Information for Authors

Reviews in Urology reviews the latest advances in the diagnosis and treatment of a wide range of urological conditions to help the busy, practicing urologist keep up to date with the rapidly evolving field. Reviews in Urology is targeted to practicing urologists in the United States.

Reviews in Urology, the official journal of LUGPA, provides a medium for LUGPA leadership to deliver scholarly and clinically relevant content to their membership. LUGPA was established with the purpose of enhancing communication among group practices, allowing for benchmarking of operations, promoting quality clinical outcomes, developing new opportunities, and improving advocacy in the legislative and regulatory arenas.

Topics featured include
- Advanced prostate cancer
- Androgen replacement and infertility
- Benign prostatic hyperplasia
- Benign prostatic diseases and sexual dysfunction
- Bladder cancer
- Endourology
- Erectile dysfunction
- Female urology
- Genitourinary cancers
- Incontinence
- Kidney cancer
- Kidney stones and disease
- Localized prostate cancer
- Pediatric urology
- Pelvic pain disorders
- Prostate cancer
- Prostatitis

Manuscript Submission

Reviews in Urology publishes the following types of articles:
• Review Articles provide a general overview of a disease state, treatment, or disease management
• Case Reviews provide an in-depth look at a treatment or treatment algorithm in action
• Profiles provide real-world examples on integration into a practice model.

All manuscripts should be sent to Merilee Croft, MedReviews, LLC, 2585 Broadway, Suite 221, New York, NY 10025; mcroft@medreviews.com; 917-781-7535.

Peer Review
All content is peer reviewed using the single-blind process in which the names of the reviewers are hidden from the author. Decisions to accept, reject, or request revisions are based on peer review as well as review by the editors.

Ethics
Reviews in Urology expects the highest ethical standards from their authors, reviewers, and editors when conducting research, submitting papers, and throughout the peer review process.

Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected at any time before publication, the editorial office will take appropriate action as directed by the standards set forth by the Committee on Publication Ethics (COPE; http://www.publicationethics.org.)

Duplicate or redundant publication is a publication that overlaps substantially with one already published, in press, or in an electronic media submission. Duplicate or redundant submission is the same manuscript (or the same data) that is submitted to different journals at the same time. International copyright laws, ethical conduct, and cost-effective use of resources require that readers can be assured that what they are reading is original. Submitted manuscripts should not have been published or currently submitted elsewhere. Duplicate publication will be grounds for rejection of the submitted manuscript. If the editor was not aware of the violation and the article has been published, a notice of duplicate submission will be published.

Disclosure
Corresponding authors shall disclose whether they, or to the best of their knowledge their co-authors or affiliated institutions, received something of value from commercial organizations, such that they may have a direct/indirect interest in subjects they are addressing. This policy is intended to make readers aware of the authors’ interests/commitments so that they may form their own
judgments about such subjects. If the manuscript is accepted, disclosure information will be included in the published article.

**Data Sharing**
*Reviews in Urology* encourages authors to share the data and other artefacts supporting the conclusions in their paper by archiving it in an appropriate public repository. Authors should provide a data availability statement, including a link to the repository they have used, so that this statement can be published in their article. Shared data should be cited.

**Acknowledgments and Permissions**
Illustrations and tabulated data from other publications must be acknowledged and must have received permission from the previous publisher. Provide the following information where applicable: author(s), title of article or chapter, title of journal or book, volume number, page number(s), month and year of publication, and publisher name and location. The publisher’s signed permission to reprint or adapt text or graphics must be submitted with the manuscript.

**Patient Consent Forms**
The protection of a patient’s right to privacy is essential. Please collect and keep copies of patients’ consent forms on which patients clearly grant permission for the publication of photographs or other material that might identify them. If the consent form did not specifically include this, please obtain it or remove the identifying material. A statement to the effect that such consent had been obtained must be included in your manuscript. The editors may request a copy of consent forms.

**Manuscript Preparation**
When preparing the manuscript, please keep the format simple (ie, no hidden codes that indent text). Also, please do not use codes that place references at the bottom of each page or any type of automatic reference renumbering system. Leave a box or space with a note for placement of graphics.

**Photos, Illustrations, and Supplementary Material**
Each review article must include at least one table or text box that supplements or elaborates on the information in the main paper and one or more illustration that increases understanding of the text.

**Electronic Submission of Art**
Adobe Illustrator or Photoshop EPS or TIFF files are preferred; please use a resolution of 300 dpi for photographs and 1200 dpi for line art.

