TABLE OF CONTENTS

- Description p.1
- Impact Factor p.1
- Abstracting and Indexing p.2
- Editorial Board p.2
- Guide for Authors p.3

DESCRIPTION

An official publication of the International Society for Sexual Medicine, Sexual Medicine publishes multidisciplinary clinical, basic, and epidemiological research to define and understand the basis of sexual function and dysfunction in diverse populations. Sexual Medicine welcomes manuscripts on basic anatomy and physiology pertaining to human sexuality, pharmacology, clinical management of sexual dysfunction, epidemiological studies in sexuality, psychosexual and interpersonal dimensions of human sexuality, clinical trials, and other articles of interest to clinicians and researchers interested in human sexuality. The open access format of Sexual Medicine ensures that accepted manuscripts will be rapidly published and fully accessible by interested healthcare professionals worldwide. Sexual Medicines emphasis on papers relevant to specific populations distinguishes it from The Journal of Sexual Medicine, which will continue to publish manuscripts on issues of general interest to sexual medicine practitioners worldwide, and Sexual Medicine Reviews, which publishes systematic reviews of controversial topics in sexual medicine.

Sexual Medicine will consider all types of original clinical and basic research papers, including studies conducted with human subjects and experimental models, as well as high-quality clinical, epidemiological, and healthcare policy papers related to sexual function and dysfunction. Sexual Medicine particularly focuses on papers of regional or specialty interest, although any manuscript dealing with sexuality research will be considered. Specific interest is in the following areas of content: Education, Epidemiology, Basic Science, Psychology, Outcomes Assessment, Anatomy/Physiology, Intersex and Gender Identity Disorders, Sexual Orientation, Ejaculatory Disorders, Womens Sexual Health, Mens Sexual Health, Couples Sexual Dysfunctions, Pharmacotherapy, Peyronies Disease, Pain, Erectile Dysfunction, Premature Ejaculation, Hypoactive Sexual Desire Disorder, Dyspareunia, Pharmacotherapy for Sexual Dysfunction, Surgical Management of Sexual Dysfunction, Endocrinology, Oncology.

IMPACT FACTOR

2019: 1.923 © Clarivate Analytics Journal Citation Reports 2020
ABSTRACTING AND INDEXING

Chemical Abstracts
Embase
Journal Citation Reports
Science Citation Index Expanded
PubMed Central
Scopus
Directory of Open Access Journals (DOAJ)

EDITORIAL BOARD

Editor-in-Chief
Alan Shindel, University of California San Francisco, San Francisco, California, United States of America

Deputy Editor-in-Chief
Patricia Pascoal, Lusofona University, Lisboa, Portugal

Managing Editor
Tim Vines, British Columbia, Canada

Editorial Office
Donna Schena, Boston, United States of America

Associate Editors
Abdulaziz Baazeem, Umm Al-Qura University College of Medicine, Makkah, Saudi Arabia
Eric Chung, Princess Alexandra Hospital, Woolloongabba, Australia
Marieke Dewitte, Maastricht University, Maastricht, Netherlands
Fernando Nestor Facio, Medicine School of Sao Jose do Rio Preto, Sao Jose do Rio Preto, Sao Paulo, Brazil
Giulio Garaffa, University College London Institute of Neurology, London, United Kingdom
Jill Krapf, University of Texas Health Science Center at San Antonio, San Antonio, Texas, United States of America
Erika Limoncin, University of Rome Tor Vergata Department of Medicine of the systems, Roma, Italy
Haocheng Lin, Peking University Third Hospital, Beijing, China
Elisa Maseroli, University of Florence Department of Experimental and Clinical Biomedical Sciences "Mario Serio", Florence, Italy
Ji-Kan Ryu, Inha University, Incheon, South Korea
Paul Yong, The University of British Columbia Department of Obstetrics & Gynaecology, Vancouver, British Columbia, Canada
GUIDE FOR AUTHORS

INTRODUCTION
Aims and Scope
An official publication of the International Society for Sexual Medicine, Sexual Medicine publishes multidisciplinary clinical, basic, and epidemiological research to define and understand the basis of sexual function and dysfunction in diverse populations. The open access format of Sexual Medicine ensures that accepted manuscripts will be rapidly published and fully accessible by interested healthcare professionals worldwide.

