Instructions to Authors

Enacted January 1, 1980
Revised January 1, 2016

Manuscripts for submission to Investigative and Clinical Urology should be prepared according to the following instructions. To maintain rapid peer review and publication, manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

GENERAL INFORMATION

Investigative and Clinical Urology is an international, peer-reviewed, open access journal covering clinical and basic science relevant to physicians and researchers in the field of urology. The official abbreviated journal name is Investig Clin Urol. It is published bimonthly, and supplementary issue can be published.

Material submitted for publication should be the result of a recent investigation, should be scientifically sound, and should be theoretically well organized. Manuscripts are considered for publication with the understanding that they have not been published previously and are not under consideration by another journal. Investigative and Clinical Urology follows Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals available from http://www.icmje.org/ if not described otherwise below.

SUBMISSION

Submission to Investigative and Clinical Urology proceeds totally online via the web submission system for this journal, http://www.icurology.org. You will be guided stepwise through the creation and uploading of the various files. You will need to provide an electronic version of your manuscript and a separate electronic version of the abstract. You must select a category for your manuscript (see below). Once the uploading is done, the system automatically generates an electronic (PDF) proof, which is then used for reviewing. All correspondence, including the editor's decision and request for revisions, will be by e-mail.

RESEARCH AND PUBLICATION ETHICS

Investigative and Clinical Urology is a member of the Committee on Publication Ethics (COPE) and subscribes to its recommendations. For policies on research and publication ethics not stated in these instructions, COPE Guidelines (http://www.publicationethics.org/resources/guidelines) or Good Publication Practice Guidelines for Medical Journals (http://www.kamje.or.kr/intro.php?body=publishing_ethics) can be applied. In studies of human subjects, the procedures should be in accordance with the ethical standards of the Institutional Review Board (IRB) of the author's institute and with the Declaration of Helsinki (http://www.wma.net/en/30publications/10policies/b3/).

Copies of written informed consent and IRB approval for clinical research should be kept. Insert a sentence in the “Materials and Methods” section stating that the study was approved or was exempt from approval and include the name of the IRB. In the case of animal experiments, authors should follow the institutional or national guidelines for the care and use of laboratory animals and insert the animal approved project number in the “Materials and Methods” section.

REGISTRATION OF CLINICAL TRIAL RESEARCH

Any research that deals with a clinical trial is recommended to be registered with a primary national clinical trial registration site, such as http://cris.nih.go.kr, or other sites accredited by WHO or the International Committee of Medical Journal Editors.

ROLE OF AUTHORS

The corresponding author must take responsibility for the integrity of the work as a whole, from inception to published article. Each collaborating author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. The corresponding author must submit the completed authorship form on behalf of all coauthors. Download form: http://icurology.or.kr/submission/File/Author_Submission_Requirement_Form.pdf.

DUPLICATE OR PREVIOUS PUBLICATION OR SUBMISSION

Manuscripts are considered with the understanding that they have not been published previously in print or electronic format and are not under consideration by another publication or electronic medium. Copies of related or possibly duplicative materials (i.e., those containing substantially similar content or using the same or similar data) that have been previously published or are under consideration elsewhere must be provided at the time of manuscript submission.

CONFLICTS OF INTEREST AND FINANCIAL DISCLOSURES

Conflicts of interest: Authors should declare relationships that
may pose any conflicts of interest in the Conflicts of Interest section within the manuscript.

Financial support: Authors are required to identify all relevant financial interests and relationships or financial conflicts (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending), particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation) that represent potential future financial gain. The disclosure of funding should be indicated in the Acknowledgments section within the manuscript.

The Author Submission Requirement Form should be completed by the corresponding author on behalf of each coauthor and should be submitted with the manuscript and can be found on http://icurology.or.kr/submission/File/Author_Submission_Requirement_Form.pdf.

ARTICLE CATEGORIES

The article types include original articles, rapid communications, review articles, special articles, innovative surgical techniques, editorials, and letters to the editor.

