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## **MISSION**

Through worldwide collaboration, CROES seeks to assess, using evidence based scientific methodology, the various aspects of clinical endourology.

## **VISION**

By applying rigorous scientific evaluation to the field of clinical endourology, CROES will enable all urologic surgeons to bring to their patients the most effective and efficient care possible.

## **PROJECTS**

- Global PCNL study
- Global URS study
- Global GreenLight Laser study
- Global Renal Mass study
- Global NBI study

## **CONTACT**

For more information please contact Sonja van Rees Vellinga (info@croesoffice.org).



## UPDATE FROM THE CROES STEERING COMMITTEES MEETING

*Jean de la Rosette, Stavros Gravas, Sonja van Rees Vellinga*

At the World Congress of Endourology (WCE) in Istanbul, Turkey, in September, there was a strong representation of the Clinical Research Office of the Endourological Society (CROES). At the plenary sessions, an update was given on the different projects and especially the lessons learned from the percutaneous nephrolithotomy (PCNL) study.

Furthermore, there were meetings with the Steering Committees of all studies to discuss the progress of the studies but most importantly to timely identify problems and solve them with the ultimate goal to achieve the high quality standards set by CROES. In accordance with its commitment for transparency and communication with all the participants in the global studies, CROES presents the key points from the last Steering Committee meetings that took place at the WCE meeting.

### *General key points from the meetings*

#### a. CROES Renal Mass Steering Committee Meeting

Present: Pilar Laguna (chairman), Benjamin Lee, Adrian Joyce, Stavros Gravas, Jean de la Rosette, Jeffrey Cadeddu, Jaime Landman, Helmut Wehrstein, Jochen Cramer, Sonja van Rees Vellinga.

The Renal Mass study is currently audited. Data quality is one of the major points of interest and therefore all centers have to successfully pass the audit. The data will be cleaned afterward, and the first analyses should be ready at the end of the year. At the moment, there are 107 centers participating in the Renal Mass study with more than 6000 patients included. The participants are located in approximately 35 countries worldwide.

Two new members were proposed and approved by the Steering Committee. CROES welcomes Dr. Gueglio (Buenos Aires) and Prof. Hohenfellner (Heidelberg) as new committee members.

The first article prepared will be a descriptive one authored by all the members of the Steering Committee. The initial articles will be submitted to the *Journal of Endourology*; later articles can be submitted to other journals. The members of the Steering Committee can put forward their ideas for



Picture 1. PCNL update.

proposals, and 6 months after closing the study, all contributors may propose to the Steering Committee topics for analysis. Although the participants have signed a data transfer agreement, this does not keep them from publishing their own data at their own discretion.

b. CROES PCNL Steering Committee Meeting

Present: Jean de la Rosette (chairman), Stavros Gravas, Ahmet Tefekli, John Denstedt, Dean Assimos, Susanne Stahlkopf, Dedan Opondo, Sonja van Rees Vellinga.

The study closed at the end of 2009, and the data have been analyzed centrally at the CROES office. The members of the Steering Committee were presented with an update on all publications. Currently, 22 articles have been published in *the Journal of Endourology*, *Journal of Urology*, *World Journal of Urology*, *British Journal of Urology International*, *European Urology*, and *Canadian Urological Association Journal*. In total, the Global PCNL Study will result in approximately 30 articles. For a complete overview, please visit [www.croesoffice.org](http://www.croesoffice.org). The call for proposals has been closed, and this meeting was the final meeting for the PCNL Study. CROES would like to continue the collaboration with Olympus and conduct a second study that will fill in the gaps on PCNL that were not investigated in the first study.



Picture 2. Meeting of Renal Mass Steering Committee.

c. CROES Narrow Band Imaging (NBI) Steering Committee Meeting

Present: Seiji Naito (chairman), Jean de la Rosette, Koji Shimomura, Scott Goldstein, Sonja van Rees Vellinga.

The study was initiated at the beginning of August 2010. There is an active involvement, mainly from centers in Asia and Europe. At the moment, 24 centers are actively including patients. The first milestone of 500 patients has been reached. Dr. Luc Valiquette from Montreal has been proposed and accepted as a member of the NBI Steering Committee. CROES is still recruiting new centers and aims also to collaborate with United Kingdom and French centers on this project. A few new centers have signed up at the WCE, and we expect the inclusion to further increase within the next few months. We invite all other centers that are interested to contact the CROES office through [info@croesoffice.org](mailto:info@croesoffice.org).

d. CROES Ureteroscopy (URS) Steering Committee Meeting

Present: Jean de la Rosette (chairman), Stavros Gravas, Tadashi Matsuda, Margaret Pearle, Dave Dyer, Evan Brasington, Dedan Opondo, Sonja van Rees Vellinga.