Sexual Medicine will consider all types of original clinical and basic research papers, including studies conducted with human subjects and experimental models, as well as high-quality clinical, epidemiological, and healthcare policy papers related to sexual function and dysfunction. Sexual Medicine particularly focuses on papers of regional or specialty interest, although any manuscript dealing with sexuality research will be considered.

Open Access
This is an open access journal: all articles will be immediately and permanently free for everyone to read and download. To provide open access, this journal has an open access fee (also known as an article publishing charge APC) which needs to be paid by the authors or on their behalf e.g. by their research funder or institution. Permitted third party (re)use is defined by the following Creative Commons user licenses (see https://www.elsevier.com/openaccesslicenses):

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)
For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.
For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.
The open access publication fees for this journal are as follows: $500 per Open Access article for individual members of the Society (ISSM) and members of the regional affiliate societies (APSSM, ESSM, SLAMS, MESSM, SMSNA, SASSM, ISSWSH); $2500 per Open Access article for non-members; and $5000 per Open Access article for industry sponsored articles, excluding taxes. Learn more about Elsevier's pricing policy.

Manuscript Types
Sexual Medicine publishes several types of manuscripts under the umbrella of full-length articles. A brief description of each type follows: Original Research
Original research papers are scientific reports of original clinical or basic research in the field of sexual medicine. As a general guideline, manuscripts should be 3000 words in length; more extensive manuscripts will be considered and judged on merit; however, authors are urged to be as concise as possible. All manuscripts must include an abstract, a maximum of 7 tables and figures (total), and up to 50 references. More may be accepted if justified. In an attempt to improve the quality of research reports in the journal, Sexual Medicine now strongly urges authors to complete the reporting guideline checklist that best suits their paper. Complete reporting is a critical element of good publishing. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript and potentially enhance its changes for eventual publication.

Reports
Reports are concise reports of cases, clinical experience, clinical studies, drug trials, adverse effects, or devices related to sexual medicine. Maximum length is 1750 words; no more than 10 references, and 1 figure/table per case. We strongly recommend the author comply with and supply a completed copy of the CARE reporting guideline for case reports as evidence that vital reporting elements are included in the paper.

Reviews
Sexual Medicine will consider extensively referenced review articles. Meta-analyses and systemic reviews are preferred complete with thorough adherence to the PRISMA reporting guideline criteria. You must demonstrate inclusion of these essential reporting criteria or the article will be returned for thorough revision. There is no limit on article length or the number of figures or tables, though we do request the article included an abstract of no more than 300 words.

Letters to the Editor
Letters, subject to editing, are considered for publication provided they do not contain material submitted or published elsewhere. The text must not exceed 500 words or have more than 5 references, and 1 figure/table. Letters referring to a published article must be received within four months of the article's publication.

**Editorials**
Commentary and analysis of an article in a particular issue of *The Journal* are always solicited. Authors of the original paper will be given opportunity to respond to the editorial in the same issue. Editorial comments are limited to 1000 words, with up to 7 references.

**Contact Details**
**EDITOR-IN-CHIEF**
Kwangsun Park, MD, PhD
Department of Urology
Chonnam National University
Gwangju, Republic of Korea
Email: uropark@gmail.com

Address correspondence to the Editorial Office:
Tim Vines, PhD
Managing Editor, *Sexual Medicine (SM)*
36 Old Mill Lane
Plymouth, MA 02360, USA
smeditorialoffice@gmail.com

**Indexing**
*The Journal* is indexed by Chemical Abstracts Service (CAS), Directory of Open Access Journals (DOAJ), EMBASE (Elsevier), Journal Citation Reports/ Science Citation Index (Clarivate Analytics), PubMed Central (NLM), Science Citation Index Expanded (also known as SciSearch), and Scopus (Elsevier).

