DESCRIPTION

The mission of Urology®, the "Gold Journal," is to provide practical, timely, and relevant clinical and scientific information to physicians and researchers practicing the art of urology worldwide; to promote equity and diversity among authors, reviewers, and editors; to provide a platform for discussion of current ideas in urologic education, patient engagement, humanistic aspects of urologic care, and disparities in care. Urology® publishes original articles relating to adult and pediatric clinical urology. Topics in Urology® include Ambulatory and Office Urology, Education, Female Urology and Pelvic Floor Reconstruction, Health Services Research, Infectious Diseases, Infertility, Laparoscopy and Robotics, Male Sexual Dysfunction, Oncology, Pediatric Urology, Prostatic Diseases and Male Voiding Dysfunction, Reconstructive Urology, and Urologic Congenitalism. Special features include Review Articles, Grand Rounds, Clinical Challenges, Personal Narratives, and selected Video Articles.

Benefits to authors
We also provide many author benefits, such as free PDFs, a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

Urology has also launched two specialist titles you are welcome to submit to: Urology Case Reports Urology Video Journal

AUDIENCE

Urologists, Residents, Interns, Nephrologists, and other Specialists interested in Urology.

ABSTRACTING AND INDEXING

Current Contents
PubMed/Medline
Embase
Scopus
EDITORIAL BOARD

Editor-in-Chief
Eric A. Klein, Cleveland, Ohio

Former Editors
Joseph E. Oesterling
Alan W. Partin

Founding Editor
Pablo Morales

Associate Editors
Ambulatory, Office-Based & Geriatric Urology
Damara Kaplan, Albuquerque, New Mexico

Clinical Challenges in Urology
Molly DeWitt-Foy, Cleveland, Ohio
Kevin R. Loughlin, Boston, Massachusetts

Endourology & Stones
Michelle Jo Semins, Pittsburgh, Pennsylvania

Female Urology, Urodynamics, Incontinence, and Pelvic Floor Reconstructive Surgery
Alan J. Wein, Philadelphia, Pennsylvania

Genomics
Adam Sowalsky, Maryland, United States of America

Health Services Research
Brent Hollenbeck, Ann Arbor, Michigan

Infertility
Edmund Y. Ko, Loma Linda California

Laparoscopy & Robotics
Wesley M. White, Knoxville, Tennessee

Narrative Medicine
Molly DeWitt-Foy, Cleveland, Ohio

Oncology
Surena F. Matin, Houston, Texas

Pediatric Urology
Jeffrey A. Stock, New York, New York

Prostatic Diseases & Male Voiding
Claus Roehrborn, Dallas, Texas

Reconstructive Urology
Christopher M. Gonzalez, Evanston, Illinois

Review Articles
Petar Bajic, Cleveland, Ohio

Sexual Medicine
Wayne J. G. Hellstrom, New Orleans, Louisiana

Show Me How Video
Jad Kaouk, Cleveland, Ohio

Social Media Editor
Ranjith Ramasamy, Coral Gables, Florida

Urologic Education, History of Urology, and Geriatric Urology
Tomas L. Griebling, Kansas City, Kansas
Urological Congenitalism
Hadley M. Wood, Cleveland, Ohio

Women in Urology
Casey A. Seideman, Portland, Oregon

Deputy Editors
Female Urology, Urodynamics, Incontinence, and Pelvic Floor Reconstructive Surgery
Craig Vance Comiter, Stanford, California

Reconstructive Urology
Bradley A. Erickson, Iowa City, Iowa

Oncology
Katie Murray, Columbia, Missouri

Narrative Medicine
Nima Nassiri, Los Angeles, California

Clinical Challenges in Urology
Nima Nassiri, Los Angeles, California

Endourology & Stones
Kevan Sternberg, Burlington, Vermont

Social Media
Jason Scovell, Cleveland, Ohio

Women in Urology
Gina M. Badalato, New York, New York

Transgender Surgery
Amanda C. Chi, Los Angeles, United States of America

Pediatric Urology
Kathleen M. Kan, Stanford, California, United States of America

Consulting Editors
Uzoma Anele, Louisville, Kentucky
Efe Chantal Ghanney, Los Angeles, California

Managing Editor
Donna Bressan, Cleveland, Ohio

Editorial Office Assistants
Barbara McIntyre, Cleveland Ohio
Patricia Lackner, Cleveland, Ohio
GUIDE FOR AUTHORS

Your Paper Your Way
We now differentiate between the requirements for new and revised submissions. You may choose to submit your manuscript as a single Word or PDF file to be used in the refereeing process. Only when your paper is at the revision stage, will you be requested to put your paper in to a 'correct format' for acceptance and provide the items required for the publication of your article.
To find out more, please visit the Preparation section below.

