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European Association of Urology



## Instructions for Authors

### General Information

European Urology, “The Platinum Journal,” published continuously since 1975, is an international peer-reviewed journal devoted to urology and related sciences and is published 12 times per year. European Urology is the official journal of the European Association of Urology (EAU), a scientific society with 9,000 members from 120 countries worldwide. European Urology is available both in print and online and reaches over 20,000 readers.

European Urology's 2007 impact factor is 5.634. *The impact factor is a measure of the citation rate per article, and is calculated by dividing 1 year's worth of citations to a journal's articles published in the previous 2 years by the number of major articles [eg, research papers, reviews] published by that journal in those 2 years.* European Urology's acceptance rate is approximately 18% of the nearly 2000 solicited and unsolicited manuscripts it receives annually; its average time from submission to first editorial decision is approximately 16 days and the average time from submission to inclusion in Medline is 160 days. The Editor-in-Chief of European Urology is Prof. Francesco Montorsi.

Each month European Urology publishes a wide variety of articles in all areas of urology and related sciences. The journal publishes review articles, original articles, Surgery in Motion articles with accompanying DVD editorials, editorial comments, interviews, debates, Words of Wisdom, letters to the editor, and case reports.

Review articles, editorials and related articles, and letters to the editor can be read in full text without charge at [www.europeanurology.com](http://www.europeanurology.com) and [www.urosource.com](http://www.urosource.com).

EU-ACME accredited questions are included in every issue of European Urology and can be answered at [www.eu-acme.org/europeanurology](http://www.eu-acme.org/europeanurology).

Manuscripts should be submitted online via the European Urology online manuscript submission and review system at <http://editorialmanager.eurourol.com>.

Statements in articles or opinions expressed by any contributor in any article are not the responsibility of the editors or

the publishers. The publisher is not responsible for the loss of manuscripts through circumstances beyond its control.

Accepted manuscripts will be copyedited to make them 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.

### Editorial Office Contact Information

Questions regarding manuscript submission may be sent to:

European Urology Editorial Office  
Ms. Cathy Pierce, Editorial Office Manager or  
Ms. Kerri James, Editorial Office Assistant  
Via Stamira d'Ancona 20  
20127 Milan Italy  
Telephone: +39 02 2643 6438  
Telephone: +39 02 2643 6432  
Fax: +39 02 2643 6450  
E-mail: [european.urology@hsr.it](mailto:european.urology@hsr.it)

### Editorial Policy

#### Authorship Criteria and Contributions and Authorship Form

Completion and inclusion of the Authorship Responsibility, Financial Disclosure and Acknowledgment Form is an obligatory step of the submission process.

If the form is not completed as instructed below, the manuscript will not be considered for peer review.

The corresponding author must submit the above mentioned completed form on behalf of all coauthors, if any. This form can be downloaded online at [www.europeanurology.com](http://www.europeanurology.com).

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. Authorship credit should be based on: substantial contributions to conception and design, acquisition of data, analysis and interpretation of data, drafting of the article or revising it critically for important intellectual content, statistical analysis, obtaining funding, administrative, technical or material support, supervision and any other specifics to be declared at publication. The corresponding authors is obliged to indicate

the coauthors contribution to the manuscript in the appropriate field in the said form.

Each coauthor's specific contribution for reports of original data and systematic reviews will be included with the published manuscript.

Each field may include more than one author.

#### *Role of the Corresponding Author*

The corresponding author will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited typescript and proof and will be identified as the corresponding author in the published article. The corresponding author is responsible for ensuring that all information included in the Authorship Responsibility, Financial Disclosure and, Funding Support form and the Acknowledgment section, if any, is complete and has been agreed on by all authors. *"Acknowledgment" is the general term for the list of contributions, credits, and other information included at the end of the text of a manuscript but before the references.*

#### *Group Authorship*

If authorship is attributed to a group (either solely or in addition to one or more individual authors), all members of the group must meet the full criteria and requirements for authorship as described above. If that is not the case, a group must designate one or more individuals as authors or members of a writing group who meet full authorship criteria and requirements. Other group members who are not authors may be listed in an Acknowledgment.