**BEFORE YOU BEGIN**

**Ethics in publishing**
Please see our information on Ethics in publishing.

**Authors’ Professional and Ethical Responsibilities**
Should possible scientific misconduct or dishonesty in research submitted for review be suspected or alleged, *Sexual Medicine* reserves the right to forward any submitted manuscript to the sponsoring or funding institution or to other appropriate authorities for investigation. The journal also screens manuscripts for incidents of plagiarism; please ensure that manuscripts present original data written in unique language.

**Studies in humans and animals**
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.
**Informed consent and patient details**

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

**Declaration of interest**

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

**Disclosure Statement**

*Sexual Medicine* requires that all authors disclose any potential sources of conflict of interest. Any interest or relationship, financial or otherwise, which might be perceived as influencing an author’s objectivity, is considered a potential source of conflict of interest. These must be disclosed when directly relevant or directly related to the work that the authors describe in their manuscript. Potential sources of conflict of interest include, but are not limited to, patent or stock ownership, membership of a company board of directors, membership of an advisory board or committee for a company, and consultancy for or receipt of speaker's fees from a company. The existence of a conflict of interest does not preclude publication in any ISSM journals. If the authors have no conflict of interest to declare, they must also state this at submission. It is the responsibility of the corresponding author to review this policy with all authors and collectively to list on the cover letter to the Editor-in-Chief, in the manuscript (under the Acknowledgements section), and in the online submission system ALL pertinent commercial and other relationships.

**Submission declaration and verification**

Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

**Use of inclusive language**

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.
Contributors
Each author is required to declare his or her individual contribution to the article: all authors must have materially participated in the research and/or article preparation, so roles for all authors should be described. The statement that all authors have approved the final article should be true and included in the disclosure.

Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

Randomized Controlled Trials
Reports of Randomized Controlled Trials (RCTs) must state explicitly how the comparison groups were generated, so that readers will be able to assess the method of randomization. In the title and abstract, specify that the manuscript is a report of an RCT. Prior to submitting an RCT manuscript authors should refer to the CONSORT checklist (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel group randomized trials. JAMA. 2001;285:1987-1991).

Sexual Medicine requires that all authors complete an authorship statement. All persons designated as authors should qualify for authorship. Each author should have participated sufficiently in the work to take public responsibility for the content. Authorship credit should be based only on substantial contributions to Category 1: a) conception and design, b) analysis of data, and c) interpretation of data; and Category 2: a) drafting the article, or b) revising it critically for important intellectual content; and on Category 3) final approval of the version to be published. At least one of the categories 1, 2, and 3 must be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.

Editors may ask authors to describe what each contributed; this information may be published. Increasingly, multicenter trials are attributed to a corporate author. All members of the group who are named as authors, either in the authorship position below the title or in a footnote, should fully meet the above criteria for authorship. Group members who do not meet these criteria should be listed, with their permission, in the Acknowledgments or in an appendix. The order of authorship should be a joint decision of the coauthors. Because the order is assigned in different ways, its meaning cannot be inferred accurately unless it is stated by the authors. Authors may wish to explain the order of authorship in a footnote. In deciding on the order, authors should be aware that many journals limit the number of authors listed in the table of contents and that the U.S. National Library of Medicine (NLM) lists in MEDLINE only the first 24 plus the last author when there are more than 25 authors.

Changes to authorship
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Copyright
Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (for more information see https://www.elsevier.com/OAAuthoragreement). Permitted third party reuse of open access articles is determined by the author's choice of user license (see https://www.elsevier.com/openaccesslicenses).
**Author rights** As an author you (or your employer or institution) have certain rights to reuse your work. For more information on author rights please see [https://www.elsevier.com/copyright](https://www.elsevier.com/copyright).

**Reporting Checklists**

**Reporting Standards: Completeness and the Use of Reporting Guidelines**

In an attempt to improve the quality of research reports in the journal, *Sexual Medicine* now recommends a completed reporting guideline checklist is included with an article submission. The purpose of various reporting guidelines is to provide a guide - in the form of a checklist—to authors and editors alike on essential elements that should be included in a paper to ensure all stakeholders can properly validate results and replicate studies. We expect authors to not only use the reporting guidelines to improve the quality of reporting in their submission, but also use the associated guideline checklist to demonstrate the paper does include essential reporting criteria. Ultimately, this task is about improving a manuscript, not filling out a checklist for administrative purposes.