**Minimum requirements for submission include:**
1. A title page containing the complete list of authors, ONE corresponding author with his/her contact information (including email and telephone number) and the word counts for the Abstract and for the manuscript text (do not include references or figure legends); and a list of 4-6 key words. All authors that have been registered in EM at the time of submission MUST be included on the title page.
2. **ALL MANUSCRIPT PAGES MUST BE NUMBERED**
3. manuscript must be blinded—author names cannot appear anywhere in the manuscript text.
4. Strict adherence to the graphics and word requirements for the article type chosen. Submissions with excessive graphics will be returned to the authors without review.

INTRODUCTION
Manuscripts submitted to UROLOGY will receive a timely review and the journal strives to provide authors with a decision within 30 days of submission as long as all reviews have been received. Accepted manuscripts will be published within six months of the date of final acceptance (except where noted otherwise) provided all production materials have been delivered to the Editorial Office. The mission of Urology?, the "Gold Journal," is to provide practical, timely, and relevant clinical and scientific information to physicians and researchers practicing the art of urology worldwide; to promote equity and diversity among authors, reviewers, and editors; to provide a platform for discussion of current ideas in urologic education, patient engagement, humanistic aspects of urologic care, and disparities in care. Urology? publishes original articles relating to adult and pediatric clinical urology. Topics in Urology? include Ambulatory and Office Urology, Education, Female Urology and Pelvic Floor Reconstruction, Health Services Research, Infectious Diseases, Infertility, Laparoscopy and Robotics, Male Sexual Dysfunction, Oncology, Pediatric Urology, Prostatic Diseases and Male Voiding Dysfunction, Reconstructive Urology, and Urologic Congenitalism. Special features include Review Articles, Grand Rounds, Clinical Challenges, Personal Narratives, and selected Video Articles.

Types of article
1. AMBULATORY, OFFICE-BASED, and GERIATRIC UROLOGY: This section features manuscripts relating to the innovative practice of office urology, advances in ambulatory surgery, as well as socioeconomic issues important to the practicing urologist across all age groups, including the elderly.
2. AUTHOR REPLY (TO EDITORIAL COMMENT) is solicited by the Editor and should not be submitted without prior invitation.
3. BASIC and TRANSLATIONAL SCIENCE: This section will focus on original basic and translational science work related to all aspects of urology.
4. BIOGRAPHY: An original manuscript with a detailed description of a person who has contributed significantly to the field of urology.
5. BOOK REVIEW: These are solicited by the Editor, will go through the peer review process, and will cover recently published books in the field of Urology.
6. CLINICAL CHALLENGES IN UROLOGY: The Clinical Challenges in Urology section presents an actual patient scenario about a specific disease or condition with an accompanying clinical image. Authors should provide a concise single best answer question of approximately 30 words with four single-phrase plausible answers (see below for an example). Questions may focus on the diagnosis, next steps in work up, or treatment. A key clinical feature should be definable, which drives the next course of action. All diagnostic and treatment recommendations should be supported by authoritative guidelines or publications. Format includes a manuscript limit of 200 words, no more than 3 figures or
Example Clinical Challenge Case:

A 29-year-old female was referred to the urology clinic because of an incidentally found left renal mass discovered during workup for secondary erythrocytosis. Since 12 years of age, she has had headaches and poorly controlled hypertension refractory to multimodal antihypertensive therapy. At time of initial urologic evaluation her blood pressure was managed with clonidine, labetalol, minoxidil, and spironolactone. Her erythrocytosis was evaluated by hematology and thought to be due to multiple changes in her blood pressure medications. Laboratory workup revealed hypokalemia to 2.7 mmol/L, elevated aldosterone to 74.2 ng/dL and an elevated renin level of 92.63 ng/dL. Plasma metanephrine and normetanephrine were within normal range (0.26 ng/dL, 0.86 ng/dL, respectively). Computed tomography imaging is shown below (Figure 1)

What Would You Do Next? A) Observation with serial laboratory testing and continued medical management B) Left renal mass biopsy C) Partial nephrectomy D) Renal artery embolization

What to Do Next C) Partial nephrectomy.

A reninoma should be suspected on the basis of the clinical history. These rare tumors cause refractory hypertension and hypokalemia and are most commonly seen in otherwise healthy patients, with a female to male ratio of 2:1. Recognizing the clinical pattern is important in order to address the root cause of the refractory hypertension and electrolyte derangements, and to avoid unnecessary interventions such as renal mass biopsy or renal artery embolization. Kim JH, Kim JH, Cho MH, et al. Reninoma: a rare cause of curable hypertension. Korean J Pediatr. 2019;62(4):144-147. doi:10.3345/kjp.2018.06926

7. COMMENTARY: A mini-review article that highlights the importance of a particular topic and provides recently published supporting data.

8. EDITORIAL COMMENTS: are solicited by the Editor and should not be submitted without prior invitation. Please refer to the invitation email you received. This is an abbreviated submission requiring 3 files: 1. A title page containing full contact information. 2. A conflict of interest (or a page stating there is no conflict). 3. The editorial comment. Further guidelines on length, etc can be found in the table below.

9. EDUCATION: This section features manuscripts covering topics on the instruction of physicians and or patients.

10. ENDOUROLOGY and STONES: This section features manuscripts relating to endourologic approaches to the diagnosis of stones and other urologic diseases.

