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DESCRIPTION

An official publication of the International Society for Sexual Medicine, Sexual Medicine publishes multidisciplinary clinical, basic, and epidemiological research to define and understand the basis of sexual function and dysfunction in diverse populations. Sexual Medicine welcomes manuscripts on basic anatomy and physiology pertaining to human sexuality, pharmacology, clinical management of sexual dysfunction, epidemiological studies in sexuality, psychosexual and interpersonal dimensions of human sexuality, clinical trials, and other articles of interest to clinicians and researchers interested in human sexuality. The open access format of Sexual Medicine ensures that accepted manuscripts will be rapidly published and fully accessible by interested healthcare professionals worldwide. Sexual Medicines emphasis on papers relevant to specific populations distinguishes it from The Journal of Sexual Medicine, which will continue to publish manuscripts on issues of general interest to sexual medicine practitioners worldwide, and Sexual Medicine Reviews, which publishes systematic reviews of controversial topics in sexual medicine.

Sexual Medicine will consider all types of original clinical and basic research papers, including studies conducted with human subjects and experimental models, as well as high-quality clinical, epidemiological, and healthcare policy papers related to sexual function and dysfunction. Sexual Medicine particularly focuses on papers of regional or specialty interest, although any manuscript dealing with sexuality research will be considered. Specific interest is in the following areas of content: Education, Epidemiology, Basic Science, Psychology, Outcomes Assessment, Anatomy/Physiology, Intersex and Gender Identity Disorders, Sexual Orientation, Ejaculatory Disorders, Womens Sexual Health, Mens Sexual Health, Couples Sexual Dysfunctions, Pharmacotherapy, Peyronies Disease, Pain, Erectile Dysfunction, Premature Ejaculation, Hypoactive Sexual Desire Disorder, Dyspareunia, Pharmacotherapy for Sexual Dysfunction, Surgical Management of Sexual Dysfunction, Endocrinology, Oncology.

IMPACT FACTOR

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INTRODUCTION

Aims and Scope

An official publication of the International Society for Sexual Medicine, Sexual Medicine publishes multidisciplinary clinical, basic, and epidemiological research to define and understand the basis of sexual function and dysfunction in diverse populations. The open access format of Sexual Medicine ensures that accepted manuscripts will be rapidly published and fully accessible by interested healthcare professionals worldwide.

Sexual Medicine will consider all types of original clinical and basic research papers, including studies conducted with human subjects and experimental models, as well as high-quality clinical, epidemiological, and healthcare policy papers related to sexual function and dysfunction. Sexual Medicine particularly focuses on papers of regional or specialty interest, although any manuscript dealing with sexuality research will be considered.

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Manuscript Types

Sexual Medicine publishes several types of manuscripts under the umbrella of full-length articles. A brief description of each type follows: Original Research

Original research papers are scientific reports of original clinical or basic research in the field of sexual medicine. As a general guideline, manuscripts should be 3000 words in length; more extensive manuscripts will be considered and judged on merit; however, authors are urged to be as concise as possible. All manuscripts must include an abstract, a maximum of 7 tables and figures (total), and up to 50 references. More may be accepted if justified. In an attempt to improve the quality of research reports in the journal, Sexual Medicine now strongly urges authors to complete the reporting guideline checklist that best suits their paper. Complete reporting is a critical element of good publishing. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript and potentially enhance its changes for eventual publication.

Reports

Reports are concise reports of cases, clinical experience, clinical studies, drug trials, adverse effects, or devices related to sexual medicine. Maximum length is 1750 words; no more than 10 references, and 1 figure/table per case. We strongly recommend the author comply with and supply a completed copy of the CARE reporting guideline for case reports as evidence that vital reporting elements are included in the paper.

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Sexual Medicine will consider extensively referenced review articles. Meta-analyses and systemic reviews are preferred complete with thorough adherence to the PRISMA reporting guideline criteria. You must demonstrate inclusion of these essential reporting criteria or the article will be returned for thorough revision. There is no limit on article length or the number of figures or tables, though we do request the article included an abstract of no more than 300 words.

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**Contact Details**
**EDITOR-IN-CHIEF**
Kwangsung Park, MD, PhD  
Department of Urology  
Chonnam National University  
Gwangju, Republic of Korea  
Email: uropark@gmail.com

Address correspondence to the Editorial Office:
Tim Vines, PhD  
Managing Editor, *Sexual Medicine (SM)*  
36 Old Mill Lane  
Plymouth, MA 02360, USA  
smeditorialoffice@gmail.com

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Authorship
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

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Reports of Randomized Controlled Trials (RCTs) must state explicitly how the comparison groups were generated, so that readers will be able to assess the method of randomization. In the title and abstract, specify that the manuscript is a report of an RCT. Prior to submitting an RCT manuscript
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Reporting Checklists

