**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.

**AUTHOR'S RESPONSIBILITY.** Manuscripts must be accompanied by a cover letter. The letter should include the complete address, telephone number, FAX number and e-mail 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, internal review board approval of study, accuracy of the references and all statements made in their work, including changes made by the copy editor.

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

1. **Substantial contributions to the conception or design of the work, or the acquisition, analysis or interpretation of data for the work; AND**
2. **Drafting the work or revising it critically for important intellectual content; AND**
3. **Final approval of the version to be published; AND**
4. **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 listed 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 4 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 support documents (eg, reprint order form) will be sent to the corresponding author by e-mail. Complete instructions will be provided with the e-mail for downloading and printing the files and for faxing 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 faxed within 24 to 48 hours of receipt, as requested in the cover letter accompanying the page proofs.

**Rapid Review Manuscripts** that contain important and timely information will be reviewed by 2 commenters 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 letter why they believe their manuscript warrants rapid review. A $250 processing fee should be included 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 a shorter time to decision.

**Original Clinical and Translational Research Articles** 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 running head 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: Purpose, Materials and 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 should not be alphabetized. References included in the text must include the names and initials of the first 3 authors, the complete title, the abbreviated journal name according to the Index Medicus of the National Library of Medicine, 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. The statistical methods should be indicated and referenced. Enough information should be presented to allow an independent critical evaluation 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, figures and a brief descriptive running head 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 additional cost.

**PAGE PROOFS AND CORRECTIONS.** Authors are expected to submit complete and correct manuscripts. Due to the large number of high quality articles being submitted and to avoid significant delay in publication, the Editors find it necessary to insist that the length of manuscripts, and number of references and illustrations conform to the requirements indicated herein. No paper will be reviewed until these requirements are met. Published manuscripts become the sole property of The Journal of Urology® and copyright will be taken out in the name of the American Urological Association Education and Research, Inc.

Electronic AUA Disclosure and Author Submission Requirement forms 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 returned. All accepted NIH funded articles must be deposited to PubMed Central for public access 12 months after the publication date.

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

**PUBLICATION DEADLINES.** The deadline for receipt of all reviews and when an editorial decision is made is usually longer. The corresponding author is responsible for providing the email addresses for all authors, indicating the source of extra institutional funding, internal review board approval of study, accuracy of the references and all statements made in their work, including changes made by the copy editor.

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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, figures and a brief descriptive running head 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 additional cost.
Review Articles should not be submitted without prior approval. The format is the same as that of an Original Article, the maximum word count is 4000 and the maximum reference count is 50.

Special Articles are scientific reports of original clinical research and state-of-the-art topics, and are designated as such by the Editors. The format is the same as that of an Original Article.

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

Opposing Views are submitted by invitation only.

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.

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.

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Recommendations

1. All subgroup analyses and covariate inclusions should be motivated prior to the Results section. Hypotheses which were not established prior to initial analyses should be clearly identified.
2. Variables should be clearly defined, such as specific assays, references for staging, references for validation of survey instruments, etc.
3. Treatment regimens should be described well enough for another study to replicate.
4. It should be clear which statistical test is associated with each p value reported.
5. Rarely used statistical techniques should be described.
6. Medians and percentiles (such as quartiles) are preferred over means and standard deviations (or standard errors) when analyzing asymmetric data, especially when nonparametric statistics are calculated.
7. Fractions (eg, 5/10) should accompany percentages.
8. In randomized clinical trials, consider reporting separate analyses with confounding variables included.
9. If sample sizes differ between groups when patients are randomized, reasons should be provided.
10. Report median survival (using Kaplan-Meier) rather than mean survival if any data are censored.
11. Comparing survival functions (eg, with a log rank test) is more efficient than analyzing particular time estimates (eg, 5-year survival).
12. Use appropriate figures. Scatter plots are useful for illustrating important correlations between variables. If subjects are repeated in a figure (eg, over time), an individual's set of points should be joined with line segments. Different symbols should be used when points are stacked on top of each other. Illustrations of regression lines should be overlaid on raw data. Regression lines should not extend beyond the range of the predictor variable.
13. Confidence intervals are more appropriate than standard errors for comparison of groups.
14. Use appropriate tables. Coefficients and standard errors are useful for interpreting regression predictors. One significant figure beyond the level measured is sufficient for means, standard deviations, standard errors, etc. One decimal place for percentages greater than 1% is sufficient; no decimal places if the sample size is less than 100. Two significant figures for test statistics and p values are sufficient. Means should generally be accompanied by some measure of their uncertainty, such as confidence intervals or standard errors.
15. Confidence intervals should be reported when possible.
16. When a statistical hypothesis test is not rejected, the actual p value (eg, 0.07) should be reported (if known) rather than omitted or reported as p >0.05.
17. Pay close attention to wording. The word “correlation” is generally reserved for computing correlation coefficients. The word “association” is usually preferred. Statistical tests can be nonparametric; data cannot. Studies with negative findings (ie, no difference) may be the result of low statistical power (eg, small sample size), rather than absence of a difference, and this limitation should be made clear. Trends that are not statistically significant should not be identified. A p value is the probability of observing data as extreme, or more extreme, as those reported if the null hypothesis of no difference is true. A p value is not the probability of no real effect, nor is it necessarily related to the clinical importance.

Manuscript Checklist

☐ 1. Manuscript word count is provided.
☐ 2. Manuscript does not exceed 2,500 words for Original Clinical Article.
☐ 3. Manuscript does not exceed 3,000 words for Translational Research Article.
☐ 4. Manuscript does not exceed 500 words for Letter to the Editor.
☐ 5. Manuscript does not exceed 1,000 words for Opposing Views.
☐ 6. No more than 10 illustrations submitted.
☐ 7. Standard abbreviations are defined in a key at the end of the manuscript, and are consistent throughout the text.
☐ 8. Generic names are used for all drugs. Trade names are avoided.
☐ 9. Normal laboratory values are provided in parentheses when first used.
☐ 10. Research or project support/funding is noted.
☐ 11. Internal review board approval of study is indicated.
☐ 12. Registration number of clinical trial provided.
☐ 13. References are accurate, complete and in numerical order as they appear in the text, only the first 3 authors are listed.
☐ 14. No more than 30 references are cited, including references from the last 3 years.
☐ 15. A corresponding author and complete address, telephone and FAX numbers and e-mail address are provided.
☐ 16. Written permission from publishers to reproduce or adapt previously published illustrations or tables is included.
☐ 17. Informed consent forms for identifiable patient descriptions, photographs and pedigrees are included.
☐ 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; protein products are written in capital letters and are not italicized.
☐ 21. Abbreviations for animal genes are written in italics with only the first letter capitalized; protein products are written with only the first letter capitalized and are not italicized.
☐ 22. Name of validated system used for reporting complications/outcomes provided.