11. FEMALE UROLOGY: This section will focus on original work on all aspects of female urology.

12. GENOMICS IN UROLOGIC HEALTH AND DISEASE: This section will publish genomic-based articles that illuminate the nature, causation, natural history, management and treatment of both healthy urologic function and urologic disease including GU cancers. Articles may consist of single case reports, small case series, regular scientific articles, and commentaries that illuminate emerging technology, clinical use, or other relevant genomic topics. Articles should be limited to 4000 words with up to 5 figures; detailed supplemental material is encouraged. Genomics Case Reports should be shorter with an unstructured abstract and up to 1200 words. See Table below for more specific requirements.

13. HEALTH SERVICES RESEARCH: This section features manuscripts relating to all aspects of research in health outcomes for urology related procedures, treatments, diseases, and conditions.

14. HISTORY: This section will focus on articles relating to the history of urology.
15. INFECTIOUS DISEASES: This section will feature manuscripts relating to infectious diseases in all areas of urology.

16. INFERTILITY: This section will focus on original work on all aspects of male and/or female infertility.

17. LETTER-FROM-THE-EDITOR: Periodic messages from the Editor on timely topics.

18. LAPAROSCOPY and ROBOTICS: This section features manuscripts relating to laparoscopic and robotic surgery for all urologic diseases.

19. LETTERS-TO-THE-EDITOR: Short communications regarding recent articles or comments on timely topics in letter form that should be supported by relevant references. Authors of the cited article will have the opportunity to read and reply to the letter. All LETTERS TO THE EDITOR must be submitted within one month of the publishing date of the cited article. Letters, if accepted, will be published as space permits.

20. MALE SEXUAL DYSFUNCTION: This section will focus on original work related to male sexual dysfunction including erectile dysfunction, peyronie's disease, priapism, and ejaculatory dysfunction.

21. MEDICAL ONCOLOGY: This section features original work relating to non-surgical aspects of urologic malignancies.

22. NARRATIVE MEDICINE: The Narrative Medicine section is designed to stimulate discussion around the humanities in urology. This section features manuscripts and essays that take into consideration the wide range of experiences, both surgical and non-surgical, in urology. Manuscripts should express views and opinions on the various issues that affect the profession and the care of the urologic patient. Submissions from current trainees are encouraged. No patient identifiers should be included. Manuscripts that describe identifiable patients will not be reviewed. Manuscripts will not be published from anonymous or pseudonymous authors. Authorship should be limited to no more than 3 persons. Essays must be submitted formally via the journal's manuscript submission portal and a standard editorial and peer-reviewing process will follow. Word limit: 1500 words. Image limit: 2.

23. ONCOLOGY: This section will highlight articles relating to diagnosis and surgical management of urologic cancers.

24. PEDIATRIC CASE REPORTS: Unique cases demonstrating concepts of diagnosis and management in children that are relevant to the practicing urologist. Accepted manuscripts will be published in their entirety electronically at http://www.goldjournal.net and also in the print edition.

25. PEDIATRIC UROLOGY: This section will feature original work relating to all aspects of pediatric urology.

26. POINT- COUNTERPOINT: This section is solicited by the Editor and will present opposite points of view on current topics in all aspects of urology related to diagnosis, treatment, and management.

27. PROSTATIC DISEASES AND MALE VOIDING DYSFUNCTION: This section will feature original work relating to all aspects of prostatic diseases (NOTE: Articles dealing with the diagnosis or treatment of prostate cancer should be submitted to the "Oncology" section)

28. RECONSTRUCTIVE UROLOGY: This section features articles relating to all aspects of reconstructive urology, including urinary diversion and undiversion, bladder augmentation, and urethral and penile surgery and reconstruction.

29. REVIEW ARTICLE: These articles may be systematic reviews/meta-analyses or narrative reviews.

REVIEW ARTICLES are pre-screened by the Editor and may not be submitted without prior written approval. Please send a summary of your proposed review article in abstract form to: goldjournal@ccf.org. The Editor will review the summary and decide if the article should be submitted. If the Editor is interested, a formal invitation will be sent to the authors to submit the manuscript online in Editorial Manager.
**Narrative Reviews:** These are comprehensive articles that cover timely urologic topics of clinical relevance and must be well referenced. These articles should serve as a source for the practicing urologist and resident-in-training of current information on a clinically useful subject. Narrative reviews should be accompanied by a 100 word unstructured abstract, a 3000-word limit for the manuscript, maximum of 50 references, and allow 3 graphics (figures and tables).

**Systematic Reviews:** Priority will be given to systematic reviews and meta-analyses, when possible and appropriate. These reviews should systematically identify, critique and synthesize evidence relevant to the topic of the manuscript. Primary and secondary outcomes should be explicitly stated. All systematic reviews and meta-analyses should follow PRISMA guidelines (http://www.prisma-statement.org/). Systematic reviews and meta-analyses should be accompanied by a 250 word structured abstract, a 4000-word limit for the manuscript, maximum of 100 references, and allow 4 graphics (figures and tables).

