

Instructions for Authors

Manuscripts for submission to the International Neurourology Journal should be prepared according to the following instructions. For issues not addressed in these instructions, the author is referred to the 'Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals' (<http://www.icmje.org/recommendations/>).

CHARACTERISTICS AND CATEGORIES OF MANUSCRIPTS

1. Contents and Classifications of Manuscript

International Neurourology Journal (INJ) is the official journal of the Korean Continence Society, Korean Society of Urological Research, Korean Children's Continence and Enuresis Society and the Korea Association of Urogenital Tract Infection and Inflammation, being published quarterly on the last day of March, June, September, and December. Its official abbreviation is 'Int Neurourol J.' It publishes original articles, case reports, and review articles covering investigation of causes, diagnoses, and treatments associated with basic and clinical medicine about nervous system and pelvic organ, such as urinary tract dysfunction, bowel dysfunction, nursing in this field. Only articles that are scientifically identified and theoretically, originally developed as the results of new, significant, and recent studying on the medical information and knowledge associated with the above-mentioned fields and that were conducted ethically and complied with policies of management of the Korean Continence Society can be published in this Journal.

The types of manuscripts include original articles, case reports, review articles, editorials, letters, book review and articles invited by the Editorial Board. Int Neurourol J contains 9 sections: Basic Research, Benign Prostate Hyperplasia, Lower Urinary Tract Symptoms, Female Urology, Sexual Function, Pelvic Floor Function and Rehabilitation, Urinary Incontinence, Nursing, Voiding Dysfunction and Urinary and Fecal Continence.

Articles that have been already published or submitted for publication elsewhere cannot be submitted to this journal, and articles that have been published in this journal cannot be published elsewhere without permission. The Korean Continence Society has all the copyrights of all the manuscripts that have been submitted and permitted for publication in this Journal.

2. Author Contributions

Authors are required to make clear of their contribution to their manuscript in cover letter. To be listed as an author one should have contributed substantially to all 4 categories established by the International Committee of Medical Journal Editors (ICMJE): (1) conception and design, or acquisition, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content; and (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. The ICMJE further states that acquisition of funding, the collection of data, or general supervision of the

research group, by themselves, do not justify authorship. Individuals who have contributed substantially to some but not all of the three categories, or in other areas, should be listed in Acknowledgments. In principle, we do not allow the addition of authors or the changes of the first or the corresponding author after our initial decision to accept the manuscript for publication. Written causes of changing should be submitted when the authors of a manuscript is changed, approval of the Editorial board is needed when the first author or corresponding author is changed, and approval of the Chief Editor is needed when other authors is changed before acceptance of the submitted manuscript. If an author wishes to be removed from the byline, he or she should submit a signed letter indicating his or her wish to be deleted from the list of authors. The change in the order in the byline requires a letter from all authors indicating agreement with the same.

3. Language

This Journal will accept manuscripts written in English only. English medical terms are based on International Continence Society (ICS) terminology, the recent edition as the report of Standardization Subcommittee of the ICS. Other terms are based on English-Korean Korean-English Medical Terminology, published by the Korean Medical Association.

REGULATIONS ON ETHICS

The Journal adheres to the ethical guidelines for research and publication described in *Good Publication Practice Guidelines for Medical Journals* (http://kamje.or.kr/publishing_ethics.html) and *Guidelines on Good Publication* (<http://www.publicationethics.org/resources/guidelines>).

1. Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as <https://cris.nih.go.kr/cris/index.jsp>, or other sites accredited by WHO or the International Committee of Medical Journal Editors.

2. Disclosure of Conflict of Interest

Conflict-of-Interest Statement

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 bias the author's decisions of the manuscript. Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts, particularly those pres-

ent 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. 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 state so 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 are also 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 (Cover Letter). 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.

3. Examination on Ethics

Personal information with which a patient's identity can be established cannot be published with any forms including texts, photos, and pedigree. When personal information of patients is critical as scientific data, it should be stated clearly that the purpose of the study and mental and physical damages that can be done during the participation to the study were sufficiently explained for and written contents were submitted by the participants or their caregivers. In a report of an experiment for human subjects, it should be stated that the study was performed according to the Helsinki Declaration (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. A written informed consent should be obtained from all subjects. The data for explanation such as photos should not include names, English initials, and hospital numbers of patients. In cases of animal experiments, it should be stated clearly that the processes complied with regulations of institutions or national research committee related to breeding and using laboratory animals or the NIH Guide for the Care and Use of Laboratory Animals (<https://grants.nih.gov/grants/olaw/Guide-for-the-Care-and-use-of-laboratory-animals.pdf>). If necessary, it can be

required to submit written consents and approvals of ethics committee.

