

GENERAL INFORMATION

Aims and Scope

Aims: *Journal of Urologic Oncology* aims to free humanity suffering from urologic neoplasms from the agony of diseases.

Scope: It publishes practical, timely, and relevant clinical and basic science research articles addressing any aspect of urologic oncology, including follows: prostate cancer; urothelial cancer; kidney cancer; testicular cancer; other genitourinary malignancies; epidemiology, etiology, and pathogenesis; and the detection, diagnosis, prevention, and treatment of urologic oncologic diseases.

Regional scope: Its regional scope is mainly Korea, but it welcomes submissions from all over the world.

Its readership includes urologists, oncologists, radiologists, and clinicians treating patients and to those involved in research on diseases of urologic oncology.

Its publication type includes original articles, review articles, editorials, rapid communications, brief reports, and letters to the editor.

About the Journal

The *Journal of Urologic Oncology* (JUO; pISSN 2951-603X, eISSN 2982-7043) is the official journal of the Korean Urological Oncology Society and is an international peer-reviewed journal. The ISO abbreviated journal name is J Urol Oncol. JUO is published three times per year, on the last day of March, July, and November. The journal periodically publishes supplemental issues devoted to areas of current interest to the urologic oncology community. It was first published on March 31, 2003 with Volume 1 and Number 1 under the name *Korean Journal of Urological Oncology* (pISSN 2234-4977, eISSN 2233-5633), and it was renamed as *Journal of Urologic Oncology* in March 2023. For submission instructions, subscription, and all other information, please visit <http://www.e-juo.org>.

RESEARCH AND PUBLICATION ETHICS

1. Research Ethics

All manuscripts should be prepared with strict observation of the research and publication ethics guidelines presented by the Council of Science Editors (<https://www.councilscienceeditors.org/>), International Committee of Medical Journal Editors (ICMJE; <https://www.icmje.org/>), World Association of Medical Editors (WAME; <https://www.wame.org/>), and the Korean Association of Medical Journal Editors (KAMJE; https://www.kamje.or.kr/en/main_en).

Any study including human subjects or human data must be reviewed and approved by a responsible institutional review board (IRB). Authors should refer to the principles embodied in the Declaration of Helsinki (<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for all investigations involving human materials.

Animal experiments should also be reviewed by an appropriate committee for the care and use of animals (e.g., the Institutional Animal Care and Use Committee). Studies with pathogens requiring a high degree of biosafety should pass review by a relevant committee (e.g., the Institutional Biosafety Committee). JUO always requests the submission of copies of informed consent forms from human subjects in clinical studies or IRB approval documents.

2. Conflicts of Interest

A conflict of interest exists when an author or the author's institution, reviewer, or editor has financial or personal relationships that inappropriately influence or bias his or her actions. Such relationships are also known as dual commitments, competing interests, or competing loyalties. These relationships vary from being negligible to having a great potential for influencing judgment. Not all relationships represent a true conflict of interest. Nonetheless, the potential for conflict of interest can exist regardless of whether

an individual believes that the relationship affects his or her scientific judgment. Financial relationships such as employment, consultancies, stock ownership, honoraria, and paid expert testimony are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, or the science itself. Conflicts can occur for other reasons as well, such as personal relationships, academic competition, and intellectual passion (<http://www.icmje.org/conflicts-of-interest/>). If there are any conflicts of interest, authors should disclose them in the manuscript. Conflicts of interest may occur during the research process; however, it is important to provide disclosure. If there is a disclosure, editors, reviewers, and readers can approach the manuscript with an understanding of the situation and background of the completed research.

The Editor will decide whether information on the conflict should be included in the published paper. If necessary, before publishing such information, the Editor will consult with the corresponding author. In particular, all sources of funding for a study should be explicitly stated.

3. Authorship and Contributorship

Authors are required to clearly state their contributions to a manuscript in the cover letter. To be listed as an author, one should have contributed substantially to all four categories established by the 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; (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.

