

## Information for Authors

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**Submission of single case reports is discouraged. The decision to publish a single case report will be based on its relevance to advancing the practice of urology.**

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**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. 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.

**Original, Research and Special 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 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 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 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 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 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://rapidinspector.cadmus.com/zww> 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.

**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.

**Review Articles** should not be submitted without prior approval. Queries for these articles should be accompanied by a detailed outline of the proposed article, an abstract not to exceed 750 words and an estimate of the length of the manuscript to be submitted. The format is the same as that of an Original Article.

**Special Articles** are scientific reports of original clinical research and state-of-the-art topics.

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ANALYTICAL REPORTING CHECKLIST FOR AUTHORS	PUT PAGE NUMBERS IN APPROPRIATE COLUMN BELOW		
	ANIMAL EXPERIMENT	COHORT STUDY	RANDOMIZED TRIAL
1. Primary objective or major hypothesis of study			
2. Justification of sample size			
3. Participation rate if patients declined study			
4. Inclusion/exclusion criteria			
5. Source and initial number of patients			
6. Randomization method			
7. Blinding techniques			
8. Accrual dates			
9. Identification of transformations or categorization of variables, if done			
10. Justification if outliers were omitted from analysis			
11. Reasons for and analysis of patients withdrawn or protocol deviations			
12. Reporting of time between randomization and start of treatment			
13. Number of subjects who completed treatment(s)			
14. Treatment of missing values			
15. Frequency of side effects			
16. Identification of statistical software			
17. Justification if 1-tailed statistical tests are used			
18. Verification of statistical test assumptions			
19. Identification of all statistical tests with description or references			
20. Median followup time for censored patients			
21. Lost to followup expressed as the proportion of censored patients not evaluated during a specified time			
22. Reporting of the number of patients at risk over time			
23. Confidence intervals for effect sizes			

## 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 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.
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## Manuscript Checklist

- 1. Author Submission Requirement form has been signed by all authors.
- 2. AUA Disclosure Form has been signed by all authors.
- 3. Manuscript word count is provided.
- 4. Manuscript does not exceed 2,500 words for Original Article.
- 5. Manuscript does not exceed 3,000 words for Research or Special Article.
- 6. Manuscript does not exceed 500 words for Letter to the Editor.
- 7. Manuscript does not exceed 1,000 words for Opposing Views.
- 8. No more than 10 illustrations submitted.
- 9. Standard abbreviations are defined in a key at the end of the manuscript, and are consistent throughout the text.
- 10. Generic names are used for all drugs. Trade names are avoided.
- 11. Normal laboratory values are provided in parentheses when first used.
- 12. The number of authors is limited to 6; if more than that number the senior author has justified their inclusion of each individual.
- 13. Research or project support/funding is noted.
- 14. Internal review board approval of study is indicated.
- 15. References are accurate, complete and in numerical order as they appear in the text, only the first 3 authors are listed.
- 16. No more than 30 references are cited, including references from the last 3 years; if more than that number the senior author has justified their inclusion.
- 17. A corresponding author and complete address, telephone and FAX numbers and e-mail address are provided.
- 18. Written permission from publishers to reproduce or adapt previously published illustrations or tables is included.
- 19. Informed consent forms for identifiable patient descriptions, photographs and pedigrees are included.
- 20. Analytical reporting checklist completed.
- 21. Gender and minorities are identified in collection and analyses of data.
- 22. Abbreviations for human genes are written in italicized capital letters; protein products are written in capital letters and are not italicized.
- 23. 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.

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 Other (specify) \_\_\_\_\_**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
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- Institutional animal care and use committee approval
- In lieu of a formal ethics committee, the principles of the Helsinki Declaration were followed
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