DESCRIPTION

The Journal of Sexual Medicine publishes multidisciplinary basic science and clinical research to define and understand the scientific basis of male, female, and couples sexual function and dysfunction. As an official journal of the International Society for Sexual Medicine and the International Society for the Study of Women's Sexual Health, it provides healthcare professionals in sexual medicine with essential educational content and promotes the exchange of scientific information generated from experimental and clinical research.

The Journal of Sexual Medicine includes basic science and clinical research studies in the psychologic and biologic aspects of male, female, and couples sexual function and dysfunction, and highlights new observations and research, results with innovative treatments and all other topics relevant to clinical sexual medicine.

The objective of The Journal of Sexual Medicine is to serve as an interdisciplinary forum to integrate the exchange among disciplines concerned with the whole field of human sexuality. The journal accomplishes this objective by publishing original articles, as well as other scientific and educational documents that support the mission of the International Society for Sexual Medicine.

International Society for Sexual Medicine Mission

Specifically, the ISSM aims: To establish a scientific Society to benefit the public by encouraging the highest standards of practice, education and research in the field of human sexuality; To develop and assist in developing scientific methods for the diagnosis, prevention and treatment of conditions affecting human sexual function; To promote the publication and encourage contributions to the medical and scientific literature in the field of sexual function.

IMPACT FACTOR

2019: 3.293 © Clarivate Analytics Journal Citation Reports 2020
ABSTRACTING AND INDEXING

Chemical Abstracts
Current Contents - Clinical Medicine
Embase
Journal Citation Reports
Science Citation Index Expanded
PubMed/Medline
PubMed/Medline
PubMed/Medline
PsycINFO
Scopus

EDITORIAL BOARD

Editor-In-Chief
John P. Mulhall

Deputy Editors-In-Chief
Marita McCabe
Linda Vignozzi

Managing Editor
Jason Roberts

Editorial Office Staff
Denise Gibson, (USA), Peer Review Manager
Summer Koop, MSc (USA), Editorial Coordinator
Donna Schena, (USA), Assistant Managing Editor

Associate Editors
Gloria Bachmann
Female Medical/Surgical
Nelson E. Bennett
Surgeon’s Corner, Section Editor
Johannes Bitzer, Female Medical/Surgical
Stephanie Both, Mental Health
Peer Briken
Paraphilias
Sigrid Carlsson, Statistical Consultant
Joana Carvalho, Paraphilias
Fabio Castiglione
Male Medical/Surgical
Selim Celik, Basic Science
Giovanni Corona, Male Medical
Gery Karantzas
Technical Consultant
Barry Komisaruk
Technical Consultant
Annelou L.C. de Vries
Transgender Medicine
Pedro Nobre, Mental Health
Amy Pearlman
Social Media Editor
Giulia Rastrelli
Female Medical/Surgical
Carla Veiga Rodrigues
Social Media Editor
Tami Rowen, Female Medical/Surgical
Eusebio Rubio-Aurioles, Mental Health
Guy T’Sjoen, Transgender Medicine
Landon Trost, Male Medical/Surgical
Daniela Wittmann
Psychology
Bozena Zdaniuk
Statistical Consultant
Matthew Ziegelmann
Social Media Editor

