UROLOGY®

AUTHOR INFORMATION PACK

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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* and *Urology Video Journal*

AUDIENCE

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

IMPACT FACTOR

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ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

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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.
Submit manuscripts to the *UROLOGY* Editorial Office via the Elsevier Editorial system (Editorial Manager): 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:

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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.

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- A competing interests statement is provided, even if the authors have no competing interests to declare
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- Referee suggestions and contact details provided, based on journal requirements

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**BEFORE YOU BEGIN**

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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.

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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.
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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 unchanging 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
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**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).

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  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.
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  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.
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  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.

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Artwork

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