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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 literaturein the field of sexual function.

IMPACT FACTOR

2017: 3.339 © Clarivate Analytics Journal Citation Reports 2018
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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, 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:

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 is strongly recommended you include a completed reporting guideline with your Original Research submission to demonstrate the completedness of reporting in your manuscript. Your manuscript will be assessed for the completedness of reporting and failure to adhere to reporting best practices will result in revisions being demanded 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.

Reports
The Journal is currently no accepting Case Reports. If you'd like to submit a case report, please visit Sexual Medicine.

Reviews
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 guideline criteria. You must demonstrate inclusion of these essential reporting criteria or the article will be returned for thorough revision.

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Editorials provide opinions of recognized leads in the field. Editorials providing 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 comment. Editorial comments are limited to 1,000 words, with up to 7 references.

Brief Communication
Brief Communications should be no more than 1,000 words, and include a structured abstract, 1 figure, and up to 10 references.

Letters to the Editor
Letters to the Editor, subject to editing, are considered for publication provided they do not contain material submitted or published elsewhere. The text must not exceed 500 words or have more than 5 references, and one figure or table. Letters referring to a published article must be received within four months of the article's publication.

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 and female sexual medicine. Manuscripts should adhere to the following structure: Introduction/Background (rationale for 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.

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BEFORE YOU BEGIN
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Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

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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. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

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. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

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Contributors

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.

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Randomized Controlled Trials

Reports of Randomized Controlled Trials (RCTs) must state explicitly how the comparison groups were generated, so that readers will be able to assess the method of randomization. In the title and abstract, specify that the manuscript is a report of an RCT. Prior to submitting an RCT manuscript; authors should refer to the CONSORT checklist (Moher D, Schultz KF, Altman D, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. JAMA. 2001;285:1987–1991).

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.

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 (tailed versions of the main CONSORT Statement produced by CONSORT Checklist Observational epidemiology studies Observational Epidemiological Studies STROBE-Strengthening the reporting of observational studies in epidemiology STROBE Checklist Qualitative Research Qualitative Research COREQ-Consolidated criteria for reporting qualitative research https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf Diagnostic Accuracy Studies Diagnostic Accuracy 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 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

For more information, please refer to the guidelines at http://www.icmje.org/#clin_trials. Upon submission, please provide the registration identification number and the URL for the trial’s registry in your cover letter.

Reports of Diagnostic Tests

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:
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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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 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 as 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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all illustrations and videos) must be removed before submission.

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final publication. All correspondence, including notification of the Editor's decision and requests for
revision, is sent by e-mail.

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may be offered the option of having the paper, along with any related peer reviews, automatically
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have an account with Sexual Medicine and you should use the same login information for submission
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**PREPARATION**

Editorial and Peer Review Process

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scientific importance, and relevance to The Journal's readership. Manuscripts with insufficient priority
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submit a recommendation to the Editor-in-Chief along with the peer review reports. The Editor-in-
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