#### *Conflicts of Interest and Financial Disclosures*

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 (or bias) the author's decisions, work, or manuscript.

Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts (eg, employment/affiliation, grants or funding, consultancies, honoraria, stock ownership or options, expert testimony, 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.

For example, authors of a manuscript about prostate cancer should report all financial relationships they have with all manufacturers of products used in the management of prostate cancer, not only those relationships with companies whose specific products are mentioned in the manuscript.

Although many universities and other institutions have established policies and thresholds for reporting financial interests and other conflicts of interest, European Urology requires complete disclosure of all relevant financial relationships and potential financial conflicts of interest, regardless of amount or value.

All disclosures of any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript will be disclosed by the corresponding author on behalf of each coauthor, if any, as part of the submission process. Likewise, authors without conflicts of interest, will be requested to so state as part of the submission process.

If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office.

Failure to include this information in the manuscript will prohibit commencement of the review process of the manuscript.

For all accepted manuscripts, each author's disclosures of conflicts of interest and relevant financial interests and affiliations and declarations of no such interests will be published.

The policy requesting disclosure of conflicts of interest applies for all manuscript submissions. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to rectify the original published disclosure statement.

Authors also are required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies as part of the submission process. For all accepted manuscripts, each author's source of funding will be published.

#### *Funding/Support and Role of Sponsor*

All financial and material support for the research and work will be requested to be clearly and completely identified as part of the submission process. The specific role of the funding organization or sponsor in each of the following should be specified: "design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript." The corresponding author is responsible for acknowledging this on the authorship form at the time of submission.

#### *Data Access and Responsibility*

For all reports (regardless of funding source) containing original data, at least one named author (e.g., the principal investigator) who is independent of any commercial funder should indicate that she or he *"had full access to all the data in*

*the study and takes responsibility for the integrity of the data and the accuracy of the data analysis.*" This exact statement will be requested as part of the submission process. Modified statements or generic statements indicating that all authors had such access are not acceptable.

#### *Duplicate/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 (ie, 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.

#### *Ethical Approval of Studies and Informed Consent*

For human or animal experimental investigations, formal review and approval, or review and waiver, by an appropriate institutional review board or ethics committee is required and should be described in the Methods section. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki should be followed. For investigations of human subjects, state in the Methods section the manner in which informed consent was obtained from the study participants (ie, oral or written).

#### *Personal Communications and Unpublished Data*

A signed statement of permission should be included from each individual identified as a source of information in a personal communication or as a source for unpublished data, and the date of communication and whether the communication was written or oral should be specified.

#### *Previous Presentation or Release of Information*

A complete report following presentation at a meeting or publication of preliminary findings elsewhere (eg, an abstract) is eligible for consideration for publication.

#### *Unauthorized Use*

Published manuscripts become the permanent property of the EAU and may not be published elsewhere in whole or in part without written permission. Unauthorized use of the European Urology name, logo, or any content for commercial purposes or to promote commercial goods and services (in any format, including print, video, audio, and digital) is not permitted by the EAU.

### **Editorial Review and Publication**

Authors will be sent notifications of the receipt of manuscripts and editorial decisions by e-mail. During the review process, authors can check the status of their submitted manuscript via the online manuscript submission and review system.

#### *Editorial and Peer Review*

All submitted manuscripts are reviewed initially by the European Urology Editor-in-Chief and Associate Editors. Manuscripts submitted for the Surgery in Motion section will also undergo peer review, supervised by the Editor-in-Chief and the Surgery Editor and must be submitted along with the accompanying DVD (please see article type section below).

Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and topic has general interest for urologists. From these basic criteria, the editors decide whether a manuscript is reaching a priority score to justify peer review. Manuscripts with insufficient priority for publication are rejected promptly. Other manuscripts are sent to expert consultants for peer review. Although rare, it is possible for an exceptional manuscript to be accepted upon submission.

