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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.

Benefits to authors
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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 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.

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. 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 non-structured abstract of 100 words, manuscript limit of 200 words, no more than 3 figures or tables, no more than 10 references, and an answer section (maximum word count of 200). All patient identifiers must be removed prior to submission. Manuscripts with identifiable patient information will not be considered for publication. Selected Image Challenges will be featured on the journal website.

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

CCIU Image.jpg

Computed tomography imaging

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.

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: 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 Editorial Manager.

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.

Please click this link to enlarge the image: Guidelines chart2020-4.jpg

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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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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.

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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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**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 300 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 150MB. 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 150 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.

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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). See also the section on Electronic artwork.

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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/), 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.
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Artwork
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Further considerations:

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- If only color on the Web is required, black-and-white versions of the figures are also supplied for printing purposes

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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

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