

Instructions for Authors

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

CHARACTERISTICS AND CATEGORIES OF MANUSCRIPTS

1. Contents and Classifications of Manuscript

Urogenital Tract Infection is the official journal of The Korean Association of Urogenital Tract Infection and Inflammation, The Korean Continence Society, The Han-nam Urological Association, and The Korean Society of Geriatric Urological Care, being published on the last day of April, August, and December. It was launched in October 2006. The title of the first volume was *Korean Journal of Urogenital Tract Infection and Inflammation* (pISSN 1975-7425). The journal title was changed to *Urogenital Tract Infection* from Volume 10 Number 2, 2015. The *Urogenital Tract Infection* is an international journal that publishes high-quality research papers that describe the most significant and promising achievements in all fields of science and technology, as well as clinical and basic infectious disease field. Its official abbreviation is '*Urogenit Tract Infect, UTI*'. It publishes original articles, case reports, and reviews covering investigation of causes, diagnoses, and treatments associated with basic and clinical medicine about all aspects of urogenital tract infection. Only articles that are scientifically identified and theoretically, originally developed as the results of new, significant, and recent studying on the medical information and knowledge associated with the above-mentioned fields and that were conducted ethically and complied with policies of management of the Korean Association of Urogenital Tract Infection and Inflammation can be published in this journal.

The types of manuscripts include original articles, case reports, reviews, editorials, letters, book reviews and articles invited by the Editorial Board.

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

2. Author Contributions

Authors are required to make clear of their contribution to their manuscript in cover letter. To be listed as an author one should have contributed substantially to all four categories established by the International Committee of Medical Journal Editors (ICMJE): (1) conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; (2) drafting the work or reviewing it critically for important intellectual content; (3) final approval of the version to be published; (4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. The ICMJE further states that acquisition of funding, the collection of data, or general supervision of the research group, by themselves, do not justify authorship. Individuals who have contributed substantially to some but not all of the four categories, or in other areas, should be listed in Acknowledgments.

Generative artificial intelligence (AI) including language models, chatbots, image creators, machine learning, or similar technologies do not qualify for authorship. The technologies listed above may be used in enhancing readability and language accuracy in scientific writing. The responsibility for the manuscript's integrity ultimately rests with the human authors,

and the authors employing generative AI tools in manuscript preparation are required to disclose their use in the Acknowledgments section. Such disclosure should detail the specific tools used, including the model name, version, and manufacturer, and explain the capacity in which they were employed. Should the use of AI extend beyond language enhancement, the methods and tools used must be detailed in the Materials and methods section as a formal part of the research design.

In principle, we do not allow the addition of authors or the changes of the first or the corresponding author after our initial decision to accept the manuscript for publication. Written causes of changing should be submitted when the authors of a manuscript are changed, approval of the Editorial Board is needed when the first author or corresponding author is changed, and approval of the Chief Editor is needed when other authors is changed before acceptance of the submitted manuscript. If an author wishes to be removed from the byline, he or she should submit a signed letter indicating his or her wish to be deleted from the list of authors. The change in the order in the byline requires a letter from all authors indicating agreement with the same.

3. Language

Manuscripts written in Korean or English are both accepted for review. For manuscripts written in Korean, the abstract, keywords, figure legends and tables should be written in English. Otherwise, the entire manuscript should be written in English.

REGULATIONS ON ETHICS

The journal adheres to the ethical guidelines for research and publication described in Good Publication Practice Guidelines for Medical Journals 2nd (https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=7) and Guidelines on Good Publication (<https://www.publicationethics.org/resources/guidelines>).

The journal follows the Code of Conduct (<https://publicationethics.org/resources/code-conduct>) of the Committee on Publication Ethics (COPE) (<https://publicationethics.org/>), and follows the COPE Flowcharts (<https://publicationethics.org/resources/flowcharts>) for Resolving Cases of Suspected Misconduct.

1. Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered with a primary national clinical trial registration site such as <https://cris.nih.go.kr/cris/index.jsp>, or other sites accredited by WHO or the International Committee of Medical Journal Editors. This journal follows the data sharing policy described in “Data Sharing Statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors”. The ICMJE's policy regarding trial registration is explained at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html#two>. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record.

2. Disclosure of Conflict of Interest

Conflict-of-Interest Statement

A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could bias the author's decisions of the manuscript. Authors are expected to provide detailed information about all relevant financial interests and relationships or financial conflicts, particularly those 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. All disclosures of any potential conflicts of interest, including specific financial interests and relationships and affiliations (other than those affiliations listed in the title page of the manuscript) relevant to the subject of their manuscript will be disclosed by the corresponding author on behalf of each-coauthor, if any, as part of the submission process. Likewise, authors without conflicts of interest will be requested to state so as part of the submission process. If authors are uncertain about what constitutes a relevant financial interest or relationship, they should contact the editorial office. Failure to include this information in the manuscript will prohibit commencement of the review process of the manuscript. For all accepted manuscripts, each author's disclosures of conflicts of interest and relevant financial interests and affiliations and declarations of no such interests will be published. The policy requesting disclosure of conflicts of interest applies for all manuscript submissions. If an author's disclosure of potential conflicts of interest is determined to be inaccurate or incomplete after publication, a correction will be published to

rectify the original published disclosure statement. Authors are also required to report detailed information regarding all financial and material support for the research and work, including but not limited to grant support, funding sources, and provision of equipment and supplies as part of the submission process. For all accepted manuscripts, each author's source of funding will be published.

