ARCHIVES OF
NEUROSURGERY

ARCHIVES OF NEUROSURGERY
SUMBISSION GUIDELINES
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JOURNAL DESCRIPTION

Archives of Neurosurgery is an open access journal of the Mexican Society of Neurological Surgery (Sociedad Mexicana de Cirugía Neurológica A.C.).
The journal's mission is to: To provide a fresh and new Author friendly platform, where neurosurgeons around the world will find the needed help (methodology, statistics, English language text writing and editing, pictures edition) to improve its research to compete with other world class scientists in the field by publishing High-Quality research with most relevant clinical information in neurosurgical praxis. The categories of the research include clinical surgical practice, with a particular focus to provide in each issue an original article of the neurosurgical subspecialties: Oncology, Vascular, Stereotaxis, Spine, Radiosurgery, Endovascular therapy, Epilepsy surgery, Functional Surgery, Pediatrics and Endoscopy along with a combination of the following categories: Historical, political, educational videos, surgical technique economic, cultural or societal insights papers that are of significance and relevance to worldwide neurosurgeons to provide High-quality care in world quality and safety standards.

Publisher:	Creative Commons®, Premium Service an Elsevier® service.
ISSN:	To be obtained, aimed 2 years a head.
Impact Factor:	To be obtained, aimed 3 years a head.
Provided:	Quarterly (3 issues a Year)
Launch Date:	End of April 2020
Peer-Reviewing:	Single-Blind. This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final.

Directive Editor:	José Antonio Soriano Sánchez
Editor-in-Chief:	Fiacro Jimenez Ponce
Managing Editor:	José Alberto Israel Romero Rangel

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Directive Editor

José Antonio Soriano Sánchez *(MEX)* *President of the Mexican Society of Neurological Surgery (SMCN), Vice-President of the Latin American Federation of Neurosurgical Societies (FLANC), Head of the Spine Clinic, Neurological Center, The American British-Cowdray Medical Center IAP, CDMX, Mexico*

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National Editors Board

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Diego Mendez Rosito	*(MEX)*	*National Medical Center November 20th, Institute of Security and Social Services of State Workers (ISSSTE) , CDMX, Mexico*
Leonardo Rangel Castilla	*(MEX)*	*Star Medica Hospital, San Luis Potosi Mexico*

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SPINE

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Roger Härtl	(USA)	Weil Cornell
Claudius Thome	(AUS)	Insbruck Medical University
Uribe Juan	(COL)	Barrow Institute
Paulo Pereira	(POR)	Centro Hospitalar S. João, Porto
Mark A Mahan	(USA)	University of Utah

VASCULAR

Chaddad, Feres	(BRA)	Universidade Federal de São Paolo-UNIFESP

ONCOLOGY

Quiñones Alfredo	(USA)	Mayo Clinic Jacksonville
Miguel Arraez	(SPA)	Hospital Regional Universitario de Málaga

SKULL BASE

Biurrum Borba Luis Alencar	(BRA)	Universidade Federal de Paraná
Campero Alvaro	(ARG)	Hospital Angel C. Padilla

FUNCTIONAL NEUROSURGERY

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Pablo Andrade	(GER)	Universitary Hospital of Cologne

ENDOSCOPY

Salman Sharif	(PAK)	National Medical Center, Karachi
Sufianov Albert	(RUS)	Federal Centre of Neurosurgery

NEUROTRAUMA

Iype Cherian	(NEP)	Nobel Medical Center in Biratnagar

PERIPHERAL NERVE

Mark A Mahan	(MEX)	University of Utah

GUIDE FOR AUTHORS

III. Manuscript Types

1. Systematic Reviews and Meta-Analysis
2. Survey
3. Guidelines
4. Original research (Evidence Level 1-4) on surgical practice or techniques of the following subspecialties:
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11. Editorial (Invited)
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13. Letters to the Editor (related to previously published papers)

