

# UROLOGY PRACTICE®

## Instructions for Authors

*Urology Practice*® focuses on clinical trends, challenges and practice applications in the four areas of Business of Urology, Health Policy, Patient Care, and the Specialty. Information that can be used in everyday practice will be provided to the urology community via peer-reviewed clinical practice articles (including best practices, reviews, articles assessing effectiveness of clinical guidelines, select clinical trials, editorials, and white papers), research letters (brief original studies with an important clinical message), the business of the practice of urology, urology health policy issues, and urology education and training, as well as content for urology care team members.

### CONTENT AND CATEGORIES

Original work published in *Urology Practice*® includes primary clinical practice articles and addresses a wide array of topics categorized as follows:

**Business of Urology** – Articles address topics such as practice operations and opportunities, risk management, reimbursement (Medicare, Medicaid, and private insurers), contracting, new technology, and financial management.

**Health Policy** – Articles address topics such as organization, financing, and delivery of health care services from governmental and private payer policy perspectives, governmental and legislative activities influencing urology care, government affairs, and policy analyses.

**Patient Care** – Articles address topics such as treatment choices, best practices, reviews, detailed analysis of clinical guidelines, evidence-based quality of care, select clinical trials, clinical implications of basic research, international health care, and content for urology care team members.

**the Specialty** – Articles address topics such as education and training, American Board of Urology certification, implementation of clinical guidelines and best practices across all sub-specialty societies within urology, and all specialty areas outside urology relative to contributions to the practice of urology.

All communications concerning editorial matters should be sent to:

*Urology Practice*®  
Publications Department  
American Urological Association  
1000 Corporate Boulevard  
Linthicum, MD 21090  
Telephone: (410) 689-3922  
Email: publications@auanet.org

### MANUSCRIPT SUBMISSION

The Journal is organized into the 4 aforementioned major areas of clinical practice. Authors should indicate the most appropriate category for each manuscript during the submission process. The editors may re-categorize the manuscript upon submission.

Please submit your manuscript for consideration through our peer review system at <https://www.editorialmanager.com/UP>. The site contains instructions and advice on how to use the system, guidance about digital images, and supporting documentation. The site allows authors to follow the progression of their manuscript through the peer review process.

Manuscripts must be accompanied by a cover letter. The letter should include the designated corresponding author's complete address, telephone number, and email address, as well as the names of suggested reviewers. Only 1 author per article may serve as corresponding author.

### JOURNAL ETHICS

*Urology Practice*® expects the highest ethical standards from its authors, reviewers, and editors through the research, submission, and peer review processes. *Urology Practice*® adheres to the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals of the International Committee

of Medical Journal Editors (ICMJE; <http://www.icmje.org/recommendations/>).

**Plagiarism** – Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected, the editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE). For additional information, please visit <http://www.publicationethics.org>.

**Redundant or Duplicate Publication** – A duplicate or redundant submission is the same manuscript (or the same data) submitted to different journals at the same time, or that overlaps substantially with one already published, in press, or in an electronic media submission. International copyright laws, ethical conduct, and cost-effective use of resources require that readers can be assured that what they are reading is original (ICMJE; <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/overlapping-publications.html#one>).

Submitted manuscripts should not be published or currently submitted elsewhere. Duplicate publication will be grounds for prompt rejection of the submitted manuscript. If the Editor was not aware of the violation and the article is published, a notice of duplicate submission and the ethical violation will be published.

**Conflicts of Interest** – At the time of submission, policy requires each author to disclose any financial interests or connections, direct or indirect, or other situations that might raise the question of bias in the work reported or the conclusions, implications, or opinions stated, including pertinent commercial or other sources of funding for the individual author(s) or for the associated department(s) or organization(s), personal relationships, or direct academic competition.

If the manuscript is accepted, Conflict of Interest information will be communicated in a published statement. Disclosure forms are completed by all authors as part of the electronic peer review process. Data supporting the results in the paper must be submitted as Supplementary Materials to the article.