Each author should be accountable for the parts of the work he or she has done. In addition, each author should be able to identify which coauthors are responsible for specific other parts of the work and should have confidence in the integrity of the contributions of any coauthors. All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as the group name. Journals generally list other members of the group in the Acknowledgments. Acquisition of funding, collection of data, or general supervision of the research group alone does not constitute authorship. Authors are responsible for replying to all questions asked by reviewers or editors that relate to the accuracy or integrity of any part of the work. All persons who have made a substantial contribution, but who are not eligible to be considered authors, should be named in the acknowledgments. Authors are expected to consider carefully the way authors should be listed and ordered before submitting their manuscript, and to provide a definitive list of authors with their original submission. Any addition, deletion, or rearrangement of author names in the authorship list should be made before the manuscript has been accepted—and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (1) the reason for requesting a change in the list of authors; and (2) written confirmation (by email or letter) from all authors saying that they agree with the addition, removal, or rearrangement.

4. Readership

JUO is primarily for clinicians and researchers who seek tailored information to adopt in their research and practice, but its readership can be expanded to other roles: researchers can obtain knowledge on recent topics of clinical research in urologic oncology field and detailed research methods; clinicians in the field can receive new information and learn about recent developments in patient care; medical educators can access and adopt a variety of data for medical education; allied health professionals, including nurses, can obtain recent information for patient care in urologic oncology; medical students can understand the recent trends in the field and learn about interesting cases for their work; policymakers can reflect the results of the articles in nationwide health care policies for patients with urologic cancer; the public, especially family members of patients with urologic oncologic diseases, can learn about advances in the diseases affecting their family member in order to obtain better knowledge about the diseases and enhance their confidence in clinicians' devotion to their family member's care.

5. Redundant Publication and Plagiarism

A redundant publication is defined as "reporting (publishing or attempting to publish) substantially the same work more than once, without attribution of the original source(s)." The characteristics of reports that are substantially similar include the following: (1) "at least one of the authors must be common to all reports (if there are no common authors, it is more likely plagiarism than redundant

publication),” (2) “the subject or study populations are often the same or similar,” (3) “the methodology is typically identical or nearly so,” and (4) “the results and their interpretation generally vary little, if at all.”

When submitting a manuscript, authors should include a letter informing the Editor of any potential overlap with other already published material or material being evaluated for publication and should also state how the manuscript submitted to JUO differs substantially from this other material. If all or part of the patient population was previously reported, this should be mentioned in the Materials and Methods, with citation of the appropriate reference(s).

The editorial committee checks similarity by using the iThenticate (<http://www.ithenticate.com/>) program for all submitted articles to prevent plagiarism. The editorial committee rejects any article suspected of plagiarism and asks the author to check whether it is plagiarized and resubmit as appropriate.

6. Obligation to Register Clinical Trials

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,” and clinical trials should be registered in a primary registry prior to publication.

JUO accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (<http://www.who.int/ictrp/about/details/en/index.html>), as well as <https://www.anzctr.org.au/>, www.clinicaltrials.gov, www.umin.ac.jp/ctr/index/htm and www.trialregister.nl. The clinical trial registration number shall be published at the end of the abstract.

7. Process for Identifying and Dealing With Allegations of Research Misconduct

When the journal faces suspected cases of research and publication misconduct, such as a redundant (duplicate) publication, plagiarism, fabricated data, changes in authorship, undisclosed conflicts of interest, an ethical problem discovered with the submitted manuscript, a reviewer who has appropriated an author’s idea or data, complaints against editors, and other issues, the resolving process will follow the flowchart provided by the Committee on Publication Ethics (<http://publicationethics.org/resources/flowcharts>). The Editorial Board will discuss the suspected cases and reach a decision. We will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

JUO adheres to the research and publication ethics policies outlined in the International Standards for Editors and Authors (<http://publicationethics.org>) and the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (<http://icmje.org>). Any studies involving human subjects must comply with the principles of the World Medical Association Declaration of Helsinki. Clinical research should be approved by the Institutional Review Board and obtain patient consent. A patient’s personal information generally cannot be published in any form. However, if it is absolutely necessary to use a patient’s personal information, the consent of the patient or his/her guardian will be needed before publication. Animal studies should be performed in compliance with all relevant guidelines, observing the standards described in the NIH Guide for the Care and Use of Laboratory Animals.