1. Systematic Reviews and Meta-Analysis

   Systematic Review and Meta-Analysis (PRISMA Compliant)
   Systematic reviews and meta-analyses must be reported according to PRISMA guidelines, an evidence-based minimum set of items created to help authors improve the reporting of systematic reviews and meta-analyses. The PRISMA Statement consists of a 27-item checklist and a four-phase flow diagram. For information regarding PRISMA guidelines, please visit http://www.prisma-statement.org.
   Meta-Analysis of Observational Studies in Epidemiology (MOOSE Compliant)
   Systematic reviews and meta-analyses of observational studies in epidemiology should be reported according to MOOSE guidelines. For more information regarding MOOSE guidelines, please visit http://www.equator-network.org/reporting-guidelines/meta-analysis-of-observational-studies-in-epidemiology-a-proposal-for-reporting-meta-analysis-of-observational-studies-in-epidemiology-moose-group/.

2. Survey

   Survey manuscripts about neurosurgical practice are welcome.
   Surveys must be based on verifiable methods such as electronic survey platforms or software; raw data should be submitted.

3. Guidelines

   Guidelines (AGREE Instrument).
   Guidelines in medical praxis should adhere to the AGREE instrument. The *AGREE Reporting Checklist* is intended to assist practice guideline developers to improve the completeness and transparency of *reporting* in practice guidelines. The checklist can also provide guidance to peer reviewers, journal editors, and guideline users about the essential components of a high-quality practice guideline. All reports should provide the AGREE checklist filled.
   https://www.agreetrust.org/resource-centre/agree-reporting-checklist/

4. Clinical research (evidence level 2-4) on surgical practice or techniques manuscripts should follow specific reporting guidelines

   Clinical Trial/Experimental Study (CONSORT Compliant)
   Reports of randomized trials must conform to the revised CONSORT guidelines and should be submitted with their protocols and a completed CONSORT checklist. All reports of clinical trials must include a summary of previous research findings and explain how the submitted trial affects this summary of previous findings. Cluster randomized trials should be reported according to extended CONSORT guidelines. Randomized trials reporting harms must be described according to extended

CONSORT guidelines. All reports of randomized trials should include a section entitled "Randomization and masking" within the methods section. For information regarding CONSORT guidelines, please visit http://www.consort-statement.org.

Observational Study (STROBE Compliant)*
Observational research comprises several study designs and many topic areas. The STROBE statement should be used when reporting such research. The STROBE recommendations apply to the three main analytical designs used in observational research: cohort, case-control, and cross-sectional studies. The STROBE statement consists of a 22-item checklist. For information regarding STROBE guidelines, please visit http://www.strobe-statement.org.

Diagnostic Accuracy Study (STARD Compliant)
Investigators reporting studies of diagnostic accuracy should adhere to the STARD statement, part of the STARD initiative to improve the accuracy and completeness of reporting of studies of diagnostic accuracy, to allow readers to assess the potential for bias in a study (internal validity) and to evaluate a study's generalizability (external validity). The STARD statement consists of a 25-item checklist and recommends the use of a flow diagram to describe the design of the study and the flow of patients. For information regarding STARD guidelines, please visit http://www.stard-statement.org.

Quality Improvement Study (SQUIRE Compliant)*
The SQUIRE statement helps authors write excellent, usable articles about quality improvement in health care so that findings may be easily discovered and widely disseminated. The SQUIRE statement consists of a 19-item checklist. The SQUIRE guidelines are not exclusive of other guidelines. For example, an improvement project or effectiveness study that used a randomized controlled trial design should consider using both the CONSORT and the SQUIRE guidelines. In these cases, both checklists should be uploaded as a single document. For more information regarding SQUIRE guidelines, please visit http://squire-statement.org/.

