



Abstract Submission Guidelines

Please ensure that you have read these guidelines before submitting your abstract.

Abstract Submissions Open: Wednesday 16 February 2022

Abstract Submission Deadline: Thursday 5 May 2022

Please note if your Abstract is accepted you MUST confirm your participation by the deadline 5 July 2022. You will also need to register for the meeting by 5 July 2022. Note: there are no discounted registration fees available for abstract presenters.

Abstracts **MUST** follow the following format:

- Abstracts must not have been previously published;
- Abstract size is limited to 3000 characters (including title, spaces, and tables, graphs and images). Tables, graphs and images are counted as 500 characters;
- Title: please make the title as informative as possible; please enter your title in sentence case;
- A theme must be selected during the submission process (see Appendix 1)
- Authors: please list the authors' full first name and full last name and affiliation (maximum 10), please note it is important these are listed correctly on the online submission form as the abstract template **does not** include names and affiliations.
- The abstract **must** include the following headings: Introduction & Objectives, Methods, Results, Conclusions. It is a mandatory condition of abstract submission that each sub-section is included.
- Results must be included. Using the statement "Results will be presented" is not satisfactory;
- Abbreviations should be used sparingly and only where they ease the reader's task by reducing long, technical terms. They should be defined by spelling out in full the first time they appear in the abstract with the abbreviation included in brackets. A list of suggested standard abbreviations are included in Appendix 2.
- All tables/graphs included in the abstract must include a clear heading and legend;
- All Abstracts will be blind reviewed by at least 2 independent reviewers;
- Copyright for the abstract is assigned to the International Journal of Urology (IJU).
- All research should have been conducted in accordance with the Declaration of Helsinki, or have received ethics approval;
- All abstracts must be submitted online at <https://uaa2022.org>
- Accepted abstract presenters will be expected to attend UAA 2022 in Sydney, in person for the abstract to be included in meeting program.
- There are three methods of presentation available – podium, video or poster.
- The UAA 2022 Scientific committee will determine which presentation type is allocated for accepted abstracts for those submitted as a Podium or Poster Submission. Abstracts submitted for a video presentation will be reviewed as such.



- Video Presentation Abstract Submission Guidelines:
 - Video submissions should be videos of novel surgical techniques/patient care or research findings that require video presentation - not videos of what would otherwise be standard podium presentations.
 - Abstracts for video submissions are not required to adhere to the subheadings included on the abstract template if it is not applicable. A video submission abstract should still summarise the aims, content & key points of the video.
 - Submissions for the video presentation type should be submitted as a written abstract, with the video file to be submitted after the review process. The submitted video will then be reviewed for both content and video quality control before final acceptance into the final meeting program.

UAA 2022 Abstract Themes – one of these themes/subject areas must be selected during the abstract submission process.

- Andrology
- Benign Prostate Hyperplasia and Male Lower Urinary Tract Symptoms
- Emergency - Trauma
- Emergency - Non-Traumatic
- Epidemiology
- Female Urology
- Imaging
- Infection and Inflammation
- Neuro-Urology and Urodynamics
- Oncology - Adrenal Tumours
- Oncology - Bladder and Upper Urinary Tract Urothelial Cancer
- Oncology - Renal Tumours
- Oncology - Penile Cancer
- Oncology - Prostate Cancer
- Oncology - Testicular Cancer
- Paediatric Urology
- Reconstructive Urology
- Renal Transplantation and Dialysis Access
- Technology
- Training and Education
- Urolithiasis



Appendix 2

Suggested Abbreviations

AIDS - acquired immune deficiency syndrome
ANOVA - analysis of variance
AUA - American Urological Association
BAUS - British Association of Urological Surgeons
BCG - bacille Calmette-Guérin
BPH - benign prostatic hyperplasia
BSA - bovine serum albumin
BOO - bladder outlet obstruction
CI - confidence interval
CNS - central nervous system
CT - computed tomography
DMSA - dimercapto-succinic acid
DRE - digital rectal examination
DTPA - diethylene-triamine-penta-acetic acid
EDTA - ethylenediamine tetra-acetic acid
ELISA - enzyme-linked immunosorbent assay
ESWL - extracorporeal shock wave lithotripsy
FSH - follicle-stimulating hormone
GFR - glomerular filtration rate
GnRH - gonadotrophin-releasing hormone
GP - general practitioner
hCG - human chorionic gonadotrophin
HIV - human immunodeficiency virus
HPLC - high-pressure liquid chromatography
ICS - International Continence Society
IGF - insulin-like growth factor
IgXz - immunoglobulin (class X, subclass z)
IPSS - International Prostate Symptom Score

IVU - intravenous urography
LHRH - luteinizing hormone-releasing hormone
LUTS - lower urinary tract symptoms
MAG - mercapto-acetylglycine
MAG3 - mercapto-acetyl triglycine
MHC - major histocompatibility complex
MRI - magnetic resonance imaging
NHS - National Health Service
NSAIDs - nonsteroidal anti-inflammatory drugs
PAGE - polyacrylamide gel electrophoresis
PBS - phosphate buffered saline
PCR - polymerase chain reaction
PSA - prostate-specific antigen
PTFE - polytetrafluoroethylene
PUJ - pelvi-ureteric junction
PUV - posterior urethral valves
RCC - renal cell carcinoma
sd - standard deviation
SDS - sodium dodecyl sulphate
TCC - transitional cell carcinoma
TGF - transforming growth factor
TNF - tumour necrosis factor
TNM - Tumour-Node-Metastasis
TRUS - transrectal ultrasonography
TURP - transurethral resection of the prostate
UAA - Urological Association of Asia
UTI - Urinary tract infection
VUR - vesico-ureteric reflux
WHO - World Health Organization