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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.

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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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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)

![Computed tomography imaging](CCIU Image.jpg)

**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. 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: 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).

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. 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.

35. 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.

36. 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.

37. 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.

urology-article-types.jpg Overview of article guidelines

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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. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

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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 250 words or 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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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.

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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.
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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.
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