Manuscripts considered to be of interest by the editors will be peer reviewed by internationally recognized experts on the subject. Each manuscript is sent to 6–10 reviewers. When necessary, a biostatistician will also review manuscripts.

Reviewers are matched to the paper according to their expertise. Our reviewer database is constantly being updated to ensure the reviewer profile matches that of the topic being discussed in the manuscript. We welcome suggestions for reviewers from the author though these recommendations may or may not be considered.

#### *Reviewer Reports*

Reviewers are asked to evaluate whether the manuscript:

- Is original
- Is methodologically sound
- Follows appropriate ethical guidelines
- Has results that are clearly presented and support the conclusions
- Correctly references previous relevant work
- Is aimed at the Journal's target readership

Reviewers are not expected to correct or copyedit manuscripts. Language correction is not part of the peer-review process.

Reviewers are allotted 14 days to complete their reviews. The reviewers are not blinded to the names of the authors or the institution from which the manuscripts have been submitted.

#### *Final Editorial Decision*

The final decision to accept, revise, or reject a manuscript is made by the Editor-in-Chief after carefully considering the opinion of the Associate Editor(s) handling that particular manuscript. The decision is sent to the author along with any recommendations made by the reviewers and editors.

## Publication

Prior to submitting a manuscript to European Urology, authors must ensure that each requirement listed below is met. Manuscripts that do not meet these requirements will be returned to the author without review.

### Editing

The corresponding author is responsible for ensuring the quality of the language and grammar of the manuscript and that the journal manuscript requirements have been met. Authors are encouraged to have the manuscript professionally copyedited before submitting.

European Urology employs Dragonfly Editorial for the final copyediting of accepted manuscripts before publication.

Those who would like to utilize their services are welcome to contact: Dragonfly Editorial at [www.dragonflyeditorial.com](http://www.dragonflyeditorial.com).

Accepted manuscripts are edited in accordance with the Journal in-house style. Authors are responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

### Corrections

Requests to publish corrections should be sent to the editorial office. Corrections are reviewed by editors and authors, published promptly, and linked online to the original article.

### Offprints

Offprints may be ordered when the edited typescript is sent for approval to the corresponding author. 25 free reprints are shipped 2 weeks after publication. Additional copies (minimum 100) can be ordered at prices quoted on the order form that will be sent with the acknowledgment letter.

## Types of Articles

### Original Articles

These manuscripts typically report on basic and translational research, epidemiology, pathophysiology, diagnosis, medical or surgical treatment, and minimally invasive therapy related to urologic diseases.

Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria and/or participation or response rates, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a discussion section placing the results in context with the published literature and addressing study limitations; and the conclusions. Data included in research reports should be as timely and current as possible.

The format of the original article should be as follows:

### Abstract

Provide a structured abstract no longer than 300 words with the following sections: Background; Objective; Design, Setting, and Participants; Intervention (include if there are any); Measurements; Results and Limitations; Conclusions.

For brevity, parts of the abstract may be written as phrases rather than complete sentences. Do not use abbreviations in the abstract.

Each section should include the following content:

- **Background:** The abstract should begin with a sentence or two explaining the clinical (or other) importance of the study question.
- **Objective:** State the precise objective or study question addressed in the manuscript (eg, “To determine whether...”). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated.
- **Design, Setting, and Participants:** Describe the basic design of the study. State the years of the study and the duration of follow-up. Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care. State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.
- **Intervention(s):** The essential features of any interventions (surgical or medical) should be described. The nonproprietary drug or device names should be used unless the specific trade name is essential to the study.
- **Measurements:** Indicate the primary and secondary study outcome measurement(s).
- **Results and Limitations:** The main outcomes of the study should be reported and quantified. Complications or sequelae of the interventions used must be detailed. Particular attention must be given to statistical analysis. All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates. Limitations of the study should be acknowledged.
- **Conclusions:** Provide only conclusions of the study directly supported by the results, along with implica-

tions for clinical practice, avoiding speculation and overgeneralization. Indicate whether additional study is required before the information should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

- Trial Registration: For clinical trials, the name of the trial registry, registration number, and URL of the registry must be included.

