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.

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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.

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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.

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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.

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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.

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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.

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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).

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**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**

<table>
<thead>
<tr>
<th>CHECKLIST NAME</th>
<th>STUDY TYPE CATEGORY</th>
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<tr>
<td>CONSORT Statement</td>
<td>Case Reports</td>
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<td>CONSORT Statement Case Reports Case Reports ISSM Case Report Checklist</td>
<td>Other pharmacotherapy and herbal medicinal trials (noninferiority trials, pragmatic trials, cluster trials, reporting of harms) RCT (Other)</td>
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<td>Observational epidemiology studies Observational Epidemiological Studies STROBE Checklist Qualitative Research Qualitative Research COREQ Checklist</td>
<td>STROBE Checklist</td>
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<td>Diagnostic Accuracy Studies Diagnostic Accuracy Studies STARD Checklist</td>
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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. Upon submission, please provide the registration identification number and the URL for the trial’s registry in your cover letter.

**Reports of Diagnostic Tests**

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3. The method by which the cells were tested

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**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.’

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

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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.

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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.

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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.

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