



# THE JOURNAL OF SEXUAL MEDICINE

Official Journal of the [International Society for Sexual Medicine](#)

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### DESCRIPTION

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*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

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2018: 3.649 © Clarivate Analytics Journal Citation Reports 2019

## ABSTRACTING AND INDEXING

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Chemical Abstracts  
Current Contents - Clinical Medicine  
Embase  
Journal Citation Reports  
Science Citation Index Expanded  
PubMed/Medline  
PubMed/Medline  
PubMed/Medline  
PsycINFO  
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## GUIDE FOR AUTHORS

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### **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. 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 1,000 words, and include a structured abstract, 1 figure, and up to 10 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**

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*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 pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

### **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.

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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.

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Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

#### **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.



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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 STUDY TYPE CATEGORY CHECKLIST FOR REPORTING STANDARDS

**CHECKLIST NAME** Any — JSM general manuscript standards JSM Checklist  
Randomized 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](#)

*The Journal of Sexual Medicine* expects 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.clinicaltrials.gov>, <http://www.ISRCTN.org>, <http://www.umin.ac.jp/ctr/index/htm>, and <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.

### **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. Key elements which should be consistent for all submitted manuscripts include the following:

Report the sample size  $n$  for each study and each analysis Describe the power analysis to justify the sample size (if appropriate) Identify all statistical methods and verify the assumptions for all statistical tests Provide alpha (the probability of a Type I error) for all statistical tests Specify whether tests are one- or two-sided Report the descriptive statistics ( $n$ , mean, median, and standard deviation) for all continuous variables Report  $n$  and the sample proportion for binary variables Adequately explain complex statistical procedures such a multivariate logistic regression and the Cox proportional hazards regression model, and verify the assumptions of each such procedure Report the actual  $P$ -values and explain what is meant by statistical significance Discuss and describe adjustments for multiple testing

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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.

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*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-Blink 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).

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

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

#### *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

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Results

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Strengths & Limitations

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Aim (one sentence)

Methods

Outcomes (one sentence)

Results

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Strengths & Limitations

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