

# UROLOGY PRACTICE

## Instructions for Authors

### 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, evidencebased 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

### 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.

### AUTHOR'S RESPONSIBILITY

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. 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 (ICJME).

According to the ICJME 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.**

Authors are expected to submit complete and correct manuscripts. Published manuscripts become the sole property of *Urology Practice* and copyright will be taken out in the name of the American Urological Association Education and Research, Inc.

**The electronic AUA Disclosure and Author Submission Requirement forms 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.**

### 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 (“full length articles”). 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 the Index Medicus 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 Index Medicus and MEDLINE, 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://www.elsevier.com/author-schemas/artwork-and-media-instructions> 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. 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. 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. 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.

All accepted NIH funded articles must be deposited to PubMed Central for public access 12 months after the publication date.

## PAGE PROOFS AND CORRECTIONS

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 faxing the corrected page proofs to the editorial office.

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