Economic Evaluation Study (CHEERS Compliant)
Developed by the ISPOR Quality Improvement in Cost-Effectiveness Research Task Force, the CHEERS statement supports the quality, consistency, and transparency of health economic and outcomes research reporting in the biomedical literature. The CHEERS statement includes a 24-item checklist. For more information regarding CHEERS guidelines, please visit http://www.ispor.org/taskforces/EconomicPubGuidelines.asp.

5. Case reports

Clinical Case Report (CARE Compliant)

The CARE guidelines provide a framework to support the need for completeness, transparency and data analysis in case reports and data from the point of care. The main tools of CARE are the CARE Statement, CARE checklist, and a Case Report Writing Template. These products offer a rationale and a standardized format for authors to prepare more complete and transparent case reports. For more information regarding CARE guidelines, please visit http://www.care-statement.org/.

Animal Research and Studies

Archives of Neurosurgery does not consider Animal Research or Animal Studies for publication. Submissions based on animal studies will be rejected without review.

6. Educational Vignettes

Educational Vignettes are designed to provide proper knowledge for young neurosurgeons and residents to diagnosis and decision making. Educational vignettes should focus on stablishing gold-standard for diagnosis protocol and treatment on specific surgical pathologies under current evidence-based information . It should offer proper differential diagnosis and stablish clear indications for surgery as well as a broad spectrum of possible surgical techniques to perform pointing key advantages and disadvantages of each one.

7. Educational Videos

Video Articles should be tailored to demonstrating surgical procedures for practicing neurosurgeons.

Video Structure:

1. A brief case presentation with main clinical findings and preoperative images
2. Explanatory illustrations of relevant operative anatomy to be considered in surgical approach.
3. Surgical technique described in ten-step fashion with operative video in 2D or 3D (preferred).
4. Judicious labelling of important anatomical structures and landmarks are encouraged for better orientation of surgical field.

Video Specifications:

Format:	Mpg files
Size:	Files should be of high quality and not exceed 150 MB.
Duration:	Maximum 5 minutes

8. History of International Neurosurgery

History Manuscripts should focus on topics of international interest, History of any Country Societies are welcome. History of International Neurosurgery manuscripts should be attached with a letter from the respective Society confirming accurate information.

9. Neurosurgery & Politics

   Neurosurgery & Politics manuscripts are directed to investigate the contributions of neurosurgeons to the political life of each Country. Archives of Neurosurgery has great commitment to review our role in the politic life of each country around the world.

10. Socioeconomics

    Socioeconomic manuscripts are directed to research on cost-effectiveness studies and health policies directed to diminish costs un health care. Manuscripts describing local difficulties to reach neurosurgical practice standards by local deficits (infrastructure, equipment, training, lack of proper installations) are encourage to be received in Archives of Neurosurgery.

11. Neurosurgery culture and International relationships

    Archives of Neurosurgery encourages to write philosophic papers in neurosurgical culture of health care with a special focus on patient and neurosurgeon safety, we also encourage authors to write columns on international relationships that can be encouraged to increase the quality of care that we provide to patients.

12. Editorial (Invited)

    Editorials are invited manuscripts that will be given to specific top ranked scientist on specific topics of interest to Archives of Neurosurgery.

13. Commentaries to published articles (Invited)

    Commentaries to published articles will be offered to Neurosurgeons involved in the reviewing process of articles. Commentaries are expected to be 1000-1500 words in length and will be published as independent papers. Commentaries are intended to provide a perspective on the published paper and to complement the topic for readers. The original paper should be cited in the first position of references.

