

## ABOUT THE JOURNAL

*Theater in Endourology and Robotics (TiER)* is an innovative, peer-reviewed, open access platform dedicated to the advancement of surgical techniques, educational content, and technological innovations through high-quality video articles in the fields of endourology and robotic-assisted surgery. Areas of interest include laparoscopic and robotic urologic surgery, urolithiasis, urologic oncology, benign prostatic hyperplasia, urinary tract reconstruction, pediatric endourology, female urology, and emerging technologies.

In addition to video articles, *TiER* also welcomes original articles, case reports, editorials, letters to the editor, technical notes, and invited review articles to foster comprehensive academic exchange and collaboration.

Articles published in this journal can be obtained from the official website of the journal (<https://e-tier.org>) as abstracts and full-text PDF files.

### Publication Frequency

*TiER* is published biannually, with issues released on July 1 and December 1. Supplementary thematic issues may also be published to highlight major conferences or consensus statements.

### Article Processing Charges

*TiER* does not levy any article processing charges or submission fees. All publication costs are fully supported by the editorial office and sponsoring academic institutions.

## ETHICAL POLICIES

### Research Ethics

- Human studies must have IRB approval and informed consent
- Animal studies must have IACUC approval
- Clinical trials must be registered at a recognized registry (e.g., ClinicalTrials.gov)
- Ethics approval number must be clearly stated in the Materials and Methods section and Title Page
- If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB/IA-CUC approval and study conduct.

*TiER* adheres to the ICMJE, COPE, and Declaration of Helsinki standards.

*TiER* adheres to the guidelines and best practices pub-

lished by professional organizations, including International Committee of Medical Journal Editors (ICMJE) Recommendations, the Principles of Transparency and Best Practice in Scholarly Publishing (<https://doaj.org/bestpractice>), and the Good Publication Practice Guideline for Medical Journals ([https://www.kamje.or.kr/board/view?b\\_name=bo\\_publication&bo\\_id=13](https://www.kamje.or.kr/board/view?b_name=bo_publication&bo_id=13)). For issues not addressed in these instructions, authors should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/recommendations/>) from the ICMJE. Furthermore, all processes of handling research and publication misconduct (or when faced with cases of suspected misconduct) shall follow the applicable Committee on Publication Ethics (COPE) guidance (<https://publicationethics.org/>). Any attempts to duplicate publications or engage in plagiarism will lead to automatic rejection and may prejudice the acceptance of future submissions.

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Participants (<https://www.wma.net/policies-post/wma-declaration-of-helsinki/>). Clinical studies that do not meet the Declaration of Helsinki will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, or other protected healthcare information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals, and the ethical treatment of all experimental animals should be maintained.

### Conflict of Interest

All participants in the publication and peer review process— not only authors but also peer reviewers, editors, and Editorial Board members of the journal—must declare any financial, professional, personal relationships, academic competition, or intellectual passion that could influence on their work. These conflicts of interest must be included on the title page. Authors should certify the disclosure of any conflict of interest with their signatures. If none, please state: "The authors declare no conflicts of interest." If undisclosed conflict of interest is suspected in a submitted manuscript or published article, a committee composed of Editorial Board members will be held and discussed, and *TiER* will follow the process of the applicable COPE guidance.

## Funding

All financial support (grants, institutional support, equipment donations) must be acknowledged.

## Authorship

According to the ICMJE recommendation, authorship credit should be based on the following four criteria: (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 (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. Authors should meet all four criteria.

- A list of each author's role should accompany the submitted paper. The contributions of all authors must be described using the Contributor Roles Taxonomy (CRediT; <https://credit.niso.org/>).
- Correction of authorship: Any requests for such changes in authorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or email from all authors. This letter must be signed by all authors of the paper. Each author must complete the copyright assignment.
- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflicts of interest forms and statements, are properly completed. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner and after publication should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and/or financial support should have their contributions listed in the Acknowledgments section of the article.

tion of the article.

- Recommendations for working with people with personal connections: Authors who intend to include minors (under the age of 19) or their family members (such as spouse, children, and relatives) in their research, including when publishing or presenting papers jointly with them, should clearly indicate this in the cover letter. For further information, please refer to the "Guidelines for Preventing Illegitimate Authorship" by the National Research Foundation of Korea ([https://www.nrf.re.kr/cms/board/library/view?menu\\_no=419&nts\\_no=136927](https://www.nrf.re.kr/cms/board/library/view?menu_no=419&nts_no=136927)).
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## Originality, Plagiarism, and Duplicate Publication

Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

## Secondary Publication

Secondary publication of material published in other journals or online may be justifiable and beneficial, especially when intended to disseminate important information to the widest possible audience (e.g., guidelines produced by government agencies and professional organizations in

the same or a different language).

## Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, a fraudulent undisclosed conflict of interest, ethical problems with a submitted manuscript, a reviewer who has appropriated an author's idea or data, and complaints against editors, the resolution process will follow the guidance provided by COPE. The discussion and decision on the suspected cases are carried out by the Editorial Board and Research Ethics Council. Research Ethics Council is composed of a chairperson of the Publication Committee of the Korean Society of Endourology and Robotics and the members of the Committee.

The roles of the Council are as follows:

1. The Council reviews research ethics of the published papers. If anything that goes against publication ethics is found, the Council meeting will be held to investigate the issues.
2. The results of the Council meeting must be reported to the Board of Directors.
3. To promote best practices, the Council members shall serve ethics education for editors and authors of *TiER*.

## Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: provision of guidelines for retracting articles; maintenance of the integrity of the academic record; preclusion of business needs from compromising intellectual and ethical standards; publication of corrections, clarifications, retractions, and apologies when needed; and exclusion of plagiarism and fraudulent data. The editors maintain the following responsibilities: responsibility and authority to reject and accept articles; confirmation of no conflict of interest with respect to articles they reject or accept; promotion of publication of corrections or retractions when errors are found; and preservation of the anonymity of reviewers.

## Similarity Check

To uphold the integrity of scientific publishing, all submissions to *TiER* are screened for potential plagiarism using Similarity Check powered by iThenticate. This tool compares submitted manuscripts against a comprehensive database of academic publications and web content.

- Authors are strongly advised to ensure originality and to appropriately cite all sources.

- Manuscripts with significant similarity to previously published work, without proper citation or justification, may be rejected without review.
- If a high similarity score is detected, the editorial office may request revision or clarification prior to peer review.
- Authors submitting preprints must clearly disclose this in the title page and/or cover letter to prevent false positives in similarity analysis.

For more information, visit: <https://www.crossref.org/services/similarity-check/>

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### Copyright and Authorship Agreement

By submitting to *TiER*, authors agree to the following:

- The manuscript is original, has not been previously published, and is not under consideration elsewhere.
- Upon acceptance, authors grant *TiER* a non-exclusive right of first publication and agree to license the work under a Creative Commons Attribution-NonCommercial (CC BY-NC) license.
- All authors have read and approved the final manuscript and agree to its submission.
- A completed authorship agreement and copyright transfer form signed by all authors must be submitted with the final accepted manuscript.

### Open Access Policy

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- All articles published in *TiER* are licensed under the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0) (<https://creativecommons.org/licenses/by-nc/4.0/>).
- This license allows for non-commercial use, distribution, and reproduction in any medium, provided the original author and source are credited.
- Authors retain copyright of their work and grant *TiER* the right of first publication.
- *TiER* also complies with the open access policies of funding bodies and indexing services such as Google Scholar, Crossref, and others.

## Article Sharing (Author Self-Archiving) Policy

*TiER* is an open access journal, and authors who submit manuscripts to *TiER* can share their research in several ways, including on preprint servers, social media platforms, at conferences, and in educational materials, in accordance with our open access policy.

However, it should be noted that submitting the same manuscript to multiple journals is strictly prohibited.

## EDITORIAL POLICY

### Registration of Clinical Trial Research

Any research that deals with a clinical trial should be registered in the primary national clinical trial registry site, such as the Korea Clinical Research Information Service (CRIS; <https://cris.nih.go.kr>), any other primary national registry site accredited by the World Health Organization (<https://www.who.int/clinical-trials-registry-platform>), or ClinicalTrials.gov (<https://clinicaltrials.gov/>), a service of the US National Institutes of Health.

### Preprint Policy

*TiER* permits the submission of manuscripts that have been previously posted on recognized preprint servers (e.g., medRxiv, bioRxiv). Submission of preprints is not considered prior publication (duplicate or duplicate publication) and does not jeopardize consideration for peer-reviewed publication.

