European Urology Oncology General Information

European Urology Oncology (EUO) is the second sister journal to European Urology and is the first journal of the European Association of Urology (EAU) fully devoted to the study of genitourinary malignancies. The EAU is a scientific society with more than 15,000 members from 120 countries worldwide. EUO is an online only journal and reaches over 20,000 readers. The Editor-in-Chief of European Urology Oncology is Professor Alberto Briganti.

The journal aims to deliver high quality research by following a multidisciplinary approach. The journal covers a diverse but coherent set of topical fields: urology, medical oncology, radiation therapy, imaging, pathology and basic research. Together we work towards the same final aim: improving patient care.

EUO includes original articles, opinion piece editorials and invited reviews covering clinical, basic and translational research. All submitted manuscripts will be peer-reviewed by a panel of experts before being considered for publication. Original articles can be directly submitted to the journal via this link: http://ees.elsevier.com/euonco. In addition, selected manuscripts initially considered for publication in European Urology will be given the opportunity to be published in European Urology Oncology after completion of a fast and rigorous peer-review process.

Statements in articles or opinions expressed by any contributor in any article are not the responsibility of the editors or the publishers. The publisher is not responsible for the loss of manuscripts through circumstances beyond its control.

Accepted manuscripts will be copyedited to make sure they conform to the journal’s style. The final version of the manuscript following copyediting will be sent back to the author only if specific queries need clarification.

*English Language Standard*
Authors whose native language is not English are expected to have their manuscripts proofread by a professional copyeditor of their choice before submission. Compuscript is the official copyeditor for European Urology Oncology.
Supplementary Files and Data
Information necessary for the article that is in excess of the manuscript restrictions, will be considered for online publication or storage. Examples include extensive methodological descriptions, tables of data that are supplementary to the main article thread, details of reporting standards (such as CONSORT flow charts) and other useful figures. This information is to be submitted with the main manuscript and clearly labelled as Supplementary. It will be reviewed by the editorial office and peer reviewers to ensure that it is well presented in an acceptable format and that the contents are necessary. Please use the European Urology formatting style for references and presentation. There is no specific file name for Supplementary Material tables or figures. These may be uploaded under the file name table, figure or illustration.

European Urology Oncology Author Conduct Code
EUO recognizes the importance of publishing the highest quality manuscripts and making sure that all authors participate fully in each manuscript and do not conduct themselves in a manner that may be misleading or duplicitous. Authors who do not follow the journals authorship responsibility rules will be disciplined accordingly. The following statement outlines each authors responsibilities and the potential penalties that can be applied under warranted circumstances.

Author Responsibilities
The Corresponding Author is responsible for the completion and inclusion of the Authorship Responsibility, Financial Disclosure, and Acknowledgment Form. Submission of this form is an obligatory step of the submission process for Original Articles, Review Articles, and Surgery in Motion articles. A standard disclosure stating conflicts of interests, if any, can be uploaded for letters to the editor, editorials, Words of Wisdom, and case reports. If the disclosure form is not completed as instructed, the manuscript may not be considered for peer review and will not be published until completed. This form, along with a complete explanation of the role of the Corresponding Author, can be found in the Resources for Authors section of http://www.europeanurology.com.

Definition of Author Misconduct
EURO will follow the definitions of Author Misconduct that are currently used by the National Library of Medicine (NLM) and will apply the relative penalties also as outlined by the NLM at http://www.nlm.nih.gov/pubs/factsheets.

The primary methods used for correcting the literature are errata and retractions:

- **Errata.** Published changes or emendations to an earlier article, frequently referred to as corrections or corrigenda, are considered by the NLM to be errata, regardless of the nature or origin of the error. The NLM does not differentiate between errors that originated in the publication process and errors of logic or methodology.

- **Retractions.** Retractions identify a citation that was previously published and is now retracted through a formal issuance from the author, publisher, or other authorized agent. The NLM does not differentiate between articles that are retracted because of honest error and those that are retracted because of scientific misconduct or plagiarism. If the notification in the journal is labelled as a retraction or withdrawal, NLM will index it as a retraction.