Editorial Board
Carmita Abdo, University of Sao Paulo Medical School, Brazil
Javier Angulo Frutos, Ramón y Cajal Institute for Health Research, Spain
Richard Balon, Wayne State University School of Medicine, United States of America
Linda Banner, University of California San Francisco, Center for Sexual Health, United States of America
Michaela Bayerle-Eder, Medical University of Vienna, Austria
Paolo Capogrosso, Università Vita-Salute San Raffaele, Italy
Giovanni Castellini, University of Florence, Italy
Leonard R. Derogaitis, Maryland Center for Sexual Health, United States of America
Marieke Dewitte, Maastricht University, Netherlands
Faysal El Kak, American University of Beirut, Lebanon
Stephanie Faubion, Mayo Clinic Rochester, United States of America
J. Paul Fedoroff, Royal Ottawa Mental Health Centre, Canada
Mikkel Fode, Zealand University Hospital Roskilde, Denmark
Janniko Georgiadi, University Medical Centre Groningen, Netherlands
Johanna Hannan, East Carolina University, United States of America
Ilpo Huhtaniemi, Imperial College London, United Kingdom
Lawrence Jenkins, United States of America
Ates Kadioglu, Istanbul University, Turkey
Edward Karpman, United States of America
Philip Kell, United Kingdom
Tobias Köhler, Mayo Clinic Rochester, United States of America
Tillmann Krueger, Hannover Medical School, Germany
Lisa Larkin, University of Cincinnati, United States of America
Michael Lew-Starowicz, Medical Centrum for Postgraduate Studies, Poland
Haocheng Lin, Peking University Third Hospital, China
Lesley Marson, The University of North Carolina at Chapel Hill, United States of America
Sean McBride, Memorial Sloan Kettering Cancer Center, United States of America
Akanksha Mehta, United States of America
Asif Muneer, University College London, United Kingdom
Patricia Pascoal, Lusofona University, Portugal
Alexander W. Pastuszak, University of Utah Health Plans, United States of America
Maria Manuela Peixoto, University of Lisbon, Portugal
Carol A. Podlasek, University of Illinois at Chicago, United States of America
David Rowland, Valparaiso University, United States of America
Hossein Sadeghi-Nejad, Rutgers New Jersey Medical School, United States of America
Yoshi Sato, Sapporo Sanjukai Hospital, Japan
Lee Smith, Anglia Ruskin University, School of Psychology and Sport Science, United Kingdom
Ryan Terlecki, Wake Forest Baptist Medical Center, United States of America
Jean-Etienne Terrier, Civil Hospices of Lyon, France
GUIDE FOR AUTHORS

Aims and Scope
The Journal of Sexual Medicine publishes multidisciplinary basic science and clinical research to define and understand the scientific basis of male, female, transgender, and couple's sexual function and dysfunction. As an official journal of the International Society for Sexual Medicine (ISSM) and the International Society for the Study of Women's Sexual Health, it provides healthcare professionals in sexual medicine with essential educational content and promotes the exchange of scientific information generated from experimental and clinical research.

The objective of The Journal of Sexual Medicine is to serve as an interdisciplinary forum to integrate the exchange among disciplines concerned with the whole field of human sexuality. The Journal accomplishes this objective by publishing original articles, as well as other scientific and educational documents that support the missions of the ISSM.

Manuscript Types
The Journal of Sexual Medicine publishes several types of manuscripts. Since JSM uses double blind peer review, all information that could identify the authors should be removed from the manuscript main document. A brief description of each type follows:

Peer reviewed article types:

Original Research
Original research papers are scientific reports from original research in sexual medicine. There is no limit on article length or the number of figures or tables, though we do request the article include a structured abstract of 400 words. It required that you include completed reporting guideline(s) with your Original Research submission to demonstrate the completeness of reporting in your manuscript. Failure to adhere to reporting best practices will result in revisions being requested ahead of publication. For more information on relevant reporting guidelines, please see the section below entitled Reporting Standards: Completeness and the Use of Reporting Guidelines.

Review Article
Review articles are timely, in-depth treatment of an issue. There is no limit on article length or the number of figures or tables, though we do request the article include an abstract of no more than 400 words. Though narrative reviews are welcomed, meta-analyses and systemic reviews are preferred complete with thorough adherence to the PRISMA reporting guidelines.

ISSM Methods Update
Methods updates present current best practice for research in an area of sexual medicine. They are typically commissioned by the Editors, but please contact the Chief Editor if you would like to suggest a topic. There is no limit on article length or the number of figures or tables, though we do request the article include an abstract of no more than 400 words.

Surgeons' Corner
Papers published in Surgeons' Corner will include those commissioned for the section, and those submitted as original research papers that focus on the technical aspects of a broad range of surgical procedures in male, female, and transgender sexual medicine. Manuscripts should adhere to the following structure: Abstract, Introduction/Background (including the rationale for a novel technique), Indications for procedure, Pre-operative preparation, Intra-operative considerations, Post-operative management and follow-up, Outcomes (including a brief review of the literature), Complications, Take-home message, References. The completed manuscript should not exceed 2500 words, excluding figures, tables, references, and the abstract.

Brief Communication
Brief Communications should be no more than 2,000 words, and include a structured abstract, up to 2 display items (figures or tables), and up to 20 references.

Case Reports
The Journal of Sexual Medicine no longer publishes Case Reports. Instead, please visit Sexual Medicine.