Topics include genomics/stem cells in urology, urological oncology, robotics/laparoscopy, endourology/uro lithiasis, lower urinary tract dysfunction, female urology, sexual dysfunction/infertility, infection/inflammation, reconstruction/transplantation, geriatric urology, pediatric urology, and basic/translational research.

Special features include easy-to-access online video clips and illustrations of newly developed surgical techniques that can be accessed on the journal's website (http://icurology.org) or by a QR (quick response) code located in the article.

PUBLICATION TYPES

Specification for publication types (See expanded descriptions following table)

<table>
<thead>
<tr>
<th>Type of article</th>
<th>Abstract (word)</th>
<th>Text (word)*</th>
<th>References</th>
<th>Tables &amp; Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Original articles</td>
<td>Structured, 250</td>
<td>3,000</td>
<td>30</td>
<td>10</td>
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<tr>
<td>Rapid communications</td>
<td>Structured, 250</td>
<td>3,000</td>
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<tr>
<td>Review articles</td>
<td>250</td>
<td>4,000</td>
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</tr>
<tr>
<td>Special articles</td>
<td>250</td>
<td>5,000</td>
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</tr>
<tr>
<td>Innovative surgical techniques</td>
<td>250</td>
<td>3,000</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Editorials</td>
<td>Not required</td>
<td>1,500</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>Letters</td>
<td>Not required</td>
<td>500</td>
<td>5</td>
<td>0</td>
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</table>

Any article longer than these limits should be discussed with the editor.

*Maximum number of words is exclusive of the abstract, references, and figure legends.

1. Original Articles

Original articles should contain the results of clinical or basic research and should be sufficiently well documented to be acceptable to critical readers. The length of the manuscript should not exceed 3,000 words, not counting the abstract, references, tables, and legends to figures and illustrations, if possible, and references should not exceed 30.

Original articles should be arranged in the following order: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, Acknowledgments (if necessary), References, Figure legends, Figures (including video clips), and Tables.

2. Rapid communications

Rapid communications are original articles of utmost importance intended to present rapidly exciting findings that will have a major impact in Urology. The format is the same as that of an original article. The article will be published in the next available issue.

3. Review articles

Review articles are solicited by the Editor and should not be submitted without prior approval. The format of abstract and manuscript may be structured or unstructured. Review articles will also enter the standard peer review process. The length of the manuscript should not exceed 4,000 words and references should not exceed 100.

4. Special articles

Special articles are invited with an intention of special introduction of medical information in the field of Urology. The format of abstract and manuscript may be structured or unstructured. The length of the manuscript should not exceed 5,000 words; more extensive manuscripts will be considered and judged on merit; however, authors are urged to be as concise as possible. References should not exceed 100.

5. Innovative surgical techniques

Innovative surgical techniques should represent clear descriptions of new surgical procedures with excellent pictorial and/or video illustration. The format of abstract and manuscript may be structured or unstructured. The length of the manuscript should not exceed 3,000 words and references should not exceed 30.

6. Editorials

Editorials are solicited by the editors. Editorials can provide important, contemporary, and upcoming opinions in the urological field. Editorial comments are commentary and analysis of an article published elsewhere in Investigative and Clinical Urology. Authors of the original article will be given an opportunity to respond to the editorial comment in the same issue. The length of the manuscript should not exceed 1,500 words and references should not exceed 7.

7. Letters

Letters to the editor should be useful to practitioners. If
there are opinions from readers, those can be published with the decision of the editors. The length should not exceed 500 words. Only letters concerning articles published in the journal within the past 1 year are considered. A maximum of 3 authors and 5 references are allowed. Neither tables nor figures are allowed. If accepted, the 'author reply' of the paper being discussed could be published at the same time as the letter.

