



# Joint terminology documents: are there too many or is this the way forward?

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The history of jointly published terminology documents began with the International Urogynecologic Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction from 2010.<sup>1</sup> It was the first manuscript co-produced by IUGA and ICS members and co-published in the International Urogynecology Journal and Neurourology and Urodynamics. This publication represented a leap forward in collaboration between societies and publishers. The initial concern from publishers and journal editors was that the manuscripts could be cited from either journal and this would dilute the effect of the manuscript on the journal's impact factor. It is impossible to determine whether this concern materialized but neither journal noted any significant changes in their impact factors following the joint publication.

Since then, roughly 11 more female pelvic medicine and reconstructive surgery joint terminology reports involving a variety of partnering societies have been published including AUGS, ICS, IUGA, SGS, American Society of Colon and Rectal Surgeons (ASCRS), the Society of Abdominal Radiology (SAR), the Society of Urodynamics and the Society of Female Pelvic Medicine and Urogenital Reconstruction (SUFU). Some of these joint documents have been published in as many as four journals simultaneously. Several more are currently under development including bladder pain and cosmetic gynecology.

The question then arises, have we created a multi-headed monster or are we experiencing an incredible moment of cross

pollination between widely varied specialists? As a reader and editor of one of the journals involved it seems like we are constantly bombarded with the next joint terminology document. These documents involve myriad discussions among society executive committees, journal editors and publishers. These documents now require a memorandum of understanding between participating societies. They undergo variable levels of peer review at the society level, and once all parties involved have accepted the final versions, the coordination among editors and publishers of the various journals to facilitate simultaneous publication occurs. Is it worth all this effort?

My concerns with these documents are: does anyone read these documents, are we keeping track of what we have, and, most importantly, do we have guidance on topics that we need guidance on? Undoubtedly, having a common set of values and terminology among radiologists, colorectal surgeons, urologists, gynecologists and female pelvic surgeons has to be better than the alternative of every specialty group defining conditions in their own way.

Where do we stand currently? I think terminology documents transform our practice and improve patient care, but it is hard to find evidence of this. In prior generations most urogynecologic manuscripts had a statement in the Materials and Methods section: "All terms used in this manuscript conform to the terminology document X, Y or Z." The appropriate document was then referenced. It is rare to see that statement anymore, so it is difficult to determine if terminology documents are being used to their full advantage. I think most authors just assume their terminology is in line with current standards, but are the authors and researchers using terminology documents to ensure that?

Another concern has to do with our library: Do we need all the current terminology documents? What is the current catalog of terminology documents? Are there areas that need better terminology documents? Unquestionably, there are terminology documents that are not utilized. Should they be retired? No one society has the complete list of terminology documents in our field. To my knowledge, no one has

<sup>1</sup> Haylen BT, de Ridder D, Freeman RM, Swift SE, Berghmans B, Lee J, Monga A, Petri E, Rizk DE, Sand PK, Shaer GN. An International Urogynecologic Association (IUGA)/International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Int Urogynecol J* 2010; 21: 5–26

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evaluated the usefulness of all the current documents. Finally, is there a lack of terminology in some area of our concern that is preventing research from moving forward?

Assigning a committee within one or more of the participating societies the role of librarian and gatekeeper (or "gate-monitor") for future projects based on needs of our practitioners, researchers and patients would be a good place to start. Am I suggesting a new joint document, one to describe how we will catalog what we have and determine needs assessment for future documents? I hate to say it, but maybe.

Joint terminology documents are here to stay; I believe they are important to our colleagues and our patients. I would like to see evidence of their utility, a catalog of what we have and a needs assessment of what we need done from the 30,000-foot view level to determine where we stand and what will move us forward.

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