

# UROLOGY PRACTICE

## Instructions for Authors

*Urology Practice* focuses on clinical trends, challenges and practice applications in the four areas of Business, 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, 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, urology education and training, as well as content for urology care team members. Contributions from all sub-specialty societies within urology as well as those outside of urology will be considered.

### 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.

**the Specialty** – articles address topics such as education and training, ABU 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, FAX (410) 689-3906  
Email: [publications@auanet.org](mailto:publications@auanet.org)

### MANUSCRIPT SUBMISSION

The Journal is organized into the four aforementioned major areas of clinical practice. Authors should indicate the most appropriate category for each manuscript during the submission process. Please indicate if it is not clear which category applies to your manuscript. The editors may re-categorize your manuscript after acceptance.

Authors must submit their manuscripts through the Web-based tracking system at <https://www.editorialmanager.com/UP>. The site contains instructions and advice on how to use the system, guidance on the creation/scanning and saving of electronic art, and supporting documentation. In addition to allowing authors to submit manuscripts on the Web, the site allows authors to follow the progression of their manuscript through the peer review process. Authors are asked NOT to mail hard copies of the manuscript to the editorial office. They may, however, mail to the editorial office any material that cannot be submitted electronically.

Manuscripts must be accompanied by a cover letter. The letter should include the complete address, telephone number, FAX number and email address of the designated corresponding author as well as the names of potential reviewers.

### JOURNAL ETHICS

*Urology Practice* expects the highest ethical standards from their authors, reviewers and editors when conducting research, submitting papers and throughout the peer review process. *Urology Practice* is listed among those journals that follow 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 at any time before publication, 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>.

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Duplicate or redundant submission is the same manuscript (or the same data) that is submitted to different journals at the same time. 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>)

Submitted manuscripts should not have been 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 has been published, a notice of duplicate submission and the ethical violation will be published.

**Conflicts of Interest** – At the point of submission, policy requires that each author reveals 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 form for authors to complete is attached at the end of the Instructions for Authors.

**Data Sharing Policy** – *Urology Practice* encourages authors to share the data and other artefacts supporting the results in the paper by archiving it in an appropriate public repository. Authors may provide a data availability statement, including a link to the repository they have used, in order that this statement can be published in their paper. Shared data should be cited.

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experiments clearly grant permission for the publication of photographs or other material that might identify them. If the consent form for your research did not specifically include this, please obtain it or remove the identifying material.

A statement to the effect that such consent had been obtained must be included in the Materials and Methods section of your paper. If necessary the editors may request a copy of any consent forms.

**Ethics Committee Approval** – All articles dealing with original human or animal data must include a statement on ethics approval. For studies conducted on human participants you must state clearly that you obtained written informed consent from the study participants; please also look at the latest version of the Declaration of Helsinki. Institutional review board, including the IRB number, ethics committee or ethical review board study approval must be stated in the manuscript. If ethics clearance was not necessary, or if there was any deviation from these standard ethical requests, please state why it was not required. Please note that the editors may ask you to provide evidence of ethical approval. If you have approval from a National Drug Agency (or similar) please state this and provide details, as this can be particularly useful when discussing the use of unlicensed drugs.

**Author Responsibilities** – The corresponding author is responsible for providing the email addresses for all authors, indicating the source of extra institutional funding, in particular that provided by commercial sources, accuracy of the references and all statements made in their work, including changes made by the copy editor. The corresponding author also certifies that, when applicable, a statement(s) has been included in the manuscript documenting institutional review board, ethics committee or ethical review board study approval; principles of Helsinki Declaration were followed in lieu of formal ethics committee approval; institutional animal care and use committee approval; all human subjects provided written informed consent with guarantees of confidentiality; IRB approved protocol number; animal approved project number.

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 International Committee of Medical Journal Editors.

According to the ICMJE authorship is based on the following 4 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.

All those designated as authors must meet ALL 4 criteria for authorship. Those who do meet ALL 4 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 4 criteria of authorship will be acknowledged in an Appendix and identified as Collaborators so their names can be indexed in MEDLINE. Examples of contributions that do not justify authorship are acquisition of funding, general supervision of a research group, served as scientific advisors, critically reviewed the study proposal, collected data, provided and cared for study patients, and participated in writing or technical editing of the manuscript.

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 electronic AUA Disclosure form and Author Submission Requirement form, which includes the Journal ethics policy statements, at the end of this document will be sent to each individual author of acceptable manuscripts to be completed, signed and returned electronically to publications@auanet.org. Articles will not be published until all completed forms are received.**

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## ARTICLE TYPES

The Journal contains mainly full length original clinical practice and clinical research papers, review-type articles, short communications, and other interactive and ancillary material that is 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 may be required by the Publisher from time to time.

**Full length articles** are limited to 2500 words and 30 references. The format should be arranged as follows: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, References, Tables, Legends.