It is strongly recommended that authors complete one of the reporting checklist listed below that is most appropriate for the subject matter of an article to be submitted to any ISSM publication (*The Journal of Sexual Medicine, Sexual Medicine, Sexual Medicine Reviews*). This ensures a higher standard of reporting and will enhance the prospects of a manuscript being accepted for publication. Authors should upload a completed copy of the reporting checklist(s) with their submission.

1 **STUDY TYPE STUDY TYPE CATEGORY CHECKLIST FOR REPORTING STANDARDS**

   **CHECKLIST NAME** Randomized controlled pharmacotherapy trials RCT (Pharmacotherapy) CONSORTConsolidated Standards of Reporting Trials CONSORT Statement Case Reports Case Reports ISSM Case Report Checklist ISSM Case Report Checklist Other pharmacotherapy and herbal medicinal trials (noninferiority trials, pragmatic trials, cluster trials, reporting of harms) RCT (Other) CONSORT extensions (tailored versions of the main CONSORT Statement produced by CONSORT Checklist Observational epidemiology studies Observational Epidemiological Studies STROBEStrengthening the reporting of observational studies in epidemiology STROBE Checklist Qualitative Research COREQConsolidated criteria for reporting qualitative research https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf Diagnostic Accuracy Studies Diagnostic Accuracy Studies STARDStandards for reporting diagnostic accuracy SGR Checklist Systematic reviews Systematic Reviews PRISMA (formerly known as QUOROM)Improving the quality of reports of meta-analyses of randomized controlled trials PRISMA Checklist Meta-analyses of controlled trials Meta-analysis of Controlled Trials PRISMA (formerly known as QUOROM)Improving the quality of reports of meta-analyses of randomized controlled trials PRISMA Checklist Meta-analyses of observational studies Meta-Analyses of Obervational Studies MOOSEMeta-analysis of observational studies in epidemiology MOOSE Checklist Quality improvement reports Quality Improvement Reports SQUIREStandards for quality improvement reporting excellence SQUIRE Checklist Erectile Function Recovery analysis following radical pelvic surgery All relevant studies ERF Erectile Function Recovery Checklist ERF Checklist

**Registration of clinical trials**

Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with International Committee of Medical Journal Editors recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (for example drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

*Sexual Medicine* requires that all prospective, randomized, controlled trials with patient enrollment starting on or after August 1, 2007, be registered in a public database that meets the requirements of the World Health Organization. Currently, such registries include the following: [http://www.actr.org.au](http://www.actr.org.au), [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov), [http://www.ISRCTN.org](http://www.ISRCTN.org), [http://www.umin.ac.jp/ctr/index/htm](http://www.umin.ac.jp/ctr/index/htm), and [http://www.trialregister.nl](http://www.trialregister.nl).
For more information, please refer to the guidelines at [http://www.icmje.org/#clin_trials](http://www.icmje.org/#clin_trials). Upon submission, please provide the registration identification number and the URL for the trial’s registry in your cover letter.

**Reports of Diagnostic Tests**


**Cell Line Authentication**

To ensure the highest standards of quality and accuracy, *Sexual Medicine* strongly encourages the authentication of cell lines used in the research submitted. Manuscripts based on research using cell lines must include a statement addressing the following points in the Methods section of the manuscript:

1. Where the cells were obtained from
2. Whether the cell lines have been tested and authenticated
3. The method by which the cells were tested

If cells were obtained directly from a cell bank that performs cell line characterizations and passaged in the user's laboratory for fewer than 6 months after receipt or resuscitation, re-authorization is not required. In these cases, please include the method of characterization used by the cell bank. If the cell lines were obtained from an alternate source, authors must provide authentication of the origin and identity of the cells. This is best achieved by DNA (STR) profiling. The DNA profile should be cross-checked with the DNA profile of the donor tissue (in case of a new cell line) or with the DNA profile of other continuous cell lines.

