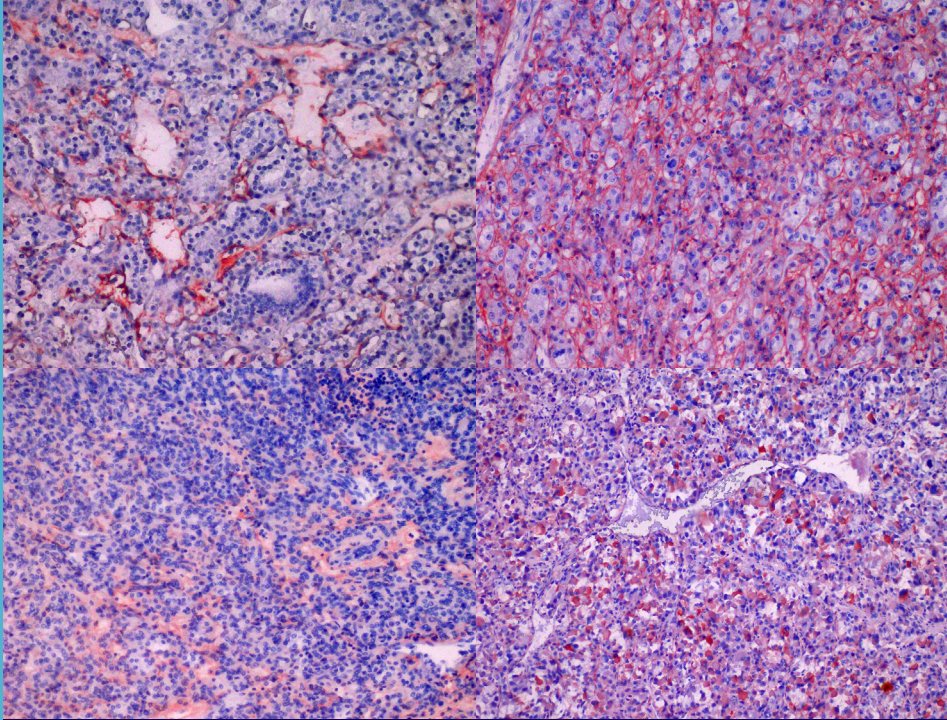


A PEER-REVIEWED BIMONTHLY JOURNAL



TURKISH JOURNAL OF UROLOGY



Yasemin Yuyucu Karabulut, et al.; The role of COL6A1 and PD-1 expressions in renal cell carcinoma. Page: 282

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AIMS AND SCOPE

Turkish Journal of Urology (Turk J Urol) is the scientific, peer reviewed, open access publication of the Turkish Association of Urology. The journal is a bimonthly publication, published on January, March, May, July, September and November and its publication language is English.

Turkish Journal of Urology aims to publish original studies of the highest scientific and clinical value in urology and related disciplines. The scope of the journal includes but not limited to basic and translational science, education and simulation, endourology and stones, female urology and dysfunction, urological infections, laparoscopy and robotics, andrology and infertility, prostatic diseases, reconstructive urology, oncology, and pediatric urology.

The journal publishes original articles, clinical trials, reviews, rare case reports, and letters to the editor that are prepared in accordance with the ethical guidelines. Mini reviews, clinical updates, surgical techniques, and a guideline of guidelines that are in the scope of the journal are considered for publication and/or invited by the editor.

The journal's target audience includes, urology specialists, medical specialty fellows and other specialists and practitioners who are interested in the field of urology.

The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Committee of Medical Journal Editors (ICMJE), World Association of Medical Editors (WAME), Council of Science Editors (CSE), Committee on Publication Ethics (COPE), European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal is in conformity with the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice).

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INFORMATION TO AUTHORS

Turkish Journal of Urology (Turk J Urol) is the scientific, peer reviewed, open access publication of the Turkish Association of Urology. The journal is a bimonthly publication, published on January, March, May, July, September and November and its publication language is English.