Magazine article types:

Expert Opinion
Opinions present potentially controversial viewpoints, with aim of encouraging debate. These are science-based, opinion pieces that may either be commissioned or directly submitted to the journal and are subjected to peer review. **Perspective**

Perspectives provide commentary and analysis of an article published in *The Journal Of Sexual Medicine*. Perspectives are directly solicited by our staff. They are limited to 500 words, with up to 5 references. **Letter to the Editor**

Unsolicited Comments on particular JSM articles (critical or laudatory) will be considered by the Editors and may be published after consultation or peer review. The authors of the original article will be given the option of providing a Response.

**Contact details**

**EDITOR-IN-CHIEF**
John Mulhall, MD, MSc, FECSM, FACS  
Memorial Sloan Kettering Cancer Center  
Director, Male Sexual and Reproductive Medicine Program  
New York, NY, USA  
jsmeditorinchief@gmail.com

If you've a question, please contact the Editorial Office:  
Tim Vines, PhD  
Managing Editor  
jsmmangningeditor@gmail.com

Donna Schena  
Assistant Managing Editor  
jsmeditorialoffice@gmail.com

Denise Gibson  
Peer Review Manager  
jsm@issm.info

**Indexing**

*The Journal* is indexed by Academic Search (EBSCO), CAS: Chemical Abstracts Service (CAS), Current Contents: Clinical Medicine (Clarivate Analytics), EMBASE (Elsevier), IBIDS: International Bibliographic Information on Dietary Supplements, Journal Citation Reports/Science Citation Index (Clarivate Analytics), Index Medicus/MEDLINE/PubMed (NLM), PsycINFO, Science Citation Index Expanded (also known as SciSearch), and Scopus (Elsevier).

**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, *The Journal of Sexual Medicine* reserves the right to forward any submitted manuscript to the sponsoring or funding institution or to other appropriate authorities for investigation.

**Human and animal rights**

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; and *Uniform Requirements for manuscripts submitted to Biomedical Journals*.

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 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 submissions.

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.

**Declaring Conflicts of Interest**

**Disclosure Statement**
The *Journal of 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 holding 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. Authors must disclose any interests in the appropriate box of ScholarOne Manuscripts during the submission process. This summary statement will be ultimately published if the article is accepted.

**Submitting 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 and to look for the presence of text copied from other articles, 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**
The submitting author is required to declare the contributions of each author to the article at the submission phase; this declaration should follow the CRediT taxonomy. This Statement of Authorship will be added to the manuscript.

All persons designated as authors should qualify for authorship according to the ICMJE criteria. 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.

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 Chief 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.

Reporting Checklists
Reporting Standards: Completeness and the Use of Reporting Guidelines
In an attempt to improve the quality of research reports in the journal, The Journal of 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.

For Reviews and Original Research articles, authors are required to complete one of the reporting checklists listed below. 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\nSTUDY TYPE CATEGORY CHECKLIST FOR REPORTING STANDARDS
CHECKLIST NAME Any — JSM general manuscript standards JSM ChecklistRandomized controlled pharmacotherapy trials RCT (Pharmacotherapy) CONSORT-Consolidated Standards of Reporting Trials CONSORT Statement 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 COREQ Checklist 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-Erectile Function Recovery Checklist ERF Checklist

1 STUDY TYPE\nSTUDY TYPE CATEGORY CHECKLIST FOR REPORTING STANDARDS
CHECKLIST NAME Systematic Reviews Systematic reviews (Pre-registered systematic reviews will be given priority for publication) PROSPERO (an international database of prospectively registered systematic reviews in health and social care PROSPERO Animal Studies

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.

**Cell Line Authentication**

To ensure the highest standards of quality and accuracy, The Journal of 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:

Where the cells were obtained from
Whether the cell lines have been tested and authenticated
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.’

**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.

**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 may be grounds for rejecting the manuscript.
The editors of the *Journal of Sexual Medicine* recommend the shared set of "Guidelines for Reporting of Statistics for Clinical Research in Urology" by Assel et al, and adopted by four leading urology journals (*European Urology, The Journal of Urology, Urology, and British Journal of Urology International*). While this guideline is not intended in any way to be prescriptive, it can serve as a didactic roadmap for researchers who seek to improve the quality of their reporting of statistics in urological manuscripts before submitting them for peer-review and publication.

The following are the key considerations when reporting statistics, adapted for JSM from the "Guidelines for Reporting of Statistics for Clinical Research in Urology" by Assel et al:

1. **The Golden Rule**
   1.1 Break any of the guidelines if it makes scientific sense to do so.

