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## I. Editorial Policy

*Neurosurgery* is the official publication of the Congress of Neurological Surgeons. The goal of *Neurosurgery* is to provide a medium for the prompt publication of scientific papers dealing with clinical or experimental neurosurgery, solicited manuscripts on specific subjects from experts, case reports, and other information of interest to neurosurgeons.

*Neurosurgery* operates double-blind peer review, in which both authors and reviewers are anonymous. For further information, see the Editor's Letter of November 2010: <http://bit.ly/TheRegistrarNov2010>.

### Plagiarism

As defined by the World Association of Medical Editors:

Plagiarism is the use of others' published and unpublished ideas or words (or other intellectual property) without attribution or permission, and presenting them as new and original rather than derived from an existing source. The intent and effect of plagiarism is to mislead the reader as to the contributions of the plagiarizer. This applies whether the ideas or words are taken from abstracts, research grant applications, Institutional Review Board applications, or unpublished or published manuscripts in any publication format (print or electronic).

Plagiarism is scientific misconduct and will be addressed as such. When plagiarism is detected at any time before publication, the *Neurosurgery* Editorial Office will alert the author, asking her or him to rewrite or quote exactly and to cite the original source. If the plagiarism is extensive (ie, >25% of the original submission), the editors will take appropriate action to notify both readers and the author's employers of the infraction.

*Neurosurgery* is a member of CrossCheck by CrossRef and iThenticate. iThenticate is a plagiarism screening service that verifies the originality of content submitted before publication. iThenticate checks submissions against millions of published research papers, and billions of web content. Authors, researchers and freelancers can also use iThenticate to screen their work before submission by visiting <http://www.ithenticate.com>.



### Neuroscience Peer Review Consortium

*Neurosurgery* is a member of the Neuroscience Peer Review Consortium. The Consortium is an alliance of neuroscience journals that have agreed to accept manuscript reviews from each other. If you submit a revision of your manuscript to another Consortium journal, we can forward the reviews of your manuscript to that journal, should you decide this might be helpful. You can find a list of Consortium journals and details about forwarding reviews at <http://nprc.incf.org>.

## II. Online Submission

All manuscripts must be submitted online at: <http://www.editorialmanager.com/neu>.

### First-time Users

Please click the *Register* button at <http://www.editorialmanager.com/neu>. Upon successful registration, you will be sent an email providing your username and password. Save this information for future reference. Note: If you have received an email from us with an assigned username and password, or if you are a repeat user, do not register again. Just log in. Once you have an assigned username and password, you do not have to re-register.

### Authors

Please click the *Login* button from the menu at the top of the page and login to the system as an author. Submit your manuscript according to the author instructions. You will be able to track the progress of your manuscript through the system.

If you experience any problems, please contact the Editorial Office via phone (+001)404.712.5930 or email: [managingeditor@lcns.org](mailto:managingeditor@lcns.org).

## III. Manuscript Preparation

### Necessary Files for Submission

- Cover Letter
- Title Page
- Manuscript (including abstract, main text, references and figure legends)
- Figure(s) (when appropriate)
- Table(s) (when appropriate)

The above items should be prepared as separate files. Each file must contain a file extension.

- File format appropriate for text and table submissions: .doc or .docx (Microsoft Word)
- File formats appropriate for figure submissions: .tif and .eps

**In accordance with double-blind review, author/institutional information should be omitted or blinded from the following submission files: Manuscript, Figure(s), Table(s), Supplemental Digital Content, Response to Reviewers.**

### Style

- Text should be 1.5-spaced.
- Typeface should be Times/Times New Roman or similar serif typeface.
- Do not use a sans serif typeface (eg, Arial/Helvetica).
- Body text size should be no smaller than 10 pt and no larger than 12 pt.
- Page size should be US Letter.
- Do not include author names in headers or footers.
- To assist reviewers, please include page numbers and line numbering in the manuscript file.

### Cover Letter

The cover letter should include a statement of authorship, notifications of conflicts of interest, ethical adherence, and any financial disclosures. Cover letters may be addressed to: Nelson M. Oyesiku, MD, PhD, FACS, Editor-in-Chief, *Neurosurgery*.

### Title Page

The title page should be created as a separate document and must include the following:

- Full **title** of the paper—short, clear and specific.
- All **authors' full names**, each followed by his/her highest academic **degree(s)**. If an author has an academic degree (eg, MD), omit fellowship degree (eg, FRCS).
- **Departmental and institutional affiliations** for each author, including the city, state or province, and country (use superscript numbers to identify each author with his/her corresponding affiliation).
- **Disclosure of funding** received for this work from any of the following organizations: National Institutes of Health (NIH); Wellcome Trust; Howard Hughes Medical Institute (HHMI); and other foundation(s) requiring open access.
- The source of **financial support and industry affiliations** of all those involved must be stated. List all **grants** pertinent to the paper. In addition, authors must state whether they have any personal or institutional financial interest in drugs, materials, or devices described in their submissions. Concise **acknowledgment** of contributors not listed as authors is welcome. Do not include Acknowledgements within the manuscript document.
- **Corresponding Author contact information** including the name, address, email address, and telephone and fax numbers of the author responsible for correspondence and galley proofs. Clearly indicate if changes of address are anticipated, and include forwarding addresses. It is the Corresponding Author's responsibility to notify the Editorial Office of changes of address. *Only the Corresponding Author should communicate with the Editorial Office for matters regarding each manuscript.*