Examples of how an original article abstract should be structured can be found on [www.europeanurology.com](http://www.europeanurology.com).

#### Text

The text of the manuscript should be divided as follows: Introduction; Material (Patients) and Methods; Results; Discussion; Conclusions.

- Number of references should be limited to 30.
- Maximum word count is **2500**, including the abstract but not including the references, tables, figures, or legends.

#### Take Home Message

Two or three sentences (no more than 60 words) summarizing the main message expressed in the article *must* be uploaded as a separate file.

#### Ethical considerations and registration of clinical trials

Trial Registration: As a member of the International Committee of Medical Journal Editors (ICMJE), European Urology requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE and that requires the minimum registration data set as described by the ICMJE.

Acceptable trial registries include the following:

<http://www.actr.org.au>  
<http://www.clinicaltrials.gov>  
<http://isrctn.org>  
<http://www.trialregister.nl/trialreg/index.asp>  
<http://www.umin.ac.jp/ctr>

For this purpose, a clinical trial is any study that prospectively assigns human subjects to intervention or comparison groups to evaluate the cause-and-effect relationship between a medical/surgical intervention and a health outcome. All clinical trials, regardless of when they were completed, and secondary analyses of original clinical trials must be registered before submission of a manuscript based on the trial. For clinical trials starting patient enrollment after July 2005, trials must be registered before onset of enrollment. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (eg, phase 1 trials), are exempt. Trial registry name, registration identification number, and the URL for the registry should be included at the end of abstract.

CONSORT Flow Diagram and Checklist: Manuscripts reporting the results of randomized controlled trials should include the CONSORT flow diagram showing the progress of patients throughout the trial. The CONSORT checklist also should be completed and submitted with the manuscript and can be found on [www.europeanurology.com](http://www.europeanurology.com).

#### Review Articles

These are reviews that systematically find, select, critique, and synthesize evidence relevant to well-defined questions about diagnosis, therapy, and prognosis. Review articles are in principle solicited by the editorial board. *Authors who would like to submit unsolicited review articles should first write to the editorial office describing the content of the review article they wish to submit.* Review articles should not be submitted in full without prior approval from the editors.

The format of the review article should be as follows:

#### Abstract

Provide a structured abstract no longer than 300 words with the following sections: Context, Objective, Evidence Acquisition, Evidence Synthesis, Conclusion (see abstract structure details below.)

- Context: Include one or two sentences describing the clinical question or issue and its importance in clinical practice or public health.
- Objective: State the precise primary objective of the review. Indicate whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.
- Evidence Acquisition: Describe the data sources used, including the search strategies, years searched, and other sources of material, such as subsequent reference searches of retrieved articles. Methods used for quality assessment and inclusion of identified articles should be explained.
- Evidence Synthesis: The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.
- Conclusions: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge.

Examples of how a Review Article abstract should be structured can be found on [www.europeanurology.com](http://www.europeanurology.com).

#### Text

The text of the manuscript should be divided as follows: Introduction, Evidence Acquisition, Evidence Synthesis, Conclusions.

- Maximum word count is 4000, including the abstract but not including the references, tables, figures, or legends.
- Number of references should be limited to 50.

#### *Take Home Message*

Two or three sentences (no more than 60 words) summarizing the main message expressed in the article must be uploaded as a separate file.