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Originality, high scientific quality, and citation potential are the most important criteria for a manuscript to be accepted for publication. Manuscripts submitted for evaluation should not have been previously presented or already published in an electronic or printed medium. The journal should be informed of manuscripts that have been submitted to another journal for evaluation and rejected for publication. The submission of previous reviewer reports will expedite the evaluation process. Manuscripts that have been presented in a meeting should be submitted with detailed information on the organization, including the name, date, and location of the organization.

Manuscripts submitted to the Turkish Journal of Urology will go through a double-blind peer-review process. Each submission will be reviewed by at least two external, independent peer reviewers who are experts in their fields in order to ensure an unbiased evaluation process. The editorial board will invite an external and independent editor to manage the evaluation processes of manuscripts submitted by editors or

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An approval of research protocols by the Ethics Committee in accordance with international agreements (World Medical Association Declaration of Helsinki "Ethical Principles for Medical Research Involving Human Subjects," amended in October 2013, www.wma.net) is required for experimental, clinical, and drug studies and for some case reports. If required, ethics committee reports or an equivalent official document will be requested from the authors. For manuscripts concerning experimental research on humans, a statement should be included that shows that written informed consent of patients and volunteers was obtained following a detailed explanation of the procedures that they may undergo. For studies carried out on animals, the measures taken to prevent pain and suffering of the animals should be stated clearly. Information on patient consent, the name of the ethics committee, and the ethics committee approval number should also be stated in the Material and methods section of the manuscript. It is the authors' responsibility to carefully protect the patients' anonymity. For photographs that may reveal the identity of the patients, releases signed by the patient or their legal representative should be enclosed.

All submissions are screened by a similarity detection software (iThenticate by CrossCheck).

In the event of alleged or suspected research misconduct, e.g., plagiarism, citation manipulation, and data falsification/fabrication, the Editorial Board will follow and act in accordance with COPE guidelines.

Each individual listed as an author should fulfill the authorship criteria recommended by the International Committee of Medical Journal Editors

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- 1 Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- 2 Drafting the work or revising it critically for important intellectual content; AND



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- 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.

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Authors are required to submit the following:

- Copyright Transfer and Acknowledgement of Authorship Form and
- ICMJE Potential Conflict of Interest Disclosure Form (should be filled in by all contributing authors)

during the initial submission. These forms are available for download at www.turkishjournalofurology.com.

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Title page: A separate title page should be submitted with all submissions and this page should include:

- The full title of the manuscript as well as a short title (running head) of no more than 50 characters,
- Name(s), affiliations, and highest academic degree(s) of the author(s),
- Grant information and detailed information on the other sources of support,
- Name, address, telephone (including the mobile phone number) and fax numbers, and email address of the corresponding author,
- Acknowledgment of the individuals who contributed to the preparation of the manuscript but who do not fulfill the authorship criteria.

Abstract: An abstract should be submitted with all submissions except for Letters to the Editor. Submitting a Turkish abstract is not compulsory for international authors. The abstract of Original Articles should be structured with subheadings (Objective, Material and methods, Results, and Conclusion). Please check Table 1 below for word count specifications.

Keywords: Each submission must be accompanied by a minimum of three to a maximum of six keywords for subject indexing at the end of the abstract. The keywords should be listed in full without abbreviations. The keywords should be selected from the National Library of Medicine, Medical

Subject Headings database (<https://www.nlm.nih.gov/mesh/MBrowser.html>).

Main Points: All submissions except letters to the editor should be accompanied by 3 to 5 "main points" which should emphasize the most noteworthy results of the study and underline the principle message that is addressed to the reader. This section should be structured as itemized to give a general overview of the article. Since "Main Points" targeting the experts and specialists of the field, each item should be written as plain and straightforward as possible.

Manuscript Types

Original Articles: This is the most important type of article since it provides new information based on original research. The main text of original articles should be structured with Introduction, Material and methods, Results, and Discussion subheadings. Please check Table 1 for the limitations for Original Articles.

Statistical analysis to support conclusions is usually necessary. Statistical analyses must be conducted in accordance with international statistical reporting standards (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7; 1489-93). Information on statistical analyses should be provided with a separate subheading under the Materials and Methods section and the statistical software that was used during the process must be specified.

Units should be prepared in accordance with the International System of Units (SI).