**Gene names and genetic profiling data:** Please mark all gene names in italics. However, only the gene names should be written in italics, to distinguish them from gene products, gene segments, clusters, families, complexes, or groups. Authors should only use the official gene name as assigned by the respective gene nomenclature committee. Regarding comprehensive data sets of genetic profiling (microarray) studies, raw data must be in a publicly available database that requires MIAME format (for example, “GEO” or “Array Express”) upon submission of a paper. Nucleotide sequence data can be submitted in electronic form to any of the three major collaborative databases: DDBJ, EMBL or GenBank. It is only necessary to submit to one database as data are exchanged between DDBJ, EMBL and GenBank on a daily basis. The suggested wording for referring to accession-number information is: ‘These sequence data have been submitted to the DDBJ/EMBL/GenBank databases under accession number U12345.’

**Statistical Guidelines**

All submitted manuscripts containing data analyses will be evaluated for the integrity of the statistical methods as well as a sufficient description of the methodological approach. This will entail evaluation of the study design, statistical analysis and presentation and interpretation of study results. As a general guideline, readers of the manuscript should be able to replicate the analysis with the same data based on the description given in the Methods section. Authors are encouraged to carefully select language in the Discussion that is appropriate given the study design and refrain from causal inferences from observational (nonrandomized) studies.

Authors should also be explicit about the limitations of the study. Failure to disclose important limitations upon submission will be viewed with greater scrutiny than those clearly discussed. Key elements which should be consistent for all submitted manuscripts include the following Report the sample size n for each study and each analysis Describe the power analysis to justify the sample size if appropriate Identify all statistical methods and verify the assumptions for all statistical tests Provide alpha (the probability of a Type I error) for all statistical tests Specify whether tests are one- or two-sided Report the descriptive statistics (n, mean, median, and standard deviation) for all continuous variables Report the sample proportion for binary variables Adequately explain complex statistical procedures such a multivariate logistic regression and the Cox proportional hazards regression model and verify the assumptions of each such procedure Report the actual P-values and explain what is meant by statistical significance Discuss and describe adjustments for multiple testing

*Elsevier supports responsible sharing*

Find out how you can share your research published in Elsevier journals.
Role of the funding source
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

Open access
Please visit our Open Access page for more information.
Your publication choice will have no effect on the peer review process or acceptance of submitted articles.

Elsevier has established agreements with funding bodies, https://www.elsevier.com/fundingbodies. This ensures authors can comply with funding body Open Access requirements, including specific user licenses, such as CC BY. Some authors may also be reimbursed for associated publication fees. If you need to comply with your funding body policy, you can apply for the CC BY license after your manuscript is accepted for publication.

This journal will offer the following publication fees: $500 per Open Access article for individual members of the Society (ISSM) and members of the regional affiliate societies (APSSM, ESSM, SLAMS, MESSM, SMSNA, SASSM, ISSWSH), $2500 per Open Access article for non-members, and $5000 per Open Access article for industry sponsored articles, excluding taxes.

Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's Author Services.

Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Sexual Medicine requires that authors submit electronically via the ScholarOne Manuscripts online submission site. Complete, detailed instructions on uploading your manuscript are detailed below.

Please note that if you are an author or reviewer for The Journal of Sexual Medicine, you automatically have an account with Sexual Medicine and you should use the same login information for submission for that journal that you use for the other journal.

Submit your article
Please submit your article via http://mc.manuscriptcentral.com/sexmed.