- **Expressions of Concern.** This indexing term was introduced by the International Committee of Medical Journal Editors and incorporated into the NLM system in 2004. The expression of concern is a label that an editor may use to draw attention to possible problems, but it does not go so far as to retract or correct an article. Examples of this correction format are provided at the end of this section.

Potential Author Misconduct may arise from both submitted manuscripts and published articles. Definitions of misconduct can be seen as follows:

- Plagiarism, or attempting to use another’s work as one’s own
- Fabrication or falsification of data (including deliberate misrepresentation of results and their implications)
- Publication of content that corresponds substantially with previously printed or electronically published content without recognition, referencing, and explanation of this overlap and the advances of the current work
- Failure to reference a contributing author or removing an author without written consent from the author in question and the contributing co-authors
- Inappropriately giving credit to an author who did not contribute to the drafting, revision, or supervision of the article and therefore does not
meet the authorship requirements as stated in the Authorship Responsibility, Financial Disclosure, and Acknowledgment Form. 

- Failure to disclose relationships in accordance with the European Urology Conflict of Interest Policy, as listed in the Resources for Authors at http://www.europeanurology.com

Author misconduct does not include honest errors or differences of opinion, which may be managed through the journals errata processes.

*Journal Response to Potential Author Misconduct*

Once the Editor and/or the Publisher has been informed of possible author misconduct, a thorough internal investigation will be carried out to determine whether or not and to what degree an author has breached the responsibility contract. If misconduct has been determined, the Editor will contact the author to discuss the concern and explain the determined consequences according to the NLM. If the author refuses to comment or respond to the allegation of misconduct, that same author will assume responsibility with no further discussion.

If instead, at any point during the journals investigation, an author admits to misconduct or provides a satisfactory explanation, the journal will conclude its investigation and consider appropriate actions to take.

*Penalties*

If misconduct is verified or admitted, the journal may apply an appropriate penalty against the author(s) at the discretion of the Editor-in-Chief and the publisher. The level and length of the penalties may vary depending on the severity of the misconduct and whether the manuscript in question was submitted or published. Authors will be notified in writing.

Examples of possible punishment may include but are not limited to:

- Letter of reprimand to the author(s) of a submitted or published manuscript;
- Notice to the authors institution and/or the institution where the research was conducted;
- Restriction of the author(s) publishing in *European Urology Oncology* for a specified period of time.
- *European Urology Oncology* reserves the right to reject a submitted manuscript and to retract or publish an erratum or statement of concern about a published article, as appropriate.
European Urology Oncology reserves the right to inform Editors and Publishers of peer-reviewed journals publishing in similar or identical fields.

EURO adheres to the guidelines on authorship established by the NLM.

European Urology Oncology also follows ICMJE's Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals: http://www.icmje.org/recommendations/

Authorship Criteria and Contributions and Authorship Form

Completion and inclusion of the Authorship Responsibility, Financial Disclosure and Acknowledgment Form is an obligatory step of the submission process for Original Articles and Review Articles. A standard disclosure stating conflicts of interests, if any, can be uploaded for letters to the editor, editorials, words of wisdom and case reports.

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

The corresponding author must submit the above mentioned completed form on behalf of all co-authors, if any. Download form here: authorship form.

The corresponding author must take responsibility for the integrity of the work as a whole, from inception to published article. Each collaborating author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Authorship credit should be based on: substantial contributions to conception and design, acquisition of data, analysis and interpretation of data, drafting of the article or revising it critically for important intellectual content, statistical analysis, obtaining funding, administrative, technical or material support, supervision and any other specifics to be declared at publication. The corresponding author is obliged to indicate the co-authors contribution to the manuscript in the appropriate field in the said form. Each co-author's specific contribution for reports of original data and systematic reviews will be included with the published manuscript.

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

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

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A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript.

Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts (e.g., employment/affiliation, grants or funding, consultancies, honoraria, stock ownership or options, expert testimony, royalties, or patents filed, received, or pending), particularly those present at the time the research was conducted and through publication, as well as other financial interests (such as patent applications in preparation), that represent potential future financial gain.

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

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

Privacy Protection and Informed Patient Consent

Our human participant policy conforms to the Uniform Requirements of the International Committee of Medical Journal Editors:

"Patients have a right to privacy that should not be infringed without informed consent. Identifying information should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that the patient be shown the manuscript to be published.

Complete anonymity is difficult to achieve, and informed consent for publication should be obtained if there is any doubt. If data are changed to protect anonymity, authors should provide assurance that alterations of the data do not distort scientific meaning.

When informed consent has been obtained it should be indicated in the published article."

For papers that include information or images which could identify or potentially identify individuals, then authors must provide evidence of a proper consent form which the patient, parent or guardian has signed acknowledging the potential of publication and their awareness of the content. They should be informed about Elsevier publishing policy, in which images and text will be published online and in print and are available for any lawful purpose. The signed consent form should be filed securely in the patient’s case notes and the article submitted to European Urology should include this statement indicating that specific consent for publication was obtained: "The patients in this manuscript have given written informed consent to publication of their case details. The Editorial office will not store
or collect consent forms but reserves the right to enquire about or audit their presence, through proper and legal means.

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 co-author, 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. The specific role of the funding organization or sponsor in each of the following should be specified: "design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript." The corresponding author is
responsible for acknowledging this on the authorship form at the time of submission.

**Data Access and Responsibility**
For all reports (regardless of funding source) containing original data, at least one named author (e.g., the principal investigator) who is independent of any commercial funder should indicate that she or he "had full access to all the data in the study and takes responsibility for the integrity of the data and the accuracy of the data analysis." This exact statement will be requested as part of the submission process. Modified statements or generic statements indicating that all authors had such access are not acceptable.

For authors reporting molecular results derived using high throughput technologies we support the use of minimum reporting standards. For example, for microarrays we support the use of the MIAME 2.0 standards, for deep sequencing we support MIN-Seq and for real-time PCR we support the MIQC guidelines. Details of these are available at [http://www.mged.org/index.html](http://www.mged.org/index.html) or [http://miqe.gene-quantification.info/](http://miqe.gene-quantification.info/). We require that datasets derived from these experiments and used for reports within European Urology are deposited on line at the appropriate repositories, such as ArrayExpress ([http://www.ebi.ac.uk/arrayexpress/](http://www.ebi.ac.uk/arrayexpress/)) or GEO, NCBI ([http://www.ncbi.nlm.nih.gov/geo/](http://www.ncbi.nlm.nih.gov/geo/)).

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

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

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

*Editorial and Peer Review*
All submitted manuscripts are reviewed initially by the European Urology Oncology Editor-in-Chief and Associate Editors.

Manuscripts are evaluated according to the following criteria: material is original and timely, writing is clear, study methods are appropriate, data are valid, conclusions are reasonable and supported by the data, information is important, and the topic has general interest for urologists. From these basic criteria, the editors decide whether a manuscript reaches a priority score to justify peer review. Manuscripts with insufficient priority for publication are rejected promptly. Manuscripts which have not be straight rejected are sent to expert consultants for peer review. Although rare, it is possible for an exceptional manuscript to be accepted upon submission.
Reviewers are matched to the paper according to their expertise. Our reviewer database is constantly being updated to ensure the reviewer profile matches that of the topic being discussed in the manuscript. We welcome suggestions for reviewers from the author though these recommendations may or may not be considered.

Manuscripts considered to be of interest by the editors will be peer reviewed by internationally recognized experts on the subject. A copy of the study protocol may be requested during the review process.

**Data Sharing**

We expect authors to freeze datasets at the time of publication and to keep copies of this frozen data for up to 5 years. If the dataset continues to increase, we request that authors maintain the copied, frozen original data necessary for publication. We expect that anonymised versions of this dataset are made available upon request from the editorial office, if necessary, for methodological review or data validation. Although we will not keep store such data. We also encourage that anonymised data are made available following reasonable requests by other authors or investigators. We recognize that legal requirements differ between countries and respect those obligations for the submitting authors.

