

Information for Authors

The Journal of Urology® contains 3 sections: Adult Urology, Pediatric Urology and Urological Survey. **Original clinical and translational research studies will be considered for publication in the Adult and Pediatric Urology Sections. Translational research manuscripts must have a clear and proximate translation to patient care, and only preclinical scientific studies that have the direct potential to translate into new and improved standards of care will be reviewed.**

All communications concerning editorial matters should be sent to:

The Journal of Urology®
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American Urological Association
1000 Corporate Boulevard
Linthicum, MD 21090
Telephone: (410) 689-3922, FAX: (410) 689-3906
Email: publications@auanet.org

MANUSCRIPT SUBMISSION

Authors must submit their manuscripts through the Editorial Manager Web-based tracking system at <https://www.editorialmanager.com/ju>. 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. Initial manuscripts can be submitted using any common scientific format, writing style, and reference list. Accepted articles will be required to conform to JU formatting guidelines.

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

Original Clinical and Translational Research Articles: Authors must adhere to the CONSORT guidelines for clinical and randomized trials (<http://www.consort-statement.org/downloads>). Manuscripts should be arranged as follows: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, References, Tables, Figure Captions. 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 70 characters. Up to 5 key words should be typed at the bottom of the title page. These words must be National Library of Medicine indexed MeSH (medical subject headings) terms, which can be verified at <https://ncbi.nlm.nih.gov/mesh>; non-MeSH key words will not be printed. The abstract should not exceed 250 words and must conform to the following style: Purpose, Materials and 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 Review Articles). Self-citations should be kept to a minimum. References should be cited by superscript numbers in the order they appear in the text. References should include 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, abbreviated journal name (italicized) according to the Index Medicus of the National Library of Medicine, year of publication, volume and issue number, and 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, publisher, volume number, chapter number, page range, and year of publication. 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. The 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 and called out in numerical order. 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 numerical order. In general, they should present summarized rather than individual raw data. All data should be clearly described in the column or row headers, including units where applicable. If footnotes are needed, please use superscripted

lowercase letters. All abbreviations used in the table should be defined in an Abbreviations footnote.

Review Articles are to be prepared in the same format as an Original Clinical Article.

Reporting Standards: At *The Journal of Urology®*, we expect authors to follow well-defined reporting standards to improve the reliability and value of published health research and promote transparent and accurate reporting. These standards can be found at equator network (<https://www.equator-network.org>). We also advocate for authors to follow best practices for reporting of adverse events such as Common Terminology Criteria for Adverse Events (CTCAE), which is an internationally accepted standard for defining and categorizing adverse events.

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 an Original Clinical Article, although fewer words are preferred to allow more space for illustrations.

JU Forum. The JU Forum is a feature for presentations of pertinent new ideas, perspective on advances in the field, recommendations for novel strategies, topics related to training and education, and discussion of relevant socioeconomic considerations that impact patient care. These concise commentaries should be no more than 1,500 words without graphics or 1,200 words with a single table or illustration, with no more than 10 references. The preferred number of authors is 3 or fewer from no more than 2 separate institutions, although exceptions can be made in special circumstances.

Historical Articles. Articles provide a historical perspective on the development of the specialty of urology. The length should not exceed 1,200 words with a single table or figure or 1,500 words with no visuals. No more than 10 references should be listed and no more than three authors should be included in the byline.

Letters to the Editor should be useful to urological practitioners. The length should not exceed 500 words and 5 references.

Video Clips may be submitted for posting on The Journal website, and 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 40 MB. 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 website and must be resubmitted.

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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.

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- The data sets generated during and/or analyzed during the current study are available in the [NAME] repository, [PERSISTENT WEB LINK TO DATA SETS].
- The data sets 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 data sets 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 data sets 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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A statement to the effect that such consent had been obtained must be included in the Materials and Methods section of your paper. The editors may request a copy of any consent forms.

Ethics Committee Approval – All articles must include an ethics statement. For studies conducted on human participants you must state clearly that study participants have provided written consent and/or informed consent from the study participants; please also look at the latest version of the Declaration of Helsinki. Institutional Review Board, 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, 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.

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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.

It is the responsibility of every person listed as an author of an article published in *The Journal of Urology*® to follow the practice and ethical guidelines set forth by the International Committee of Medical Journal Editors (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html#two>).

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.

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1. Guidelines for Reporting of Statistics for Clinical Research in Urology (<https://www.auajournals.org/doi/pdf/10.1097/JU.0000000000000001>) includes common statistical reporting errors
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For your paper to pass statistical review, you will need to comply with all guidelines except in the case where there is a compelling scientific reason to do so (see guideline 1 in the common statistical reporting errors). Manuscripts with deviations from these guidelines should include in the manuscript the scientific rationale for the deviation. The large majority of statistical review comments can be avoided were the authors to implement these guidelines before submission.

Manuscript Checklist

- ☐ 1. Manuscript word count is provided.
- ☐ 2. Manuscript does not exceed 2,500 words and 30 references for Original Clinical Article.
- ☐ 3. Manuscript does not exceed 3,000 words and 30 references for Translational Research Article.
- ☐ 4. Manuscript does not exceed 4,000 words and 50 references for Review Article.
- ☐ 5. Manuscript does not exceed 500 words and 5 references for Letter to the Editor.
- ☐ 6. JU Forum does not exceed 1,500 words without graphics or 1,200 words with a table or illustration; no more than 10 references; and preferably no more than 3 authors from 2 institutions.
- ☐ 7. Historical Article does not exceed 1,200 words with a single table or figure or 1,500 words with no visuals; no more than 10 references should be listed and no more than three authors should be included in the byline.
- ☐ 8. No more than 10 illustrations submitted.
- ☐ 9. Abbreviations are defined in the manuscript text, and are used consistently throughout.
- ☐ 10. Generic names are used for all drugs. Trade names are avoided.
- ☐ 11. Normal laboratory values are provided in parentheses when first used.
- ☐ 12. Research or project support/funding is noted.
- ☐ 13. Institutional Review Board approval of study is indicated.
- ☐ 14. Registration number of clinical trial provided.
- ☐ 15. 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.
- ☐ 16. A corresponding author and complete address, telephone number, and email address are provided.
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- ☐ 18. Analytical reporting checklist completed.
- ☐ 19. Gender and minorities are identified in collection and analyses of data.

- ☐ 20. 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.
- ☐ 21. 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.
- ☐ 22. Name of validated system used for reporting complications/outcomes provided.