Cases that require editorial expressions of concern or retraction shall follow the Committee of Publication Ethics (COPE) flowcharts available from: <http://publicationethics.org/resources/flowcharts>. If a correction is needed, it will follow the ICMJE Recommendation for Corrections, Retractions, Republications and Version Control available from: <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/corrections-and-version-control.html> as follows:

Honest errors are a part of science and publishing and require publication of a correction when they are detected. Corrections are needed for errors of fact. The minimum standards are as follows: First, the journal shall publish a correction notice as soon as possible, detailing changes from and citing the original publication on both an electronic and numbered print page that is included in an electronic or a print Table of Contents to ensure proper indexing; second, the journal shall post a new article version with details of the changes from the original version and the date(s) on which the changes were made through CrossMark; third, the journal shall archive all prior versions of the article, and this archive can be directly accessible to readers; and fourth, previous electronic versions shall prominently note that there are more recent versions of the article via CrossMark.

8. Handling Complaints and Appeals

The policies of the journal are primarily aimed at protecting the authors, reviewers, editors, and the publisher of the journal. If not described below, the process of handling complaints and appeals follows the guidelines of the Committee of Publication Ethics available from: <https://publicationethics.org/appeals>

Who complains or makes an appeal?

Submitters, authors, reviewers, and readers may register complaints and appeals in a variety of cases as follows: falsification, fabrication, plagiarism, duplicate publication, authorship dispute, conflict of interest, ethical treatment of animals, informed consent, bias or unfair/inappropriate competitive acts, copyright, stolen data, defamation, and legal problems. If any individuals or institutions want to inform the journal about a relevant case, they can send a letter to the editor through <https://www.e-juo.org>. For complaints or appeals, concrete data with answers to all factual questions (who, when, where, what, how, why) should be provided.

Who is responsible for resolving and handling complaints and appeals?

The Editor, Editorial Board, or Editorial Office is responsible for them.

What may be the consequences of resolution?

The consequences depend on the type or degree of misconduct. The consequence of resolution will follow the guidelines of the COPE (<http://publicationethics.org/resources/flowcharts>).

The Editorial Board of JUO will discuss suspected cases and reach a decision. JUO will not hesitate to publish errata, corrigenda, clarifications, retractions, and apologies when needed.

9. Post-Publication Discussions and Corrections

Post-publication discussions can be conducted through letters to the editor. If any readers have a concern about any articles published, they can submit a letter to the editor about the issue. If any errors or mistakes in the article are found, the article can be corrected through an erratum, corrigendum, or retraction.

10. Policies on Data Sharing and Reproducibility

Authors have the option to share with readers the datasets used in their research. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript, as well as in an optional category in the Structured Disclosures section. For example, "Data sharing: The data analyzed for this study have been deposited in Harvard Dataverse (<https://dataverse.harvard.edu>) and are available at DOI."

SUBMISSION OF MANUSCRIPTS

1. General Guideline

Authors are requested to submit their papers electronically by using online manuscript submission.

The corresponding author is responsible for the submission and revision of the manuscript. An ID is required for processing and can be generated on the homepage.

All authors should sign the Submission Agreement form to certify that the contents of the manuscript have not been published and are not being considered for publication elsewhere. If any research grant has been given by any private company or group, this information should be described on the form. All authors must sign their own signatures. The form can be downloaded at the homepage of JUO (<https://www.e-juo.org>), and should be submitted at the time of paper submission.