Funding/Support and Role of Sponsor

All financial and material support for the research and work will be requested to be clearly and completely identified as part of the submission process (Cover Letter). The specific role of the funding organization or sponsor in each of the following should be specified: "design and conduct of the study; collection, management, analysis, and interpretation of the data; and preparation, review, or approval of the manuscript." The corresponding author is responsible for acknowledging this on the authorship form at the time of submission.

3. Examination on Ethics

Personal information with which a patient's identity can be established cannot be published with any forms including texts, photos, and pedigree. When personal information of patients is critical as scientific data, it should be stated clearly that the purpose of the study and mental and physical damages that can be done during the participation to the study were sufficiently explained for and written contents were submitted by the participants or their caregivers. In a report of an experiment for human subjects, it should be stated that the study was performed according to the Helsinki Declaration (2013; <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) and approved by the Research Ethics Committee (REC) or the Institutional Review Board (IRB) of the institution where the experiment was performed. A written informed consent must be obtained from all subjects. The data for explanation such as photos should not include names, English initials, and hospital numbers of patients. In cases of animal experiments, it should be stated clearly that the processes complied with regulations of institutions or national research committee related to breeding and using laboratory animals or the NIH Guide for the Care and Use of Laboratory Animals. If necessary, it can be required to submit written consents and approvals of ethics committee.

4. Originality and Duplicate Publication

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

MANUSCRIPTS PREPARATION

All manuscript pages are to be numbered consecutively, beginning with the abstract as page 1. Neither the authors' names nor their affiliations should appear on the manuscript pages. The use of acronyms and abbreviations is discouraged and should be kept to a minimum. When used, they are to be defined where first used, followed by the acronym or abbreviation in parentheses. Abbreviations are not allowed in the title. The names of manufacturers of equipment and non-generic drugs should be given. When quoting from other sources, give a reference number in bracket after the author's name or at the end of the quotation.

1. Original Article

The manuscript for original articles should be organized in the following order: (1) title page, (2) abstract and keywords, (3) introduction, (4) materials (or subjects) and methods, (5) results, (6) discussion, (7) conclusions, (8) conflict of interest, (9) funding, (10) acknowledgments (if necessary), (11) references, (12) tables, (13) figures and photos, and (14) legends.

Although there is no predetermined limit, it is advisable that the length of the manuscript not exceed 20 pages including the tables and the number of references not exceed 30.

2. Case Report

Case report shall cope with states of diseases that has not been reported or has rarely seen, and those that had been already reported but are distinctively different from the previous reports can be published in this journal. The length of the manuscript and the number of references should not exceed 10 pages and 10, respectively. Its abstract, unlike those for original articles, shall have only one paragraph and be written in English within 150 words. Its cover should include the phrase "Case Report", and its title cannot include "... case" or "A case of." Case report should be organized in the following order: (1) title page, (2)

abstract and keywords, (3) introduction (without a title saying 'introduction'), (4) case report(s), (5) discussion, (6) conflict of interest, (7) funding, (8) acknowledgments (if necessary), (9) references, (10) tables, (11) figures and photos, and (12) legends.

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

3. Review

Review shall be limited to an invited review article, which, by the Editorial Board, was selected as a significant theme from areas relevant to infection field and whose authors were selected and referred on the basis of articles published in this or other journals. The submitted manuscript should be decided to be published via reviewing of the Editorial Board. The length of the manuscript and the number of references should not exceed 30 pages and 100, respectively.

4. Editorial

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

5. Book Review

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

GENERAL GUIDELINES FOR MANUSCRIPTS

1. Title Page

The title page should include the article title, name(s) of author(s), positions, and institutional affiliations in English, and corresponding author and other footnotes. The title should be concrete and not exceed 14 words. Information on financial support, including the source of the grant should appear at the end of the title page. A running title, not exceeding 20 Korean characters or 50 alphabet characters, can be designated by the author himself. For authors with different affiliations, place an

Arabic number as a superscript after each author's last name and before the name of the corresponding affiliation. The corresponding author should present the name, affiliation, address, zip code, all authors' ORCID(s) and contributions, and contact details (such as Tel, Fax, and E-mail).