30. **SURGEON'S WORKSHOP:** Short, concise articles plus photos and/or drawings on "how I do it" techniques.

31. **SURGICAL TECHNIQUES IN UROLOGY:** This section should represent clear descriptions of complex surgical procedures with excellent pictorial illustration.

32. **TECHNOLOGY and ENGINEERING:** This section will feature original work relating to the technical aspects of a cutting edge technology or reports the initial laboratory or clinical experience with a strong technology or engineering emphasis.

33. **TRANSGENDER SURGERY:** This section features articles relating to all aspects of genitourinary gender affirming surgery, including primary genitourinary reconstructive procedures, treatment of complications, and prosthetic surgery.

34. **UPDATE:** This shorter review-type article covers current urologic topics of clinical relevance. These articles serve as an update of current information on a clinically useful subject. UPDATES are solicited by the Editor and should not be submitted without prior written approval.

35. **UROLOGIC CONGENITALISM:** This section features manuscripts that focus on transitioning children born with complex genitourinary malformations into adulthood and the associated medical and psychological problems.

36. **NEW SECTION! VIDEO ARTICLES (Content in Video Form):** The Journal now accepts Video Articles, which will be published in a new section in the Journal. The videos present new surgical techniques, tips and tricks, and troubleshooting. The aim is to explore a stepwise approach to surgical innovation (a "SHOW ME HOW format"), describe surgical nuances and present brief outcomes of the technique. This section will focus on different stages of surgical innovation: Early stage surgical innovation related to the first time procedure is done (pre-human work or clinical) or late stage surgical innovation where the procedure might be already a standard of practice. No minimum number of cases or minimum follow up period is required. Innovative and reproducible techniques with the potential to advance surgical knowledge and practice will receive priority as well as videos with cartoon illustrations and animations (cartoons and animations should include permissions for reuse if borrowed, as appropriate.) The authors are encouraged to add labels, drawings, arrows, and other visual features to clarify and highlight the different key steps of their surgical innovation. The Video Article contains all of the elements outlined in a structured abstract and full written manuscript, but presented in video form. Videos are peer reviewed for relevance, overall didactic value, and a general production quality. Voice-over is a prerequisite for acceptance. Refer to the section on Preparation below for tips on creating a voice-over and other submission guidelines.

37. **WOMEN IN UROLOGY:** This section focuses on gender equity. Articles in this section will address achieving gender equity in the profession, the professional development and career advancement of women, and/or gender related health care disparities within urology.

Contact details for submission
Submit manuscripts to the *UROLOGY* Editorial Office via the Elsevier Editorial system (Editorial Manager): [https://www.editorialmanager.com/URL/default.aspx/](https://www.editorialmanager.com/URL/default.aspx/) > Submit Paper. All correspondence regarding submitted manuscripts will be handled via e-mail through Editorial Manager. Send all other correspondence to:

Eric Klein, MD  
Editor-in-Chief, *UROLOGY*  
Glickman Urologic and Kidney Institute, Q10  
9500 Euclid Ave  
Cleveland, OH 44195

Phone: 216-445-6664/216-445-9738 (Editorial Office)  
Fax: 216-636-5104  
E-mail: goldjournal@ccf.org

**Submission checklist**  
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

**Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:  
- E-mail address  
- Full postal address

All necessary files have been uploaded:  
**Manuscript:**  
- Include keywords  
- All figures (include relevant captions)  
- All tables (including titles, description, footnotes)  
- Ensure all figure and table citations in the text match the files provided  
- Indicate clearly if color should be used for any figures in print  
**Graphical Abstracts / Highlights files** (where applicable)  
**Supplemental files** (where applicable)

Further considerations  
- Manuscript has been 'spell checked' and 'grammar checked'  
- All references mentioned in the Reference List are cited in the text, and vice versa  
- Permission has been obtained for use of copyrighted material from other sources (including the Internet)  
- A competing interests statement is provided, even if the authors have no competing interests to declare  
- Journal policies detailed in this guide have been reviewed  
- Referee suggestions and contact details provided, based on journal requirements

For further information, visit our [Support Center](https://www.elsevier.com/locate/urology).

**BEFORE YOU BEGIN**

**Editorial Process**

**Peer Review:**  
Manuscripts will be reviewed by internationally recognized experts on the subject. When relevant, a biostatistician, radiologist, or pathologist consultant will also review the manuscript. The reviewers will be blinded to the names of the authors and the institution from which the manuscripts have been sent.

**Authorship:**  
Authorship should be finalized during the submission process. Please ensure that all authors are listed and in the correct order, because changes are not permissible once the accepted manuscript goes into production.
**Declaration of interest**
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. [More information.]

Authors should also disclose conflict of interest with products that compete with those mentioned in their manuscript. The Editor will discuss with the authors on an individual basis the method by which any conflicts of interest will be communicated to the readers.

