

Lessons Learned

On April 16, 2003, the World Health Organization announced, “. . . A new pathogen, a member of the corona virus never before seen in humans, is the cause of . . . SARS. The speed at which this virus was identified is the result of . . . extraordinary cooperation . . . among . . . 13 laboratories from 10 countries.”

SARS is an influenza like illness that was traced back to a few fatal cases in Guangdong Province in China in the Fall of 2002. By February 2003, the disease had spread to Hong Kong and then to Singapore, Canada, Germany and the United States. In March, an international panel of experts, worried about the possibility of another AIDS like epidemic, decided to embark on a cooperative effort to identify and treat the disease. Klaus Stohr, manager of the WHO influenza program, said, “We needed people to share data and set aside Nobel Prize interests . . .”

And so they did! The result was that in just a matter of months, not only was the corona virus identified as the cause of SARS, but its genome was mapped and the search for a vaccine is underway. By way of comparison, the AIDS virus eluded detection for over two years; and when its genome was finally identified, researchers argued (and continue to argue) about who discovered what first.

The cooperative effort that resulted in the identification of the SARS virus came about because a critical mass of researchers agreed to set aside their differences and work toward a common goal. They did this because there was a sense of immediacy to the problem.

Most clinical research does not have such a sense of immediacy and most does not stimulate researchers to cooperate very

much. In fact, the opposite is usually true. Most new drugs and devices are developed by intensely competitive and secretive pharmaceutical and device companies. Indeed, the results of well-conducted trials often remain unpublished for years, for “unknown” reasons.

Outcome research is not much better. There are no accepted standards for judging the results of treatment for incontinence, lower urinary tract symptoms, overactive bladder or pelvic organ prolapse—the mainstay of conditions of interest to the readers of this journal. The ICS has recognized this need and five outcome publications have been published in *Neurourology and Urodynamics*. The ICS currently has a standardization committee on trial design including outcomes (see www.icsoffice.org).

Men work together, he said from the heart,
Whether they work together or apart.

Those are the words of Robert Frost, late poet laureate of the United States. When men work apart, great things happen, as witnessed by Albert Einstein ($E = mc^2$), extracorporeal hydraulic lithotripsy, the explosion of new drugs, laparoscopy and robotic surgery, to name a few.

When men work together, great things happen too; and, as evidenced by the discovery of the corona virus, they can happen a lot faster. So, should we work together or apart?

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