14. Letters to the Editor

Letter to the Editor: When discussing a prior *Archives of Neurosurgery* manuscript, please cite the specific article in the main body of your letter and add it to the Reference List at the end of your manuscript. We request that you use a unique title for your Letter to the Editor:Letter is in response to a published manuscript, please begin your title as follows: Letter to the Editor Regarding (insert particular article title here)

If you have been invited to respond to a Letter to the Editor, please start your title with: In Reply to the Letter to the Editor Regarding (insert particular article title here)

SUBMISSION PROCESS

1. Authors ORCID iD® Registration
2. Classify your Manuscript
3. Submission Checklist.
4. Use of word processing software
5. Language
6. Use of inclusive language
7. Preparation of single-file manuscript document
    a. Cover Letter
    b. Title Page
        i. Authors and Affiliations
        ii. Authors ORCID iD®
        iii. Disclosure-Conflict of Interest
        iv. Funding
    c. Abbreviation List
    d. Abstract
    e. Keywords
    f. Manuscript
    g. References
    h. Flowchart for Reporting Guidelines
    i. Checklist for Reporting Guidelines
    j. Figures and legends, if applicable
    k. Tables and legends, if applicable.
8. Authorship statement
9. Acknowledgments
10. Informed consent and patient details
11. Submissions
12. After acceptance
13. Author inquiries

1. ORCID® Registration

Authors must have ORCID® register in order to submit manuscripts to Archives of Neurosurgery, this in order to have a complete track of each paper published by an author.

2. Classify your manuscript

When submitting your manuscript please select the appropriate classification(s) that pertains to your submission. /see article types)

3. Submission checklist

Please ensure that the following items are present. :

1. Single manuscript docx-file (MSWord® format)
   a. Cover Letter
   b. Title Page
   c. Abbreviation List
   d. Abstract
   e. Keywords
   f. Manuscript
   g. Acknowledgments
   h. Figures and legends, if applicable
   i. Tables, and legends if applicable.
   j. References
2. Supplemental content* – Single pptx-file (MSPowerPoint® format)
   a. High-res Tables
   b. High-res Figures

* Supplemental files are uploaded after initial submission upload is finished, at the bottom of the confirmation page.

4. Use of word processing software

It is important that the file be saved in the native format of MSWord® (docx). The text should be in single-column format. When preparing your submission please double space the entire document. Each page should be numbered on the bottom right corner with lines continuously numbered to ease the reviewing process. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs,

not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts.

5. Language

Manuscript has been 'spell checked' and 'grammar checked' at best. English is the official language for submissions in Archives of Neurosurgery. No other language is accepted in order to increase visibility across the world.

Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout.

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English should state so. By previous Authors´ agreement, our editorial team can provide English language edition for accepted manuscripts (not translation, the original submission should be provided in English language by the authors and should). In case authors agree, we will deliver the corrected manuscript to authors before publication to confirm the edition is accurate and proper to what authors desire to express. The Journal is not responsible for the correctness and accuracy of the information it remains solely to the authors. Therefore, authors are encouraged to read and verify all the information; by approving the corrected manuscript, authors confirm their full responsibility on the information contained and agree to free the Journal from any responsibility or liability. Otherwise, authors are encouraged to seek professional English Edition and or Translation, we provide some recommendations to this respect:

Professional English language services
Elsevier®: https://webshop.elsevier.com/language-translation-services/
Additional Software tools:
Google® translate: https://translate.google.com
Grammarly®: https://www.grammarly.com

6. Preparation of documents

a. Cover Letter

Cover Letter Info to include the following: The author(s) should provide a cover letter with each submission, ensuring they include the following: A statement of non-duplication, with the following statements: "I, (corresponding author's name), certify that this manuscript is a unique submission and is not being considered for publication, in part or in full, with any other source in any medium."

b. Title Page

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

Short title. Short titles are required for all article types except for Letters to the Editor, Technical Notes and invited articles. The short title should be 40 characters or less, including spaces.

Author names and affiliations. Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower- case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author. Provide an ORCID iD ® for each of the authors (at least one ORCID iD® is required either first author or corresponding author) .

Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.

Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Highest academic degrees for all authors. Degrees are not listed in the author line but are necessary for other purposes.

Departmental and institutional affiliations for all authors. When providing author names and affiliations, be sure to include department/division information and not only the institution.

Disclosure-Conflict of Interest
All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work.