**Support/Financial Disclosures**
The second page of each manuscript should acknowledge research support (from funding agencies or industry) and disclose any potential financial conflicts of interest for each author. Any meaningful affiliation or involvement, either direct or indirect, with any organization or entity with a direct financial interest in the subject matter or materials discussed (e.g., employment, consultancies, grants, honoraria) must be disclosed. Specifics of the disclosure will remain confidential. If deemed appropriate by the Editor, a general statement regarding disclosure will be included in the Acknowledgment section of the manuscript. The Acknowledgment section must also reveal all sources of support for the work, both financial and material. If no financial conflict of interest is identified, 'none' should be written next to the author's name. **Note:** If the manuscript is accepted for publication, a summary of the relevant information will be transferred to the "Support" and "Financial Disclosure" sections of the Acknowledgements.

**Declaration of generative AI in scientific writing**
The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier's [AI policy for authors](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

**Disclosure instructions**
Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Declaration of Generative AI and AI-assisted technologies in the writing process'.

**Statement:** During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

Manuscripts will be accepted for consideration with the understanding that they are contributed solely to [UROLOGY], have never before been published, nor submitted simultaneously elsewhere, and become the property of the publisher. The publisher is not responsible for the loss of manuscripts through circumstances beyond its control.
Manuscripts are subject to editorial modification to bring them into conformity with the style of the journal. Statements in articles or opinions expressed by any contributor in any article, including changes made by the copy editor, are not the responsibility of the editors or the publishers.

**Submission 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 compliance, your article may be checked by Crossref Similarity Check and other originality or duplicate checking software.

**Preprints**
Please note that preprints can be shared anywhere at any time, in line with Elsevier's sharing policy. Sharing your preprints e.g. on a preprint server will not count as prior publication (see 'Multiple, redundant or concurrent publication' for more information).

**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. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**
For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

**Definitions**
Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanged whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important
for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

**Article transfer service**
This journal uses the Elsevier Article Transfer Service to find the best home for your manuscript. This means that if an editor feels your manuscript is more suitable for an alternative journal, you might be asked to consider transferring the manuscript to such a journal. The recommendation might be provided by a Journal Editor, a dedicated Scientific Managing Editor, a tool assisted recommendation, or a combination. If you agree, your manuscript will be transferred, though you will have the opportunity to make changes to the manuscript before the submission is complete. Please note that your manuscript will be independently reviewed by the new journal. More information.

**Copyright**
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). 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. 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.

For gold open access articles: Upon acceptance of an article, authors will be asked to complete a 'License Agreement' (more information). Permitted third party reuse of gold open access articles is determined by the author's choice of user license.

**Author rights**
As an author you (or your employer or institution) have certain rights to reuse your work. More information.

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

**Open access**
Please visit our Open Access page for more information.

Elsevier Researcher Academy
Researcher Academy is a free e-learning platform designed to support early and mid-career researchers throughout their research journey. The "Learn" environment at Researcher Academy offers several interactive modules, webinars, downloadable guides and resources to guide you through the process of writing for research and going through peer review. Feel free to use these free resources to improve your submission and navigate the publication process with ease.

**Submission**
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Manuscripts must be submitted via the Editorial Manager (EM) website for this journal, go to https://www.editorialmanager.com/URL/default.aspx and select "Submit Paper". You will be guided stepwise through the creation and uploading of the various files and data. Once the uploading is done, the system automatically generates an electronic (PDF) proof, which is then used for reviewing. All correspondence regarding submitted manuscripts will be handled via e-mail through EM. The article must be typed in **12-point type, double-spaced with one-inch margins with all pages numbered consecutively. The file should follow the general instructions on style/arrangement.** The file should use the wrap-around end-of-line feature, i.e., returns at the end of paragraphs only. Place two returns after every element, such as title, headings, paragraph. The Title page must contain the complete list of authors, the corresponding author with his/her contact
information, and the word counts for the Abstract and for the manuscript text (do not include references or figure legends); and a list of 4-6 key words. Unless specifically indicated in the various categories listed, each manuscript should contain an Abstract and Introduction, Material and Methods, Results, Comment, and Conclusions sections. Structured Abstracts should be up to 400 words less and divided into four sections with the subheadings: (1) Objectives, (2) Methods, (3) Results, and (4) Conclusions. **The OBJECTIVE in an abstract must always begin with "To...", as per journal style. Using lower-case superscript letters, link each author with the appropriate affiliation. Manuscripts with incorrect format or that are over maximum length will be returned unreviewed for modifications (see table for correct format/length).

Submit your article

PREPARATION

NEW SUBMISSIONS
Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts your files to a single PDF file, which is used in the peer-review process. As part of the Your Paper Your Way service, you may choose to submit your manuscript as a single file to be used in the refereeing process. This can be a PDF file or a Word document, in any format or layout that can be used by referees to evaluate your manuscript. It should contain high enough quality figures for refereeing. If you prefer to do so, you may still provide all or some of the source files at the initial submission. Please note that individual figure files larger than 10 MB must be uploaded separately.

References
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct.

