

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, 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.

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, 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.

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 four 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.

Authors must submit their manuscripts 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 complete address, telephone number and email address of the designated corresponding author as well as the names of suggested reviewers.

JOURNAL ETHICS

Urology Practice® expects the highest ethical standards from its 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>.

Redundant or Duplicate Publication – Duplicate or redundant publication is a publication that overlaps substantially with one already published, in press or in an electronic media submission (<http://www.icmje.org/recommendations/browse/publishing-and-editorialissues/overlapping-publications.html>).

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-editorialissues/overlapping-publications.html>).

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 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 forms will be provided for completion by authors as part of the electronic peer review process. A sample form appears at the end of the Instructions for Authors. Data supporting the results in the paper as Supplementary Materials to the article and/or by making them available in an appropriate public repository. Authors may provide a data availability statement, including a link to the repository they have used, allowing this statement to be published in their paper. Shared data should be cited.

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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, authors must state clearly that they have 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, authors should state why it was not required. Please note that the editors may ask authors to provide evidence of ethical approval. If authors have approval from a National Drug Agency (or similar) please provide details because they can be particularly useful 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 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, service as scientific advisors, critical review of the study proposal, collection of data, provision and care for study patients and participation 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, must be completed electronically in Editorial Manager prior to publication. Articles will not be published until all completed forms are received.

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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 and 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 and must conform to the following style: Introduction, Methods, Results and Conclusions.

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 should be cited by superscript numbers in the order 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 year, the volume and the beginning page number. 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, year, volume number, chapter number and page range. 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 images 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. 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.

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. 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 email: publications@auanet.org.

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 that have the potential to change the practice or business of urology. The format is the same as that 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.

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

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). The text is limited to 4,000 words and 50 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 4,000 words and 50 references. The format is the same as that of a full-length article.

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 (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.

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.

Systematic Reviews (Mini-Reviews) do not require prior approval for submission and are limited to 2,500 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, which are published in *The Journal of Urology*®. 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 2,700 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.

PEER REVIEW

All content is peer reviewed using the single-blind process. Names of the reviewers are hidden from the author. 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 to publications@auanet.org asking for a formal review of the decision. The Editor will review the decision to confirm there was no misconduct or undue bias. After investigation, the Editor may or 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.

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