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DESCRIPTION

The mission of *Urology*®, the "Gold Journal," is to provide practical, timely, and relevant clinical and basic science information to physicians and researchers practicing the art of urology worldwide. *Urology*® publishes original articles relating to adult and pediatric clinical urology as well as to clinical and basic science research. Topics in *Urology*® include pediatrics, surgical oncology, radiology, pathology, erectile dysfunction, infertility, incontinence, transplantation, endourology, andrology, female urology, reconstructive surgery, and medical oncology, as well as relevant basic science issues. Special features include rapid communication of important timely issues, surgeon's workshops, interesting case reports, surgical techniques, clinical and basic science review articles, guest editorials, letters to the editor, book reviews, and historical articles in urology.

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

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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.

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

7. **EDITORIAL COMMENTS:** are solicited by the Editor and should not be submitted without prior invitation.

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

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

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

11. **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.

12. **GRAND ROUNDS:** This section, which is solicited by the Editor, will incorporate the format of Grand Rounds at most hospitals throughout the world where an interesting case is presented, most often with radiologic, surgical, and pathologic findings, followed by a discussion. Please submit a summary of your case to goldjournal@ccf.org. If the Editor feels it is relevant to the journal then a special invitation will be sent to the author. Once accepted, there will be a special link provided through which the paper can be submitted. Medical students, residents, fellows and junior faculty are particularly

encouraged to prepare submissions to this new section in *UROLOGY*. In addition, a senior person from the institution will be required to submit an accompanying discussion concerning diagnosis and management, as would be the case at regular hospital grand rounds. When appropriate, an editorial comment may be added by the editors. A photo of the contributing student/resident will be published along with the article. Please refer to Elsevier's general artwork instructions, located here: <https://www.elsevier.com/author-schemas/artwork-and-media-instructions>

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. **IMAGES IN CLINICAL UROLOGY:** Concise, one-page pictorial description of a unique case.

16. **INFECTIOUS DISEASES:** This section will feature manuscripts relating to infectious diseases in all areas of urology.

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

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

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

20. **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.

21. **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.

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

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. **RAPID COMMUNICATION:** Manuscripts that are extremely timely, of utmost importance, and which the Editor deems warrant rapid publication. Two expert consultants will review these manuscripts within 48 hours and the authors will receive notification of the status within 72 hours. The manuscript will be published in the next available issue of *UROLOGY*. The submission/processing fee for a Rapid Communication Article is \$300. Payment may be made via credit card or check (please make checks payable to: Elsevier). Payment must be received prior to beginning the review process. Manuscripts that the Editorial Board believes do not warrant rapid communication will have the submission fee returned and the authors may choose to have the manuscript continue with the standard 30-day *UROLOGY* review process. Manuscripts processed as a Rapid Communication that are not found

acceptable for publication will NOT have the submission fee returned. Please note that this opportunity is for RAPID COMMUNICATION of important timely findings and does not represent a means to obtain a RAPID REVIEW.

29. 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.

30. REVIEW ARTICLE: This is a comprehensive article that covers 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. REVIEW ARTICLES are pre-screened by the Editor and should not be submitted without prior written approval. Please send a summary of your proposed review article 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 EES.

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

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

33. 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.

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.

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BEFORE YOU BEGIN

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