VIDEO ARTICLE SUBMISSIONS
A Video Article must be no longer than 7 minutes in length. Video Articles require the author(s) to submit a structured abstract of 400 words maximum (background, objectives, material, results, conclusion, and keywords) along with a Video that is accompanied by narration. Narration must be in English and should not contain background music. Video Articles may contain images, graphs, and/or statistics to support or demonstrate the findings of the Video Article (cartoons and animations should include permissions for reuse if borrowed, as appropriate). Abstracts will be listed on PubMed search and movies will be archived in a surgical video library that is searchable online. A list of Requirements and additional details are provided below.

Length: No more than 7 minutes in length. Exceptions to the 7-minute maximum will be considered but must be approved by the editor-in-chief in advance of submission. Video formats: Please submit the highest quality video possible. In order to ensure that your video is directly usable, please provide the files in one of our recommended file formats with a preferred maximum size of 500 MB. We prefer windows media files, but other acceptable formats are AVI, MOV, or MP4. Please submit your video files in 1080P. We accept 720P, but prefer higher resolution. Maximum size of 500 MB in a standard file format (e.g., MPG, MP4, Apple QuickTime, Microsoft AVI). For more information, please see the video instructions. Title Page Contents: Video Article Title: Keep Video article title concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Author names and affiliations: Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author’s name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. Corresponding author: Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author. All authors that have been registered in EM at the time of submission MUST be included on the title page. Present/permanent address: If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that
author's name. The address at which the author actually did the work must be retained as the main affiliation address. Superscript Arabic numerals are used for such footnotes.

**Abstract, Key Words and References:**

**Abstract:** A brief summary of the article, no more than 300 words. Provide the context or background for the research and state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

**Key Words:** Three to seven key words (to promote online discoverability of the Video Article)

**References:** Three to five references

**Voice-over transcript:** Indicates the start time (min: sec) for each narrative segment. (Tips for recording a voice over are provided below.) Video Article may not contain any music. Here are a few **Tips for creating a voiceover:** It is important for any live narration or discussion to be captured with minimal background noise. It is recommended that a lavaliere/lapel microphone be used on the individual(s) speaking for best quality and clarity. Briefly describe the background of your publication. (This can be accompanied by a text slide and bulleted text, although this is not necessary.) Include an explanation on equipment and materials. If the Video Article presents a procedure, while conducting a procedure, narrate throughout in present tense, as if you were teaching a colleague to do the procedure. Include your own 'tips and tricks' along with the basic steps of the procedure. This will help to enhance the video. Provide a summary or 'take-home-message.' (This can be accompanied by a text slide and bulleted text, although this is not necessary.)

**Other:** Commercial-type messages should not be used. Work must be original and not published elsewhere, and all portions of the video clips must be the property of the author(s).

**Informed consent and patient details:** Video Articles containing patients or volunteers require ethics committee approval and informed consent, which should be documented. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or video/images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals, [https://www.elsevier.com/patient-consent-policy](https://www.elsevier.com/patient-consent-policy). 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 Video Article must be removed before submission.

**Formatting requirements**

There are no strict formatting requirements but all manuscripts must contain the essential elements needed to convey your manuscript, for example Abstract, Keywords, Introduction, Materials and Methods, Results, Conclusions, Artwork and Tables with Captions.

If your article includes any Videos and/or other Supplementary material, this should be included in your initial submission for peer review purposes.

Divide the article into clearly defined sections.

The Title page must contain the complete list of authors, the corresponding author with his/her contact information, and the word counts for the Abstract and for the manuscript text (do not include references or figure legends); and a list of 4-6 key words. All authors that have been registered in EM at the time of submission MUST be included on the title page.

**REVISED SUBMISSIONS**

**Use of word processing software**

Regardless of the file format of the original submission, at revision you must provide us with an editable file of the entire article. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the [Guide to Publishing with Elsevier](https://www.elsevier.com)). See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

