Taking Stock

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In a world where shocking events in Israel relegate a horrific war in Ukraine to the back pages of the news, it is difficult to write an editorial about the meager achievements of a start-up journal. Nonetheless, let us for a moment tune out the challenges that face us today on the world’s stage, and celebrate some small global victories in urologic publishing.

The SIU Journal was a backroom idea initially floated by Laurie Klotz, who had previously helped launch the Canadian Urological Association Journal in a similar fashion. The new SIUJ was approved by the Board of Directors at the annual congress in Athens in October 2019. The first issue was published one year later, and we can now proudly claim to have published 3 full years (18 issues) of the SIUJ! This includes 165 manuscripts from a truly diverse array of urologic researchers from 37 countries around the globe such as Burkina Faso, Jordan, Pakistan, and Malaysia. Our editorial board is similarly diverse, with 40 representatives from 30 countries on 6 continents. We rely on countless reviewers from an even greater number of countries for peer-review and were particularly honored to acknowledge reviewers from Kuwait, Iran, and Türkiye with “Reviewer of Year” awards this year.

This month’s issue is representative of the progress that we have made and the global character of urology that we aim to reflect in our pages. Our “Urology Around the World” feature, which we include in every issue, provides reflections from Dr Segovia Guevara (El Salvador) on her 6-month visit to Clinica Indisa (Santiago, Chile) under the direction of Octavio Castillo for an endourology fellowship as part of the SIU Training Scholarship program[1]. This program allows early career scholars to train in SIU-accredited training centers in the candidate’s geographical area. The challenge for Dr Segovia Guevara is to implement lessons learned in Chile in a lower resource environment in her home country.

Staying in South America, Angel et al. report on the benefits of virtual multidisciplinary tumor boards in 15 centers, predominantly in Argentina, but also in Peru, Colombia and Paraguay[2]. In these regions, the virtual tumor board was able to overcome the geographic limitations of access to multidisciplinary care that are likely prevalent in many other countries. Moving from South America to Africa, a multicenter effort from 17 different countries reports on endourologic practices across Africa[3]. The authors emphasize the need to create regional reference centers to enhance patient care and specialist training, which echoes prior reports in SIUJ[4].

A group from Poland reports in this issue of the SIUJ on novel decision aids for patients with bladder, prostate, kidney, or testicular cancer that include staged mock appointments in the urologist’s office that were played out by health professionals[5]. They conclude that this is a valuable tool in building patient health awareness.

We are grateful especially to the numerous Australian urologists and researchers who have contributed disproportionately to the pages of the SIUJ in our first 3 years of publishing, and this issue is no exception. Saad et al. demonstrate that using 4 specific clinical criteria to determine appropriateness for patient discharge after robotic prostatectomy could shorten the length of hospitalization with no adverse effects on patient safety[6]. Cotter et al. provide a systematic review of the use of high-resolution micro-ultrasound at the time of prostate biopsy[7]. Pooled analyses of relatively low-quality primary data suggest that micro-ultrasound-guided biopsies are comparable to mpMRI-targeted biopsies for the detection of clinically significant prostate cancer. Results of larger prospective trials will provide more definitive evidence. Virk et al. investigated the rate at which abstracts presented at the SIU Congress are converted into peer-reviewed journal publications, and note much room for improvement[8].

This issue of the SIUJ is rounded out by our “Giants in Urology” feature, which is dedicated to the American giant, Dr Jack McAninch[9]. Over decades of practice in San Francisco, Dr McAninch established management algorithms for the various types of urologic trauma, including especially renal, bladder, and urethral injuries. He also trained an entire generation of urologic trauma surgeons around the world. As the authors summarize: “Dr McAninch is rightfully acclaimed as a pioneer and the godfather of genitourinary trauma treatment.”
The key hurdle that lies on the immediate horizon for the SIUJ is indexing in MEDLINE. As I wrote last year on these pages[10], indexing is critical in the early stages of a new journal to establish credibility and attract more high-impact publications. I was encouraged at the recent SIU Congress in Istanbul to hear John Davis (The University of Texas MD Anderson Cancer Center) state during his lecture in the session on urologic publishing that the number of submissions to *Urologic Practice* went up approximately threefold when it was successfully indexed earlier this year. At the same time, we recognize that it took 9 years for *Urology Practice* to attain this milestone, demonstrating what a rocky road it is to achieve indexing. After indexing, published manuscripts are easily searchable in PubMed and with other search tools (this includes retrospective indexing of all previously published articles), but a journal has really “arrived” when it has an impact factor. That is the second hurdle beyond the horizon, hidden only temporarily by the first hurdle.

As we celebrate the small victories of building a successful journal in a dynamic global urological society with engaged authors, reviewers, editors, and readers, we recognize the importance of moving with the times and adapting the model to meet the needs of all stakeholders. Stay tuned for some important changes in 2024!

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**References**