Regarding author information, the list of authors in the manuscript should include only those who were directly involved in the process of the work. Authors can refer to the guideline by Harvard University in 1999 to find details on authorship (<https://hms.harvard.edu/sites/default/files/assets/Sites/Ombuds/files/AUTHORSHIP%20GUIDELINES.pdf>).

The decision of whether to publish a submitted manuscript will be made solely by the Editorial Board.

Professional editing in English is recommended for non-native speakers. The editorial office may request English editing. For accepted manuscripts, we may provide copy editing free of charge.

All published papers become the permanent property of the Korean Urological Oncology Society. The copyrights of all published materials are owned by the Korean Urological Oncology Society. Permission must be obtained from the Korean Urological Oncology Society for any commercial use of materials. Every author must sign the copyright transfer agreement forms.

2. Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies,

and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

MANUSCRIPT PREPARATION

Authors should refer to “Uniform Requirements for Manuscripts Submitted to Biomedical Journals” (<http://www.icmje.org/about-icmje/faqs/icmje-recommendations/>).

1. Formatting by Manuscript Type

- Original Articles should be composed of no more than 3,000 words, excluding the references, tables, and figures, and organized in the order of title, abstract, introduction, materials and methods, results, discussion, conclusion, references, tables, and figures or illustrations.
- Review Articles are reserved for important subjects relevant to the field of urologic oncology that is selected by the Editorial Committee. Authors are invited based on articles published in JUO and other journals. The length of the manuscript and the number of references should not exceed 3,500 words and 100, respectively. The decision to publish the manuscript is made after review by the Editorial Committee. The manuscript format may vary in review articles.
- Systematic Reviews are critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention. Systematic Reviews without a meta-analysis are published as reviews; those with a meta-analysis are published as Original Articles (see Meta-Analyses).
- Meta-Analyses are systematic, critical assessments of the literature and data sources pertaining to clinical topics, emphasizing factors such as the cause, diagnosis, prognosis, therapies, and prevention, that include a statistical technique for quantitatively combining the results of multiple studies that measure the same outcome into a single pooled or summary estimate. The requirements for the format of the abstract and the main text follow those for Original Articles.
- Special Articles are invited with the intention of special introduction of medical information in the field of urologic oncology. The format of the abstract and manuscript may be structured or unstructured. The length of the manuscript should not exceed 3,500 words. More extensive manuscripts will be considered and judged on their merits; however, authors are urged to be as concise as possible.
- Rapid Communications report novel, exciting urologic oncology research. The focus may be basic, translational, or clinical and can include all aspects of urologic oncology. The format is shorter than original articles, and the best-suited articles for this category are those with a concise presentation.
- Brief Reports are articles with a simple and short structure that nonetheless deserve to be reported within the urologic oncology field, especially in clinical and research areas. This is not a section for case reports; instead, it is appropriate for basic/clinical research that deals with a timely and important urologic oncology issue, but needs a more elaborate statistical analysis, for example. The format is shorter than original articles, and the best-suited articles for this category are those with a concise presentation.
- Letters to the Editor discuss a recent article in this journal and should be submitted within 4 weeks of the article’s publication in print.
- Text should be written in a 12-point font with double line spacing.
- The detailed formatting recommendations for each type are shown in the table below.

Summary Table of Manuscript Types

Type	Abstract			Max. words of the main text	Max. tables	Max. references
	Max. words	Max. key words	Format			
Review Article	300	6	Unstructured	3,500	5	100
Original Article	300	6	Structured	3,000	5	30
Rapid Communication	200	6	Unstructured	1,500	2	15
Brief Report	200	6	Unstructured	1,500	2	15
Editorial	×	×	×	500	-	10
Letter to the Editor	×	×	×	500	-	10

Note: Exceptions may be made to the above specifications according to the decision of the editorial committee.