2. **Reporting Of Design And Statistical Analysis**
   2.1 Follow existing reporting guidelines for the type of study you are reporting, such as CONSORT for randomized trials, ReMARK for marker studies, TRIPOD for prediction models, STROBE for observational studies, or AMSTAR for systematic reviews.
   2.2 Describe cohort selection fully.
   2.3 Describe the practical steps of randomization in randomized trials.
   2.4 The statistical methods should describe the study questions and the statistical approaches used to address each question.
   2.5 The statistical methods should be described in sufficient detail to allow replication by an independent statistician given the same data set.

3. **Inference and \( P \) values**
   3.1 Do not accept the null hypothesis.
   3.2 \( P \) values just above 5% are not a trend, and they are not moving.
   3.3 The \( P \) values and 95% confidence intervals do not quantify the probability of a hypothesis.
   3.4 Do not use confidence intervals to test hypotheses.
   3.5 Take care to interpret results when reporting multiple \( P \) values.
   3.6 Do not report separate \( P \) values for each of two different groups in order to address the question of whether there is a difference between groups.
   3.7 Use interaction terms in place of sub-group analyses.
   3.8 Tests for change over time are generally uninteresting.
   3.9 Avoid using statistical tests to determine the type of analysis to be conducted.
   3.10 When reporting \( P \) values, be clear about the hypothesis tested and ensure that the hypothesis is a sensible one.

4. **Reporting of study estimates**
   4.1 Use appropriate levels of precision.
   *Report \( P \) values to a single significant figure unless the \( P \) value is close to .05 (say, .01 - .2), in which case, report two significant figures. Do not report "not significant" for \( P \) values of .05 or higher. Very low \( P \) values can be reported as \( P < .001 \) or similar. A \( P \) value can indeed be 1, although some investigators prefer to report this as \( P > .9 \). For instance, the following \( P \) values are reported to appropriate precision: \(< .001, .004, .045, .13, .3, 1\).*
   *Report percentages, rates, and probabilities to two significant figures, for example, 75%, 3.4%, 0.13%.
   *Do not report \( P \) values of 0, as any experimental result has a non-zero probability.
   *Do not give decimal places if a probability or proportion is 1 (eg, a \( P \) value of 1.00 or a percentage of 100.00%). The decimal places suggest that it is possible to have, say, a \( P \) value of 1.05. There is a similar consideration for data that can take only integer values. It makes sense to state that, for instance, the mean number of pregnancies was 2.4, but not that 29% of women reported 1.0 pregnancy.
   *There is generally no need to report estimates to more than three significant figures.
   *Hazard and odds ratios are normally reported to two decimal places, although this can be avoided for high odds ratios (eg, 18.2 rather than 18.17).
   4.2 Avoid redundant statistics in cohort descriptions.
   4.3 For descriptive statistics, median and quartiles are preferred over means and standard deviations (or standard errors).
   4.4 Report estimates for the main study questions.
4.5 Report confidence intervals for the main estimates of interest.
4.6 Do not treat categorical variables as continuous.
4.7 Avoid categorization of continuous variables unless there is a convincing rationale.
4.8 Do not use statistical methods to obtain cut-points for clinical practice.
4.9 The association between a continuous predictor and outcome can be demonstrated graphically, particularly by using nonlinear modeling.
4.10 Do not ignore significant heterogeneity in meta-analyses.
4.11 For time-to-event variables, report the number of events but not the proportion.
4.12 For time-to-event analyses, report median follow-up for patients without the event or the number followed without an event at a given follow-up time.
4.13 For time-to-event analyses, describe when follow-up starts and when and how patients are censored.
4.14 For time-to-event analyses, avoid reporting mean follow-up or survival time, or estimates of survival in those who had the event.
4.15 For time-to-event analyses, make sure that all predictors are known at time zero or consider alternative approaches such as a landmark analysis or time-dependent covariates.
4.16 When presenting Kaplan-Meier figures, present the number at risk and truncate follow-up when numbers are low.

