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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 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, 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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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.

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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.

**Contact Details**
**EDITOR-IN-CHIEF**
Kwangsung 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
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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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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.

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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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Reporting Standards: Completeness and the Use of Reporting Guidelines
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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 TYPE 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 Qualegative Research COREQ Consolidated criteria for reporting qualitative research [https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf](https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf) Diagnostic Accuracy Studies Diagnostic Accuracy Studies STARD Standards for reporting diagnostic accuracy STARD 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 Observational 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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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.'

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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.

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:

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- 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 n and the sample proportion for binary variables
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- Report the actual P-values and explain what is meant by statistical significance
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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'.

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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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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.

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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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