Editorial Comments: Editorial comments aim to provide a brief critical commentary by reviewers with expertise or with high reputation in the topic of the research article published in the journal. Authors are selected and invited by the journal to provide such comments. Abstract, Keywords, and Tables, Figures, Images, and other media are not included.

Review Articles: Reviews prepared by authors who have extensive knowledge on a particular field and whose scientific background has been translated into a high volume of publications with a high citation potential are welcomed. These authors may even be invited by the journal. Reviews should describe, discuss, and evaluate the current level of knowledge of a topic in clinical practice and should guide future stud-



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ies. The main text should contain Introduction, Clinical and Research Consequences, and Conclusion sections. Please check Table 1 for the limitations for Review Articles.

Case Reports: There is limited space for case reports in the journal and reports on rare cases or conditions that constitute challenges in diagnosis and treatment, those offering new therapies or revealing knowledge not included in the literature, and interesting and educative case reports are accepted for publication. The text should include Introduction, Case presentation, and Discussion subheadings. Please check Table 1 for the limitations for Case Reports.

Letters to the Editor: This type of manuscript discusses important parts, overlooked aspects, or lacking parts of a previously published article. Articles on subjects within the scope of the journal that might attract the readers' attention, particularly educative cases, may also be submitted in the form of a "Letter to the Editor." Readers can also present their comments on the published manuscripts in the form of a "Letter to the Editor." Abstract, Keywords, and Tables, Figures, Images, and other media should not be included. The text should be unstructured. The manuscript that is being commented on must be properly cited within this manuscript.

Video Article: A video article requires a video of a clinical case, new or advanced surgical techniques. The duration should be between 5-8 minutes accompanied with a structured abstract. The abstract should be structured as "Objective", "Materials and Methods", "Results", and "Conclusion". The video must have a narration and may contain graphs and images. Video articles are expected to highlight the main idea and the striking results of the research and/or case in a concise way. The videos must not contain music.

Clinical Trial: A clinical trial is a prospective research assigning patients to a health-related intervention in order to study the effect of intervention and its outcome. Turkish Journal of Urology adopts the ICMJE's clinical trial registration policy, which requires that clinical trials must be registered in a publicly accessible registry that is a primary register of the WHO International Trials Registry Platform (ICTRP) or in ClinicalTrials.gov. The name of the registry and the registration number should be provided in the Title Page during the initial submission.

As of 1 January 2019, a data sharing plan is required for the registration of clinical trials. Authors are required to provide a data sharing statement for the articles that reports the results of a clinical trial. The data sharing statement should indicate the items below according to the ICMJE data sharing policy:

- Whether individual deidentified participant data will be shared
- What data in particular will be shared
- Whether additional, related documents will be available
- When the data will be available and for how long
- By what access criteria data will be shared

Authors are recommended to check the ICMJE data sharing examples at <http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>.

Mini Review: This type of article aims to review a novel topic in a succinct way. A mini review should be prepared as a 1000-word main text accompanied by an unstructured abstract.

Surgical Technique: This type of article aims to summarize new surgical techniques in a brief way providing the need and rationale of the technique by comparing it with the previous techniques. Novel aspects of the technique and post-operative care should be emphasized in this type of article. Surgical technique must contain a structured abstract including the following subheadings: Background, Description of Technique, Patients and Methods, Results, and Conclusion. Main text should also be structured with the same subheadings with the abstract section of the article.

Clinical Update: This type of article aims to present the current perspectives of clinical topics that will affect the patient care. A clinical update article should be maximum 3000 word long accompanied by a 150-word unstructured abstract.

Guideline of guidelines: Guideline of guidelines aims to provide a critical commentary of the urology guidelines. This type of article should be maximum 3000 word long with an unstructured abstract. Authors are only commissioned or invited by the editor.