**FORMAT**

**Title page:** The title page should contain the following information: (1) title, which should be concise but informative; (2) each author's name (first name, middle name or initial, and surname); (3) name of department(s) and institution(s) where the work was conducted; (4) running title not exceeding 50 characters; (5) name, postal address, telephone and fax numbers, and e-mail address of the corresponding author; (6) information on financial support, including the source(s) of the grant(s); (7) word count of text (not including the abstract) and word count of abstract.

**Abstract and Keywords:** An abstract should be concise and not exceed 250 words. A structured abstract should consist of Purpose, Materials and Methods, Results, and Conclusions. Three to 5 keywords should be listed below the abstract (in alphabetical order, separated by semicolons) as follows: Benign prostatic hyperplasia; Doxazosin; Lower urinary tract symptoms. For the selection of keywords, please refer to the medical subject headings (MeSH) of Index Medicus (http://www.nlm.nih.gov/mesh/MBrowser.html).

**Introduction:** The background related to the study and the purpose of investigation should be described briefly and clearly.

**Materials and Methods:** This section should be written concisely in either chronological order or in the order in which the study was conducted. The subject characteristics and inclusion and exclusion criteria should be specified in investigations involving humans. The sources of special chemicals or equipment used in the study should be given along with their locations (names of the company, city, and country). Procedures that have been published previously need not be described in detail, but merely cited with appropriate references. However, new and significant modifications of previously published procedures need complete explanation sufficient for repetition by qualified investigators. The methods of experiment, analysis, and statistical analysis should be described clearly in the past tense. When the content is long, use subheadings for easier understanding.

**Results:** This section should include a concise textual description of the data presented in tables and figures, in the same order as appearing in the Materials and Methods section. Excessive elaboration of data already given in tables and figures should be avoided. The results obtained from subject analysis such as age and gender distribution are not mentioned in this section. The tense should be in the past form.

**Discussion:** In this section, the data should be interpreted concisely without repeating material already presented in the Results section. The logical answers to the questions stated in the Introduction section should be proposed. The content should be limited to new and important information related to the study results.

**Conclusions:** The conclusions or opinions by the author(s) drawn from the Results and Discussion sections and befitting the purpose(s) of the study should be described comprehensively, while avoiding a simple summary or redundant information. Future study direction or expected effects are also best avoided.

**Acknowledgments:** The persons or institutes that contributed to the work but were not included as coauthors may be acknowledged. Any financial or technical support should also be stated.

**PREPARATION OF MANUSCRIPTS**

**Headings:** Do not use automatically generated numbering or bulleted systems or hidden text (e.g., for headings, references, footnotes, lists).

**Units of Measurement:** Units of measurement must conform to the International System (SI) of Units: year(s), y; month(s), mo; day(s), d; hours, h; minutes, min; second(s), s; grams, g; liters, L; meters, m; sample size, n; degrees of freedom, df; standard error of the mean, SE; standard deviation, SD; probability, p.

**Abbreviations:** Spell out numbers at the beginning of a sentence. Abbreviations must be defined at first use in each of the following: text, tables, and figure legends.

**References:**

References should be numbered serially in the order of appearance in the text, with numbers in brackets ([ ]). If referring to more than two sequential references, list all numbers.

fewer; when seven or more, list six and add "et al."

Book:
Surname and initials of author(s). Title. Edition. City: Publisher; Year;Inclusive pages.
Example:

Book chapter:
Example:

Journal article:
Surname and initials of author(s). Title of article. Name of journal Year;Volume:Inclusive pages. In case there is a colon (:) in the title of the article, the title after the colon should start with a capital letter if it is a full sentence and with a small letter if it is not a sentence.
Example:

Digital illustrations and tables should be kept to a necessary minimum and their information should not be duplicated in the text. No more than 10 figures and tables should accompany the manuscript for clinical articles.

