. The featured presentations were: Anatomy, Pathology, Calculi, Molecular Genetics of Kidney Cancer, Adrenal Physiology, Urodynamics, Uroepidemiology and Neurophysiology, Transplant Immunology, Basic Concepts of Molecular Biology, Intersexuality and Male and Female Sexual Dysfunction.



Facade of the University of Virginia Medical School

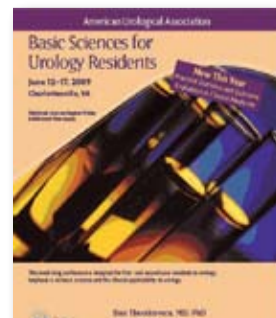
Other course topics were Benign Prostatic Hyperplasia, Basic Science of Radiotherapy, Principles of Imaging, Transplant Immunology, Practical Statistics and Outcome Evaluation in Clinical Medicine, Principles of Chemotherapy for Urological Malignancies, Reproductive Biology, Infections and Antibiotic Therapy in Urology, Renal Physiology and Embryology.

The course also offered four optional workshops: Urodynamics, Ultrasound for the Urologist, Imaging of Urological Diseases, Laparoscopy Training Laboratory-Hands-On.



A lecture session on nephrolithiasis

Around 200 urology residents attended the Basic Sciences Course with the majority coming from the US, three from Canada, and one each from Saudi Arabia and Portugal. During the course I contacted colleagues and exchanged points of views on several urology topics and the American health system. I also realised that the urology we practice in Portugal is very similar to the US system. The only significant difference was the efficiency of their organisational model and the quality and quantity of their material resources.



Announcement poster of the Basic Sciences for Urology Residents Meeting

In my opinion this course is important to my training as a urologist because it allowed me to review and consolidate knowledge for clinical practice. This was also the ideal time to participate because it required prior urological maturity to maximise the benefits offered by the course.

Moreover, the contact with other residents provided a healthy exchange of professional and personal experience and enabled me to share my training experience and opinions on Portuguese urology and the military hospital I am working for. Certainly, this course is an experience worth repeating and I highly recommend it to other interested European urology residents.

## Quiz answers

The correct answers of this issue's Guidelines Quiz are: 1a, 2d, 3b, 4a, 5c.

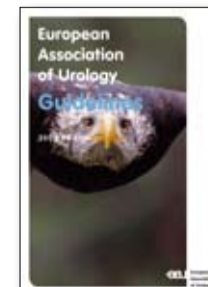


The author at the Medical School's main entrance

## Guidelines Quiz

- Sympathetic nerve input to the kidney typically travels through the
  - Celiac plexus
  - sup. Mesenteric plexus
  - sup. Hypogastric plexus
  - inf. Hypogastric plexus
  - None of the above
- Which of the following statements is not true?
  - The right renal vein is much shorter than the left renal vein
  - The right adrenal vein is much shorter than the left adrenal vein
  - The right kidney is typically located lower in the retroperitoneum than the left kidney
  - The right adrenal gland is typically located lower in the retroperitoneum than the left adrenal gland
  - Both c and d
- In BPH, blood supply to the adenoma arises from the
  - Superior vesical artery
  - Urethral arteries extending down the urethra from the bladder neck
  - Capsular arteries that arise laterally
  - Dorsal venous complex
  - Neurovascular bundle
- The testicular artery may be ligated without sacrificing the testis because of collateral circulation from:
  - Vasal and cremasteric arteries
  - External pudendal and vassal arteries
  - External pudendal, vassal, and cremasteric arteries
  - Numerous anastomotic branches from scrotal arteries
  - Cremasteric and external pudendal arteries
- A millimeter in diameter is approximately how many French?
  - 1 French
  - 1.5 French
  - 3 French
  - 3.5 French
  - 5 French

The correct answers of this Guidelines Quiz can be found elsewhere on this page.



From: Campbell-Walsh Urology 9th Edition Review, 3rd edition, by Alan J. Wein, MD, PhD(hon), Louis R. Kavoussi, MD, Andrew C. Novick, MD, Alan W. Partin, MD, PhD and Craig A. Peters, MD (eds). Copyright Saunders/Elsevier (Philadelphia) (2007). Reprinted with permission.