**Data Sharing Policy**

1. Researchers need to include a data sharing statement:
   a. Data are freely available at a data archive (include web address)
   b. Data are available for bona fide researchers who request it from the authors
   c. Data are not available to other researchers
2. Option c (data not available to other researchers) is not available for human clinical trials (experimental treatment) without prior agreement of the editors.
3. If data are not available to other researchers, then authors need to give a reason:
   a. Publicly available data
   b. Vulnerable population
   c. Registry or institutional database of patients providing routinely collected data
   d. Other
4. Preparation of this paper did not involve analysis of data.

**Ethical Considerations and Registration of Clinical Trials**

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

Acceptable trial registries include the following:

- [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov)
- [http://isrctn.org](http://isrctn.org)
- [http://www.umin.ac.jp/ctr](http://www.umin.ac.jp/ctr)

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

*All Randomized Controlled Trials require proof of protocol. Authors are expected to provide relevant protocol information upon request. Authors who would not able to provide this information should contact the Editorial Office upon submission.*

**CONSORT Flow Diagram and Checklist:** Manuscripts reporting the results of randomized controlled trials should include the CONSORT flow diagram showing the progress of patients throughout the trial. The CONSORT checklist also should be completed and submitted with the manuscript and can be found on [http://www.consort-statement.org/consort-statement/checklist](http://www.consort-statement.org/consort-statement/checklist).
**Biomarkers:** European Urology Oncology encourages manuscripts reporting biomarkers and biological markers to adhere to the REMARK reporting criteria. Please refer to REMARK guidelines.

**Reporting of Research Using Animals**

European Urology Oncology asks authors to refer to the ARRIVE guidelines when reporting research were animals were involved. Access the ARRIVE guidelines here.

**Statistical Analysis, Reporting and Interpretation**

On the grounds that the conclusions of many papers depend critically on the statistical analysis, and that it has been amply demonstrated that statistical deficiencies are common in the medical literature, European Urology Oncology pays particular attention to statistical aspects of submitted papers. Authors are advised to check our statistical guidelines: Guidelines for Reporting of Statistics in European Urology and should note that most papers are peer reviewed by a professional statistician, often a member of the editorial board.

*Submission of statistical code*

There is a strong consensus amongst statisticians that fully annotated and high-quality programming code is essential for implementing accurate and reproducible statistical analyses. But it is also widely accepted that for many papers published in the biomedical literature, such code is either poor quality or even missing altogether. Calls for the publication of statistical code, as well as raw data, alongside research results are based on the rationale that such publication clearly aids attempts at replication, a key criterion of science. But it has also been argued that publication of code and data would also improve the scientific process: where researchers know that their code and data will be reviewed by their peers, they are more likely to write better code and make sure that their data are clean and accurate. European Urology Oncology has therefore implemented the following policies:

- All authors are asked to submit statistical analysis code at the time that their research paper is accepted for publication.
- Authors have three choices:
  - a. State that no or only trivial code was used in the analyses
  - b. Decline to provide code
• c. Submit their analytic code
• The authors' choice is published alongside author contributions, funding and so on.
• If authors decide to submit code, it is entirely up to them what code they submit. For instance, they may decide to submit only the code used for a subset of key analyses, or a more complete set of code, including code used to clean the data set and prepare it for analysis.
• We do not expect that preparing code for archiving should take more than a few minutes, in terms of choosing the subset of programming files to submit and perhaps writing a brief "README.TXT" document explaining features such as user-written macros.
• Code submitted by authors is archived by the journal, to be released on reasonable request by any interested party.

Reviewer Reports

Essentially, reviewers are asked to evaluate whether the manuscript:
• Is original
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• Follows appropriate ethical guidelines
• Has results that are clearly presented and support the conclusions
• Correctly references previous relevant work
• Is aimed at the journal's target readership

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

Reviewers are allotted 10 days to complete their reviews. The reviewers are not blinded to the names of the authors or the institution from which the manuscripts have been submitted.