5. Multivariable models and diagnostic tests
5.1 Multivariable, propensity, and instrumental variable analyses are not a magic wand.
5.2 Avoid stepwise selection.
5.3 Avoid reporting estimates such as odds or hazard ratios for covariates when examining the effects of interventions.
5.4 Rescale predictors to obtain interpretable estimates.
5.5 Avoid reporting both univariate and multivariable analyses unless there is a good reason.
5.6 Avoid ranking predictors in terms of strength.
5.7 Discrimination is a property not of a multivariable model but rather of the predictors and the data set.
5.8 Correction for overfit is strongly recommended for internal validation.
5.9 Calibration should be reported and interpreted correctly.
5.10 Avoid reporting sensitivity and specificity for continuous predictors or a model.
5.11 Report the clinical consequences of using a test or a model.
5.12 Interpret decision curves with careful reference to threshold probabilities.

6. Conclusions and interpretation
6.1 Draw a conclusion, do not just repeat the results.
6.2 Avoid using words such as "may" or "might".
6.3 A statistically significant $P$ value does not imply clinical significance.
6.4 Consider sources of potential bias and the mechanism for their effect on findings.
6.5 Consider the impact of missing data and patient selection.
6.6 Consider the possibility and impact of ascertainment bias.
6.7 Do not confuse outcome with response among subgroups of patients undergoing the same treatment: patients with poorer outcomes may still be good candidates for that treatment.
6.8 Be cautious about causal attribution: correlation does not imply causation.

7. Use and interpretation of $P$ values
Refer to either the full statement: [https://www.tandfonline.com/doi/full/10.1080/00031305.2016.1154108] or the summary [https://www.amstat.org/asa/files/pdfs/P_ValueStatement.pdf] of the American Statistical Association statement on $P$ values. In particular, we emphasize that a $P$ value is just one statistic that helps interpret a study; it does not determine our interpretations. Drawing conclusions for research or clinical practice from a clinical research study requires evaluation of the strengths and weaknesses of study methodology, results of other pertinent data published in the literature, biological plausibility, and effect size. Sound and nuanced scientific judgment cannot be replaced by just checking whether one of the many statistics in a paper is or is not < .05.

For further information, please refer to the full paper:
Reference


Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (for more information on this and copyright, see https://www.elsevier.com/copyright). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations (please consult https://www.elsevier.com/permissions). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases: please consult https://www.elsevier.com/permissions.

For open access articles: 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 see https://www.elsevier.com/copyright.

Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

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.

Language

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 WebShop.

Referrals to Sexual Medicine

The Journal of Sexual Medicine works together with the ISSM's Open Access Journal, Sexual Medicine, to enable rapid publication of good quality research that we are unable to accept for publication in The Journal of Sexual Medicine. Authors, whose papers are rejected by The Journal of Sexual Medicine, may be offered the option of having the paper, along with any related peer reviews, automatically transferred for consideration by the Editors of Sexual Medicine. Publication decisions will be made a short time after the transfer takes place. The Editors of Sexual Medicine will accept submissions that report well-conducted research which reaches the standard acceptable for publication. Sexual Medicine is an Open Access journal and article publication fees apply. For more information please go to http://www.sm.issm.info.

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.
Editorial and Peer Review Process

The Journal of Sexual Medicine maintains the highest standards of peer review and pursues editorial approaches that help us avoid bias. All submitted manuscripts are reviewed for quality, novelty, scientific importance, and relevance to The Journal's readership. Manuscripts with insufficient priority for publication or those that are outside the scope of The Journal are rejected promptly, or, if appropriate, referred to Sexual Medicine. Manuscripts are assigned to an Associate Editor, who is a subject expert. Associate Editors select the external peer reviewers who are experts in the field, and submit a recommendation to the Editor-in-Chief along with the peer review reports. The Editor-in-Chief makes all final decisions on manuscripts. All research articles published in The Journal have undergone full peer 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/jsm.

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 double blind peer review, please include the following as separate files:

Title page (with author details): This should include the title, authors' names, affiliations, 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, and tables) should not include any identifying information, such as the authors’ names or affiliations. The Acknowledgements section should not be included to the main manuscript file. Please paste your Acknowledgements into the appropriate box in ScholarOne when submitting your manuscript (if your manuscript is accepted, they will be added to your article by the typesetting team).

Article structure

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, along with the info below to ensure that the manuscript has all the information necessary for successful publication.

Title

Abstract

The Journal of Sexual Medicine uses structured abstracts to ensure that all essential information is presented. See below for details.

Keywords

Authors should provide 4 to 10 keywords or short phrases for cross-indexing the article. Terms from the Medical Subject Headings (MeSH) list of Index Medicus should be used whenever possible. Try to avoid repeating terms in the Title.

