Information for Authors

Enacted January 1, 1960
Revised November 1, 2018

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 title is Investig Clin Urol. The journal is published bimonthly, and supplementary issues may 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/ and Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by COPE, DOAJ, WAME, and OASPA) available from http://doaj.org/bestpractice if not described otherwise below.

SUBMISSION

Submission to Investigative and Clinical Urology proceeds totally online via the web submission system for this journal, https://mc04.manuscriptcentral.com/icurology. 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 done by e-mail.

RESEARCH AND PUBLICATION ETHICS

This statement aims to provide guidelines about the responsibilities of authors who submit papers to Investigative and Clinical Urology (ICUrology). This statement also helps reviewers and editors to prevent any malpractice associated with the publication of papers. This statement covers all papers, including review articles, original articles, innovations in urology, letters to editors, and any other publication types submitted to ICUrology.

1. Research Ethics


Please refer to the principles embodied in the Declaration of Helsinki (https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/) for all investigations involving human materials. Animal experiments also should be reviewed by an appropriate committee for the care and use of animals. Also studies with pathogens requiring a high degree of biosafety should pass review of a relevant committee. The editor of ICUrology may request submission of copies of informed consent from human subjects in clinical studies or IRB approval documents.

A clinical trial defined as “any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome” should be registered to the primary registry prior to publication. ICUrology accepts registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/en/), NIH ClinicalTrials.gov (http://www.clinicaltrials.gov/), ISRCTN Register (http://www.isrctn.com/), University Hospital Medical Information Network (http://www.umin.ac.jp/ctr/index/htm/), or Clinical Research Information Service (http://cris.nih.go.kr). The clinical trial registration number shall be published at the end of the abstract. Authors should consult and follow the relevant guidelines for reporting health research data, such as the CONSORT guidelines (http://www.consort-statement.org/) for randomized, controlled trials and the PRISMA statement (http://www.prisma-statement.org/) for Systematic Reviews and Meta-Analyses.

2. Disclosure of Conflicts of Interest

A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal...
relationships or affiliations that could influence the author's decisions or work on the manuscript. 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 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 https://www.icurology.org/src/ICU-Author_Submission_Requirement_Form.pdf.

3. Authorship and Author's Responsibilities

The ICUrology requires that all authors complete an authorship form (download form at https://www.icurology.org/index.php?body=instruction) in their cover letter. The ICUrology follows the recommendations for authorship by the ICMJE, 2013 (http://www.icmje.org/icmje-recommendations.pdf). Author credit should be based on (1) substantial contributions to the conception and design, or acquisition, 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 published; and (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged. These authorship criteria are intended to preserve the status of authorship for those who deserve credit and can take responsibility for the work.

Group authorship should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship and should complete an authorship form. The corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name.

4. Publication Ethics

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.

The editorial board should monitor and guard publication ethics about all papers submitted to ICUrology. All manuscripts submitted to the ICUrology may be screened, using the iThenticate tool (Similarity Check), for textual similarity to other previously published works. The Editorial Board of ICUrology will immediately reject a submitting manuscript which has a high similarity index to other papers in the Similarity Check. When malpractices are found in the submitted article to ICUrology, ICUrology will follow the flowchart by the Committee on Publication Ethics (COPE, http://publicationethics.org/resources/flowcharts) for settlement of any misconduct. The editorial board of ICUrology is always willing to publish corrections, clarifications, retractions when needed.

ARTICLE CATEGORIES

The article types include original articles, rapid communications, review articles, special articles, innovations in urology, editorials, and letters to the editor. Topics include precision medicine 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>
</tr>
<tr>
<td>Rapid Communications</td>
<td>Structured, 250</td>
<td>3,000</td>
<td>30</td>
<td>10</td>
</tr>
<tr>
<td>Review Articles</td>
<td>250</td>
<td>5,000</td>
<td>100</td>
<td>10</td>
</tr>
<tr>
<td>Special Articles</td>
<td>250</td>
<td>5,000</td>
<td>100</td>
<td>10</td>
</tr>
<tr>
<td>Innovations in Urology</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>
</tr>
</tbody>
</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 the 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 5,000 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 the 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. Innovations in Urology

Innovations in Urology should represent clear descriptions of new innovative techniques or procedures with excellent pictorial and/or video illustration. The format of the 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

1. 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.

2. 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 five 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). Use of MeSH on Demand is also recommended: https://meshb.nlm.nih.gov/MeSHonDemand.