2. Title Page

The title page contains the article title, and full names of all authors with their institutional affiliations both. The type of manuscript (original article, review article, letter to the editor, brief communication) should also be indicated. If the work includes multiple authors with different affiliations, the institution where the research was mainly conducted should be spelled out first, and then be followed by footnotes in superscript Arabic numerals beside the authors' names to describe their affiliations in the consecutive order of the numbers.

The title page also contains the postal address and email address of the corresponding author at the bottom of the page, as well as information on any previous presentation of the manuscript in conferences and funding resources, if necessary.

The title should be concrete and not exceed 20 words, and the running title should not exceed 50 characters, including spaces.

3. Abstract

Abstracts for articles presenting clinical or laboratory research should contain the following sections: purpose, materials and methods, results, and conclusion. However, these sections are not necessary for other types of studies.

An abstract should include brief descriptions of the purpose, materials and methods, results, and conclusion, as well as a detailed description of the data. An abstract containing 300 words or less is required for original articles and review articles.

Abstracts can be revised by the decision of the Editorial Board, and some sentences can be modified as a result of revision.

A list of key words, with a minimum of 3 items and maximum of 6 items, should be included at the end of the abstract. The selection of key words should be based on Medical Subject Heading (MeSH) of Index Medicus and the website (<http://www.nlm.nih.gov/mesh/MBrowser.html>).

4. Introduction

The introduction should address the purpose of the article concisely, and include a presentation of the background relevant to the purpose of the paper. A more detailed review of the literature should be addressed in the discussion section.

5. Materials and Methods

The article should record the research plans, objectives, and methods in order, as well as the data analysis strategies and methods implemented to control bias. Sufficient details should be furnished for the reader to understand the method(s) without reference to another work described in the study.

When reporting experiments with human subjects, the authors must document the approval received from the local IRB. When reporting experiments with animal subjects, the authors should indicate whether the handling of the animals was supervised by the research board of the affiliated institution or a similar entity. The IRB approval number must be noted.

Photographs disclosing patients must be accompanied by a signed release form from the patient or the patient's family permitting publication.

Authors should 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 or ethnicity and justify their relevance.

6. Results

Only important findings observed or results that directly answer the study purposes should be described. Results should be presented logically, matching the order appearing in the Materials and Methods section. Tables and graphs should be used to show numerical data, while descriptive sentences should be reserved for only important data. Demographic data of study subjects, such as age and the sex/gender distribution, should not be mentioned in this section. The repetitive enumeration of findings shown in tables and graphs should be avoided. The past tense should be used.

7. Discussion

Logical answers to the questions raised in the Introduction section should be proposed. The Discussion should be limited to new and important issues raised by the study results. Citing references not related to the results should be avoided. Data/measurements

already described in the Results section should not be repeated.

8. Conclusions

Conclusions should be comprehensive, be in accordance with the observations stated in the Results and Discussion sections, and befit the purpose of the study. A simple summary of the results should be avoided. An attempt at presenting future study directions or expected benefits is not recommended.

9. References

All references should be numbered consecutively in the order in which they are first mentioned in the text. In using in-text reference citation, each reference should be cited in square brackets as [1], [1,2], or [1-3]. The reference format should conform to the Vancouver form (N Engl J Med 1997;336:309-15; <https://www.nejm.org/doi/full/10.1056/nejm199701233360422>).

Use the style of the examples below, which are based on the formats used by the U.S. National Library of Medicine (NLM) in Index Medicus. The titles of journals should be abbreviated according to the style used in Index Medicus. Authors should consult the List of Journals Indexed in Index Medicus, published annually as a separate publication by the library and as a list in the January issue of Index Medicus. The list can also be obtained through the library's web site: <https://www.nlm.nih.gov/bsd/aim.html>.