## Did you know that...?

### A tribute to andrology

- Andreas Vesalius (1514-1564), the famous anatomist and surgeon from Leuven pointed out the importance of the intrascrotal location of testes in his work "De Humani corporis fabrica libri septem" (1543).
- The anatomist John Hunter (1728-1793) was the first to describe the *descensus testis (gubernaculum Hunterii)* and discussed possible complications of a failure to descend.
- Sir Astley Cooper (London, 1768-1841), the discoverer of the "Cooper ligament," postulated a relationship between male infertility and undescended testis.
- Max Schuller of Munich was the first to perform a successful operation on maldescensus testis in 1881 by partially mobilising the *funiculus spermaticus*. The main problem was the intrascrotal transfer of the testis without producing any tension.

- From 1888 and onwards, the spermatic cord was to be elongated by a temporary positioning of the testis outside and below the scrotum. Therefore, Hahn put the testis in front of the scrotum by a simple incision and left it there for six days. Keetley in 1894 fixed the testis to the *fascia lata* of the thigh for five months. DeJardin transferred the testis in the subcutaneous area of the thigh for some



Fig. 1: Orchidopexy according to Kirschner

months. Kirschner wrapped the testis in a strip of *fascia lata* and pulled through the scrotal skin and fixed it around the adductor muscle of the thigh (Fig.1).

- The French surgeon Walther and then Ombredane were using a transseptal implantation of testis in the opposite side with narrowing the septum (Fig.2)



Fig. 2: Orchidopexy according to Ombredane

- Mauclair was stitching the undescended testis to the contralateral testis after mobilisation in the scrotum.
- The anatomist Henle described a vascular connection between the testis and the *ductus deferens*. Finally in 1959, Fowler and Stephens succeeded in severing testicular arteries and simultaneously documenting a sufficient collateral blood supply using the new technique of angiography.
- Keyes and Mackenzie removed the inferior epigastric vessels and pulled the testis and the spermatic cord through this newly created gap
- Del Valle was performing an extended retroperitoneal mobilisation of the spermatic vessels up to the kidney and of the *ductus deferens* right to the seminal vesicles.
- La Roque manoeuvre was named after a surgeon from Richmond who first proposed a retroperitoneal mobilisation for orchidopexy through a transperitoneal abdominal approach in 1924.
- A two stage operation was first recommended by Snyder and Chaffin in 1955.

Extract from: Knut Albrecht and Dirk Schultheiss (2001): *Malescensus testis- The history of operative treatment*

In: Dr. J.J. Mattelaer and Dr. D. Schultheiss (ed.) *De Historia Urologiae Europaeae* (Vol 8). EAU, Arnhem, pp. 95-108.

# Austrian School of Urology opens doors for the first time

## Collaboration provides structured programme for residents



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To provide a more structured curricula for all Austrian residents, the Austrian Society for Urology (ÖGU) started a new programme which was a collaborative project between the Austrian Residents Association and the educational committee of the ÖGU.

The main goals are to provide a solid urological knowledge base, facilitate a continuous preparation for the board examination and establish a lively network amongst the residents. Furthermore, it's a perfect platform to announce specialty workshops and courses. Within four years the complete theoretical basis of urology will be provided in four modules – one each year. At the end of the programme, which is supported by an educational grant and is free for Austrian residents, the participants should have a strong urologic foundation, recap all topics at the EUREP and be prepared for the EBU examination.

One emphasis was to achieve diversity in the programme. After a maximum of 2.5 hours theory, the group is split into smaller units, one group doing state-of-the-art hands-on training, the other working through case studies and exam questions for one hour and vice versa to provide a better learning pace for students and enable them to apply what they have learned. The four modules are:

- I Urolithiasis, BPH, Renal Transplantation
- II Functional Urology, Reconstructive Urology, Infectiology
- III Uro-oncology
- IV Andrology, Traumatology, Pediatric Urology

On June 25 the Austrian School of Urology opened its doors for the first time. Located at Salzkammergut in central Austria, 40 residents, many of them first and second-year residents, gathered at the Hotel Zur Wasnerin in Bad Aussee for Module I.



