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As the warm weather of the summer winds down and the routine of our professional and administrative jobs wind back up, readers catching up with *CUAJ* will no doubt be impressed with the number of exceptionally well-written and helpful pieces featured in this month's issue, including a best practice report, a Cochrane review, a consensus statement, and a highly anticipated clinical guideline update. In fact, since the beginning of the summer, there have been nine guidelines/consensus statements published, spanning a wide range of clinical issues — from pediatric conditions (stones, sports and a solitary kidney) to neurogenic voiding dysfunction and a myriad of cancer-related topics.

As CUA members and habitual readers of the journal will likely recognize, we publish these evidence syntheses and recommendations in various formats; all of these can be accessed via the *CUAJ* website, archived under the "Resources" menu of the homepage (cuaj.ca).

Official CUA guidelines are commissioned by the association, with the support of the dedicated members of the CUA Guidelines Committee, for the purpose of creating national recommendations. Full-length guidelines are reserved for broader topics that require comprehensive exploration, and the resulting evidence synthesis leads to grades of recommendation, generally employing the International Consultation on Urologic Disease (ICUD)/WHO modified Oxford Center for Evidence-Based Medicine grading system or, in certain circumstances where appropriate, GRADE methodology. Best Practice Reports (BPRs), on the other hand, provide a more focused, concise summary of the best evidence available on common urological topics to help guide management decisions. Both formats are subject to the official CUA guideline approval process, which includes peer-reviews by the Guidelines Committee, CUA members at large, and the CUA Executive Board. These enormous efforts in evidence synthesis and distillation to create clinically relevant recommendations are often supported by other groups associated with the CUA — including the Canadian Urological Oncology Group (CUOG), the Kidney Cancer Research Network of Canada, and other expert healthcare groups/practitioners — in order to ensure all relevant constituencies are represented.

In this issue of *CUAJ*, the 2019 update of the CUA-CUOG guideline for the management of castration-resistant prostate cancer is a must-read, as it includes important updates in non-metastatic CRPC treatment and highlights supportive care to minimize disease-related skeletal complications. The BPR on sports and children with a solitary kidney provides very practical and balanced advice around contact and non-contact sports and other higher-risk activities and is a valuable source of information for both clinicians and caregivers.

At times, value lies in recognizing evidence gaps. In that vein, this month's Cochrane review on the treatment of urinary stones in children — the first in a series of urology-focused co-publications between the CUA and the Cochrane Group — highlights the dearth of high-quality data with regard to effectiveness and adverse events associated with various interventions for the treatment of pediatric nephrolithiasis. An accompanying commentary led by *CUAJ* Associate Editor, Martin Koyle, underscores this fact.

The Cochrane Group is a global, independent network that gathers and summarizes the most high-quality, relevant, and up-to-date research evidence to guide informed choices about treatment. Our co-publishing initiative allows us to increase visibility of the evidence (or lack thereof) to Canadian audiences who might not otherwise access the Cochrane library. Commentaries, such as Dr. Koyle's, will be included with every Cochrane piece we publish to ensure a balanced and Canadian perspective on each topic.

It is our hope that we continue to present our readers with the highest-quality evidence, synthesized and disseminated in such a way as to enhance clinical decision-making.