

UROLOGY PRACTICE®

Information for Authors

As an Official Journal of the American Urological Association (AUA), *Urology Practice*® focuses on clinical trends, challenges, and practice applications in the four areas of Business of Urology, Health Policy, the Specialty, and Patient Care. 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 by Section 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.

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.

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.

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 should 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. The Author Questionnaires must be completed electronically in Editorial Manager by all authors before publication. Articles will not be published until all Author Questionnaires are completed. The

Questionnaire requests disclosure information and requires completion of the Author Submission Requirements.

JOURNAL ETHICS

Urology Practice® expects the highest ethical standards from its authors, reviewers, and editors through the research, submission, and peer review processes. Refer to our Journal Ethics Guidelines here: <https://www.auajournals.org/ethics>.

ARTICLE TYPES AND COMPONENTS

The Journal includes 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.

The **abstract** should not exceed 250 words (350 words for Review Articles) and must conform to the following style: Introduction, Methods, Results, and Conclusions. Per Journal style, abbreviations must be used a minimum of 3 times in the abstract.

References should not exceed 30 readily available citations for all full-length articles. Self-citations should be kept to a minimum. References must be cited by superscript numbers in the order they appear in the text. 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, the page range, and the Digital Object Identifier (doi).

Example:

Eastham JA, Boorjian SA, Kirkby E. Clinically localized prostate cancer: AUA/ASTRO guideline. *J Urol*. 2022;208(3):505-507. doi:10.1097/JU.0000000000002854. 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 chapter authors (using the author listing rules above), chapter title, book title and edition, names and initials of the book editors (using the author listing rules above), 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. Note that tables should be submitted as Word files so they can be edited and formatted for production. If using a previously published figure or table, written permission from the copyright holder must be provided and the permission statement added to the figure caption or table footnotes. (The author is responsible for any licensing fees.)

Video clips are subject to peer review. Video files must not exceed 500 MB in size.

Original Clinical Practice and Clinical 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 can 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. Editorial Commentaries should reference the article and include no more than 300 words and 3 additional referenced sources.

Opposing Views (with Counterpoints written by invitation only) provide diverse viewpoints on timely topics in urology practice. The length should not exceed 1,200 words, 1 table or figure, and 10 references.

Review Articles (Comprehensive or Critical Reviews) must adhere to the AMSTAR criteria (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 with the exception that the Review Article abstract can include up to 350 words.

Systematic Reviews are limited to 2,500 words and 40 references. Authors must adhere to the PRISMA guidelines (<https://www.prisma-statement.org/prisma-2020-checklist>). The format is the same as that of a full-length article. Strict adherence to PRISMA guidelines are required for publication consideration of Systematic Review articles. If the PRISMA guidelines are not followed, the manuscript would be better suited to a different platform, including potentially *JU Open Plus*.

White Papers are authoritative reports to help readers understand an issue, solve a problem, or make a decision. Queries for these articles should be accompanied by a detailed outline of the proposed article and an abstract. The text is limited to 4,000 words and 50 references. The format is the same as a full-length article.

Research Letters should 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 articles 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. *Urology Practice Perspectives* submissions without a figure or table can include up to 1,500 words 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 All Letter to the Editor submissions must reference a published UPJ article or will be automatically rejected without review. The length should not exceed 500 words and 5 references.

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

Urology Practice[®] does not publish case reports. Please consider submitting case reports to our Open Access journal, *JU Open Plus*, at www.editorialmanager.com/juopenplus.

GUIDANCE ON SURVEY AND AI PAPERS

Since becoming indexed, the caliber and novelty of the work published in *Urology Practice*[®] has continued to increase. Given the rising bar for publication, the following information is provided to help guide authors prior to submission:

Survey-based Studies: The information from such work is often interesting and thought-provoking, but survey data manuscripts must be robust in methodology and response rate in order to be considered as a full-length article. It can be expected that most submissions will not be accepted in this format, although they may be interesting enough to fit the model of *Urology Practice Perspectives*.

Large Language Model AI Papers: There have been a plethora of submissions regarding the impact of Large Language Model AI tested in several clinical and non-clinical scenarios. Given the popularity of these submissions, only highly novel content will be considered. Additionally, authors must provide with their submission the licensing or copyright documentation required for any testing of copyrighted material with AI systems.

On-line Searches: Data from web-based searches such as Google usually lack the scientific rigor required for original work. The same can be said for descriptions of readability of various materials.

For all such manuscripts outlined above, we encourage authors to consider whether their work would be meaningful as either a *Urology Practice Perspectives* piece (if sufficiently novel and thought-provoking) or as an *AUANews* 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 handling editor. Decisions to accept, reject, or request revisions are based on peer reviewers' comments as well as review by the Editors.

The Editor takes sole responsibility for the final decision. The 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 they are authors of a manuscript. 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 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.

All accepted NIH-funded articles will be deposited by the publisher to PubMed[®] Central for public access 12 months after the publication date.

OPEN ACCESS

The American Urological Association journals offer a hybrid Open Access (OA) option to authors whose articles have been accepted for publication. Authors submitting work to *Urology Practice*[®] will be given the opportunity to select the OA option at the revision stage of the peer review process, contingent upon acceptance of the paper. This

choice has no influence on the peer review and acceptance process. All articles are subject to the standard peer review process and will be accepted or rejected based on their own merit. Authors of accepted articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. OA articles will be freely available to read, download, and share from the time of publication. The article processing charge for *Urology Practice*[®] is \$4,090 per article to be published under the Creative Commons Attribution-NonCommercial-No Derivatives 4.0 International Public License (CC BY NC ND 4.0). This license allows readers to disseminate and reuse the article, as well as share and reuse the scientific material. It does not permit commercial exploitation or the creation of derivative works without specific permission. To view a copy of this license, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>. The publication fee is charged on acceptance of the article and should be paid within 30 days by credit card by the author, funding agency, or institution.

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MANUSCRIPT CHECKLIST

- 1. Manuscript word count is provided.
- 2. Manuscript does not exceed 2,500 words and 30 references for Original Clinical Practice and Research Articles.
- 3. Manuscript does not exceed 800 words and 10 references for a Research Letter.
- 4. Manuscript does not exceed 4,000 words and 50 references for a Review Article.
- 5. Manuscript does not exceed 500 words and 5 references for a Letter to the Editor.
- 6. Manuscript does not exceed 1,200 words and 10 references for a *Urology Practice Perspectives* article.
- 7. Abbreviations are defined in the manuscript text, and are used consistently throughout.
- 8. Generic names are used for all drugs. Trade names are avoided when possible.
- 9. Normal laboratory values are provided in parentheses when first used.
- 10. Research or project support/funding is noted.
- 11. Institutional Review Board approval of study (or exemption) is indicated.
- 12. Registration number of clinical trial provided.
- 13. References are accurate, complete, and in numerical order as they appear in the text, with all authors listed if 6 or fewer, or the first 3 authors and "et al" if more than 6.
- 14. A corresponding author and complete address, telephone number, and email address are provided on the title page.
- 15. Written permission from copyright holder(s) to reproduce or adapt previously published illustrations or tables is included.
- 16. Analytical reporting checklist completed.
- 17. Gender and minorities are identified in collection and analyses of data.
- 18. Abbreviations for human genes are written in italicized capital letters and protein products are written in capital letters and are not italicized, and are consistent throughout.
- 19. Abbreviations for animal genes are written in italics with only the first letter capitalized, and protein products are written with only the first letter capitalized and are not italicized, and are consistent throughout.
- 20. Name of validated system used for reporting complications/outcomes provided.