Formatting of funding sources
List funding sources in this standard way to facilitate compliance to funder's requirements: Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa]. If no funding has been provided for the research, please include the following sentence: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

c. Abbreviation List

Provide an alphabetized list of all abbreviations used in the article, with each abbreviation/acronym followed by its complete spell out.

d. Abstract

A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if essential, then cite the author(s) and year(s). Also, non-standard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.
Abstracts should be 250 words, maximum.
Original Articles require a structured abstract with the following headings: Objective (or Background), Methods, Results, Conclusions.

Case Reports require a structured abstract with the following headings: Background,Case Description, Conclusions.

Historical require an abstract, but it can be unstructured (no headings). *Clinical Images* require a 50-150 word unstructured abstract (no headings).

Video Articles require a 250 word unstructured abstract.

e. Keywords

Keywords (3 to 7). Provide an alphabetized list of 3 to 7 key words which will appear in print and used for indexing purposes.

f. Manuscript

Structure:
Background
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Appendices
If there is more than one appendix, they should be identified as A, B, etc. Formulae and equations in appendices should be given separate numbering: Eq. (A.1), Eq. (A.2), etc.; in a subsequent appendix, Eq. (B.1) and so on. Similarly for tables and figures: Table A.1; Fig. A.1, etc.

g. Figures and legends, if applicable

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.

• Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
• Number the illustrations according to their sequence in the text.
• Provide high-res tables and figures tin a separate MSPowerPoint® file (pptx)
• Ensure that color images are accessible to all, including those with impaired color vision.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi. TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
• Submit graphics that are disproportionately large for the content.

Provide all Tables and Figures in high-resolution (additional from those embedded in the manuscript) in a single MSPowerPoint® file (pptx). Once your submission is uploaded, you will be directed to a confirmation page that will enable you to upload supplemental content at the bottom of the page, please upload a single file containing all Tables and Figures.

Illustration services

Elsevier®:
https://webshop.elsevier.com/illustration-services/scientific-illustration/

Additionally, the journal can provide professional illustration services for cover art or manuscripts. For such a case the author will receive an invitation by the journal to agree for the free-cost illustration services. Invitations are reserved at the discretion of the Editorial board to improve manuscript and journal visibility. For Visual abstracts templates will be provided.

h. Tables, if applicable.

Number tables consecutively in accordance with their appearance in the text. Each table requires its own title. All tables should be placed in their own file, separate from the manuscript file. Avoid vertical rules. Be sparing in the use of tables and ensure that the data presented in tables do not duplicate results described elsewhere in the article. Place footnotes to tables below the table body and indicate them with the following symbols in the following order:

- * (asterisk)
- † (dagger)
- ‡ (double dagger)
- § (section mark)
- II (parallel mark)
- ¶ (paragraph symbol)
- # (number sign)
- ** (etc.)
- *** (etc.)

All studies listed in a table must be cited in the table and included in the complete reference list, just as if the study in question were discussed and cited in the text of the article.

i. References

All references mentioned in the Reference List are cited in the text, and vice versa. References should write using Mendeley® software in Vancouver format.

Authors are encouraged to use reference manager software tools to provide clear references:
Mendely®: https://www.mendeley.com/?interaction_required=true

7. Ethics

Manuscripts for clinical research or research in human subjects should have approval by the local hospital committee and be in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.
Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

8. Authorship

By publishing in Archives of Neurosurgery, authors retain authorship of their papers, and Archives of neurosurgery retains publishing rights. Archives of neurosurgery publishes papers in agreement with the Creative commons License Attribution 4.0: https://creativecommons.org/licenses/

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.
You must ensure that you list all authors who contributed to your manuscript.
Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

9. Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

10. Informed consent and patient details

Please ensure that you have obtained written consent from any patients that are identifiable from the images or videos in your manuscript before you submit your manuscript. Indicate in your manuscript text that you have obtained written consent for any patient(s) that are identifiable from the images or videos. Formal consents are not required for the use of entirely anonymised images from which the

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