4. Originality and Duplicate Publication

Manuscripts that have been already published elsewhere or in this journal should not be published. When a similar article has been already elsewhere or in this journal, its copy should be submitted with the relevant manuscript. The Editorial Board of the INJ will decide whether the relevant manuscript is duplicately published and examine whether it can be published in this Journal.

The Editorial Board of INJ strictly prohibits the following malpractices associated with publication. If one of the malpractices is prominently detected in a paper, the paper will be forcefully retracted by the committee.

The followings are:

Fabrication: Behavior dishonestly creating some records, being not in existence.

Falsification: Behaviors selectively modifying some data from a study or distortedly explaining uncertain things resulted from a statistical analysis of the study.

Plagiarism: Behaviors making a fraudulent use of others' idea, method, results, and sentence etc. without an appropriate permission from them.

INJ will follow the guidelines by the Committee on Publication Ethics (COPE, <http://publicationethics.org>) for settlement of any misconduct.

INJ uses iThenticate (plagiarism screening tool) as a Similarity Check (<https://www.crossref.org/services/similarity-check/>) to detect instances of overlapping and similar text in submitting manuscripts. The Editorial Board of INJ will immediately reject a submitting manuscript which has a high similarity index to other papers in the Similarity Check.

MANUSCRIPTS PREPARATION

1. Review Article

Review article shall be selected as a significant theme from areas relevant to neurourologic field and whose authors were referred on the basis of articles published in this or other journals. The submitted manuscript should be decided to be published via reviewing of the Editorial Board. The length of the manuscript should not exceed 3,500 words except for the cover, tables, figures, and references. The works in the references should not exceed 100.

2. Original Article

The manuscript for original articles should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction, (4) materials (or subjects) and methods, (5) results, (6) discussion, (7) acknowledgements (if necessary), (8) references, (9) tables, (10) figures and photos, and (11) legends.

The manuscript should be provided in MS Word file (doc), double spaced on 212 × 297 mm (A4 size) with 2.5-cm margins at the top, bottom, and left margin.

The length of the manuscript should not exceed 3,000 words except for the cover, tables, figures, and references. No more than 35 references can be cited. All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages. The use of ac-

ronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. Abbreviations are not allowed in the title. The names and locations (city, state, nation) of manufacturers of equipment and non-generic drugs should be given. When quoting from other sources, give a reference number in bracket after the author's name or at the end of the quotation.

3. Case Report

Case report shall cope with states of diseases that has not been reported or has rarely seen, and those that had been already reported but are distinctively different from the previous reports can be published in this Journal. The manuscript should not exceed 1,500 words except for the cover, tables, figures, and references with 10 or less reference works. Its abstract, unlike those for original articles, shall have only one paragraph within 150 words. Its cover should include the phrase "Case Report", and its title cannot include "... case" or "A case of." Case report should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction (without a title saying 'introduction'), (4) case report(s), (5) discussion, (6) acknowledgements (if necessary), (7) references, (8) tables, (9) figures and photos, and (10) legends.

The page numbers in the manuscript should be counted from the title page and be written in the center of the bottom of each page. The keywords are in accordance with those for original articles. Its introduction shall briefly describe general backgrounds and significances related to the relevant case, without using a title "Introduction." Its discussion shall focus on what the case report emphasizes, and the conclusion shall be summarized at the end part without establishing separate part for conclusion.

4. Book Review

These are solicited by the Editor, will go through the peer review process, and will cover recently published books in the field of Urology.

5. Editorials

Solicited by the Editor and should not be submitted without prior invitation. Editorials are invited perspectives on an area of neurologic science, dealing with fields of research, current medical interests, fresh insights and debates.

GENERAL GUIDELINES FOR MANUSCRIPTS

1. Title Page

The title page should include the article title, name(s) of author(s), and institutional affiliations in English, and corresponding author and other footnotes. The author(s) should type the original and running title (less than 40 characters) in the title page directly. For authors with different affiliations, place an Arabic number as a superscript after each author's last name and before the name of the corresponding affiliation. The corresponding author should present the name, affiliation, address, zip code, and contact details (such as Tel, Fax, and E-mail).

2. Abstract and Keywords

The abstract should be brief descriptions of the manuscript, containing 300 words. The abstract should be a structured one which includes purpose, methods, results, and conclusions. A list of keywords, with a maximum of five items, should be included at the end of the abstract. The selection of keywords should be based on Medical Subject Head-

ing (MeSH) of Index Medicus, and each keywords should begin with a capital letter. Do not use abbreviations or reference citations.

In cases of fundamental science for neurourology (basic research) and systematic review articles, short sentences which describe the core findings of the article for a quick overview should be provided as HIGHLIGHTS after keywords.