2. Abstract and Keywords

The abstract should be brief descriptions of the manuscript, containing 250 words. The English title must be identical to the Korean title in meaning. The abstract should be a structured one which includes purpose, materials and methods, results, and conclusions. A list of keywords, with a maximum of five items in English, should be included at the end of the abstract. The selection of keywords should be based on Medical Subject Heading (MeSH) of Index Medicus, and each keywords should begin with a capital letter. Do not use abbreviations or reference citations.

3. Introduction

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

4. Materials and Methods

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

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).

5. Results

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

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

6. Discussion

Important or new findings from the results of the study should be emphasized and the consequent conclusions are described, while repetition of the contents in the introduction and the results should be avoided. The authors are needed to describe the significance and limitations of the study and directions for the further studies, comparing with the results of the other related studies.

7. Conclusions

Conclusion should be included in the discussion part. The conclusions should include a comprehensive description of the judgment or thoughts of the authors being induced from the results and discussion sections and corresponding to the purpose of the study mentioned in the introduction. The simple summary or overlapped array of the results should be avoided. An addition of directions for further studies or expected effects should be avoided if possible.

8. Conflict of Interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. A potential conflict of interest should be disclosed in the manuscript even when the authors are confident that their judgments have not been influenced in preparing the manuscript. Such conflicts may be financial support or private connections to pharmaceutical companies, political pressure from interest groups, or academic

problems (e.g., employment/affiliation, grants or funding, consultancies, stock ownership or options, royalties, or patents filed, received, or pending).

9. Funding

Financial support or provision of supplies used in the study should be acknowledged. If there is any funding resource, please describe it and its role. If there was no funding, the following wording should be used: "No funding to declare."

10. Acknowledgments

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

AI tools in manuscript preparation are required to disclose their use in the Acknowledgments section. Such disclosure should detail the specific tools used, including the model name, version, and manufacturer, and explain the capacity in which they were employed. Should the use of AI extend beyond language enhancement, the methods and tools used must be detailed in the Materials and methods section as a formal part of the research design.

11. References

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

The description of the journal reference follows the below description. For more on references, refer to the "Citing Medicine, 2nd edition: The NLM Style Guide for Authors, Editors, and Publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>)."

Journal Article:

- Kwon BE, Kim GY, Son YJ, Roh YS, You MA. Quality of life of women with urinary incontinence: a systematic literature

review. *Int Neurourol J* 2010;14:133-8.

- Lee KS, Han DH, Lee YS, Choo MS, Yoo TK, Park HJ, et al. Efficacy and safety of tamsulosin for the treatment of non-neurogenic voiding dysfunction in females: a 8-week prospective study. *J Korean Med Sci* 2010;25:117-22.
- Guise AI, Chen F, Zhang G, See W. The effects of physiological estrogen concentration on the immune response of urothelial carcinoma cells to bacillus Calmette-Guérin. *J Urol* 2010 Nov 13 [Epub]. DOI: S0022-5347(10)04540-4

Book:

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

Book Chapter:

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

Website:

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

12. Tables

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

13. Figures

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

- 1,200 DPI/PPI for black and white images, such as line drawings or graphs.
- 300 DPI/PPI for picture-only photographs.
- 600 DPI/PPI for photographs containing pictures and line

elements, i.e., text labels, thin lines, arrows.

Using AI technologies in creating or altering figures, images, and artwork are discouraged unless such use is part of the research design or methods. If authors deem it necessary to use AI tools for these purposes, they must provide a clear description of the content generated, including the name of the tool, version, and manufacturer. This information should accompany the submission. In line with our commitment to maintain the highest ethical standards, we discourage the submission or publication of materials solely created by AI technologies without the necessary human oversight. We hold authors accountable for the integrity of the content generated by these AI models and tools, reiterating that authorship brings with it responsibility for the accuracy, integrity, and originality of the work.

14. Text Style, Numbers and Units

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

15. Preferred File Formats

Preferred file formats for the main text and tables are .doc, .docx or .rtf. The file format of figures should be .ppt, .jpg or .tif. The manuscript should be double spaced on 21.0×29.7 cm (A4) paper with 3.0-cm margins at the top, bottom, and left. Standard font size is 12 pt.

SUBMISSION OF MANUSCRIPT

All the manuscripts are submitted via the electronic article submission system of the website of the *Urogenital Tract Infection* (<http://www.euti.org/submission>) with written consents containing all the authors' signatures on copyright transfer.

When the publication is approved by the Editorial Board after reviewing, one final version of the manuscript of the article and the file containing all the contents should be finally submitted to the Editorial Board via the Internet article submission system.

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

Detailed information on manuscript submission and journal edition is provided in the "Online System Guide" in the website. More information on using the system can be inquired using the below-mentioned address.

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

For more information, please contact:

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REVIEW OF MANUSCRIPTS

1. Editorial Board

The Editorial Board deals with all the works for accepting and

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

2. Peer Reviewing and Publication of Manuscripts

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