**Presenting Data**
Essential to any scientific article—be it original research or a review article—is the clear presentation of statistically significant numeric relationships. The American Society of Information Science classifies relationships as significant ($P < 0.05$), nonsignificant, and not statistically tested. Numeric relationships are preferable to language descriptors of a relationship: “In one series, 60% of infections were community-acquired” is preferred to “most infections were community-acquired.” Statistics should, of course, always be double-checked for accuracy and completeness. Errors most commonly occur when lists of statistics are presented: “Of the total suggested dose, 53% is excreted unchanged and 30% is excreted as the hydroxylated form.” (What happened to the last 17%?) Wherever possible, statistical information presented in the text should be repeated in a figure or table.

**Drug Names and Doses**

Use the generic drug name in text and include in parentheses any trade names that would be more recognizable to clinicians than the generic name. Drug-dosing information should include dose, frequency, route, and length of time it was administered.

**Essential Elements for Manuscript Submission**

Every manuscript should contain the following elements, each beginning on a new page:

- Title page
- Illustrations and captions
- Copyright transmittal
- Acknowledgments and permissions
- Abstract and key words
- References
- Tables
- Main Points

**Title Page**

The title should be concise and informative. Authors should be listed by first name, middle initial, last name, and degree(s). An institutional and department affiliation should be provided for each author. Give the name, address, and e-mail address of the author responsible for correspondence.

**Abstract and Key Words**

The abstract should not be longer than 100 words and should highlight the significant content of the article. A list of 3 to 5 key words should be provided beneath the abstract for use by indexing and abstracting services.

**References**

Statements that are likely to be surprising or challenged should be referenced. Truisms (such as the statement “Hypertension is often asymptomatic, but it can have serious long-range effects”) require no reference. A short list of suggested reading may be included in addition to specific references. References should be
listed numerically in the order in which they are first mentioned in the article, not alphabetically. In contrast, suggested reading lists are ordered alphabetically. Use the American Medical Association style:

- **Journal articles**

- **Books**

- **Chapters in books**

**Captions**
Captions for graphics should be no more than 50 words. Include magnification, stain, and other pertinent data where applicable.

**Copyright Transmittal**
Copyright law requires that prior to publication of any manuscript, the principal author sign a statement transferring the copyright and republication rights to the publisher. The publisher will send a copyright transmittal form once the manuscript has been accepted for publication.

**Guidelines: Format and Length**
*Review Articles* should be written in a narrative style. Appropriate length is about 2500 to 3500 words (10 to 15 double-spaced, typed pages), not including charts, tables, and graphics. Subjects that require extended treatment may be presented as a series (ie, Part I, Part II). References should not exceed 25-35 citations.

*Case Reviews* run approximately 1500-2500 words, and should include up to 25 references. Please include several illustrations or tables to detail the case.

**Additional Information**
Further information about the preparation of manuscripts is available in *Uniform Requirements for Manuscripts Submitted to Biomedical Journals*, prepared by the International Steering Committee of Medical Editors and published online in the Virtual Reference Shelf of the Canadian Medical Association’s Medical Writing Center (http://cma.ca/mwc/index.htm).

**Disclaimer**
Reviews in Urology is an independent publication under the editorial control of MedReviews®, LLC and its editorial board. Scientific rigor is enforced through a process of review that evaluates information presented for fair balance, objectivity, independence, and relevance to educational need. The opinions expressed in this publication are those of the contributors and are not attributable to the publisher, editor, editorial board, or advertisers of Reviews in Urology. The authors, editors, publisher, their servants, assigns, or agents, shall not be in any way liable for the currency of information or for any errors, omissions, or inaccuracies in the publication. Clinical judgment must guide each physician in weighing the benefits of treatment against the risk of toxicity. Information in this publication should not be relied upon in the care of patients. The publisher cannot be held responsible for any injury or damage to persons or property from any use of methods, products, instructions, or ideas contained in this publication. Although articles in this issue of the journal may contain discussion of investigational uses of agents that are not approved by the FDA, these are the views of the author(s) and do not necessarily represent those of MedReviews®, LLC. Please refer to the official prescribing information for each product for indications, contraindications, and warnings. MedReviews®, LLC does not recommend the use of any agent outside of the labeled indications. The appearance of advertising has no influence on editorial content or presentation and does not imply endorsement of products by the publication or its editors.