Avoid using abstracts as references. References to papers accepted but not yet published should be designated as "in press" or "forthcoming"; authors should obtain written permission to cite such papers as well as verification that they have been accepted for publication. Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" with written permission from the source.

Avoid citing a "personal communication" unless it provides essential information not available from a public source, in which case the name of the person and date of communication should be cited in parentheses in the text. For scientific articles, authors should obtain written permission and confirmation of accuracy from the source of a personal communication.

The references must be verified by the author(s) against the original documents.

The "Uniform Requirements" style (the Vancouver style) is based largely on an ANSI standard style adapted by the NLM for its databases.

1) *Articles in Journals*

(1) Standard journal article

List the first six authors followed by et al.

- Babaian RJ, Toi A, Kamoi K, Troncoso P, Sweet J, Evans R, et al. A comparative analysis of sextant and an extended 11-core multisite directed biopsy strategy. *J Urol* 2000;163:152-7.
- Djavan B, Nickel JC, de la Rosette J, Abrams P. The urologist view of BPH progression: results of an international survey. *Eur Urol* 2002;41:490-6.

(2) Other samples

- Shen HM, Zhang QF. Risk assessment of nickel carcinogenicity and occupational lung cancer. *Environ Health Perspect* 1994;102 Suppl 1:275-82.
- Payne DK, Sullivan MD, Massie MJ. Women's psychological reactions to breast cancer. *Semin Oncol* 1996;23(1 Suppl 2):89-97.
- Ozben T, Nacitarhan S, Tuncer N. Plasma and urine sialic acid in non-insulin dependent diabetes mellitus. *Ann Clin Biochem* 1995;32(Pt 3):303-6.
- Poole GH, Mills SM. One hundred consecutive cases of flap lacerations of the leg in ageing patients. *N Z Med J* 1994;107(986 Pt 1):377-8.
- Turan I, Wredmark T, Fellander-Tsai L. Arthroscopic ankle arthrodesis in rheumatoid arthritis. *Clin Orthop* 1995;(320):110-4.
- Enzensberger W, Fischer PA. Metronome in Parkinson's disease [letter]. *Lancet* 1996;347:1337.
- Clement J, De Bock R. Hematological complications of hantavirus nephropathy (HVN) [abstract]. *Kidney Int* 1992;42:1285.

2) *Books*

(1) Personal author(s)

- Coe FL, Favus MJ, Pak CY, Tu GW, Miller HC, Kim YS, et al. *Kidney stones: medical and surgical management*. New York (NY): Lippincott-Raven; 1996:85-100.

(2) Editor(s), compiler(s) as author

- Norman IJ, Redfern SJ, editors. Mental health care for elderly people. New York (NY): Churchill Livingstone; 1996.

(3) Organization as author and publisher

- Institute of Medicine (US). Looking at the future of the Medicaid program. Washington (DC): The Institute; 1992.

(4) Chapter in a book

- Reiter RE, deKernion JB. Epidemiology, etiology, and prevention of prostate cancer. In: Walsh PC, Retik AB, Vaughan ED Jr, Wein AJ, editors. Campbell's urology. 8th ed. Philadelphia (PA): Saunders; 2002. p. 3003-24.

3) Conference proceedings

- Kimura J, Shibasaki H, editors. Recent advances in clinical neurophysiology. Proceedings of the 10th International Congress of EMG and Clinical Neurophysiology; 1995 Oct 15-19; Kyoto, Japan. Amsterdam: Elsevier; 1996.

4) Conference paper

- Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Rienhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.

5) Scientific or technical report

- Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final report. Dallas (TX): Dept. of Health and Human Services (US), Office of Evaluation and Inspections; 1994 Oct. Report No.: HHSIGOEI69200860.

6) Dissertation

- Kaplan SJ. Post-hospital home health care: the elderly's access and utilization [dissertation]. St. Louis (MO): Washington Univ.; 1995.

