

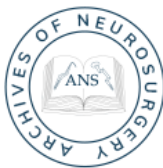
ARCHIVES OF  
**NEUROSURGERY**

SUBMISSION GUIDELINES



ARCHIVES OF  
**NEUROSURGERY**

*ARCHIVES OF NEUROSURGERY*  
**SUBMISSION GUIDELINES**  
**Updated July 13<sup>th</sup>, 2020**

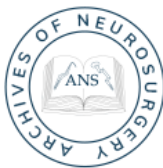


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    - ii. Endovascular therapy
    - iii. Epilepsy surgery
    - iv. Functional Surgery
    - v. Oncology
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## JOURNAL DESCRIPTION

*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

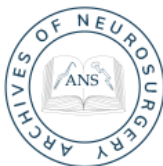
Peer-Reviewing: Single-Blind.

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



**Head Editors**

***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*

***Editor-in-Chief***

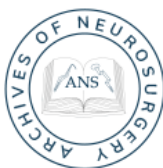
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*Angels of Pedregal Hospital, Institute of Security and Social Services of State Workers (ISSSTE), CDMX, Mexico*

***Managing Editor***

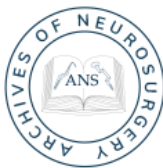
José Alberto Israel Romero Rangel (MEX)

*The American-British Cowdray Medical Center IAP, Regional General Hospital #25, Mexican Institute of Social Security (IMSS), CDMX, Mexico*  
ORCID iD®:  
<https://orcid.org/0000-0002-5405-4907>



**National Editors Board**

<i>José Antonio Soriano Sánchez</i>	(MEX)	<i>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</i>
<i>Fiacro Jiménez Ponce</i>	(MEX)	<i>Angels of Pedregal Hospital, Institute of Security and Social Services of State Workers (ISSSTE), CDMX, Mexico</i>
<i>José Alberto Israel Romero Rangel</i>	(MEX)	<i>The American-British Cowdray Medical Center IAP, Regional General Hospital #25, Mexican Institute of Social Security (IMSS), CDMX, Mexico</i> ORCID iD®: <a href="https://orcid.org/0000-0002-5405-4907">https://orcid.org/0000-0002-5405-4907</a>
<i>Armando Alpizar Aguirre</i>	(MEX)	<i>National Institute of Rehabilitation (INR), CDMX, Mexico</i>
<i>Rodrigo Ramos Zuñiga</i>	(MEX)	<i>Research Institute in Traslational Neurosciences. Guadalajara University, Jalisco, Mexico</i>
<i>Ramiro López Elizalde</i>	(MEX)	<i>Regional Hospital "Valentñin Gómez Farías", Institute of Security and Social Services of State Workers (ISSSTE) , CDMX, Mexico</i>
<i>Sergio Moreno Jiménez</i>	(MEX)	<i>National Institute of Neurology and Neurosurgery "Manuel Velasco Suárez" (INNN), CDM, Mexico</i>
<i>Victor García Navarro</i>	(MEX)	<i>National Institute of Neurology and Neurosurgery "Manuel Velasco Suárez" (INNN), CDM, Mexico</i>
<i>Sonía Ileana Mejia Perez</i>	(MEX)	<i>National Institute of Neurology and Neurosurgery "Manuel Velasco Suárez" (INNN), CDM, Mexico</i>



*Diego Mendez Rosito*

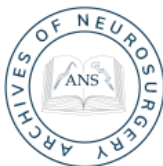
(MEX)

*National Medical Center November  
20<sup>th</sup>, Institute of Security and Social  
Services of State Workers (ISSSTE) ,  
CDMX, Mexico*

*Leonardo Rangel Castilla*

(MEX)

*Star Medica Hospital, San Luis Potosi  
Mexico*



*International Sectionl Editors Board*

SPINE

Atul Goel	(MUMBAI)	Hospital and Seth D.S. Medical College
Richard Fessler	(USA)	Rush University
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 Paulo-UNIFESP
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ONCOLOGY

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

SKULL BASE

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

FUNCTIONAL NEUROSURGERY

Piedimonte Fabian	(ARG)	University of Buenos Aires
Pablo Andrade	(GER)	Universitary Hospital of Cologne

ENDOSCOPY

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

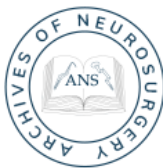
NEUROTRAUMA

Iype Cherian	(NEP)	Nobel Medical Center in Biratnagar
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PERIPHERAL NERVE

Mark A Mahan	(MEX)	University of Utah
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**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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5. Case reports
6. Educational vignettes
7. Educational videos
8. History of International Neurosurgery
9. Neurosurgery, Politics and Socioeconomics
10. Neurosurgery culture and International relationships
11. Editorial (Invited)
12. Commentaries to published articles (Invited)
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).**

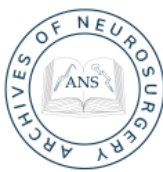
Guidelines in medical praxis should adhere to the AGREE instrument. The *AGREE Reporting Checklist* is intended to assist practice guideline developers to improve the completeness and transparency of *reporting* in practice guidelines. The checklist can also provide guidance to peer reviewers, journal 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 establishing gold-standard for diagnosis protocol and treatment on specific surgical pathologies under current evidence-based information. It should offer proper differential diagnosis and establish 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.

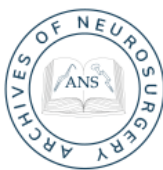
#### Video Structure:

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)

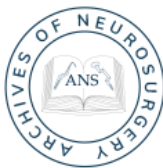
Commentaries to published articles will be offered to Neurosurgeons involved in the reviewing process of articles. Commentaries are expected to be 1000-1500 words in length and will be published as independent papers. Commentaries are intended to provide a perspective on the published paper and to complement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

#### 14. Letters to the Editor



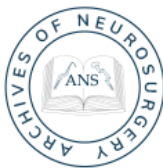
Letter to the Editor: When discussing a prior *Archives of Neurosurgery* manuscript, please cite the specific article in the main body of your letter and add it to the Reference List at the end of your manuscript. We request that you use a unique title for your Letter to the Editor: Letter is in response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

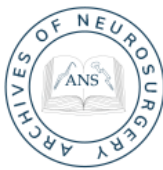
1. Single manuscript docx-file (MSWord® format)
  - a. Cover Letter
  - b. Title Page
  - c. Abbreviation List
  - d. Abstract
  - e. Keywords
  - f. Manuscript
  - g. Acknowledgments
  - h. Figures and legends, if applicable
  - i. Tables, and legends if applicable.
  - j. References
2. Supplemental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

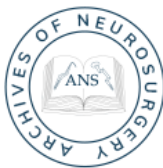
Professional English language services

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<sup>®</sup> for each of the authors (at least one ORCID iD<sup>®</sup> 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

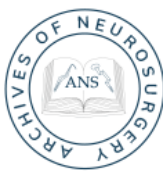
A concise and factual abstract is required. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, References should be avoided, but if 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*

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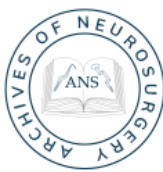
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