The title page should contain a concise, descriptive title, the names, email addresses and affiliations of all authors, and a brief descriptive runninghead not to exceed 50 characters. One to five key words should be typed at the bottom of the title page. These words should be identical to the medical subject headings (MeSH) that appear in PubMed of the National Library of Medicine.

The abstract should not exceed 250 words (abbreviations are not to be substituted for whole words) and must conform to the following style: Introduction, Methods, Results and Conclusions.

**References** should not exceed 30 readily available citations for all articles (except Review Articles). Self-citations should be kept to a minimum. References should be cited by superscript numbers as they appear in the text, and they should not be alphabetized. References should include the names and initials of the first 3 authors, the complete title, the abbreviated journal name according to PubMed, the volume, the beginning page number and the year. References to book chapters should include names and initials of the first 3 chapter authors, chapter title, book title and edition, names and initials of the first 3 book editors, city of publisher, publisher, volume number, chapter number, page range and year. In addition to the above, references to electronic publications should include type of medium, availability statement and date of accession.

Statistical methods should be indicated and referenced. Enough information should be presented to allow an independent critical assessment of the data.

**Digital illustrations and tables** should be kept to a necessary minimum and their information should not be duplicated in the text.

No more than 10 illustrations should accompany the manuscript for clinical articles. Magnifications for photomicrographs should be supplied and graphs should be labeled clearly. Reference to illustrations, numbered with Arabic numerals, must be provided in the text. Blurry or unrecognizable illustrations are not acceptable. Visit <http://links.lww.com/ES/A42> for detailed instructions for digital art. The use of color is encouraged at no charge to the authors.

**Tables** should be numbered and referred to in the text. In general, they should present summarized rather than individual raw data.

**Original Clinical Practice Articles** should report new therapies or interventions of interest to the general urology community which have the potential to change the practice or business of urology. The format is the same as that of a full length article.

**Clinical Research Articles** focus on the clinical implications of basic research. Authors must adhere to the CONSORT guidelines for clinical and randomized trials (<http://www.consort-statement.org/downloads>). The format is the same as that of a full length article.

**Review Articles (Comprehensive or Critical Reviews)** should not be submitted without prior approval. Queries for these articles should be accompanied by a detailed outline of the proposed article and an abstract. Authors must adhere to the AMSTAR criteria ([https://amstar.ca/Amstar\\_Checklist.php](https://amstar.ca/Amstar_Checklist.php)). The text is limited to 4000 words and 50 references. The format is the same as that of a full length article.

**Systematic Reviews (Mini-reviews)** do not require prior approval for submission, and are limited to 2500 words and 30 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.

**Guidelines Articles** provide detailed analysis of the AUA guidelines. The format is the same as that of a full length article.

**Special Articles** are scientific reports of original research in such areas as economic policy, ethics, law and health care delivery. The text is limited to 2700 words, with an abstract, a maximum of 5 tables and figures (total), and up to 40 references. The format is the same as that of a full length article.

**White Papers** are authoritative reports to help readers understand an issue, solve a problem or make a decision. They should not be submitted without prior approval. Queries for these articles should be accompanied by a detailed outline of the proposed article and an abstract. The text is limited to 4000 words and 50 references. The format is the same as that of a full length article.

**New Technology and Techniques (Case Studies)** 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 that of a full length article, although fewer words are preferred to allow more space for illustrations.

**Letters to the Editor** should be useful to urological practitioners. The length should not exceed 500 words. Only Letters concerning articles published in the Journal within the last year are considered.

**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 might include up to 800 words, 10 references, a total of 2 figures or tables, major headings only (no subheadings) and supplementary online-only material.

**Opposing Views (Opinions or Clinical Challenges/Treatment Options)** are submitted by invitation only.

**Article Commentaries or Editor's Notes** 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.

**Video Clips** may be submitted for posting on the Journal web site. They are subject to peer review. Video files must be compressed to the smallest possible size that still allows for high resolution and quality presentation. The size of each clip should not exceed 10MB. File size limitation is intended to ensure that end-users are able to download and view files in a reasonable time frame. If files exceed the specified size limitation, they will not be posted to the web site and returned to the author for resubmission. For complete instructions e-mail: [publications@auanet.org](mailto:publications@auanet.org).

## PEER REVIEW

All content is peer reviewed using the single-blind process in which the names of the reviewers are hidden from the author. This is the traditional method of reviewing and is, by far, the most common type. Decisions to accept, reject or request revisions are based on peer review as well as review by the editors.

Rapid Review Manuscripts that contain important and timely information will be reviewed by 2 consultants and the editors within 72 hours of receipt, and authors will be notified of the disposition immediately thereafter. The authors must indicate in their submittal letters why they believe their manuscript warrants rapid review. A \$250 processing fee should be forwarded with the manuscript at the time of submission. Checks should be made payable to the American Urological Association. If the editors decide that the paper does not warrant rapid review, the fee will be returned to the authors, and they may elect to have the manuscript continue through the standard review process. Payment for rapid review guarantees only an expedited review and not acceptance.