#### *Surgery in Motion*

Authors are welcome to submit manuscripts describing particular surgical techniques. In addition to describing the technique in detail, early and long-term results and complications must be reported as well. *Mandatory requirements include a minimum number of 10 patients who have undergone the procedure in discussion and with a minimum 1-year follow-up of all patients.* Authors are encouraged to include professional sketches describing the key steps of the surgical procedures. *Examples of suitable sketches can found on [www.europeanurology.com](http://www.europeanurology.com).*

In addition, a professional DVD illustrating the surgical technique should accompany the article. Digital files (miniDV, DV, DVD, DVCAM, DVCPR) are the preferred format for video submissions, but the journal also accepts Betacam, Digital 8 or MPEG2, MPEG4, and Quicktime Files. The duration of the video should be 10 to 15 minutes, and audio should be provided as well. Authors are asked to send three copies of the video to the Editorial Office.

The format of these manuscripts should follow the guidelines for original articles with the exception of the abstract.

#### *Abstract*

Provide a structured abstract no longer than 300 words with the following sections: Background; Objective; Design, Setting, and Participants; Surgical Procedure; Measurements; Results and Limitations; Conclusions.

For brevity, parts of the abstract may be written as phrases rather than complete sentences.

- **Background:** The abstract should begin with a sentence or two explaining the importance of and the need for the described surgical procedure.
- **Objective:** State the precise objective addressed in the manuscript (eg, “To show the efficacy and safety of...”).
- **Design, Setting, and Participants:** Describe the basic design of the study. State the years of the study and the duration of follow-up. Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, office-based/private urologists vs. hospital/academic urologists. State the number, clinical characteristics, and important inclusion/exclusion criteria of patients.
- **Surgical Procedure:** The essential features of the operation should be described. The nonproprietary device

names should be used unless the specific trade name is essential to the study.

- **Measurements:** Indicate the primary and secondary study outcome measurement(s).
- **Results and Limitations:** The main outcomes of the study should be reported and quantified. Complications or sequelae of the procedure used must be detailed. Limitations of the study must be acknowledged.
- **Conclusions:** Provide only conclusions of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization. Indicate whether additional study is required before the information should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

Examples of how a Surgery in Motion abstract should be structured can be found on [www.europeanurology.com](http://www.europeanurology.com).

#### *Text*

The text of the manuscript should be divided as follows: Introduction; Patients and Methods (a sub-section called “Surgical Technique” must be included in this section); Results; Discussion; Conclusions.

- Number of references should be limited to 30.
- Maximum word count is 3000, including the abstract but not including the references, tables, figures, or legends.

#### *Take Home Message*

Two or three sentences (no more than 60 words) summarizing the main message expressed in the article must be uploaded as a separate file. This text will be used on the contents page, and it should stimulate the reader to go through the full text of the article.

#### *Case Reports*

Case reports are only considered for acceptance and publication if submitted as “Case study of the month.”

#### *Case Study of the Month*

Authors are welcome to submit case reports with high educational content for possible publication as a “Case Study of the Month.” Each issue will include one such case. The text must include an unstructured abstract (100-word limit), the case report, a discussion, and up to 10 references. The text must be accompanied by four to six figures, which will be published on the front cover of the journal. At the end of the case report, the author must also include one EU-ACME question related to the information provided in the text. Four possible answers must be provided as well, with only one of them being correct. The correct answer must be explained in a short text of no more than 50 words; up to three references are allowed to support this explanation. The text of the “Case Study of the Month” should be no longer than 1000 words (*including*



*abstract but not including references, figures, tables, and legends).* The question and answers will not be printed in the journal but will be available at the website: <http://www.eu-acme.org/europeanurology/>.

#### *Editorials*

These are commentaries on current topics or on papers published elsewhere in the issue. Word count limit is 1500 and 10 references are allowed. All editorials are solicited by the editors and should not be submitted without prior written approval.

Reviews of books, journals, and new media are solicited by the editor.

#### *Letters to the Editor*

Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. They must be submitted online via Editorial Manager: <https://www.editorialmanager.com/eururol/>.

Please note that European Urology considers two different types of Letters to the Editor.

#### *Letters to the Editor about a recent journal article*

Letters referring to a recent Journal article must be received within three months of its publication. For example, a letter referring to an article published in the January issue must be submitted online no later than March 31st. Letters submitted after the allowed time will not be considered. The text, not including references, must not exceed 500 words. A maximum of three authors and five references are allowed. Neither tables nor figures are allowed.