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

4. Materials and Methods: This section should be written concisely in either chronological order or 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. An ethics statement should be included here when the studies are performed using clinical samples or data, or animals. An example is shown below.

(Example for clinical study)
- The present study protocol was reviewed and approved by the Institutional Review Board of ### University College of Medicine (approval No. 000000). Informed consent was obtained by all subjects when they were enrolled.

(Example for animal study)
- The procedures used and the care of animals were approved by the Institutional Animal Care and Use Committee (IACUC) in ### University (approval No: 000000).

(Example for clinical trials)
This is a randomized clinical trial on the second phase, registered at NIH ClinicalTrials.gov (http://www.clinicaltrials.gov/), number NCT00000000. Manuscripts reporting interventional clinical trial should include data sharing plan following the ICMJE statement by referring to the ICMJE Statement on Data Sharing (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html).

(Description of participants)
- Ensure correct use of the terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors), and unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race orethnicity and justify their relevance.

5. 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.

6. 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.

7. 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.

8. Conflicts of Interest: All authors should disclose any financial and personal relationships with other people or organizations that could inappropriately affect the study. Even in cases in which the authors have no conflicts of interest, the authors should declare this as follows: The authors have nothing to disclose.

9. 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.

10. References: References should be numbered serially in the order of appearance in the text, with numerals in brackets ( [ ] ). If referring to more than two sequential references, list all numbers. References should be listed on a separate sheet at the end of the article in the order of citation. Reference format should conform to the NLM style (The NLM Style Guide for Authors, Editors, and Publishers. 2nd edition, 2007. http://www.nlm.nih.gov/citingmedicine). Journal abbreviations should also conform to the NLM style (http://www.ncbi.nlm.nih.gov/nlmcatalog/journals) or to the recent version of the List of Title Word Abbreviations based on ISO 4 (http://www.issn.org/services/online-services/access-to-the-ltwa/?letter=a). List all authors when six or 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:


11. Tables, Figures, and Videos
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 JEPG (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.

Videos: Video clips and illustrations of newly developed surgical techniques can be submitted for placement on the journal website. Each video clip must be up to 350 MB, and the total capacity of all files must be a maximum of 500 MB. Invited video may be longer at the discretion of the editors. For high resolution and quality, video dimensions must be at least 640x480. 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.

12. Other Rules
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.

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, SEM; standard deviation, SD; probability, p.

Names of Drugs, Devices, and Other Products: Generic names should be used. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses after the first mention of the generic name in the Materials and Methods section.

Gene Names, Symbols, and Accession Numbers: Authors describing genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee.

MANUSCRIPT CHECKLIST
We have provided a manuscript checklist to help you 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.

SIMILARITY CHECK (CROSSCHECK)
For editorial originality, Similarity Check helps editors compare the text of submitted papers for similarity. To find out more about Similarity Check, visit https://www.crossref.org/services/similarity-check. 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 do not fit the style and format of the journal 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, that is, double-blind review. The editors reserve the right to improve the style and format and, if necessary, to 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 through the 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 and format. The final version of the manuscript following copyediting will be sent back to the author only if specific queries need clarification.

3. Certificate of Publication: 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.

6. Feedback after Publication: If the authors or readers find any errors, or contents that should be revised, corrections can be requested from the Editorial Board. The Editorial Board may consider erratum, corrigendum, or a retraction. If any revisions to the article are published, a CrossMark description will be issued to announce the final draft.

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More detailed information can be found at the journal's homepage (http://www.icurology.org).

CLINICAL DATA SHARING POLICY

This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors” (https://doi.org/10.3346/jkms.2017.32.7.1051). As of July 1, 2018, manuscripts submitted to ICMJE journals that report the results of clinical trials must contain a data sharing statement. Clinical trials that begin enrolling participants on or after January 1, 2019, must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html. If the data sharing plan changes after registration, this should be reflected in the statement submitted and published with the manuscript and updated in the registry record. More detailed information can be found at the journal's homepage (http://www.icurology.org).
ARTICLE PROCESSING CHARGE

There is no submission fee or article processing charge on the author side. All costs of publication are covered by not only the publisher but also the Korean Federation of Science and Technology Societies (http://www.kofst.or.kr/main.bit?sys_type=0000) supported by the Korean Government. Therefore, the journal is a so-called platinum open access journal.

EDITORIAL OFFICE INFORMATION

Questions regarding manuscript submission may be sent to Investigative and Clinical Urology Editorial Office
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E-mail: uro-edit@urology.or.kr