PREPARATION
Editorial and Peer Review Process
Sexual Medicine pursues editorial approaches that may help us avoid bias. We do our utmost to judge research objectively on its own merits and to avoid favoring research, for example, from particular institutions, countries, or regions. Sexual Medicine employs a double-blind review process in which author identities and peer reviewer identities are kept confidential from one another. Most submissions transferred to Sexual Medicine from The Journal of Sexual Medicine will be assessed using the original peer-review reports from those journals; however, the Editor-in-Chief will critically review these peer-review reports and may choose to send manuscripts out for additional double-blind review. The existence of a manuscript under review is not revealed to anyone other than the peer reviewers and editorial staff. Peer reviewers are required to maintain confidentiality about the manuscripts they review and must not divulge any information about a specific manuscript or its content to any third party without prior permission from the journal editors. All authors will be sent notification of the receipt of manuscripts and editorial decisions by e-mail. During the review process, designated contact authors can also check the status of the submitted manuscript via ScholarOne Manuscripts at http://mc.manuscriptcentral.com/sexmed.
Information for Peer Reviewers
As per the guidelines issued by the World Association of Medical Editors (for further information, refer to http://www.WAME.org):

Reviews will be expected to be professional, honest, courteous, prompt, and constructive. The desired major elements of a high-quality review should be as follows:
The reviewer should have identified and commented on major strengths and weaknesses of study design and methodology. The reviewer should comment accurately and constructively upon the quality of the author's interpretation of the data, including acknowledgment of its limitations. The reviewer should comment on major strengths and weaknesses of the manuscript as a written communication, independent of the design, methodology, results, and interpretation of the study. The reviewer should comment on any ethical concerns raised by the study, or any possible evidence of low standards of scientific conduct. The reviewer should provide the author with useful suggestions for improvement of the manuscript. The reviewer's comments to the author should be constructive and professional. The review should provide the editor the proper context and perspective to make a decision on acceptance (and/or revision) of the manuscript.

Recommendations about publication are appreciated and are welcomed in the comments to the Editors. However, we kindly ask that reviewers not make such recommendations in their comments to the authors. Indeed, it is our policy to edit such comments out of any communications to authors.

Double-Blind Peer Review
This journal uses double-blind peer review, which means the identities of the authors are concealed from the reviewers, and vice versa. More information is available on our website. To facilitate this, please include the following separately:

Title page (with author details): This should include the title, authors' names, affiliations, acknowledgements and any Declaration of Interest statement, and a complete address for the corresponding author including an e-mail address.
Blinded manuscript (no author details): The main body of the paper (including the references, figures, tables and any acknowledgements) should not include any identifying information, such as the authors' names or affiliations.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.
To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure
Subdivision - unnumbered sections
Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.
Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

Essential title page information
- Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.
- Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
- Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.
- Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Structured abstract
A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

Abstracts must be submitted in the appropriate field without the manuscript title or factors identifying the authors or institutions. Abstracts have a 300 word limit. Abstracts must be structured to include introduction, aim, methods, main outcome measures, results and conclusions.

Keywords
Below the abstract authors should provide, and identify as such, 4 to 10 key words or short phrases that will assist indexers in cross-indexing the article and may be published with the abstract. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used; if suitable MeSH terms are not yet available for recently introduced terms, present terms may be used.

Abbreviations
A list of acceptable abbreviations is published in the Uniform Requirements for Manuscripts submitted to Biomedical Journals (also known as the Declaration of Vancouver). For more information, refer to: International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journal (Ann Intern Med 1997;126:36-47). You may contact the Editor or publisher directly with questions.

Acknowledgements
Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).
Acknowledgments

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements:

Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

If no funding has been provided for the research, please include the following sentence:

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Units
Follow internationally accepted rules and conventions: use the international system of units (SI). If other units are mentioned, please give their equivalent in SI.

Math formulae
Please submit math equations as editable text and not as images. Present simple formulae in line with normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors can build footnotes into the text, and this feature may be used. Otherwise, please indicate the position of footnotes in the text and list the footnotes themselves separately at the end of the article. Do not include footnotes in the Reference list.

Artwork
Electronic artwork
General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Embed the used fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Provide captions to illustrations separately.
• Size the illustrations close to the desired dimensions of the published version.
• Submit each illustration as a separate file.
• Ensure that color images are accessible to all, including those with impaired color vision.

A detailed guide on electronic artwork is available.
You are urged to visit this site; some excerpts from the detailed information are given here.