#### *Letters to the Editor NOT referring to a recent journal article*

Original research that is of interest but does not fulfill all the requirements needed for publication as a full-length manuscript can be submitted as a letter to the editor. The letter must have a title and a maximum of three authors. The text, not including references, tables, figures, or legends must not exceed 500 words. No more than five references and either one table or one figure are allowed.

#### *Residents' Corner Articles*

This section is reserved for original articles for which the first author is a resident in training. Authors should provide official certification of resident status when submitting an article for this specific section of the journal. Manuscripts must adhere to the instructions for author for Original Articles (see above). The two best papers published in this section during the calendar year will be awarded a special prize during the European Urological Association annual meeting.

#### *Fast-track Submission*

For new findings of sufficient importance to justify accelerated review and acceptance, a fast-track submission process for original articles is available. In the submission letter, authors should explicitly request this option and provide credit card information (number, expiration date, and name as it appears on the card). If the editors agree that the manuscript is worthy of fast-track publication, the fee of 300 Euros will be automatically charged to the credit card. If accepted for fast-track submission, an article will be reviewed within 72 hours (otherwise, authors will be informed that the paper will be handled within the normal peer-review process). If accepted, a fast-track submission will appear in the first available issue of the journal.

#### **EU-ACME articles**

Three articles per issue are selected by the Editor-in-Chief as EU-ACME articles. These articles are highlighted as such in the table of contents of both the printed and online version of the journal and on the first page of the article. Authors must provide six EU-ACME questions based on the information provided in the article with the submission. Four possible answers should be provided for each question, with only one of them being correct. The correct answer should be explained in text limited to 50 words; up to three references are allowed to support this explanation. (Specifically dedicated instructions for authors for these questions and answers will be provided.) The questions and answers will not be printed in the journal but will be available at the website <http://www.eu-acme.org/europeanurology/>.

#### *Platinum Priority Articles*

As of January 2009, European Urology has been publishing "Platinum Priorities" articles. These articles are specifically selected by the Editor-in-Chief at time of acceptance.

#### *Collaborative Review Articles*

The Collaborative Review Articles are solicited by the Editor and are coordinated in collaboration with the Editorial Office. Collaborative Review Articles are submitted by invitation only.

### **Manuscript Preparation and Submission Requirements**

#### *Manuscript Submission*

Original manuscripts written in English should be submitted through the Web site of our online submission system, Editorial Manager (<https://www.editorialmanager.com/eururol/>), in Word, WordPerfect, or LaTeX formats for text and EPS or TIFF for illustrations. Authors may also check the status of submitted articles at this site. At the time of submission, complete contact information (postal/mail address, e-mail address, telephone and fax numbers)

for the corresponding author is required. First and last names, e-mail addresses, and institutional affiliations of all coauthors are also required. Manuscripts submitted through the online system should not also be submitted by mail or e-mail. Once the manuscript is submitted online, the corresponding author will receive a manuscript number and will be able to follow the status of the manuscript through the online system.

Authors submitting manuscripts which require thorough statistical analysis are asked to have the manuscript reviewed by a professional statistician before submission.

#### *Manuscript Components*

Include a title page, abstract, text, references, and as appropriate, figure legends, tables, and figures, take home message (for original and review articles) and authorship form (*authorship form can be downloaded at [www.europeanurology.com](http://www.europeanurology.com)*).

**Start each of these sections on a new page, numbered consecutively, beginning with the title page. Please check the instructions per article type listed above.**

#### *Manuscript File Formats*

For submission and review, acceptable manuscript file formats include Word, WordPerfect, EPS, Text, Postscript, or RTF format. Use 12-point font size, double-space text, and leave right margins unjustified with margins of at least 2.5 cm. Each page should be numbered in the upper right corner, beginning on p. 2. Add continuous line numbering.

