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The aim of the Turkish Journal of Urology is to contribute to the literature by publishing scientifically high-quality research articles as well as reviews, editorials, letters to the editor and case reports.

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

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• Grant information and detailed information on the other sources of support,
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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).

Manuscript Types

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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).

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Table. Limitations for each manuscript type

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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.

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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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While citing publications, preference should be given to the latest, most up-to-date publications. If an ahead-of-print publication is cited, the DOI number should be provided. Authors are responsible for the accuracy of references. References should be cited in brackets within the main text. Journal titles should be abbreviated in accordance with the journal abbreviations in Index Medicus/MEDLINE/PubMed. When there are six or fewer authors, all authors should be listed. If there are seven or more authors, the first six authors should be listed followed by “et al.” In the main text of the manuscript, references should be cited
using Arabic numbers in square brackets and superscript characters. The reference styles for different types of publications are presented in the following examples.


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**Manuscripts Accepted for Publication, Not Published Yet**: Slots J. The microflora of black stain on human primary teeth. Scand J Dent Res. 1974.


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When submitting a revised version of a paper, the author must submit a detailed “Response to the reviewers” that states point by point how each issue raised by the reviewers has been covered and where it can be found (each reviewer’s comment, followed by the author’s reply and line numbers where the changes have been made) as well as an annotated copy of the main document. Revised manuscripts must be submitted within 30 days from the date of the decision letter. If the revised version of the manuscript is not submitted within the allocated time, the revision option may be canceled. If the submitting author(s) believe that additional time is required, they should request this extension before the initial 30-day period is over.

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Dear Colleagues;

As Editorial Board with scientific support, and motivation granted by you we have prepared this year’s fourth issue of Turkish Journal of Urology which contains studies performed concerning the fields of uro-oncology, andrology, endourology, pediatric urology, transplantation, and general urology. We maintain our variety of content through your submission of high quality review articles, original articles, and case reports covering a wide range of subjects. Sustainability of scientific journals carries utmost importance. Nowadays, researchers are repeatedly receiving invitations from many journals to submit their manuscripts. As Confucius stated, “You cannot open a book without learning something”. Within this context accessibility to Turkish Journal of Urology from PubMed Central, and its inclusion in Emerging Sources Citation Index (ESCI) that is a new version of Web of Science (WoS) convey utmost importance. Besides our Journal has taken its firm place in “Urology Green List” (https://urologygreenlist.wordpress.com).

With recent developments in imaging modalities, and increase in their use, more and more patients are receiving the diagnosis of small renal masses. Especially with the increase in the number of advanced age population, management of small renal masses seen in this age group also carries vital importance. In this issue of our Journal Özcan et al. are conveying the latest developments to us about this subject with their review article entitled "Treatment approaches to small renal masses in patients of advanced age (≥75 years)". I believe that you will read this review article that emphasizes risks of treatment, natural course of the lesion, and importance of comorbidities in the management of small real masses detected in the advanced age group.

Cushing syndrome is a very frequently seen condition. However, very few studies have been performed about the sexual functions of this patient group. The study realized by Keskin et al. and published in our July 2018 issue entitled "Sexual function in women with Cushing’s Syndrome: A controlled study" is investigating sexual dysfunction, quality of life, and depression in women with the diagnosis of Cushing syndrome. I think that this study will inspire conduction of multicenter trials in the future.

Nowadays, radical prostatectomy has been performed using various methods, and oncological outcomes of these studies have been compared in many different studies. In this issue of the TJU Osmonov et al. from University Hospital Schleswig-Holstein, Campus Kiel, Kiel, Germany is comparing surgical incision site infections in patients who underwent robot-assisted laparoscopic radical prostatectomy and retropubic radical prostatectomy in their article entitled "Surgical site infections after radical prostatectomy: A comparative study between robot-assisted laparoscopic radical prostatectomy and retropubic radical prostatectomy".

I believe that you will read other precious articles other than those briefly summarized above. I would like to remind you that the 27th National Congress of Turkish Association of Urology will be held in Bafra, TRNC between 26-29 October, 2018. We are eager to publish your manuscripts of higher scientific quality in our Journal prepared for this congress. Twenty five studies will be picked by the evaluation committee out of the abstracts that are going to be presented during the congress for possible publication in the Turkish Journal of Urology.

Respectfully yours,
Prof. Dr. Murat Bozlu, MD
Editor in Chief