GUIDE FOR AUTHORS

INTRODUCTION

*Actas Urológicas Españolas* is an international journal dedicated to urological diseases and renal transplant. It has been the official publication of the Spanish Urology Association since 1974 and of the American Urology Confederation since 2008. Its articles cover all aspects related to urology.

*Actas Urológicas Españolas*, governed by the peer review system (double blinded), is published online in Spanish and English. Consequently, manuscripts may be sent in Spanish or English and bidirectional free cost translation will be provided. It has high visibility and accessibility and is found in the most important databases, Medline/Pubmed, Emabase, JCR, Índice Médico Español, Índice bibliográfico Español en Ciencias de la Salud (IBECS), Cuiden, Dialnet, Hinari, Scopus, Google Scholar.

We suggest that articles by Spanish authors should comply with the general criteria of Law 14/2007, from 3rd July, for biomedical research (BOE n 159), which protects the rights of individuals who are subjects of research. Clinical assays should be registered with public databases prior to their initiation and patient recruitment, and only after approval of the institutional or regional Clinical Research Ethics Committee. The authors should provide the archive number and database where the assay is registered. For all clinical assays that initiate patient recruitment as of 1 January 2017, registration in public databases will be mandatory. Assays with patient recruitment prior to this date may still be submitted to the Journal for evaluation.

**Types of article**

**EDITORIAL.** Involve comments on Current Topics or on studies published in the same issue. The maximum length of this text shall not exceed 1200 words, with no more than 15 references. All Editorials shall be requested by the Journal’s Board and must not be sent without prior written approval. There may be the option of opposing or complementary Editorials that present different perspectives. Commissioned editorial comments will also be published for the purpose of published articles and shall have a maximum of 250 words and 6 references. These comments shall appear in the article footer, in order to complete the content of these studies or to provide a complementary perspective.

**ORIGINAL ARTICLE.** Research studies on the following fields of urology will be considered: robotics, laparoscopy, basic research, clinical research, surgical techniques, imaging techniques, transplantation, oncology, endourology, urogynecology, quality of life, healthcare management, methodology, medical training and history. The recommended designs are analytical in the form of transverse or longitudinal surveys, case-control studies, cohort studies...
and controlled trials. Controlled clinical trials must follow the CONSORT legislation available at http://www.consort-statement.org> and for analytical and observational studies, the STROBE Statement (http://www.strobe-statement.org/) must be used. Retrospective descriptive studies that do not include the appropriate statistical treatment will not be accepted.

The manuscript must not exceed 2500 words. Apart that, the manuscript must include an abstract, with no more than 250 words long, 3-6 keywords, up to 30 references, figure legends and tables. A maximum of 6 elements (tables and/ or figures) per article will be accepted. The figures must be attached in color, in separate files, in TIFF format and at 300 dpi (never placed in a Microsoft Word, PowerPoint or similar document). Succinctness and proper writing of the articles are important.

**REVIEW ARTICLE.** These are articles that systematically show, select, critique and synthesize evidence related to well defined issues on current topics of urology (diagnostic, therapeutic and prognostic questions). All Review Articles shall be requested by the Journal’s Board. Authors who wish to write an article of this type should contact the Board directly and request permission before sending the manuscript.

Priority will be given to systematic reviews and meta-analysis, which have to be conducted and presented in adherence with the PRISMA statement recommendations (http://prisma-statement.org/). Articles submitted in this format will be reviewed by the Board, by members of the Journal’s Advisory Committee and by other Reviewers.

The manuscript must not exceed 3,500 words and must be drafted according to the sections included in this guide for authors, however, the inclusion of sections that the author considers necessary for a perfect understanding of the treated topic (Context, Objective, Acquisition of Evidence, Synthesis of Evidence, Conclusions) will be accepted. The abstract must be structured and not exceed 250 words. The manuscript must include 3-6 keywords; up to 40 references; and any figure legends and tables. A maximum of 10 elements (tables and/or figures) will be accepted. The figures must be attached in color, in separate files, in TIFF format and at 300 dpi (never placed in a Microsoft Word, PowerPoint or similar document). Succinctness and proper writing of the articles are important.

**SURGERY WORKSHOP.** In this section should be included those works developing new surgical techniques in Urology. A mixed design is recommended, in the form of an original article and review article, treating timely surgical problems. Merely descriptive studies that do not include personal or caseload experience with follow-up will not be accepted.

