

CUAJ at 20

So begins volume 20 of your *Canadian Urological Association Journal*. Round integers are milestones and mileposts, and whether in the lives of people or institutions, they invite contemplation, celebration, and a look to the future. Indeed, throughout this year's issues, we'll feature some retrospectives and reflections on urology and academics in Canada.

Twenty years in a life or career is a long enough time to span different eras, and so the lens of the sage jumps to mind. But is 20 really old enough for that? A human at 20 is often impressive indeed, flashing smarts and ambition, but would you heed the advice of the average 20-year-old? Perhaps a gymnast or swimmer could muse on their finest days, but most are just on the precipice of launching, without deep experience, values, or professionalism to draw upon. Old enough to be accountable, but young enough to experiment and fumble. Dogs at 20 are mostly memories, cats, pretty crusty. Tortoises are still toddlers, and Greenland sharks are still a century from maturity, 400 years of moving water over gills still to come. Perhaps a tree is the best analogy for the *CUAJ* at 20; solidly rooted, no longer a sapling, but still green and growing skyward.

As the journal of your Canadian Urological Association, our commitment to *Canadian-ness* is our hallmark. Of course, we welcome and publish papers from around the world, but we always keep Canadian relevance in mind. This was a founding tenet when Laurie Klotz, our first Editor-in-Chief, smashed the champagne bottle in *Can Urol Assoc J 2007:1(1)*, with an editorial board stacked with titans of their domains. These editors — most still authorities today — passed their torches, and with great fortune, we've managed to keep a stellar cadre of section and consulting editors at the top of their fields.

You see our Canadiana in some obvious places. There have been 144 published guidelines and best practice reports in the *CUAJ*, foundational documents reflecting practice in Canada, respectful of our resource availability and constraints, deeply researched and evidence-based. These guidelines are always our most read and widely

cited papers, reflecting a desire to practice wisely and fidelity to their specific relevance to Canada.

Policy papers, including CUA membership surveys, wait times advocacy, job market analyses, and drug access pattern surveys, among dozens of others, show a commitment to informing and advocating within our public system.^{1,2} Our Community Editor role has ensured perspective and research work from outside the explicitly academic community; *CUAJ* has maintained a role in knowledge translation for all CUA members, and also by CUA members.^{3,4} Our members, as well as an excellent international cohort of experts, are the engine of *CUAJ*'s peer review process, upon which the legitimacy of the edifice stands.

CUAJ is also an outstanding font of work in medical education, with far more density than you will see in other specialty journals. Launching with a Training & Education Section Editor, we have published dozens of studies on Canadian urologic education, including technical skills development, the rich mine of survey data from the QUEST program, the scramble to teach and learn during Covid, the rollout of competency-based medical education (CBME) in 2018, and more recently, the use of large language models in formative assessment.^{5,6}

Generations of Canadian medical students and residents have dipped toes in academic publishing through our commitment to novel case reports, with editorial policies ensuring teaching points and reserving space for Canadian trainees. Similarly, we have eschewed economic analyses, even those from prominent centers we'd otherwise love to publish, if their described health systems can't inform Canadian readers.

CUAJ is proud to take this place as an effector arm and key infrastructure for the CUA Guidelines, Health Policy, and Advocacy Committees, in addition to research dissemination. It is an attribute that can only arise from true representation of a community; as previously stated, *CUAJ* "has a purpose, affiliations, and serves a certain readership...[it] has an *identity*, not just a ranking."⁷

In this niche, the journal also serves as a record of the career launches and arcs of many members, and a history of the past decades' academic

Michael
Leveridge

Editor-in-Chief

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themes. The years' mastheads are a tapestry of urologic thought leaders, knowledge producers, and educators. The journal bears witness to the nascence and growth of robotic surgery in Canada, from anxieties to adoption. It records both the pillorying of PSA and its judicious ongoing value. It articulates and scrutinizes paradigm shifts in residency training through CBME. We've captured gender and demographic shifts in authorship and editorship. We witnessed the explosion of nomograms and the birth of kidney and bladder cancer research networks. ICES, BC Cancer, and other population-based studies brought real-world practice patterns and disease demographics to light on Canadian urologic disease.

Another piece of great fortune for *CUAJ* is that the support of the CUA central office affords us Diamond Open Access status; those who have submitted and published with us know that there are no article processing fees for authors and no access fees for readers — neither registration nor pay-to-read. This democratization of the science, guidelines, and policy within means that small and interesting projects, many without grant funding or those fostering trainee scholarship but of interest to members, can find their place in the literature.

Readers anywhere and any time — including CUA members without institutional access — can stay abreast of Canadian urologic research. Our work is a public good. Open access is also a place to start the discussion of some of the challenges we face. In other aspects of life, there is something to be said for the perceived exclusivity and cachet of both limited and paid access. Open access can have the veneer of lowered standards; to be sure, ours are not, but perception matters. As Laurie said in his first-ever editorial, "One of our main challenges is to encourage leading academic urologists and other clinicians to support this CUA initiative and submit their highest-quality research to *CUAJ*."⁸

Canada is vast, but urology is a niche here. There are great academics in centers coast to coast, but research funding and university coffers are getting thinner by the year. Submission rates remain gratifyingly strong but are below peak. The pandemic threw a wrench into research plans and productivity. Much research is increasingly collaborative and international, and flagship journals increasingly bud off daughter journals that

absorb some great work that might otherwise find a home in smaller spaces like ours. Our dedication to the breadth of Canadian urology as above means we are not beholden to Impact Factor as an end in itself, but also that we sacrifice some visibility when citation-based metrics are tallied each year.

And so, we arrive back at year 20. What is our responsibility, and what is our future? *CUAJ* exists to raise and wave the flag of Canadian urology: to allow us to look inward and learn from one another, while broadcasting our excellent work outward. We are a venue for all, from trainees to funded clinician scientists, drawing work in to strengthen or show academic confidence, and to keep scholarly engines humming. We make room for those small but relevant questions, nationwide practice patterns, and how care and education are delivered in Canada. We resist siren songs that might narrow our scope or distort our purpose in pursuit of metrics. We aim to reflect — and sustain — the disproportionately strong and influential landscape of Canadian urologic research.

Come AI, come all-digital, come the next generation of scholars. *CUAJ* is a proud thing for all CUA members and staff, and a fortunate one for learners, advocates, and patients.

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CORRESPONDENCE: Dr. Michael Leveridge, Department of Urology, Queen's University, Kingston, ON, Canada; Michael.Leveridge@kingstonhsc.ca