**Article structure**

**Guidelines for Data Analysis and Reporting**

Randomized trials must include a description of the method used for randomization and be reported according to CONSORT guidelines (see [http://www.consort-statement.org/consort-statement/overview0/](http://www.consort-statement.org/consort-statement/overview0/)), including a FLOW DIAGRAM. In addition, the primary and secondary endpoints of the study must be clearly stated, and a power calculation justifying the sample size for the primary endpoint must be included. Manuscripts not
containing ALL of these elements will not be sent out for review. The Methods section should be clear and sufficiently thorough to permit another statistician to replicate the analysis provided by the authors. It should be clear which statistical test is associated with each p value reported. Rarely used statistical techniques should be described and justified. When reporting outcomes by subgroup, fractions should accompany percentages (For example: Of the patients, 25/60 (42%) were dry 3 weeks after the procedure) Median survival (using Kaplan-Meier plots), rather than mean survival, should be reported for outcomes with censored events (ie, where some patients had not reached a specified outcome at the time of last follow-up). Use appropriate figures for data presentation. a. Scatter plots are useful for illustrating important correlations between variables.
b. Box and whisker plots are best for data that is not normally distributed.
c. If individual subjects have repeated measurements over time, each one’s set of points should be joined with line segments.
d. Be sure that lines in a graph or bars in a chart showing outcomes for different groups are sufficiently distinct by varying shading, thickness, pattern, or symbols to be easily distinguished when reproduced in black and white, unless you are willing to pay for color reproduction. Different symbols should be used when points are stacked on top of each other.
e. When regression lines are appropriate, they should be overlaid on raw data and not extend beyond the range of the predictor variable. Use appropriate and clearly labeled tables. a. Means should generally be accompanied by some measure of their uncertainty, such as 95% confidence intervals or standard errors.
b. One significant figure beyond the level measured is sufficient for means, standard deviations, and standard errors.
c. One decimal place for percentages > 1% is sufficient; no decimal places if the sample size is less than 100.
d. Two significant figures for test statistics and p values are sufficient. When a statistical hypothesis test is not rejected, the actual p value (eg, 0.07) should be reported (if known) rather than omitted or reported as p >0.05. Pay close attention to wording. a. The word 'correlation' is generally reserved for computing correlation coefficients, not for reporting associations of variables with clinical or experimental outcomes - the word 'association' is preferred.
b. Statistical tests can be nonparametric; data cannot.
c. Studies with negative findings (ie, no difference) may be the result of low statistical power (eg, small sample size), rather than absence of a difference, and this limitation should be made clear. Use caution when interpreting p-values. a. Ensure proper adjustment (eg, Bonferroni) for multiple pairwise comparisons is performed, when necessary.
b. A p value is the probability of observing data as extreme as those reported if the null hypothesis of no difference is true. A p value is not the probability of no real effect.
c. A statistically significant outcome does not necessarily imply a result that is clinically important.

Highlights
Highlights are optional yet highly encouraged for this journal, as they increase the discoverability of your article via search engines. They consist of a short collection of bullet points that capture the novel results of your research as well as new methods that were used during the study (if any). Please have a look at the example Highlights.

Highlights should be submitted in a separate editable file in the online submission system. Please use 'Highlights' in the file name and include 3 to 5 bullet points (maximum 85 characters, including spaces, per bullet point).

Footnotes
Footnotes should be used sparingly. Number them consecutively throughout the article. Many word processors build footnotes into the text, and this feature may be used. Should this not be the case, indicate the position of footnotes in the text and present the footnotes themselves separately at the end of the article.

Artwork
Color figures are welcomed, and will appear in color on the web at no extra charge; however, there is a charge for the reproduction of color illustrations in print ($650 for the first color figure and $100 for each additional color figure). Alternatively, the illustrations can be reproduced in print in black and white at no extra charge. All illustrations must supplement, not duplicate the tables/text. Figures must clearly convey their message and be of high quality and of sufficient size and clarity (especially lettering, arrows, and data points) to be interpretable when reduced for publication. Shading does not
always reproduce well. Consider using widely spaced cross-hatching patterns, for example, that will remain distinct on reduction. Use black or white arrows, depending on the background color. Please use an Arial font in a 12-point size for all text contained within the figures. All illustrations must be numbered and cited in order as they first appear in text. Concise legends (typed on a separate page in Arial font) must accompany each illustration. If you elect to have your illustrations published in black and white, please be sure that each figure legend DOES NOT mention colors. Do not embed artwork with text; illustrations should be supplied as separate files. Guidelines for submitting your illustrations in an electronic format can be found at https://www.editorialmanager.com/url

Electronic artwork
General points
• Make sure you use uniform lettering and sizing of your original artwork.
• Preferred fonts: Arial (or Helvetica), Times New Roman (or Times), Symbol, Courier.
• Number the illustrations according to their sequence in the text.
• Use a logical naming convention for your artwork files.
• Indicate per figure if it is a single, 1.5 or 2-column fitting image.
• For Word submissions only, you may still provide figures and their captions, and tables within a single file at the revision stage.
• Please note that individual figure files larger than 10 MB must be provided in separate source files.

A detailed guide on electronic artwork is available.
You are urged to visit this site; some excerpts from the detailed information are given here.
Formats
Regardless of the application used, when your electronic artwork is finalized, please 'save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings. Embed the font or save the text as ‘graphics’.
TIFF (or JPEG): Color or grayscale photographs (halftones): always use a minimum of 300 dpi.
TIFF (or JPEG): Bitmapped line drawings: use a minimum of 1000 dpi.
TIFF (or JPEG): Combinations bitmapped line/halftone (color or grayscale): a minimum of 500 dpi is required.
Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); the resolution is too low.
• Supply files that are too low in resolution.
• Submit graphics that are disproportionately large for the content.

Color artwork
Please make sure that artwork files are in an acceptable format (TIFF (or JPEG), EPS (or PDF), or MS Office files) and with the correct resolution. If, together with your accepted article, you submit usable 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. Please indicate your preference for color: in print or online only. Further information on the preparation of electronic artwork.

Figure captions
Ensure that each illustration has a 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.

