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DESCRIPTION

Sexual Medicine is 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 Medicine’s 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, Women’s Sexual Health, Men’s 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 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.

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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
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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 CATEGORY CHECKLIST FOR REPORTING STANDARDS**

   **CHECKLIST NAME** Randomized controlled pharmacotherapy trials RCT (Pharmacotherapy) CONSORT
   **Consolidated 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 STROBE Strengthening the reporting of observational studies in epidemiology STROBE Checklist Qualitative Research Qualitative Research COREQ Consolidated criteria for reporting qualitative research https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf Diagnostic Accuracy Studies Diagnostic Accuracy Standards for reporting diagnostic accuracy STARD Checklist 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 MOOSE Meta-analysis of observational studies in epidemiology MOOSE Checklist Quality improvement reports Quality Improvement Reports SQUIRE Standards for quality improvement reporting excellence SQUIRE Checklist Erectile Function Recovery analysis following radical pelvic surgery All relevant studies ERF Checklist

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   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.

3. **Reports of Diagnostic Tests**


4. **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:
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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.

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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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