Please refer to the Structured Review Template or the Reviewer Guidelines.

Final Editorial Decision
The final decision to accept, revise, or reject a manuscript is made by the Editor-in-Chief after carefully considering the opinion of the Associate Editor(s) handling that particular manuscript. The decision is sent to the author along with any recommendations made by the reviewers and editors.
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Prior to submitting a manuscript to European Urology Oncology, authors must ensure that each requirement listed below is met. Manuscripts that do not meet these requirements will be returned to the author without review.

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Accepted manuscripts are edited in accordance with the journal in-house style which is based on American Medical Association (AMA) style. Authors are expected to be responsible for all statements made in their work, including changes made during editing and production that are authorized by the corresponding author.

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

**Offprints**
Offprints may be ordered when the edited typescript is sent for approval to the corresponding author. Additional copies (minimum 100) can be ordered at prices quoted on the order form that will be sent with the acknowledgment letter.

**Cover Letter**
Although cover letters are not mandatory for submission, authors wishing to include a cover letter with their manuscript are welcome to submit a letter either as a separate file or as part of the manuscript file. Please note that manuscript files containing a cover letter will be available for reviewers to view if the manuscript is sent for peer review. If the authors prefer to submit a letter for the Editor(s) consideration only, please include the text of the letter in the "enter comments" step of the electronic submission process.

**Article Types**

**Original Articles**

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

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

We encourage authors to report outcomes and complications in a structured manner. We advise the use of peer reviewed documents to guide this such as Mitropoulou et al, *Reporting and Grading of Complications After Urologic Surgical Procedures: An ad hoc EAU Guidelines Panel Assessment and Recommendations* or other recognized reporting structures.

**Text**

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

Number of references should be limited to 30.

Maximum word count is 2800, including the abstract but not including the references, tables, figures, or legends. (Abstract maximum 300 words; Text maximum 2500 words).
**Take Home Message**
Two or three sentences (no more than 40 words) summarizing the main message expressed in the article must be uploaded as a separate file.
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The format of the original article should be as follows:

Provide a structured abstract no longer than 300 words with the following sections: Background; Objective; Design, Setting, and Participants; Intervention (include if there are any); Outcome Measurements and Statistical Analysis; Results and Limitation; Conclusions and **Patient Summary** *(The Patient Summary is an obligatory section of the manuscript. Submissions not including the patient summary will be returned to the corresponding author)*.

Original Articles must be no longer than 2800 words (300 abstract + 2500 body *not* including the reference list, tables, figures or legend). References are limited to 30. Please limit tables and figures to 6. Additional tables, figures or appendices may be submitted as supplementary material but will be published online only.

For brevity, parts of the abstract may be written as phrases rather than complete sentences. Each section should include the following content (see abstract structure details below):
- **Background**: The abstract should begin with a sentence or two explaining the clinical (or other) importance of the study question.
- **Objective**: State the precise objective or study question addressed in the manuscript (e.g., "To determine whether...”). If more than one objective is addressed, the main objective should be indicated and only key secondary objectives stated.
- **Design, Setting, and Participants**: Describe the basic design of the study. State the years of the study and the duration of follow-up. Describe the study setting to assist readers to determine the applicability of the report to other circumstances, for example, general community, a primary care or referral center, private or institutional practice, or ambulatory or hospitalized care. State the clinical disorders, important eligibility criteria, and key sociodemographic features of patients. The numbers of participants and how they were selected should be provided. In follow-up studies, the proportion of participants who completed the study must be indicated. In intervention studies, the number of patients withdrawn because of adverse effects should be given. For selection procedures, these terms should be used, if
appropriate: random sample (where random refers to a formal, randomized selection in which all eligible individuals have a fixed and usually equal chance of selection); population-based sample; referred sample; consecutive sample; volunteer sample; convenience sample.

