AUTHOR GUIDE

1. ABOUT THE JOURNAL
Scope
IJU is the official English journal of The Japanese Urological Association, and affiliated with Urological Association of Asia. It publishes original research articles dealing with clinical and laboratory urology.

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2. EDITORIAL REVIEW AND ACCEPTANCE
The acceptance criteria for all papers are the quality and originality of the research and its significance to our readership. Except where otherwise stated, manuscripts are peer-reviewed by two anonymous reviewers and the Editor. The Editorial Board reserves the right to refuse any material for publication and advises that authors should retain copies of submitted manuscripts and correspondence as material cannot be returned. Final acceptance or rejection rests with the Editorial Board.

All manuscripts should be written so that they are intelligible to the professional reader who is not a specialist in the particular field. They should be written in a clear, concise, direct style. Where contributions are judged as acceptable for publication on the basis of urologic content, the Editor and the Publisher reserve the right to modify manuscripts to eliminate ambiguity and repetition and improve communication between author and reader. If extensive alterations are required, the manuscript will be returned to the author for revision.

3. MANUSCRIPT CATEGORIES
(1) ORIGINAL ARTICLES
Word limit: 3,000 words including abstract but excluding references, tables and figures.
Abstract: 250 words maximum, structured (sub-headers): Objectives, Methods, Results, Conclusions.
References: No limit.
Description: Full-length reports of current research in either basic or clinical science. Arrange text as follows: Introduction, Methods, Results, Discussion, Acknowledgment, References, and when relevant, Supplementary Material.

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Word limit: 1,500 words including abstract but excluding references, tables and figures.
Abstract: 250 words, unstructured (no use of sub-headers).
References: Up to 10.
Figures/ tables: Up to 4 in total.
Description: Outlines particular techniques used to overcome problems in urology. Arrange text as follows: Abstract; Introduction; Procedure or Technique; Discussion.

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Word limit: 700 words including abstract but excluding references, tables and figures.
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Abstract: 250 words, unstructured (no use of sub-headers).
Figures/ tables: Up to 4 in total.
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Authors: Maximum three authors.
Abstract: No abstract.
References: Up to 4.
Figures/ tables: Up to 1 (Multi panel figures allowed).
Description: Letters may be submitted to the Editor on any topic of discussion; clinical observations as well as letters commenting on papers published in recent issues. Letter to the Editor are not subjected to peer-review.

Revised July 2010
Submissions maybe edited for length, grammatical correctness, and journal style. Authors will be asked to approve editorial changes that alter the substance or tone of a letter or response. Letters that offer perspective on content already published in IUU can use an arbitrary title, but a Response from authors must cite the title of the first letter: e.g. Response to [title of Letter]. This ensures that readers can track the line of discussion.

4. DISCLOSURE
Authors should declare any financial support or relationships that may pose conflict of interest in the Covering Letter and Acknowledgements.

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Authors must state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki (as revised in Tokyo 2004), available at: http://www.wma.net/e/policy/b3.htm. The journal recognized (or an eye bar should be used). In general, submission of a case report should be accompanied by the written consent of the subject (or parent/guardian) before publication; this is particularly important where photographs are to be used or in cases where the unique nature of the incident reported makes it possible for the patient to be identified. While the Editors recognize that it might not always be possible or appropriate to seek such consent, the onus will be on the authors to demonstrate that this exception applies in their case. Any experiments involving animals must be demonstrated to be ethically acceptable and where relevant conform to national guidelines for animal usage in research.

6. CLINICAL TRIALS REGISTRY
We strongly recommend, as a condition of consideration for publication, registration in a public trials registry. Trials register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, we request registration by April 1, 2006, before considering the trial for publication. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as studies on pharmacokinetics or major toxicity (e.g., phase 1 trials), are exempt.

We do not advocate one particular registry, but registration are with a registry that meets the following minimum criteria: (1) accessible to the public at no charge; (2) searchable by standard, electronic (Internet-based) methods; (3) open to all prospective registrants free of charge or at minimal cost; (4) validates registered information; (5) identifies trials with a unique number; and (6) includes information on the investigator(s), research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing or closed) and funding source(s). Registries that currently meet these criteria include: (1) the registry sponsored by the United States National Library of Medicine (www.clinicaltrials.gov); (2) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com); (3) the Australian Clinical Trials Registry (http://www.actr.org.au); (4) the Chinese Clinical Trials Register (http://www.chictr.org); and (5) the Clinical Trials Registry - India (http://www.ctri.in); (6) University hospital Medical Information Network (UMIN) (http://www.umin.ac.jp/ctr/).