The manuscript must not exceed 2500 words in length and must be drafted according to the sections described in this guide for authors. The manuscript must include an abstract written in Spanish no more than 250 words long, with 3-6 keywords, up to 30 references, figure legends and tables. It is recommended that the number of signatories be restricted to no more than 6. Succinctness, clarity of presentation and proper writing of the articles are important. A maximum of 6 elements (tables and/or figures) per article will be accepted. The figures must be attached in color.

The article will be accompanied by a video file in dynamic image format, with copyright-free music and voice-over in Spanish or English illustrating the principal stages of the technique. The video will include a maximum of 5-10 minutes’ filming to demonstrate the surgical procedure, with the different technical stages involved and the material required. The videos should be shown in either mpg or avi format and the size of the file must not exceed 50 MB. The audio voiceover will be copyright free. The patients’ right to privacy will be respected in all cases and
they will have provided their informed consent to post the video on the website. This file will be available in the online version of the journal (http://elsevier.com/acuro).

The articles will be requested by the Editor of the journal. If an author wishes to write an article of this type they should contact the Editor directly before submitting the manuscript. Articles presented in this format will also be reviewed according to the editorial process and might be rejected

**NEW TECHNIQUES AND TECHNOLOGIES.** In this section will be considered those works related with new surgical technics as well as new technologies developed for specifics aspects. Due to their infrequent nature, extensive experience with the technique is not necessary. In other words, this type of article can be written for cases studies in which a timely problem was solved in a novel manner. This type of article must not exceed 1500 words in length and must include an abstract written in Spanish no more than 250 words long, with 3-6 keywords, up to 15 references; figure legends and tables. It is recommended that the number of signatories be restricted to no more than 6. Succinctness, clarity of presentation and proper writing of the articles are important. A maximum of 4 elements (tables and/or figures) per article will be accepted. The figures must be attached in color, in separate files, in TIFF format and at 300 dpi.

**CASUISTRY.** Clinical cases of a single patient will be not considered in Actas Urológicas Españolas. Clinical cases series will be published only in this section if they have great expressiveness, succinct presentation, clinical teaching, exceptional rarity and/or management of a complex process. The maximum length of the manuscript should be 1,500 words. The maximum length of the abstract should be 250 words and it will be structured. Only 15 references will be allowed. It is mandatory to include characteristic images of the cases combining both diagnostic and therapeutic aspects. Maximum display items (figures or tables) should be 4. Although we do not specifically limit the number of authors, it is recommended not to exceed 6 authors. Technical requirements for figures submitted are: minimum 300 dpi color TIFF files. Please do attach separate tables and figures from text. Articles presented in this format will be reviewed directly by the Director of the Journal; the editorial process will begin only if necessary.

**LETTER TO THE EDITOR.** The articles included in this section may be free opinions or comments relating to articles recently published in the Journal and are expressed as replies or supplements to studies published in Actas Urológicas Españolas. The letters must be individually signed. The text of the letter must not exceed 500 words. Personal comments are to be avoided. Do not include abstracts or keywords. If images are needed, include only one per letter; the image must be in color, in TIFF format and at a minimum of 300 dpi. It is recommended that the letters be accompanied by references, although no more than 3.

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**Authorship**
All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, 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 submitted.

**Changes to authorship**
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only 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: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of
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Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram that illustrates the progress of patients through the trial, including recruitment, enrollment, randomization, withdrawal and completion, and a detailed description of the randomization procedure. The [CONSORT checklist and template flow diagram](#) are available online.

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Registration in a public trials registry is a condition for publication of clinical trials in this journal in accordance with the [International Committee of Medical Journal Editors](#) recommendations. Trials must register at or before the onset of patient enrolment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify health-related outcome (for example, drugs, surgical procedures, devices, behavioural treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

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Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

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State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

**Material and methods**
Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

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Results should be clear and concise.

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The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

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If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

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A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

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Define abbreviations that are not standard in this field in a footnote to be placed on the first page of the article. Such abbreviations that are unavoidable in the abstract must be defined at their first mention there, as well as in the footnote. Ensure consistency of abbreviations throughout the article.
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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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List funding sources in this standard way to facilitate compliance to funder’s requirements:

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Be sparing in the use of tables and ensure that the data presented in them do not duplicate results described elsewhere in the article. Please avoid using vertical rules and shading in table cells.

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