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Table. Limitations for each manuscript type

Type of manuscript	Word limit	Abstract word limit	Reference limit	Table Limit	Figure Limit
Original Article	3000	250 (Structured)	30	6	7 or total of 15 images
Review Article	4000	250	50	6	10 or total of 20 images
Case Report	1500	200	15	No tables	10 or total of 20 images
Letter to the Editor	500	No abstract	5	No tables	No media
Clinical Trial	3000	250 (Structured)	30	6	7 or total of 15 images
Mini Review	1000	150	10	2	2 or total of 5 images
Surgical Technique	1200	150	10	No tables	4 or total of 8 images
Guideline of Guidelines	3000	250	40	5	4 or total of 8 images
Clinical Update	3000	150	30	5	4 or total of 8 images

Tables

Tables should be included in the main document, presented after the reference list, and they should be numbered consecutively in the order they are referred to within the main text. A descriptive title must be placed above the tables. Abbreviations used in the tables should be defined below the tables by footnotes (even if they are defined within the main text). Tables should be created using the "insert table" command of the word processing software and they should be arranged clearly to provide easy reading. Data presented in the tables should not be a repetition of the data presented within the main text but should be supporting the main text.

Figures and Figure Legends

Figures, graphics, and photographs should be submitted as separate files (in TIFF or JPEG format) through the submission system. The files should not be embedded in a Word document or the main document. When there are figure subunits, the subunits should not be merged to form a single image. Each subunit should be submitted separately through

the submission system. Images should not be labeled (a, b, c, etc.) to indicate figure subunits. Thick and thin arrows, arrowheads, stars, asterisks, and similar marks can be used on the images to support figure legends. All information that may indicate an individual or institution should be omitted from the submitted images to ensure a blind evaluation process. The minimum resolution of each submitted figure should be 300 DPI. To prevent delays in the evaluation process, all submitted figures should be clear in resolution and large in size (minimum dimensions: 100 × 100 mm). Figure legends should be listed at the end of the main document.

All acronyms and abbreviations used in the manuscript should be defined at first use, both in the abstract and in the main text. The abbreviation should be provided in parentheses following the definition.

When a drug, product, hardware, or software program is mentioned within the main text, product information, including the name of the product, the producer of the product, and city and the country of the company (including the state if in USA), should be provided in parentheses in the following format: "Discovery St PET/CT scanner (General Electric, Milwaukee, WI, USA)"

All references, tables, and figures should be referred to within the main text, and they should be numbered consecutively in the order they are referred to within the main text.

Limitations, drawbacks, and the shortcomings of original articles should be mentioned in the Discussion section before the conclusion paragraph.

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Book Section: Suh KN, Keystone JS. Malaria and babesiosis. Gorbach SL, Barlett JG, Blacklow NR, editors. *Infectious Diseases*. Philadelphia: Lippincott Williams; 2004.p.2290-308.

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EDITORIAL

Dear Colleagues,

As you know, on December 31, 2019, the World Health Organization reported pneumonia cases of unknown etiology in Wuhan, Hubei Province, China. On January 7, 2020, the factor was identified as 2019-nCoV. Later, the name of the disease was accepted as COVID-19, and the virus was named as SARS-CoV-2. The COVID-19 pandemic has influenced the whole world, and humanity is giving a great test. This period reminds us of the saying by the famous Greek stoic philosopher, Epictetus, who is said to have been born as a slave in Phrygia, "No man is free who is not master of himself. A man should so live that his happiness shall depend as little as possible on external things. The world turns aside to let any man pass who knows where he is going."

As in the other branch, the urology community has got its share from the pandemic. Guidelines and algorithms to be followed by patients with urological problems were published during the COVID-19 pandemic. In most of these publications, the need to stay up to date constantly was emphasized, and this need still continues. In our May 2020 issue, we observed that our comprehensive review, "What do urologists need to know: Diagnosis, treatment, and follow-up during COVID-19 pandemic," offered valuable suggestions. Indeed, now in our July 2020 issue, studies titled "COVID-19 and animals: What do we know?", "COVID-19 outbreak and the impact on renal disorders: A rapid review", and "Intravesical BCG amid COVID-19: To give or not to give?" will shed light on future research.

It is not the first time that human beings are facing a pandemic. This will not be the last. In most countries, the first wave was overcome because of the devoted efforts of healthcare professionals. However, after this stage, we will all have to take measures and adapt to this new life.

Best Regards,

Prof. Dr. Murat Bozlu
Editor in Chief