**Data Availability Statement** – *Urology Practice*® requires authors to include in any articles that report results derived from research data to include a Data Availability Statement. The provision of a Data Availability Statement will be verified as a condition of publication. Data Availability Statements should include information on where data supporting the results reported in the article can be found including, where applicable, hyperlinks to publicly archived datasets analyzed or generated during the study. Where research data are not publicly available, there must be a statement in the manuscript along with any conditions for accessing the data. Data Availability Statements must take one of the following forms (or a combination of more than one if required for multiple types of research data):

- The datasets generated during and/or analyzed during the current study are available in the [NAME] repository, [PER-SISTENT WEB LINK TO DATASETS].
- The datasets generated during and/or analyzed during the current study are not publicly available due [REASON WHY DATA ARE NOT PUBLIC] but are available from the corresponding author on reasonable request.
- The datasets generated during and/or analyzed during the current study are available from the corresponding author on reasonable request.
- Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.
- All data generated or analyzed during this study are included in this published article [and its supplementary information files].
- The data that support the findings of this study are available from [third party name] but restrictions apply to the availability of

these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of [third party name].

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**Ethics Committee Approval** – All articles must include an ethics statement on. For studies conducted on human participants, authors must state clearly that study participants have provided written consent and/or (please refer to the Declaration of Helsinki, <https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Institutional Review Board (including the IRB number), ethics committee, or ethical review board study approval (including IRB number) must be stated in the manuscript. If ethics clearance was not necessary, or if there was any deviation from these standard ethical requests, authors should state why it was not required. Authors will be required to provide evidence of ethical approval. If authors have approval from a national drug agency, please provide details when discussing the use of unlicensed drugs.

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It is the responsibility of every person listed as an author of an article published in *Urology Practice*® to follow the practice and ethical guidelines set forth by the ICMJE.

According to the ICMJE, authorship is based on the following four criteria:

- Substantial contributions to the conception or design of the work, or the acquisition, analysis or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Individuals designated as authors must meet all four criteria for authorship. Those who do meet all four criteria will be identified as authors, and their names will be printed in the byline of the article.

When a large, multicenter group or committee has conducted the work, the group should identify as authors only those individuals who fulfill all of the above requirements and accept direct responsibility for the manuscript. The corresponding author must clearly indicate the preferred citation and identify all individual authors as well as the

group name. Contributors to the study who do not meet all four criteria of authorship will be identified as Collaborators so their names can be indexed in MEDLINE.

All clinical trials must be registered in a public trials registry at or before the time of first patient enrollment and the registration number provided as a condition of consideration for publication.

***The Author Questionnaire must be completed electronically in Editorial Manager before publication. Articles will not be published until the Questionnaire is completed. The Questionnaire requests disclosure information and requires completion of the Author Submission Requirements, which includes the Journal’s ethics policy statements.***

## ARTICLE TYPES AND COMPONENTS

The Journal contains mainly full-length original clinical practice and clinical research papers, review articles, short communications, and other interactive and ancillary material of special interest to the readers of the Journal. Each article shall contain such electronic, interactive, and/or database elements suitable for publication online as required by the Publisher.

**Full-length articles** are limited to 2,500 words and 30 references. The format should be arranged as follows: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, References, Tables, Figures, and Legends.

The **title page** should contain a concise, descriptive title; the names, email addresses and affiliations of all authors; a funding/support statement; a disclosure statement; IRB number or alternate ethics statement; and a brief descriptive runninghead not to exceed 70 characters. Up to five key words should be included and selected from the medical subject headings (MeSH) that appear in PubMed of the National Library of Medicine (<https://ncbi.nlm.nih.gov/mesh>). Non-MeSH search terms will not be published.

The **abstract** should not exceed 250 words and must conform to the following style: Introduction, Methods, Results, and Conclusions. Per Journal style, no abbreviations can be used in the abstract.

**References** should not exceed 30 readily available citations for all articles (except full-length Reviews, which should not exceed 50 citations). Self-citations should be kept to a minimum. References must be cited by superscript numbers in the order they appear in the text, and they should not be alphabetized. References should be formatted in AMA style, including the names and initials of all authors if 6 or fewer, or the first 3 authors and “et al” if more than 6. the complete title, the abbreviated journal name (italicized) according to PubMed®, the year, the volume and issue number and the page range.

Example:

Eastham JA, Boorjian SA, Kirkby E. Clinically localized prostate cancer: AUA/ASTRO guideline. *J Urol*. 2022;208(3):505-507. Reference formatting suggestions are available on PubMed through the “Cite” button for each article (select “AMA format”).