7. RANDOMIZED CONTROLLED TRIALS
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9. STYLE OF MANUSCRIPTS

Manuscripts must follow the style detailed in the International Committee of Medical Journal Editors’ revised ‘Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication’, as presented at: http://www.icmje.org/

Spelling The Journal uses US spelling and authors should therefore follow the latest edition of the Merriam-Webster’s Collegiate Dictionary.

Units All measurements must be given in SI or SI-derived units. For more information about SI units, please go to the Bureau International des Poids et Mesures (BIPM) website at: http://www.bipm.fr

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The length of manuscripts must adhere to the specifications under the section Manuscript Categories.

Manuscripts should be presented in the following order: (i) title page, (ii) abstract and key words, (iii) text, (iv) acknowledgments (including disclosure), (v) references, (vi) supporting information, (vii) figure legends, (viii) tables (each table complete with title and footnotes) and (ix) figures. Footnotes to the text are not allowed and any such material should be incorporated into the text as parenthetical matter.

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The title page should contain (i) the title of the paper, (ii) the full names of the authors and (iii) the addresses of the institutions at which the work was carried out together with (iv) the full postal and email address, plus facsimile and telephone numbers, of the author to whom correspondence about the manuscript should be sent (v) a word count.

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Five key words, for the purposes of indexing, should be supplied below the abstract, in alphabetical order, and should be taken from those recommended by the US National Library of Medicine’s Medical Subject Headings (MeSH) browser list at: http://www.nlm.nih.gov/mesh/meshhome.html

TEXT

Please note that the requirements differ between manuscript types. Please refer to MANUSCRIPT CATEGORIES for individual requirements.

ACKNOWLEDGMENTS

The source of financial grants and other funding must be acknowledged, including a frank declaration of the authors’ industrial links and affiliations. The contribution of colleagues or institutions should also be acknowledged. Thanks to anonymous reviewers are not appropriate.

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The Vancouver system of referencing should be used (examples are given below). In the text, references should be cited using superscript Arabic numerals in the order in which they appear. If cited in tables or figure legends, number according to the first identification of the table or figure in the text. In the reference list, cite the names of all authors when there are six or fewer; when seven or more, list the first three followed by et al. Do not use ibid. or op cit. Reference to unpublished data and personal communications should not appear in the list but should be cited in the text only (e.g. Smith A, 2000, unpublished data). All citations mentioned in the text, tables or figures must be listed in the reference list. Names of journals should be abbreviated in the style used in Index Medicus. Authors are responsible for the accuracy of the references.

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Tables should be self-contained and complement, but not duplicate, information contained in the text. Number tables consecutively in the text in Arabic numerals. Type tables on a separate page with the legend above. Legends should be concise but comprehensive – the table, legend and footnotes must be understandable without reference to the text. Vertical lines should not be used to separate columns. Column headings should be brief, with units of measurement in parentheses; all abbreviations must be defined in footnotes. Footnote symbols: †, ‡, §, ¶, should be used (in that order) and *, **, *** should be reserved for P-values. Statistical measures such as SD or SEM should be identified in the headings. If tables have been reproduced from another source, a letter from the copyright holder (usually the Publisher), stating authorization to reproduce the material, must be attached to the covering letter.

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GENERAL
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- All margins should be at least 30 mm.
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- Do not use ‘Enter’ at the end of lines within a paragraph.
- Turn the hyphenation option off; include only those hyphens that are essential to the meaning.
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- Use a tab, not spaces, to separate data points in tables. If you use a table editor function, ensure that each data point is contained within a unique cell (i.e. do not use carriage returns within cells). Each figure should be supplied as a separate file, with the figure number incorporated in the file name. For submission, low-resolution figures saved as .jpg or .bmp files should be uploaded, for ease of transmission during the review process.

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The covering letter must also contain an acknowledgment that all authors have contributed significantly, and that all authors are in agreement with the content of the manuscript. In keeping with the latest guidelines of the International Committee of Medical Journal Editors, each author’s contribution to the paper is to be quantified.

Authors must also state that the protocol for the research project has been approved by a suitably constituted Ethics Committee of the institution within which the work was undertaken and that it conforms to the provisions of the Declaration of Helsinki in 1995 (as revised in Edinburgh 2000). All investigations on human subjects must include a statement that the subject gave informed consent and patient anonymity should be preserved. Authors should declare any financial support or relationships that may pose conflict of interest.

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