Reporting Standards: Completeness and the Use of Reporting Guidelines

In an attempt to improve the quality of research reports in the journal, Sexual Medicine now recommends a completed reporting guideline checklist is included with an article submission. The purpose of various reporting guidelines is to provide a guide - in the form of a checklist—to authors and editors alike on essential elements that should be included in a paper to ensure all stakeholders can properly validate results and replicate studies. We expect authors to not only use the reporting guidelines to improve the quality of reporting in their submission, but also use the associated guideline checklist to demonstrate the paper does include essential reporting criteria. Ultimately, this task is about improving a manuscript, not filling out a checklist for administrative purposes.
It is strongly recommended that authors complete one of the reporting checklist listed below that is most appropriate for the subject matter of an article to be submitted to any ISSM publication (The Journal of Sexual Medicine, Sexual Medicine, Sexual Medicine Reviews). This ensures a higher standard of reporting and will enhance the prospects of a manuscript being accepted for publication. Authors should upload a completed copy of the reporting checklist(s) with their submission.

1 STUDY TYPE STUDY CATEGORY CHECKLIST FOR REPORTING STANDARDS

**CHECKLIST NAME**  Randomized controlled pharmacotherapy trials RCT (Pharmacotherapy) CONSORTConsolidated Standards of Reporting Trials CONSORT Statement Case Reports Case Reports ISSM Case Report Checklist ISSM Case Report Checklist Other pharmacotherapy and herbal medicinal trials (noninferiority trials, pragmatic trials, cluster trials, reporting of harms) RCT (Other) CONSORT extensions (tailored versions of the main CONSORT Statement produced by CONSORT Checklist Observational epidemiology studies Observational Epidemiological Studies STROBEStrengthening the reporting of observational studies in epidemiology STROBE Checklist Qualitative Research Qualitative Research COREQConsolidated criteria for reporting qualitative research https://www.elsevier.com/__data/promis_misc/ISSM_COREQ_Checklist.pdf Diagnostic Accuracy Studies Diagnostic Accuracy Studies STARDStandards for reporting diagnostic accuracy STARD Checklist Systematic reviews Systematic Reviews PRISMA (formerly known as QUOROM)Improving the quality of reports of meta-analyses of randomized controlled trials PRISMA Checklist Meta-analyses of controlled trials Meta-analysis of Controlled Trials PRISMA (formerly known as QUOROM)Improving the quality of reports of meta-analyses of randomized controlled trials PRISMA Checklist Meta-analyses of observational studies Meta-Analyses of Obervational Studies MOOSEMeta-analysis of observational studies in epidemiology MOOSE Checklist Quality improvement reports Quality Improvement Reports SQUIREStandards for quality improvement reporting excellence SQUIRE Checklist Erectile Function Recovery analysis following radical pelvic surgery All relevant studies ERF Erectile Function Recovery Checklist ERF Checklist

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For more information, please refer to the guidelines at http://www.icmje.org/#clin Trials. Upon submission, please provide the registration identification number and the URL for the trial’s registry in your cover letter.

Reports of Diagnostic Tests

Cell Line Authentication
To ensure the highest standards of quality and accuracy, Sexual Medicine strongly encourages the authentication of cell lines used in the research submitted. Manuscripts based on research using cell lines must include a statement addressing the following points in the Methods section of the manuscript:
1. Where the cells were obtained from
2. Whether the cell lines have been tested and authenticated
3. The method by which the cells were tested

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**Gene names and genetic profiling data:** Please mark all gene names in italics. However, only the gene names should be written in italics, to distinguish them from gene products, gene segments, clusters, families, complexes, or groups. Authors should only use the official gene name as assigned by the respective gene nomenclature committee. Regarding comprehensive data sets of genetic profiling (microarray) studies, raw data must be in a publicly available database that requires MIAME format (for example, “GEO” or “Array Express”) upon submission of a paper. Nucleotide sequence data can be submitted in electronic form to any of the three major collaborative databases: DDBJ, EMBL or GenBank. It is only necessary to submit to one database as data are exchanged between DDBJ, EMBL and GenBank on a daily basis. The suggested wording for referring to accession-number information is: ‘These sequence data have been submitted to the DDBJ/EMBL/GenBank databases under accession number U12345.’

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Authors should also be explicit about the limitations of the study. Failure to disclose important limitations upon submission will be viewed with greater scrutiny than those clearly discussed. Key elements which should be consistent for all submitted manuscripts include the following Report the sample size n for each study and each analysis Describe the power analysis to justify the sample size if appropriate Identify all statistical methods and verify the assumptions for all statistical tests Provide alpha (the probability of a Type I error) for all statistical tests Specify whether tests are one- or two-sided Report the descriptive statistics (n, mean, median, and standard deviation) for all continuous variables Report n and the sample proportion for binary variables Adequately explain complex statistical procedures such a multivariate logistic regression and the Cox proportional hazards regression model and verify the assumptions of each such procedure Report the actual P-values and explain what is meant by statistical significance Discuss and describe adjustments for multiple testing

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

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Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.
Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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