References to book chapters should include names and initials of the first 6 chapter authors, chapter title, book title and edition, names and initials of the first 6 book editors, city of publisher, publisher, year, volume number, chapter number and page range. References to electronic publications should include type of medium, name of the website, date published (and updated, if available), the URL and date of accession.

Statistical methods should be indicated and referenced. Enough information should be presented to allow independent statistical review of the data.

**Digital images and tables** should be kept to a necessary minimum. Figures, images, and tables must be labeled clearly and cited within the text of the manuscript in the order they appear.

**Video clips** are subject to peer review. Video files must not exceed 40 MB in size.

**Original Clinical Practice or Research Articles** should report new therapies or interventions of interest to the general urology community that have the potential to change the practice or business of urology. Alternatively, these articles should focus on clinical implications of basic research. Authors must adhere to the CONSORT guidelines for clinical and randomized trials (<http://www.consortstatement.org/downloads>). The format is the same as of a full-length article.

**Editorial Commentaries** explain the significance and/or clinical applicability of the article and are appended at the end of the article. They are submitted by invitation only.

**Point-Counterpoint Perspectives (Opinions or Clinical Challenges/Treatment Options)** provide opposing views of timely topics in urology practice.

**Review Articles (Comprehensive or Critical Reviews)** Is this still accurate? must adhere to the AMSTAR criteria ([https://amstar.ca/Amstar\\_Checklist.php](https://amstar.ca/Amstar_Checklist.php)). The text is limited to 4,000 words and 50 references. The format is the same as a full-length article.

**Systematic Reviews** are limited to 2,500 words and 40 references. Authors must adhere to the PRISMA guidelines (<http://www.prisma-statement.org/documents/PRISMA%202009%20checklist.pdf>). The format is the same as that of a full-length article.

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**Research Letters** can be used for brief original studies with an important clinical message. Their format is similar to a Letter to the Editor, with some additional content. Size limitations are up to 800 words, 10 references, a total of 2 figures or tables, major headings only (no subheadings), and supplementary online-only material.

**New Technology and Techniques** feature high-quality manuscripts that describe the innovative clinical application of new technology or techniques in all disciplines of urology and are designated as such by the editors. Addressing diagnosis or management of urological conditions, this feature covers the categories of: 1) cutting edge technology, 2) novel/modified techniques, and 3) outcomes data derived from use of 1 and/or 2. The format is the same as a full-length article.

**Urology Practice Perspectives** are concise commentaries that provide new insights into urology practice and research, including new technologies, advances in the field, and other novel findings or ideas that are of potential impact to the urological community. The length should not exceed 1,200 words, 1 table or figure, and 10 references.

**Editorials** are an opportunity to provide reflections on the urological literature and research. Editorials should not exceed 1,200 words, 1 table or figure, and 10 references.

**Letters to the Editor** should be useful to urological practitioners. The length should not exceed 500 words.

**Guidelines Articles** provide detailed analysis of the AUA Guidelines, which are published in *The Journal of Urology*®. The format is the same as that of a full-length article.

## PEER REVIEW

All content is peer reviewed using the single-anonymous process. Names of the reviewers are hidden from the author. Typically, a minimum of two reviewers are required for each submission and are invited by the assigned editor. Decisions to accept, reject, or request revisions are based on peer review as well as review by the Editors.

The Editor takes sole responsibility for the final decision. An Associate Editor takes on the Editor's responsibility in the event of conflict(s) of interest. Section Editors assign reviewers and perform other editorial functions as assigned.

The Editor and Editorial Board members will recuse themselves from the review process if the author(s) are from the same institution or if there is another conflict of interest.

In the case of a decision that is disputed, the Journal offers a formal appeals process. If the author disagrees with an editorial decision outcome, the author should write a letter addressed to the Editor and send it to [publications@auanet.org](mailto:publications@auanet.org) asking for a formal review of the decision. This letter must detail the reason(s) for dispute and include any relevant supporting documentation. The Editor will review the decision to confirm or revise the decision. After investigation, the Editor may or may not determine that the authors can resubmit, in which case the new submission would not be reviewed by the previous reviewers.

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