Hands-on training

After a short introduction I gave which acquainted the participants with the EAU, EBU, ESU, ESRU, ÖGU and the DGU, and the respective benefits these groups are offering to residents, we had a nice welcome dinner. The first one and a half days were dedicated to urolithiasis. Prof. Christian Seitz, newly elected member of the EAU guidelines working group on urolithiasis, and the Austrian 'Mr. ESWL' Dr. Christian Türk, chairman of the EAU Guidelines Working Group, gave state-of-the-art lectures, tricky and very descriptive case studies and expert hands-on training. Residents had to assemble and handle rigid and flexible cystoscopes and ureterorenoscopes, put in and remove double j stents, and find and remove ureter and kidney stones with the dormia basket.

The Saturday afternoon session started with an interesting and humorous lecture on renal transplantation by Prof. Herwig Pokorny, a member of the TX-Team of the medical university of Vienna, followed by a hands-on training in renal biopsy (using pig kidneys). As we all know – mens sana in corpore sano – the late afternoon was reserved for sports.



The participants of the charity run

Together with Andrea Mayr, the new Austrian female marathon record holder, we ran a charity race around the Altausseer Lake (approx. 8 kilometres) for the pediatric urology project "Austria for Eritrea" led by Prof. Marcus Riccabona.

Around €1,500 were donated to enable one child with a severe urologic abnormality to be transported to and operated at the department of pediatric urology at the Krankenhaus der Barmherzigen Schwestern in Linz. The participants were fully motivated and everybody ran full steam ahead. The cheque was handed over during the gala reception in the evening. Later Mehmet Ozsoy and myself played a legendary midnight session gig with an appreciative audience.

On Sunday morning Prof. Stephan Madersbacher, member of the EAU Guidelines Working Group on BPH, taught the basics in and the diagnosis and therapy of BPH. Finally, the participants were trained in TUR-P using very realistic models and which proved to be quite fun since the procedure mimicked the smell of burnt tissue.

All in all, the first module turned out to be a very successful weekend for all participants. Residents were enthusiastic about the intense and varied programme and took advantage of networking possibilities.

After planning and organising this programme for almost two years, Stephan Madersbacher, the head of the educational committee, Martin Marszalek, deputy Chairman of the Austrian Society for Residents in Urology, and myself all look forward to next year's Module 2.

Our special thanks goes out to our premium sponsors Takeda and Olympus who were closely involved to bring this project to life and with the goal to bring resident urological education in Austria to a higher level.

Links:

[www.asu.at](http://www.asu.at)  
[www.kinderurologie-eritrea.at](http://www.kinderurologie-eritrea.at)  
[www.youngurology.at](http://www.youngurology.at)  
[www.uro.at](http://www.uro.at)



Prof. Madersbacher teaching

## You are a Resident?

You have an interesting story to tell?  
Publish it in EUT!



Contact Me!

**Stephan Hruby**

Section Editor Residents Corner

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## Special ESRU rate WCMH 09

Oct. 9-11 Vienna Austria

Registration@[www.wcmh.info](http://www.wcmh.info)

Special ESRU rate: Euro 75

State the code "ESRU" under "comments for the congress office"

Proof of resident status required



## Test your knowledge!

The EBU offers three MCQs to test your knowledge. Challenge your memory by answering the following questions:

1. Bladder calculi in a paediatric augmented bladder are most likely to occur in those in whom:
  - a. Ileum is utilised.
  - b. Stomach is utilised.
  - c. Where colon is utilised.
  - d. Where corrective outflow surgery is performed.
2. Regarding JJ stents:
  - a. Drainage is always through the stent.
  - b. They never become blocked with debris or mucous.
  - c. Newer stents have a small internal-to-external diameter.
  - d. Placing two stents in one ureter may be useful in malignant obstruction.
3. Injuries to the kidney have been classified into five grades. Which description below describes a grade 3 injury of the kidney?
  - a. Contusion or sub-capsular haematoma.
  - b. Non-expanding peri-renal haematoma or less than 1 cm parenchymal laceration.
  - c. >1 cm parenchymal laceration involving the collecting system without urinary extravasation.
  - d. Deep parenchymal laceration involving the collecting system or injury to the main renal vasculature with contained haemorrhage.

To check out the correct answers, visit:

[www.ebu.com/Examinations/Study Material](http://www.ebu.com/Examinations/Study Material)



European Board of Urology