- Authors must clearly indicate that a manuscript has been posted as a preprint at the time of submission, either on the title page or in the cover letter.
- The preprint DOI should be provided, and any changes between the preprint and submitted version should be disclosed upon submission.
- Once the manuscript is accepted, authors are encouraged to update the preprint with a link to the published article in *TiER*.
- Preprint manuscripts are subject to the same peer review and editorial standards as all other submissions.

Authors are responsible for ensuring that preprint policies of *TiER* align with those of other journals to which the manuscript may later be submitted.

### Data Sharing Statement

*TiER* encourages transparency and reproducibility by requiring authors to provide data sharing statements.

- For clinical trials, authors must adhere to the ICMJE policy data sharing and include a clear data availability statement in the manuscript.

- Authors should indicate whether data are available upon request, in a repository, or restricted.
- When applicable, a link to the public dataset should be provided.

### Archiving Policy

*TiER* provides the electronic archiving and preservation of access to the journal content in the event the journal is no longer published by archiving in the National Library of Korea.

### Advertising Policy

*TiER* accepts advertisements in the print copies of the journal. Any individuals or organizations who are interested in advertising their products or services are encouraged to contact the editorial office. The acceptance of advertisement will be discussed by the editorial board and will be ultimately approved by the publisher.

### Use of Artificial Intelligence (AI)-assisted Technologies

The journal has adopted policies, as specified by the ICMJE, regarding the use of AI in the preparation of materials intended for publication in the journal. Generative AI, including language models, chatbots, image creators, machine learning, or similar technologies, may be employed to enhance readability and language accuracy in scientific writing. However, chatbots or other AI-assisted technologies cannot be listed as authors.

- Generative AI images: We do not permit the use of generative AI or AI-assisted tools for creating or altering images in submitted manuscripts. Adjustments like brightness, contrast, or color balance are acceptable if they don't obscure original information. Exceptions are strictly limited to cases where AI is essential to the research design or methods, and in such instances, comprehensive details must be explicitly provided in the methods section. Authors should adhere to AI software policies and may be asked for pre-AI-adjusted versions of images for editorial review.
- Declaration of AI and AI-assisted technologies in the writing process: Authors are required to disclose whether AI-assisted technologies were used in the production of the submitted work at the time of manuscript submission. It must be clearly reported in a dedicated section of the Methods, or in the Acknowledgements section for article types lacking a Methods section. This disclosure should provide details about the specific tools used, including the model name, version, and manufacturer, along with an explanation of the capacity in which they were utilized. Authors should affirm

that there is no plagiarism of text or images in materials produced by AI. It is not acceptable to cite AI-generated material as a primary source. Authors should confirm that they take responsibility for the integrity of the contents generated by AI-assisted technologies.

## SUBMISSION & PEER REVIEW PROCESS

### Submission Process

All submissions to *TiER* must be made exclusively through the journal's online submission system at <https://e-tier.org>. The system provides a step-by-step process for uploading all necessary files, including the manuscript text, a separate abstract, and video materials when applicable. Authors must also select the appropriate submission category (e.g., video article, original article, case report, technical note, etc.) during the submission process.

After uploading, the system will automatically generate a PDF proof of the manuscript, which will be used for editorial and peer review. All communication regarding the submission, including editorial decisions, reviewer comments, and revision requests, will be handled electronically via email.

### Peer Review Process

All manuscripts submitted to *TiER* undergo a double-blind peer review process. The author identities remain anonymous to the reviewers, and vice versa. The identities of the reviewers and authors are visible to (decision-making) the editor throughout the peer review process.

1. Initial Screening: The editorial office checks submitted manuscripts for completeness, adherence to submission guidelines, and similarity screening.
2. Editorial Assessment: The Editor-in-Chief or designated Associate Editor performs an initial assessment to determine suitability for peer review.
3. Reviewer Assignment: The Editorial Board selects reviewers based on expertise, publication history, and past reviews. Qualified independent reviewers with expertise in the relevant subject area are invited to review the manuscript. An initial decision will normally be made within 4 weeks of receipt of a manuscript. During the peer review process, reviewers can interact directly or exchange information (e.g., via submission systems or email) with only an editor.
4. Review Criteria: Reviewers are asked to evaluate the manuscript's originality, scientific rigor, methodology, clarity, and relevance to *TiER*'s scope. Specific attention is paid to video quality and educational value for

video submissions.