- Intervention(s): The essential features of any interventions (surgical or medical) should be described. The non-proprietary drug or device names should be used unless the specific trade name is essential to the study.

- Outcome Measurements and Statistical Analysis: Indicate the primary and secondary study outcome measurement(s) and the main statistical analysis.

- Results and Limitations: The main outcomes of the study should be reported and quantified. Complications or sequelae of the interventions used must be detailed. Particular attention must be paid to estimates of treatment effect and confidence intervals and not just to p-values. All randomized controlled trials should include the results of intention-to-treat analysis, and all surveys should include response rates. Limitations of the study should be acknowledged.

- Conclusions: Provide only conclusions of the study directly supported by the results, along with implications for clinical practice, avoiding speculation and overgeneralization. Indicate whether additional studies are required before the results should be used in usual clinical settings. Give equal emphasis to positive and negative findings of equal scientific merit.

- Patient summary: Please include at the end of the abstract 2-3 short sentences in plain English to describe your findings to a non-medical audience. For example: "In this report we looked at the outcomes from invasive bladder cancer in a large European population. We found that outcomes varied with patient age and treating centre. We conclude that the best outcomes are seen in younger patients treated at high volume hospitals. You will also be asked to include this summary in the "Additional Information" section of the submission process.

Please note that if your study is animal based, the patient summary should state how you anticipate the results of your study would affect a patient population.

**Review Articles**
EURO publishes systematic reviews (and meta-analyses, whenever appropriate). These are reviews that systematically find, select, critique, and synthesize evidence relevant to well defined questions about diagnosis, therapy, and prognosis. Manuscripts reporting systematic review and meta-analysis should comply with the PRISMA statement. Such review articles are in principle solicited by the editorial board. Authors who would like to submit unsolicited systematic review articles should first write to the editorial office describing the content of the review article they wish to submit. Review articles should not be submitted in full without prior approval from the editors.

If you are interested in submitted a review article, please use the following form to send an outline and structured abstract with the following information to the Editorial Office:

1). Title and Author list

2). Systematic Review Search criteria and the preliminary results of this search (including an estimate of how many manuscripts will be included for analysis)

3). Primary and secondary outcomes that will be reported (including likely number of persons used to report these data)

4). Null hypothesis and likely conclusions

The format of the review article should be as follows:

Abstract: Provide a structured abstract no longer than 300 words with the following sections: Context, Objective, Evidence Acquisition, Evidence Synthesis, Conclusion and Patient Summary.

Review Articles must be no longer than 4000 words (300 abstract + 3700 body not including the reference list, tables, figures or legend). References are limited to 50. Please limit tables and figures to 6. Additional tables, figures or appendices may be submitted as supplementary material but will be published online only.

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Context: Include one or two sentences describing the clinical question or issue and its importance in clinical practice or public health.
Objective: State the precise primary objective of the review. Indicate whether the review emphasizes factors such as cause, diagnosis, prognosis, therapy, or prevention and include information about the specific population, intervention, exposure, and tests or outcomes that are being reviewed.

Evidence Acquisition: Describe the data sources used, including the search strategies, years searched, and other sources of material, such as subsequent reference searches of retrieved articles. Methods used for quality assessment and inclusion of identified articles should be explained.

Evidence Synthesis: The major findings of the review of the clinical issue or topic should be addressed in an evidence-based, objective, and balanced fashion, with the highest quality evidence available receiving the greatest emphasis.

Conclusions: The conclusions should clearly answer the questions posed if applicable, be based on available evidence, and emphasize how clinicians should apply current knowledge.

Patient Summary: Please include at the end of the abstract 2-3 short sentences in plain English to describe your findings to a non-medical audience. For example: "In this report we looked at the outcomes from invasive bladder cancer in a large European population. We found that outcomes varied with patient age and treating centre. We conclude that the best outcomes are seen in younger patients treated at high volume hospitals."
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Text
The text of the manuscript should be divided as follows: Introduction, Evidence Acquisition, Evidence Synthesis, Conclusions.

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