Figures and Figure Legends: Figures and images should be kept to a minimum and should accompany the manuscript. The preferred formats for illustrations are JPG (JPEG), GIF, and TIFF files (600 dpi or higher). Color figures can be reproduced if necessary, but the authors will be expected to contribute toward the cost of publication. Legends must accompany each illustration and should be typed on a separate page. Do not embed artwork within the text; figures should be supplied as separate files.

Tables: Every table must have a descriptive title and an explanatory paragraph that makes the data understandable without reference to the text. Each must be typed double-spaced on a separate page and numbered with Arabic numerals. Explain in footnotes all nonstandard abbreviations that are used in each table. For footnotes, use the following symbols, in this sequence: a, b, c, d, e, f, etc. Compose tables in a word-processing program; do not insert as graphic elements. Number tables with Arabic numerals in the order in which they appear in the text.

Video: Video clips and illustrations of newly developed surgical techniques can be submitted for placement on the journal website. The video may be up to 10 minutes in duration. Invited video may be longer at the discretion of the editors. For high resolution and quality, video dimensions must be at least 640×480. The video must include audio narration explaining the procedure. Audio and text on the video must be in English. The available video formats are Windows Media Player (.WMV), MPEG (.MPG, .MPEG), Audio Video Interleave (.AVI), and Quicktime (.MOV). The video must also be in the NTSC format. If the article is accepted for publication, the video will be digitized and permanently archived on the Investigative and Clinical Urology website (http://www.icurology.org). All videos are subject to peer review and must be sent directly to the Editor by e-mail or mail to the Investigative and Clinical Urology Editorial Office.

MANUSCRIPT CHECKLIST
We have provided a manuscript checklist to help you to prepare your materials for submission and to make the online submission process as straightforward as possible. Manuscripts that do not meet these requirements will be returned to the author without review.

CROSS CHECK
Crosscheck is a multipublisher initiative to screen published and submitted content for originality. To find out more about Crosscheck, visit http://www.crossref.org/crosscheck/. All manuscripts submitted to Investigative and Clinical Urology will be screened, using the iThenticate tool, for textual similarity to other previously published works.

PEER REVIEW AND PUBLICATION PROCESS
All manuscripts are subject to peer review, and accepted articles will be published in Investigative and Clinical Urology.

(1) Registration for submission: Manuscripts should conform strictly to journal style. Manuscripts that have many errors will be returned to the author without review. Any manuscript registered is given a registration number, which will be e-mailed or faxed to the corresponding author.
(2) **Review:** Manuscripts will be reviewed by 3 peer reviewers. The reviewers will be blinded to the names of the authors and the institution from which the manuscripts have been sent. The editors reserve the right to improve the style and, if necessary, return the manuscript for rewriting to the author. Once an author is requested to revise his/her manuscript, he/she should resubmit the revised manuscript using our online submission system. A covering letter must accompany all revised manuscripts and indicate clearly what alterations have been made in response to the reviewer's comments. Satisfactory reasons should be given for noncompliance with any of the recommendations of the editors. Accepted manuscripts will be copyedited to ensure they conform to the journal's style. The final version of the manuscript following copyediting will be sent back to the author only if specific queries need clarification.

(3) **Conclusion of review:** Once the manuscript is accepted for publication in *Investigative and Clinical Urology* a certificate of publication stating that the manuscript will be published can be issued on demand by the author(s).

(4) **Editorial comment and reply by authors:** With the decision of the editors, editorial comment can be attached to the manuscript. If the author(s) reply, the reply can also be published.

(5) **Printing:** The authors should proofread and edit their accepted manuscript carefully before printing and can still request additional correction at this stage. The Editorial Committee decides whether to publish the manuscript and the order in which the manuscript is published.

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Author cannot archive pre-print (i.e., pre-refereeing); Author can archive postprint (i.e., final draft postrefereeing); And, author can archive publisher's version/PDF.

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**EDITORIAL OFFICE INFORMATION**

Questions regarding manuscript submission may be sent to *Investigative and Clinical Urology* Editorial Office

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