5. Decision Process: Based on reviewer comments and editor judgment, the manuscript may be accepted, require minor/major revisions, or be rejected. Final decisions rest with the Editor-in-Chief. No information about the review process or editorial decision process is published on the article page.
6. Revision and Re-review: If revisions are requested, authors must submit a point-by-point response and a revised manuscript. Major revisions may undergo an additional round of review.
7. Acceptance and Production: Once accepted, the manuscript proceeds to copyediting, layout, and final approval stages prior to publication.

All editorial decisions are made in a fair, unbiased, and timely manner to maintain the highest standards of peer-reviewed scholarship.

### Appeals of Decisions

Any appeal against an editorial decision must be made within 2 weeks of the date of the decision letter. Authors who wish to appeal against a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE. *TiER* does not consider second appeals.

### Post-Publication Policy

Authors or readers may request corrections, retractions, or expressions of concern. Errata or corrigenda will be published with DOIs and linked to the original article. *TiER* participates in CrossMark to indicate the current status of articles.

## MANUSCRIPT PREPARATION

### General Requirements

The entire manuscript should be written in English. Medical terminology should be written based on the most recent edition of Dorland's Illustrated Medical Dictionary. The main document with manuscript text and tables should be prepared with an MS-word program.

- The manuscript for a major paper should be organized in the following order: title page, abstract, main text, references, tables, figure legends, and figures.
- The manuscript should be double-spaced on 21.6 ×



27.9-cm (letter size) or 21.0 × 29.7-cm (A4) paper with 3.0-cm margins at the top, bottom, right, and left margin.

- All manuscript pages should 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 should be kept to a minimum. Avoid abbreviations in the title of the manuscript. The spelled-out abbreviation followed by the abbreviation in parenthesis should be used on the first use.
- The names of manufacturers of equipment and non-generic drugs should be given.
- Name for microorganism is fully stated at the first appearance (e.g., *Escherichia coli*), then the abbreviation for the genus is used (e.g., *E. coli*). Scientific name of species is italicized. Do not italicize if the calling of a species is not a scientific name (e.g., *E. Coli*, Papovaviridae, Hepadnavirus, streptococci, coagulase negative staphylococci, Epstein-Barr virus, hepatitis B virus, herpes simplex virus). Gene nomenclature is written in italics, whereas protein product of certain genes is not italicized (e.g., BCR-ABL mutations, HER2 gene, BCRABL kinase domain, HER2-positive).
- *p*-value from statistical testing is expressed as upper-case *p*.
- When quoting from other sources, a reference number should be cited after the author's name or at the end of the quotation.
- The title page and manuscript should be provided as separate files and the manuscript should be anonymized for double-blind peer review. Please make sure that any identifying information, such as authors' names or affiliations, is removed from your manuscript before submission. Authors should use the third person to refer to an article that the authors have previously published. Authors should make sure that figures and tables do not contain any reference to author affiliations. If the manuscript includes any identifying information, it may be returned to the author immediately after submission without review.

Manuscript preparation is different according to the publication type, including video articles, original articles, case reports, editorials, letters to the editor, invited reviews, and technical notes. Other types are also negotiable with the Editorial Board.

## Article Categories and Submission Guidelines

### ● Video Articles

Length: Up to 15 minutes (longer formats accepted for invited submissions)

File size: Max 1 GB

Format: MP4, MOV, AVI, WMV, or MPEG (NTSC, 640 × 480 minimum resolution)

Audio: English narration required

Additional: Captions and annotations encouraged

Content structure: Title Page, Abstract, Introduction, Surgical Methods, Results, Discussion, Conclusions, Acknowledgments (optional), References, Figure Legends, Figures, Tables

Abstract: Structured (Purpose, Surgical Methods, Results, Conclusions), max 250 words, keywords (3–5), and written summary of content

References: Max 10

Figures/Tables: Max 5 combined

We encourage you to submit a representative still photo taken from a video as a Figure.

Videos must include English narration and are encouraged to feature annotations of key anatomical landmarks and other visual aids (e.g., arrows, superimposed color). Please avoid music soundtracks.

### ● Original Articles

Abstract: Structured (Purpose, Materials and Methods, Results, Conclusions), max 250 words, keywords (3–5), and written summary of content

Main text: Max 3,000 words (excluding abstract, references, tables, and figure legends)

References: Max 30

Figures/Tables: Max 10 combined

Structure: Title Page, Abstract, Introduction, Materials and Methods, Results, Discussion, Conclusions, Acknowledgments (optional), References, Figure Legends, Figures, Tables

Systematic reviews and meta-analyses should be submitted as original articles and authors are encouraged to follow the PRISMA guidelines (<http://www.prisma-statement.org/>).