The specifications of highlights are as follows:

- 1 to 3 sentences
- Total maximum 300 characters
- Include only core findings or main results

3. Introduction

The introduction should address the purpose of the study briefly and concisely, and include background reports only related to the purpose of the study.

4. Materials and Methods

The design, subjects, and methods should be described in order. When patients are the subjects, the properties, inclusion criteria, and exclusion criteria of the populations should be clarified. Particular chemicals or equipment should be clarified of the names of the suppliers, the cities, the states, and the nations according to unified forms. Explanation of the experimental methods should be sufficient for repetition by other researchers, though methods that had been reported in detail may be described briefly by citation of references. However, new methods or modifications of previously published methods should be described enough for other researchers to represent. The methods of statistical verification on the results should be clarified.

5. Results

The authors should describe clearly and logically their significant findings of observations or results corresponding to the purpose of the study, following the order in the methods. The authors should avoid overlapping descriptions by figures or tables and by main text, describing important results only.

It should be clear which statistical test is associated with each P-value reported. Rarely used statistical techniques should be described. Medians and percentiles (such as quartiles) are preferred over means and standard deviations (or standard errors) when analyzing asymmetric data, especially when nonparametric statistics are calculated. Fractions (e.g., 5/10) should accompany percentages. In randomized clinical trials, consider reporting separate analyses with confounding variables included. If sample sizes differ between groups when patients are randomized, reasons should be provided.

6. Discussion

Important or new findings from the results of the study should be emphasized and the consequent conclusions are described, while repetition of the contents in the introduction and the results should be avoided. The authors are needed to describe the significance and limitations of the study and directions for the further studies, comparing with the results of the other related studies. Conclusion should be included in the discussion part. The conclusions should include a comprehensive description of the judgment or thoughts of the authors being induced from the results and discussion sections and corresponding to the purpose of the study mentioned in the introduction. The simple summary or overlapped array of the results should be avoided. An addition of directions for further studies or expected effects should

be avoided if possible.

7. Conflict of Interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic problems (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending).

8. Acknowledgements

When necessary, acknowledgements shall be provided for those who contributed to the studying but were insufficient to be considered authors. The acknowledgements should express appreciation for the concrete roles of the contributors in the studying (e.g., data collection, financial assistance, statistical processing, and experimental analysis), and the authors should notify them that their names will be included in the acknowledgements for their advanced consents.

9. References

Abbreviations for the literature shall be based on the Index Medicus (see <http://www.ncbi.nlm.nih.gov/sites/entrez?db=journals>). The works of references are provided within [] by the order of the citation in the text, without using the previous superscripts. First 6 authors are listed; thereafter add an 'et al.' after the sixth author, for a journal article written by six or fewer authors, provide the names of all the authors.

The description of the journal reference follows the below description. For more on references, refer to the "Citing Medicine: the NLM Style Guide for Authors, Editors, and Publishers (<http://www.nlm.nih.gov/citingmedicine/>)."

Journal Article:

- Kwon BE, Kim GY, Son YJ, Roh YS, You MA. Quality of life of women with urinary incontinence: a systematic literature review. *Int Neurourol J* 2010;14:133-8.
- Lee KS, Han DH, Lee YS, Choo MS, Yoo TK, Park HJ, et al. Efficacy and safety of tamsulosin for the treatment of non-neurogenic voiding dysfunction in females: a 8-week prospective study. *J Korean Med Sci* 2010;25:117-22.
- Guise AI, Chen F, Zhang G, See W. The effects of physiological estrogen concentration on the immune response of urothelial carcinoma cells to bacillus Calmette-Guérin. *J Urol* 2010 Nov 13 [Epub]. DOI: S0022-5347(10)04540-4.

Book:

- Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA, editors. *Campbell-Walsh urology*. 9nd ed. Philadelphia: Saunders; 2007.

Book Chapter:

- Klein Ea, Platz EA, Thompson IM. Epidemiology, etiology, and prevention of prostate cancer. In: Wein AJ, Kavoussi LR, Novick AC, Partin AW, Peters CA, editors. *Campbell-Walsh urology*. 9nd ed. Philadelphia: Saunders; 2007. p. 2854-73.

Website:

- Whitmore K. Sexual pain in men and women with IC/PBS and chronic pelvic pain [Internet]. Bristol: International Continence Society; c2010 [cited 2010 Dec 20]. Available from: <https://www.icsoffice.org/News.aspx?NewsID=22>.

10. Tables

Tables should be written as "Table" in the text and be described briefly in English, left-aligned. All the abbreviations used should be described under the tables or figures. The first letter of the title of a table should be a capital letter, and do not use a period if the description is not a complete sentence. The table should be included one in a page as double space, written clearly and briefly. No vertical or horizontal lines are allowed to be included within a table. Title all tables and number them with Arabic numerals at the top of them, and table footnotes or description should be given markers in the order of ^{f a), b), c) ...}.