For potentially acceptable manuscripts, the period between receipt of all reviews and when an editorial decision is made is usually longer.

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The corresponding author will receive electronic page proofs to check the typeset article before publication. Portable document format (PDF) files of the typeset pages and support documents (eg reprint order form) will be sent to the corresponding author by email.

Complete instructions will be provided with the email for downloading and printing the files and for sending the corrected page proofs to the editorial office.

It is the author's responsibility to ensure that there are no errors in the proofs. Changes that have been made to conform to journal style will stand if they do not alter the author's meaning. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. The editorial office reserves the right to disallow extensive alterations. Authors may be charged for alterations to the proofs beyond those required to correct errors or to answer queries. Proofs must be checked carefully and corrections sent within 24 to 48 hours of receipt, as requested in the cover letter accompanying the page proofs.

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The AUA requires that prior to participating in programs all individuals make full disclosure of relationships, business transactions, presentations or publications related to healthcare or AUA activities. The time frame for this reporting is that of the work itself, from the initial conception and planning to the present. If you have questions, please review the [AUA Principles, Policies and Procedures for Managing Conflicts of Interest](#) or the [Frequently Asked Questions](#) document.

Each disclosure begins by asking the following question

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**IF YOU HAVE NO DIRECT OR INDIRECT COMMERCIAL INCENTIVE WITH PUBLISHING THIS ARTICLE, THEN SKIP TO #7, AND SIGN AND RETURN THIS FORM**

2. What is the name of company or organization?

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Yes Financial relationships are those relationships in which individuals benefit by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial relationships consist of employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

No Relationships should be reported regardless of whether or not compensation was received.

4. What is the type of relationship?

*All relationships in commercial interests should be reported.* A commercial interest is any entity producing, marketing, reselling or distributing healthcare goods or services consumed by, or used, on patients.

- |   |  |
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| <input type="checkbox"/> Health Publishing            | Editorial boards and authors, including any publishing, royalty arrangements   |
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5. General Memo Statement: Provide a brief description of the nature of the relationship being disclosed. (500 characters or less)

6. Indicate the length of time for the work itself, from initial conception and planning to the present. \_\_\_\_\_

7.  I have no direct or indirect commercial incentive associated with publishing the article.

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Authors: \_\_\_\_\_

Each author must read and electronically sign the statements below before manuscripts will be considered for publication in *Urology Practice*. **Manuscripts submitted without all signatures on all statements or with illegible signatures will not be published.** One author should be designated as the correspondent, and the complete address, telephone number, facsimile number and e-mail address provided.

According to the International Committee of Medical Journal Editors (ICMJE) authorship is based on the following 4 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.

All those designated as authors must meet ALL 4 criteria for authorship and must sign the Author Submission Requirement Form. Those who do meet ALL 4 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 4 criteria of authorship will be acknowledged in an Appendix and identified as Collaborators. Examples of contributions that do not justify authorship are acquisition of funding, general supervision of a research group, served as scientific advisors, critically reviewed the study proposal, collected data, provided and cared for study patients, and participated in writing or technical editing of the manuscript. Contributors do not have to sign the Author Submission Requirement Form.

I. Authorship Responsibility, Criteria and Contributions

A. By checking the appropriate boxes below, each author certifies that

- the manuscript represents valid and original work;
- the manuscript or portions thereof are not under consideration by another journal or electronic publication and have not been previously published except as an abstract;
- the manuscript or portions thereof have not been considered previously by *Urology Practice* and/or its supplements (including joint supplements);
- if requested I will provide raw data on which the manuscript is based for examination by the editors and reviewers;
- if I am the corresponding author I agree to be responsible for indicating the source of extra-institutional funding, in particular that provided by commercial sources, internal review board approval of study, accuracy of the references and all statements made in the work, including changes made by the copy editor, upon review of the proof; or if I am not the corresponding author I agree to assign the aforementioned responsibilities to the corresponding author;
- I have read and approve the final manuscript; and
- I have made a substantive contribution to the information or material submitted for publication to take public responsibility

B. To qualify for authorship each author must indicate his/her substantive contribution to the intellectual content of the manuscript by checking a minimum of 1 box in Numbers 1 to 3 and complete Number 4.

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 Data acquisition  
 Data analysis and interpretation
- Drafting the manuscript  
 Critical revision of the manuscript for scientific and factual content
- Statistical analysis  
 Supervision  
 Other (specify) \_\_\_\_\_
- Indicate the length of time for the work itself, from initial conception and planning to the present \_\_\_\_\_

II. Conflict of Interest/Disclosure Policy. Please check the appropriate box below

- I have no direct or indirect commercial financial incentive associated with publishing the article
- No funding agreement limits my ability to complete and publish this research/study
- I have full control of the primary data
- I have read and signed the AUA Disclosure Form.

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  - Institutional review board, ethics committee or ethical review board study approval
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  - In lieu of a formal ethics committee, the principles of the Helsinki Declaration were followed
  - All human subjects provided written informed consent with guarantees of confidentiality
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