#### *Title Page*

The title page should include a word count for the text and abstract separately. Authors' full names, highest academic degrees, and affiliations should also be included (see list below). If an author's affiliation has changed since the work was done, the new affiliation also should be listed. For indexing purposes, 3–10 key words should be supplied in alphabetical order (see example below)

- Title
- Authors (first name and initials followed by surname, e.g., Juan X. Alvarez)
- Affiliations (if multiple affiliations are listed, indicate with lowercase letter footnotes following the respective authors' names)
- Contact information for corresponding author, including full mailing address, telephone number, fax number, and e-mail address
- For indexing purposes, 3–10 keywords should be supplied (alphabetical order) as follows: Keywords
- Benign prostatic hyperplasia; Doxazosin; Lower urinary tract symptoms
- Word count of text: include the abstract but not the references in this count

- Word count of the abstract (please remember abstracts cannot exceed 300 words)

#### *Abstracts*

Include a structured abstract of no more than 300 words for original and review articles. (See instructions above for preparing structured abstracts.) Abstracts are not required for editorials. No information should be reported in the abstract that does not appear in the text of the manuscript.

#### *Headings*

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

#### *Units of Measurement*

Units of measurements must conform to the *Système International (SI)*: year(s), yr; month(s), mo; days, d; hours, h; minutes, min; seconds, 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*.

#### *Numerals and Abbreviations*

Use numerals for all values greater than 10 and those followed by a unit; otherwise, spell out (e.g., 18 patients, 0.8 g/ml, 47%, 37 °C, six cases). Spell out numbers at the beginning of a sentence. Abbreviations must be defined at first use in each of the following: abstract, text, tables, and figure legends.

#### **Acknowledgments**

The "Acknowledgments" section is the general term for the list of contributions, credits, and other information included at the end of the text of a manuscript but before the references. Authors should obtain written permission to include the names of individuals in the Acknowledgment section

#### **References**

In the text, references should be cited in numerical order, with citation numbers placed in square brackets.

Personal communications (pers. comm.) and unpublished data (unpubl. data) are mentioned *only* in the text: (pers. comm., A. Brown, Ithaca, New York, USA).

Each reference number should correspond to a single published source.

List all authors up to six; for more than six authors list the first three followed by "et al."

Use Index Medicus abbreviations for journals.



Provide full page ranges, using the abbreviated format shown below.

- [1] MacDonald R, Fink HA, Huckabay C, Monga M, Wilt TJ. Botulinum toxin for treatment of urinary incontinence due to detrusor overactivity: a systematic review of effectiveness and adverse effects. *Spinal Cord* 2007; 45:535–41.
- [2] Filocamo M, Li Marzi V, Del Popolo G, et al. Pharmacologic treatment in postprostatectomy stress urinary incontinence. *Eur Urol* 2007;51:1559–64.
- [3] Hatzimouratidis K, Hatzichristou D. Testosterone and erectile function: an unresolved enigma. *Eur Urol* 2007; 52:26–8.

#### *Book*

- [1] King RC, Stansfield WD. A dictionary of genetics, ed. 3. New York: Oxford University Press; 2002.

#### *Book chapter*

- [1] Hunskaar S, Burgio K, Diokno AC, Herzog AR, Hjalmas K, Lapitan MC. Epidemiology and natural history of urinary incontinence. In: Abrams P, Cardoza L, Khoury S, Wein A, editors. *Incontinence: 2nd International Consultation on Incontinence*, ed. 2. Plymouth, UK: Health Publications, 2002. p. 165–201.

#### *Thesis or dissertation*

- [1] Kato H. Neuroendocrine cells: their effect on the development of benign prostatic hyperplasia. Ph.D. diss. [MS thesis], University of Tokyo Medical School, Tokyo, 1997.

#### **Tables**

- Compose tables in a word-processing program; do not insert as graphic elements. Number tables with Arabic numerals in the order they appear in the text. Place each table on a separate page.
- Provide a title at the top of each table.
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