The URS study is also undergoing an audit. It is commonplace that all participating centers contribute their data on a voluntary basis; however, monitoring, validation, and quality control of the data are of great importance to safeguard that the conclusions coming from the studies are accurate. At the moment, there are 150 centers actively participating with more than 12,000 patients included. We expect the first publications at the beginning of next year. As an extra service, CROES offers the centers that have contributed to the URS and Renal Mass studies the opportunity to keep on collecting data after the 1-year recruitment has passed.

e. CROES Green Light Laser Steering Committee Meeting

Present: Jean de la Rosette (chairman), Gerasimos Alivizatos, Sonja van Rees Vellinga.


All participating centers of the Greenlight Laser study were audited. Each center received 10 audit queries to confirm the validity of data that were entered in the CROES data management system (DMS). Responses to the queries in the form of laboratory reports, radiologic images, and text reports were compared with data in the DMS. For cases in which discrepancies arose, centers were asked to verify specific patient data.

In total, there are 27 centers that have successfully passed the audit. The data of two centers were excluded because the data failed the audit. After cleaning the data, 1066 patients are included. Of these

1066 patients, 744 have been treated with Greenlight Laser. The number of patients treated with the different powered lasers was as follows: 80 W (n=247), 120 W (n=356), and 180 W (n=110). The first descriptive article is currently being written and will be authored by the Steering Committee.

Last but not least, there were five poster presentations at the WCE on the outcomes of the PCNL study. We would like to thank Dr. Cormio, Dr. Anastadiadis, Dr. Astroza, Dr. Tefekli, and Dr. Opondo for presenting the results. To view all posters, please visit our website.

CROES is well aware that without the altruistic support from all the investigators, this would not have been made possible. Approximately 350 centers and 720 investigators are dedicated to CROES and working with us to improve research and eventually healthcare. CROES welcomes the suggestion of new projects and specifically encourages American investigators to take the lead for that. At present, to start a new project, funding has to be secured by the investigator, who then will become the chairman of the Steering Committee. CROES is you; therefore, send us your feedback or suggestions to further improve our common effort. The time is now—with CROES, the ability is yours.<sup>1</sup>



**CLINICAL RESEARCH OFFICE OF THE**  
**ENDOUROLOGY SOCIETY**

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**Effect Of Supine Versus Prone Position On Outcomes Of Percutaneous Nephrolithotomy In Staghorn Calculi**

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	Characteristic	Supine	Prone	P value
Age, mean±SD		51.8±15.1	49.8±15.4	0.038
ASA CLASS				0.004
ASA I (%)		39.9	50.6	
ASA II (%)		45.6	34.0	
ASA III (%)		12.5	14.1	
ASA IV (%)		2.0	1.3	
Mean operative time, min±SD		123.1±52.8	103.2±52.7	<0.001
Stone free rate (%),(all imaging modalities)		48.4	59.2	<0.001
Retreatment rate (%)		36.1	29.5	0.02

**INTRODUCTION**  
Percutaneous nephrolithotomy is the first line treatment for staghorn stones. Different patient positions have been attempted to avoid some of the complications associated with prone positioning.

**OBJECTIVES**  
To analyze the role of positioning during percutaneous nephrolithotomy (PCNL) in patients with staghorn calculi.

**MATERIALS & METHODS**  
Prospective data was collected from November 2007 to December 2009 by the Clinical Research Office of the Endourology Society on patients who underwent PCNL in 96 centers. We included all adult patients with staghorn calculi. Patients were divided in two groups based on the position used at time of surgery (prone vs. supine). Demographic characteristics, operative details and outcomes were compared. Multivariate analysis was performed to evaluate the relation between patient position and stone free rate (SFR) and complication rate, adjusting for number of access puncture sites.

**RESULTS**  
A total of 1311 patients were identified, of which 1079 were performed in prone position and 232 in supine. The stone burden was similar in both groups (p:0.997). There was no difference in complication rates between both groups (p:0.4796).

**RESULTS**  
Multivariate analysis demonstrated that patients who were treated in the prone position had significantly higher stone free rates compared to those treated in the supine position (p: 0.0013) after adjusting for the method used for determining stone free status and the number of renal access puncture sites.

**CONCLUSION**  
Higher stone free rates are achieved with patients in the prone position during PCNL management of staghorn calculi. Complication rates are not different between prone and supine positioning.

Picture 3. Poster of PCNL study: Staghorn stones and positioning.

## Reference

1. de la Rosette J. A platform for global endourological research. J Endourol 2009;23:1551–1553.

- The Global PCNL observational study was closed in December 2009.
- The Global Ureteroscopy study and the Global Renal Mass Study were closed in January 2012. Data collection is still ongoing in a selected number of centers.
- The Global Greenlight Laser study was closed in April 2012.
- Ongoing project: The randomized study on Narrow Band Imaging *vs* White Light Imaging.
- For further information please visit: [www.croesoffice.org](http://www.croesoffice.org) or contact the executive director of CROES, Mrs. Sonja van Rees Vellinga ([info@croesoffice.org](mailto:info@croesoffice.org)).