Introduction

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

Materials 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.

**Structured abstract**
*The Journal of Sexual Medicine* has changed the format of its abstract in an effort to permit the reader to glean a greater degree of understanding of the research by simply reading the abstract without reading the full manuscript. The aim is to expand the *Methods* and *Results* sections to facilitate a more meaningful interpretation of the research. The length of the abstract will be extended to 400 words.

Clinical papers will have the following headers (with suggested lengths):
- Background (one sentence)
- Aim (one sentence)
- Methods
- Outcomes (one sentence)
- Results
- Clinical Implications (one sentence)
- Strengths & Limitations
- Conclusion (one sentence)

Basic science papers will have the following headers (with suggested lengths):
- Background (one sentence)
- Aim (one sentence)
- Methods
- Outcomes (one sentence)
- Results
- Clinical Translation (one sentence)
- Strengths & Limitations
- Conclusion (one sentence)

**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.

**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 in your original artwork.
• Embed fonts if the application provides that option.
• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol.
• Number the illustrations according to their sequence in the text.
• Size the illustrations close to the desired dimensions of the published version.
• For revised manuscripts, please submit each illustration as a separate file.

Artwork formats

A detailed guide on electronic artwork is available, some excerpts appear below.

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.
EPS (or PDF): All graphs and other line art, please embed all fonts.
TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Color artwork

If you use color figures then Elsevier will ensure, at no additional charge, that these figures will appear in color online (e.g., ScienceDirect and other sites) regardless of whether or not these illustrations are reproduced in color in the printed version. For color reproduction in print, you will receive information regarding the costs from Elsevier after receipt of your accepted article.

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 an adjacent caption. 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 should be listed in the order in which they are first cited in the text. The references should conform to the Index Medicus style, omitting number and day of month of issue. See a recent issue of the journal for examples of reference formats.

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.

**Permission**

Information reproduced from another source must be properly cited. The corresponding author is responsible for obtaining permission from the appropriate authors and/or copyright holders to use previously published or copyrighted material. For many published articles the RightsLink link on the article's homepage will describe the necessary steps.

**Online proof correction**

To ensure a fast publication process of the article, we kindly ask authors to provide us with their proof corrections within two days. Corresponding authors will receive an e-mail with a link to our online proofing system, allowing annotation and correction of proofs online. The environment is similar to MS Word: in addition to editing text, you can also comment on figures/tables and answer questions from the Copy Editor. Web-based proofing provides a faster and less error-prone process by allowing you to directly type your corrections, eliminating the potential introduction of errors. If preferred, you can still choose to annotate and upload your edits on the PDF version. All instructions for proofing will be given in the e-mail we send to authors, including alternative methods to the online version and PDF.

We will do everything possible to get your article published quickly and accurately. 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. 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.

**Offprints**

The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Author Services. Corresponding authors who have published their article gold open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

**Production Questions**

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

**Embargo Policy**

Once submitted, contributions cannot be discussed with the media until one week before the publication date. Accepted articles are embargoed from reporting by all media until 12:01 A.M. (EST) on the date of issue. Authors who discuss their work with the media prior to publication must ensure that the media representatives know the embargo policy and the embargo date. Authors arranging
their own publicity on their articles are advised to notify The Journal of Sexual Medicine Editorial Office in advance. The Journal of Sexual Medicine does not provide embargo dates to authors arranging their own publicity.

**Self-Archiving**
Following publication of the final published version, the author retains the right to self-archive the submitted version on the author's personal website or in the author's institution's/employer's institutional repository or archive. This right extends to both intranets and the Internet. Authors may not self-archive on 3rd-party repositories. Authors may not update the submitted version or replace it with the published version. The version posted must contain a legend as follows: This is the pre-peer-reviewed version of the following article: FULL CITE, which has been published in final form at [Link to final article]. Please see the Copyright Transfer Agreement for additional details on author rights.

**NIH Public Access Mandate**
The Journal of Sexual Medicine fully complies with the NIH public access mandate. For those interested in Elsevier’s policy on the NIH Public Access Mandate, please visit https://www.elsevier.com/about/open-science/open-access/agreements for our policy statement.

**Getting help**
If you need additional help, please contact the Managing Editor at jsm@issm.info.

© Copyright 2018 Elsevier | https://www.elsevier.com