11. Figures

Figures should be written as "Fig. " in the text. The minimum requirements for digital resolution are:

- 1,200 DPI/PPI for black and white images, such as line drawings or graphs.
- 300 DPI/PPI for picture-only photographs.
- 600 DPI/PPI for photographs containing pictures and line elements, i.e., text labels, thin lines, arrows.

12. Text Style, Numbers and Units

If foreign-language words are needed, capital and small letters should be clarified: in principal, proper nouns, place names, and names of persons should be written with capital letter as the first letter and then small letters for the rest. When translated words are insufficient in conveying meanings, the translated term will be presented with the original term within parenthesis for the first time and then the translated term only can be used. Numbers should be written with Arabic numerals. The measurements of length, height, weight, and volume shall be recorded with the metric system (meters, grams, and liters), temperature shall be recorded with centigrade, and blood pressure shall be recorded with mmHg. The hematological or clinical test measurements shall be recorded on the basis of common units or the system of the International Units (SI).

SUBMISSION OF MANUSCRIPT

All the manuscripts are submitted via the electronic article submission system of the website of the INJ (<http://submit.einj.org>) with written consents containing all the authors' signatures on copyright transfer. When the publication is approved by the Editorial Board after reviewing, one final version of the manuscript of the article and the file containing all the contents should be finally submitted to the Editorial Board via the Internet article submission system.

The submission day of a manuscript shall be the day when the manuscript is submitted, the author(s) is finally approved, and is delivered to the Editorial Board, and the day of decision of the publication shall be the day when the manuscript is completed of its reviewing and is decided to be published.

Detailed information on manuscript submission and journal edition is provided in the "How to submit a manuscript" in the website. More information on using the system can be inquired using the below-men-

tioned address.

1. Article Processing Charges

There is no article processing charge, also known as a publication fee, for accepted articles. We provide copy editing free of charge for all accepted articles and English proofreading free of charge for accepted articles by authors whose native language is not English.

The publication costs for INJ are covered by the Korea Federation of Science and Technology Societies (KOFST), Korea.

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2. Open Access

INJ is an open access peer-reviewed journal and launched in 1997. All articles published in INJ will be immediately and permanently free for everyone to read and download. All articles are distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

REVIEW OF MANUSCRIPTS

1. Editorial Board

The Editorial Board deals with all the works for accepting and editing manuscripts. A manuscript that is not complied with the regulations for submission can be suggested to be adjusted or be reserved to be published, or can be adjusted by the Board, if necessary, without affecting the original contents. A manuscript with sufficient errors in form or misspellings or the one that is not complied with the regulations for submission can be rejected of acceptance and the author(s) will be notified. In case of reviewer(s)'s request, submission of data can be required for the author(s) via the decision of the Editorial Board.

2. Peer Reviewing and Publication of Manuscripts

All the submitted manuscripts shall be conducted of peer review of three professionals on the basis of the regulations for article reviewing of the INJ, and be decided of its publication after reviewing of the Editorial Board. When the reviewing decisions are different each other, the selection of the relevant manuscript shall be decided after re-reviewing of the Board. A manuscript shall be considered of relinquishment of its publication when it won't be submitted within two months of notifying the decision of the reviewing without specific reason. A selected manuscript shall be decided of its order of publication by consideration of its type and the day of deciding its publication by the Editorial Board.

Author Checklist

- Copyright transform has been signed by all authors.
- Manuscript does not exceed 3,500 words for Review Article.
- Manuscript does not exceed 3,000 words for Original Article.
- Manuscript does not exceed 1,500 words for Case Report.
- The manuscript shall be written by MS Word, typing with 10-point font, double-space, and 2.5 cm-margin at both sides, top, and bottom.
- The original file of the article should not include the affiliations and names of the authors.
- Standard abbreviations are defined in a key at their first appearance in the manuscript, and are consistent throughout the text.
- Generic names are used for all drugs. Trade names are avoided.
- Normal laboratory values are provided in parentheses when first used.
- Research or project support/funding is noted in cover letter.
- Internal review board approval of study is indicated in cover letter.
- References are accurate, complete and in numerical order as they appear in the text, only the first 6 authors are listed.
- No more than 100 references are cited in review article.
- No more than 35 references are cited in original article.
- No more than 10 references are cited in case report.
- A corresponding author and complete address, telephone and fax numbers and e-mail address are provided in cover letter.
- Written permission from publishers to reproduce or adapt previously published illustrations or tables is included.
- Informed consent forms for identifiable patient descriptions, photographs and pedigrees are included.