Formats
If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.
Regarding the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings, embed all used fonts.
TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
• Submit graphics that are disproportionately large for the content.

Illustration services
Elsevier's Author Services offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure captions
Ensure that each illustration has a caption. Supply captions separately, not attached to the figure. A caption should comprise a brief title (not on the figure itself) and a description of the illustration. Keep text in the illustrations themselves to a minimum but explain all symbols and abbreviations used.

Tables
Please submit tables as editable text and not as images. Tables can be placed either next to the relevant text in the article, or on separate page(s) at the end. Number tables consecutively in accordance with their appearance in the text and place any table notes below the table body. Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

References
Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

References are to be cited consecutively in the text typed after the final punctuation. References at the end of each manuscript should be listed in the order in which they are first cited in the text, typed double-spaced. The references should conform to the Index Medicus style, omitting number and day of month of issue. Punctuation is shown in the examples below. References to articles in press must state name of journal and if possible, volume and year.

For journal articles: all authors should be listed, title of article; name of journal; year; volume number; first and last page.
For books: surname and initials of all authors, title and subtitle, edition (other than first), publishing house, city, year, page as specific reference.
For chapters in books: surname and initials of all authors of chapter, title of chapter, editors, authors, or compilers of book, title of book, edition (other than first), publishing house, city, year, page.


Reference links
Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, CrossRef and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.
A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambhe W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. Journal of Geophysical Research, https://doi.org/10.1029/2001JB000884. Please note the format of such citations should be in the same style as all other references in the paper.

**Web references**

As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

**Data references**

This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

**References in a special issue**

Please ensure that the words 'this issue' are added to any references in the list (and any citations in the text) to other articles in the same Special Issue.

**Reference style**

**Text:** Indicate references by number(s) in square brackets in line with the text. The actual authors can be referred to, but the reference number(s) must always be given.

**List:** Number the references (numbers in square brackets) in the list in the order in which they appear in the text.

**Examples:**

Reference to a journal publication:


Reference to a journal publication with an article number:


Reference to a book:


Reference to a chapter in an edited book:


Reference to a website:


Reference to a dataset:


Note shortened form for last page number. e.g., 51–9, and that for more than 6 authors the first 6 should be listed followed by 'et al.' For further details you are referred to 'Uniform Requirements for Manuscripts submitted to Biomedical Journals' (J Am Med Assoc 1997;277:927–34) (see also Samples of Formatted References).

**Journal abbreviations source**

Journal names should be abbreviated according to the List of Title Word Abbreviations.

**Video**

Elsevier accepts video material and animation sequences to support and enhance your scientific research. Authors who have video or animation files that they wish to submit with their article are strongly encouraged to include links to these within the body of the article. This can be done in the same way as a figure or table by referring to the video or animation content and noting in the body text where it should be placed. All submitted files should be properly labeled so that they directly relate to the video file's content. In order to ensure that your video or animation material is directly usable, please provide the file in one of our recommended file formats with a preferred maximum
size of 150 MB per file, 1 GB in total. Video and animation files supplied will be published online in the electronic version of your article in Elsevier Web products, including ScienceDirect. Please supply 'stills' with your files: you can choose any frame from the video or animation or make a separate image. These will be used instead of standard icons and will personalize the link to your video data. For more detailed instructions please visit our video instruction pages. Note: since video and animation cannot be embedded in the print version of the journal, please provide text for both the electronic and the print version for the portions of the article that refer to this content.

**Supplementary material**

Supplementary material such as applications, images and sound clips, can be published with your article to enhance it. Submitted supplementary items are published exactly as they are received (Excel or PowerPoint files will appear as such online). Please submit your material together with the article and supply a concise, descriptive caption for each supplementary file. If you wish to make changes to supplementary material during any stage of the process, please make sure to provide an updated file. Do not annotate any corrections on a previous version. Please switch off the 'Track Changes' option in Microsoft Office files as these will appear in the published version.

**Manuscript Submission**

In general, manuscripts should be prepared in accordance with “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” developed by the International Committee of Medical Journal Editors (http://www.icmje.org).