### ● Case Reports

Case reports will be published only in exceptional circumstances, when they illustrate a rare occurrence of clinical importance.

Abstract: Unstructured, max 150 words

Main text: Max 1,500 words

References: Max 15

Figures/Tables: Max 5 combined

Structure: Title Page, Abstract, Introduction, Case Description, Discussion, Conclusions, References, Figure Legends, Figures, Tables

## ● Technical Notes

Abstract: Unstructured, max 200 words

Main text: Max 2,000 words

References: Max 20

Figures/Tables: Max 6 combined

Structure: Title Page, Abstract, Introduction, Description of Technique, Discussion, References, Figures/Tables

## ● Invited Review Articles

Abstract: Unstructured, max 250 words

Main text: Max 5,000 words

References: Max 100

Figures/Tables: Max 10 combined

Structure: Title Page, Abstract, Main Text (sectioned by topic), References, Figures/Tables

## ● Editorials

Abstract: Not required

Main text: Max 1,500 words

References: Max 7

Figures/Tables: Max 2

Editorials are they provide a brief review of the articles in the journal, and comments on recent developments and events in the field of endourology and robotic-assisted surgery. Editorials may also deal with a change in the journal's style and format and any communication with an outside organization or professional. In addition, the editorials deals with a variety of topics.

## ● Letters to the Editor

Abstract: Not required

Main text: Max 1,000 words

References: Max 7

Figures/Tables: Max 2

Purpose: Provide commentary on *TiER* articles or relevant emerging topics. Authors of referenced articles will have the opportunity to reply.

## Title Page

The title page must include:

- Full title of the article
- Full names of all authors, including ORCID iDs (<https://orcid.org>)
- Institutional affiliations of all authors
- Name, address, telephone number, and email of the

corresponding author

- A short running title ( $\leq 12$  words)
- Conflict of interest disclosures
- Funding statements
- Author contributions (based on CRediT taxonomy)
  - Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.
- Acknowledgment of additional contributors who do not meet authorship criteria

## Abstract & Keywords

- A structured abstract is required for video, original articles ( $\leq 250$  words), with four labeled sections.
- Case reports require an unstructured abstract ( $\leq 150$  words)
- Include 3–5 keywords immediately after the abstract
- Use terms from MeSH (Medical Subject Headings) whenever possible: <https://meshb.nlm.nih.gov/search>

## Main Text

- Introduction: Briefly describe the background and the specific aim or hypothesis of the study. Do not present results here.
- Materials and Methods:
  - State study design and statistical methods
  - Describe subject selection and data sources
  - Provide ethical approval and informed consent statements. Example: “This study was approved by the Institutional Review Board of [Institution Name] (Approval No. XXX). Informed consent was obtained (or waived).”
  - Ensure appropriate reporting of sex/gender and race/ethnicity with justifications where applicable
- Surgical Methods (if applicable):
  - Describe the surgical procedure in detail, including key steps, instruments used, surgical approach (e.g., transperitoneal, retroperitoneal), patient positioning, port placement, and postoperative protocols
  - For robotic procedures, specify the type and generation of robotic system
  - If modifications to standard techniques were applied, clearly highlight and justify them
  - If intraoperative videos are included, provide time-stamped narration in the manuscript to guide the viewer
- Results:
  - Present results clearly and logically with reference to

tables/figures

- Do not duplicate data in both text and tables/figures
- Report major findings first

• Discussion:

- Interpret key results in relation to the original hypothesis
- Compare with previous studies, note limitations, and discuss clinical/research implications
- Avoid repeating detailed results

• Conclusions:

- Brief summary highlighting the study's primary findings and implications

• Funding:

- All financial and technical support received must be explicitly stated. If there's no funding to report, you should write: "No external funding was received for this research."

• Acknowledgments:

- Individuals or institutions who contributed to the work but are not co-authors should be acknowledged. If there's no one to acknowledge, you should write: "None."