Tables should supplement, not duplicate the text/figures. The tables must be numbered and cited in order as they first appear in text, and each must have a precise heading. Please use an Arial font for the tables in a 12-point size.
Permission
Authors must submit written permission upon manuscript acceptance from the publisher/copyright owner of the original source when material is reproduced from other sources. This permission must include reproduction in both print and electronic formats for worldwide distribution.

References
Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Preprint references
Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

Reference management software
Most Elsevier journals have their reference template available in many of the most popular reference management software products. These include all products that support Citation Style Language styles, such as Mendeley. Using citation plug-ins from these products, authors only need to select the appropriate journal template when preparing their article, after which citations and bibliographies will be automatically formatted in the journal's style. If no template is yet available for this journal, please follow the format of the sample references and citations as shown in this Guide. If you use reference management software, please ensure that you remove all field codes before submitting the electronic manuscript. More information on how to remove field codes from different reference management software.

Reference formatting
There are no strict requirements on reference formatting at submission. References can be in any style or format as long as the style is consistent. Where applicable, author(s) name(s), journal title/book title, chapter title/article title, year of publication, volume number/book chapter and the article number or pagination must be present. Use of DOI is highly encouraged. The reference style used by the journal will be applied to the accepted article by Elsevier at the proof stage. Note that missing data will be highlighted at proof stage for the author to correct. If you do wish to format the references yourself they should be arranged according to the following examples:

Text: Indicate references by (consecutive) superscript arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, 11th Edition.

Examples:
Reference to a journal publication with an article number:

Reference to a book:


Reference to a chapter in an edited book:


Reference to a website:


Reference to a dataset:


Reference to software:


Misc:

References to Articles in Press must state the journal name, the year of publication, and the date on which the article was accessed. Personal Communications will not be included in the reference list and should be accompanied with written verification and be noted within the text.

Video files

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 500 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.

Data visualization

Include interactive data visualizations in your publication and let your readers interact and engage more closely with your research. Follow the instructions here to find out about available data visualization options and how to include them with your article.

Research data

This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings, which may also include software, code, models, algorithms, protocols, methods and other useful materials related to the project.

Below are a number of ways in which you can associate data with your article or make a statement about the availability of your data when submitting your manuscript. If you are sharing data in one of these ways, you are encouraged to cite the data in your manuscript and reference list. Please refer to the "References" section for more information about data citation. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page.

Data linking

If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.
There are different ways to link your datasets to your article. When available, you can directly link your dataset to your article by providing the relevant information in the submission system. For more information, visit the database linking page.

For supported data repositories a repository banner will automatically appear next to your published article on ScienceDirect.

In addition, you can link to relevant data or entities through identifiers within the text of your manuscript, using the following format: Database: xxxx (e.g., TAIR: AT1G01020; CCDC: 734053; PDB: 1XFN).

**Research Elements**

This journal enables you to publish research objects related to your original research – such as data, methods, protocols, software and hardware – as an additional paper in a Research Elements journal.

Research Elements is a suite of peer-reviewed, open access journals which make your research objects findable, accessible and reusable. Articles place research objects into context by providing detailed descriptions of objects and their application, and linking to the associated original research articles. Research Elements articles can be prepared by you, or by one of your collaborators.

During submission, you will be alerted to the opportunity to prepare and submit a manuscript to one of the Research Elements journals.

More information can be found on the Research Elements page.

**Data statement**

To foster transparency, we encourage you to state the availability of your data in your submission. This may be a requirement of your funding body or institution. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. The statement will appear with your published article on ScienceDirect. For more information, visit the Data Statement page.

**Submission Checklist**

The following list will be useful during the final checking of an article prior to sending it to the journal for review. Please consult this Guide for Authors for further details of any item.

**Ensure that the following items are present:**

One author has been designated as the corresponding author with contact details:

- E-mail address
- Full postal address
- Phone numbers

All necessary files have been uploaded, and contain:

- All figure captions
- All tables (including title, description, footnotes)

Further considerations:

- Manuscript has been 'spell-checked' and 'grammar-checked'
- All references mentioned in the Reference list are cited in the text, and vice versa
- Permission has been obtained for use of copyrighted material from other sources (including the Web)
- Color figures are clearly marked as being intended for color reproduction on the Web (free of charge) and in print, or to be reproduced in color on the Web (free of charge) and in black-and-white in print
- If only color on the Web is required, black-and-white versions of the figures are also supplied for printing purposes

For randomized trials, the following must be clearly specified:

a. Method of randomization
b. CONSORT flow diagram

c. A sentence in the Methods section that states what the primary and secondary endpoints are

d. A power calculation justifying the sample size for the primary endpoint

For any further information please visit our customer support site at https://service.elsevier.com.

**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.

To avoid publication delay, authors must return proofs within 48 hours. ALL authors must review and approve the proofs before returning them to Elsevier. Changes will not be allowed after proofs are approved by the authors. Accepted manuscripts can be tracked at https://authors.elsevier.com/tracking/landingpage/selection.do using the Elsevier manuscript number provided in the proofs email.

**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. 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.

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