We place few restrictions on the way in which you prepare your article, and it is not necessary to try to replicate the layout of the journal in your submission. We ask only that you consider your reviewers by supplying your manuscript in a clear, generic and readable layout, and ensure that all relevant sections are included. Our production process will take care of all aspects of formatting and style.

Please use the Manuscript Submission Checklist below to ensure that the manuscript has all the information necessary for successful publication.

**Checklist**

Please complete the following steps to ensure the correct submission of your manuscript:

1. Include a title page for your manuscript that is separate from the rest of the main document (preferably uploaded as a Supplementary File Not for Review), including: Full author names and the highest qualifications (PhD, MD, etc.) for all authorsInstitution, city and country details for each authorAddress of corresponding author (especially email address for the person to whom the proof notification is to be sent).

2. Please upload the main manuscript without identifying author information, including: Title page WITHOUT authors’ names or authors’ affiliationsAbstract and 4–10 keywordsText (introduction, materials and methods, results, discussion)Literature cited (see below for tips on references)Tables (may be sent as a separate file if necessary)Figure legendsAcknowledgements, including details of funding bodies with grant numbers

3. Abstracts for Original Research articles must be structured as follows: Introduction, Aims, Methods, Main Outcome Measures, Results, Conclusion.

4. Abstracts for Case Reports should be structured as follows: Introduction, Aims, Methods, Results, Conclusion.

5. Provide a conflict of interest statement for every author.

6. Please pay attention to the quality of all figures and artwork supplied (see below for requirements): All charts must be in black and white or grayscale. Should your figures originate in a PowerPoint presentation, please remove: any previous presentation effects, such as line-art color that is not of didactic value; background color or shading effects and 3-dimensional views where 2-d can convey results with equal effectiveness. All text included in figure labels must be of a sufficient size to be legible should the figure be resized during typesetting. Do not include the figure title or figure identification number within the figure itself. This does not reproduce effectively and typically does not fit journal
style. Please save your figure files at the highest resolution possible. Please also supply figure art in original file formats whenever possible. Images imbedded in a MS Word document typically do not possess a resolution as high as the original file.

7. Have all scientific symbols used in your manuscript transferred successfully to the PDF proof? Please correct this problem before submission.

8. All references must be displayed sequentially based upon order of citation. References ordered alphabetically are not acceptable. Failure to comply with, or perform, these important tasks may delay both peer-review of your manuscript and its eventual publication.

**Drugs and Devices**

Use of generic drug names (or generic name followed by trade name in parentheses) may be used. Include manufacturer and their location (city and country) for drugs and devices.

**Permission**

Information reproduced from another source must be properly cited. The corresponding author is responsible for obtaining written permission from the appropriate authors and/or copyright holders to use previously published or copyrighted material. Signed permission statements from the copyright holder for both print and online reproduction must be sent to Sexual Medicine Editorial Office upon manuscript submission. Permission statements also must be obtained from at least one author when citing unpublished data, in press articles, and/or personal communications.

**AFTER ACCEPTANCE**

**Proofs**

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author (if we do not have an e-mail address then paper proofs will be sent by post) or a link will be provided in the e-mail so that authors can download the files themselves. To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download the free Adobe Reader, version 9 (or higher). Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site.

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and scan the pages and return via e-mail. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility.

**Production Questions**

Please direct any questions regarding the production of your article to the Journal Manager, Deborah Stone, at d.stone@elsevier.com.

**GETTING HELP**

If you need additional help, please contact the Managing Editor at smeditorialoffice@gmail.com.

**AUTHOR INQUIRIES**

Visit the Elsevier Support Center to find the answers you need. Here you will find everything from Frequently Asked Questions to ways to get in touch. You can also check the status of your submitted article or find out when your accepted article will be published.

**Reprints**

The corresponding author will be notified and receive a link to the published version of the open access article on ScienceDirect. This link is in the form of an article DOI link which can be shared via email and social networks. Both corresponding and co-authors may order reprints at any time via Elsevier's Webshop.