## References

- References must be cited numerically in the order of appearance using brackets: [1], [2,3], [4-6]
- In the reference list, list all authors if  $\leq 6$ , otherwise use the first 3 followed by "et al."
- Journal names should follow Medline abbreviations
- Use NLM style: <https://www.nlm.nih.gov/citingmedicine>
- Include DOIs for online-ahead-of-print references
- Unpublished data and personal communications should be cited only within the text with full source
- Examples *TiER* references style
  - Journal article:
    1. Noh TI, Shim JS, Kang SG, Cheon J, Pyun JH, Kang SH. The learning curve for robot-assisted radical cystectomy with total intracorporeal urinary diversion based on radical cystectomy pen-tafecta. *Front Oncol* 2022;12:975444.
    2. Jung HD, Lee JY, Kang DH, et al. Korean Society of Endourology and Robotics (KSER) recommendation on the diagnosis, treatment, and prevention of urolithiasis. *Investig Clin Urol* 2023;64: 325-37.
  - Book & Book chapter:
    3. Preminger GM, Assimos DG, Lingeman JE, Nakada SY, Pearle MS, Wolf JS Jr. *Atlas of urologic surgery*. 4th ed. Elsevier: 2019;215-364.

4. Traxer O, Keller EX. Ureterscopy: techniques and complications. In: Wein AJ, Kavoussi LR, Partin AW, Peters CA, eds. *Campbell-Walsh-Wein urology*. 12th ed. Elsevier: 2020;1223-47.

- Online sources: Surname and initials of author(s). Title of website [Internet]. Publisher: Year Mon date (updated Year Mon date; cited Year Mon date). Available from: URL

5. European Association of Urology (EAU). EAU guidelines on prostate cancer [Internet]. EAU: 2023 (cited 2025 May 25). Available from: <https://uroweb.org/guidelines/prostate-cancer>

- Dissertation:

6. Shafiee MA. Urinary composition and stone formation [dissertation]. Toronto: University of Toronto; 2010.

- Conference paper:

7. Incesu RB, Piccinelli ML, Morra S, et al. Incremental dose-response effect of age on mortality in non-seminoma testis cancer patients: MP01-01. Paper presented at: American Urological Association (AUA) 2024; 2024 May 3-6; San Antonio, TX, USA. San Antonio: AUA, 2024. p. e1.

8. American Urological Association (AUA). AUA 2023; 2023 Apr 28- May 1; Chicago, USA. Chicago: AUA; 2023. (267 p).

## Figures and Tables:

Total number of figures and tables combined must not exceed the limit stated per article type.

Do not duplicate data between tables and figures unless necessary for clarity.

If any tables or figures are taken or modified from other papers, authors should obtain permission through the Copyright Clearance Center (<https://www.copyright.com/>) or from the individual publisher, unless they are from open access journals under the Creative Commons License. For tables or figures from an open access journal, simply verify the source of the journal precisely in the accompanying footnote. Please note the distinction between a free access journal and an open access journal: it is necessary to obtain permission from the publisher of a free access journal for using tables or figures published therein. Examples are shown below:

Reprinted (Modified) from Tanaka et al. [48], with permission of Elsevier.

- Figures:

- Acceptable file formats include JPG, TIFF, PNG (minimum resolution: 300 dpi). Do not embed figures in the manuscript text; upload them as separate files.



- Each figure should be clearly labeled (Fig. 1, Fig. 2, etc.) and accompanied by a concise legend in English on a separate page.
  - Figures should be of high quality, professional in appearance, and submitted at their intended publication size.
  - Authors are responsible for obtaining permission to reuse previously published figures.
- Tables:
- Each table must be typed on a separate page, numbered in the order in which they are cited in the text, consecutively (Table 1, Table 2, etc.), and include a clear, descriptive title.
  - Tables should be created using a word processor (not images) and be editable.
  - Include explanatory footnotes below the table if necessary. Use superscript letters (a, b, c, etc.) for footnotes.
  - Statistical measures such as standard deviation (SD) or standard error (SE) should be identified.

### Adherence to Reporting Guidelines

For specific study designs, such as randomized controlled trials, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, we strongly recommend that authors follow and stick to the reporting guidelines relevant to their specific research design. Authors should upload a completed checklist for the appropriate reporting guideline during original submission. Some reliable sources of reporting guidelines are the EQUATOR Network (<https://www.equator-network.org/>) and NLM ([https://www.nlm.nih.gov/services/research\\_report\\_guide.html](https://www.nlm.nih.gov/services/research_report_guide.html)).

## FINAL PREPARATION FOR PUBLICATION

### Final Version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal's column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables,

references, and figures are cited in numeric order.

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