7) Patent

- Larsen CE, Trip R, Johnson CR, inventors; Novoste Corporation, assignee. Methods for procedures related to the electrophysiology of the heart. US patent 5,529,067. 1995 Jun 25.

8) Newspaper article

- Lee G. Hospitalizations tied to ozone pollution: study estimates 50,000 admissions annually. The Washington Post 1996 Jun 21;Sect. A:3 (col. 5).

9) In press

- Leshner AI. Molecular mechanisms of cocaine addiction. N Engl J Med Forthcoming 1997.

10) Websites

- Polgreen PM, Diekema DJ, Vandenberg J, Wiblin RT, Chen YY, David S, et al. Risk factors for groin wound infection after femoral artery catheterization: a casecontrol study. Infect Control Hosp Epidemiol [Internet] 2006 [cited 2010 Jan 5];27:34-7. Available from: <http://www.journals.uchicago.edu/ICHE/journal/issues/v27n1/2004069/2004069.web.pdf>.

- U.S. Food and Drug Administration, Center for Drug Evaluation and Research. Index to drug-specific information [Internet]. Silver Spring (MD): U.S. Food and Drug Administration; [updated 2009 Jun 4; cited 2009 Jun 10]. Available from: <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/index-drug-specific-information>.

10. Tables

- Tables should be created using the table formatting and editing feature of Microsoft Word and should not be provided in non-editable image format.
- The title of the table must be noted. Tables cannot be submitted in a picture format.
- Each table should be inserted on a separate page, with the table number, table title and legend above the table.
- Tables should be concise and not duplicate information found in figures.
- The significance of results should be indicated by an appropriate statistical analysis.

- Unnecessary longitudinal lines should not be drawn. Horizontal lines should be used as sparingly as possible.
- All symbols and abbreviations should be described below the table.
- Table footnotes should be indicated with superscript symbols in sequence: *, †, ‡, §, ||, ¶, **, ††, ††, etc.
- All units of measurement and concentrations should be designated.

11. Figures

- Figures should have resolution of 300 dpi or above and should be submitted individually—namely, if Figure 1 is divided into A, B, C, and D, do not combine them into one, but submit each of them separately. The preferred file formats for figures are JPG (JPEG) or TIF (TIFF).
- Figure files should be named according to the figure name (example: Fig. 1A.tif). If the quality of the photographs is considered inappropriate for printing, the journal may request resubmission.
- Authors should submit figures in black and white if they want them to be printed in black and white. Authors are responsible for any additional costs of producing color figures, as determined by the Editorial Board.
- Line art should have resolution of 1,200 dpi or more in JPG or TIF format.
- All symbols and abbreviations should be described below the figure.

12. Units of Measurement

- Measurements of length, height, weight, and volume should be reported in metric units (meter, kilogram, or liter or their decimal multiples).
- Temperatures should be given in degrees Celsius. Blood pressure should be given in millimeters of mercury.
- All hematologic and clinical chemistry measurements should be reported in the metric system in terms of the International System of Units (SI). Editors may request that alternative or non-SI units be added by the authors before publication.

13. Abbreviations and Symbols

Use only standard abbreviations. Avoid abbreviations in the title and abstract. The full term for which an abbreviation stands should precede its first use in the text unless it is a standard unit of measurement.

14. Author Checklist

- Before submitting a manuscript, authors should double-check all requirements noted in the agreement form regarding the registration and copyrights of their manuscript. A manuscript that does not fit the author instructions of the journal regarding format and references will be returned to the authors for further correction.
- The author checklist should be prepared, signed by the corresponding author, submitted with the manuscript, and then registered online. Relevant forms can be downloaded from the manuscript submission site.

PEER REVIEW AND PUBLICATION PROCESS

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Journal of Urologic Oncology reviews all manuscripts received. A manuscript is first reviewed for its format and adherence to the aims and scope of the journal. If the manuscript meets these 2 criteria, it is dispatched to 3 investigators in the field with relevant knowledge.

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