## Abstract

For article types requiring a structured abstract (not including Case Reports and Study Protocols), the abstract should be **no more than 250 words**, summarizing the problem being considered, how the study was performed, the salient results, and the principal conclusions under the following headings:

- **Background:** Address the background and rationale for the study.
- **Objective:** State the precise objective or study question addressed.
- **Methods:** Define the basic design, procedures, and/or setting in which the study was conducted.
- **Results:** Present significant data and observations gathered.
- **Conclusion:** Interpret findings and give principal conclusions.

Abstracts for Case Reports should be **no more than 250 words** and contain the following headings:

- **Background and Importance:** State the significance of the issue and importance of the case(s).
- **Clinical Presentation:** Define the case(s) presented, pertinent attendant issues, and observations.
- **Conclusion:** State outcome of case(s) and recommend treatment pathways.

Abstracts for Research-Human-Study Protocols should be **no more than 250 words** and should summarize all the key elements of the protocol under the following headings: **Background; Objective; Methods; Expected Outcomes; Discussion.**

Review (qualitative), Legacy-Institutions and People, Special Article, and ONS: 3-D Video article types require an unstructured abstract of **no more than 250 words**.

## Keywords/Running Title

On the same page, provide a running title (short title) of 3 to 5 words, and list, in alphabetical order, keywords (maximum of 7) for coding and indexing. Consult the Index Medicus for appropriate keywords.

## Manuscript Subheadings

### Research

**Introduction:** Brief description of the background that led to the study (current results and conclusions should not be included).

**Methods:** Details relevant to the conduct of the study. Wherever possible give numbers of subjects studied (not percentages alone). Statistical methods should be clearly explained at the end of this section.

**Results:** Work should be reported in SI units. Undue repetition in text and tables should be avoided. Comment on validity and significance of results is appropriate but broader discussion of their implication is restricted to the next section. Subheadings that aid clarity of presentation within this and the previous section are encouraged.

**Discussion:** The nature and findings of the study are placed in context of other relevant published data. Caveats to the study should be discussed. Avoid undue extrapolation from the study topic. If lengthy, please separate into sections with subheadings to enhance readability.

**Conclusion:** Should restate the purpose of the study and primary empirical questions that were asked, and should restate the most significant findings. The conclusions should aid the reader in understanding the significance of the study in contributing to the base of knowledge about the subject.

Research articles that adhere to a reporting guideline (eg, STROBE, CONSORT, PRISMA) should include subheadings, particularly in the Results and Discussion, that address specific items listed in the associated checklist.

### Case Report

**Background and Importance:** State the significance/uniqueness of the case in relation to the existing literature. Why is it being reported?

**Clinical Presentation:** Describe the clinical features of the case(s), and the pertinent observations (imaging, pathology operative findings as appropriate). When applicable, use subheadings for clarity. Brevity is essential.

**Discussion:** Discuss the relevant literature in the context of the current case. The discussion need not be exhaustive, and it should focus specifically on how the case differs from existing literature and what lessons can be gleaned from dissemination of its findings

**Conclusion:** State outcome of case(s) and recommendations/lessons.

## Research Reporting Guidelines

*Neurosurgery* endorses several reporting guidelines and requires authors to submit their research articles in accordance with the appropriate statement(s) and checklist(s). Completed applicable checklists and flow diagrams must be included with submissions (the item 'Reporting Guideline Checklist' is available for submission).

Authors should consult the EQUATOR Network web site (<http://www.equator-network.org>), which maintains a useful, up-to-date list of guidelines as they are published, with links to articles and checklists. For further information, see the Editor's Letter of January 2011: <http://bit.ly/TheRegistrarJan2011>.

Checklist and flow diagram templates for the guidelines outlined below are available on the home page of <http://www.editorialmanager.com/neu>.

### **CONSORT (Consolidated Standards of Reporting Trials)**

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 this trial affects this summary. 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>.

### **PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)**

Systematic reviews and meta-analyses must be reported according to PRISMA guidelines, an evidence-based minimum set of items for reporting in systematic reviews and meta-analyses. The aim of the PRISMA Statement is 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>.

### **MOOSE (Meta-Analysis of Observational Studies in Epidemiology)**

Systematic reviews and meta-analyses of observational studies should be reported according to MOOSE guidelines. The MOOSE guidelines are accessible via <http://bit.ly/MOOSEstatement>.

### **STARD (Standards for the Reporting of Diagnostic Accuracy Studies)**

Investigators reporting studies of diagnostic accuracy should adhere to the STARD statement. The objective of the STARD initiative is to improve the accuracy and completeness of reporting of studies of diagnostic accuracy, to allow readers to assess the potential for bias in the study (internal validity) and to evaluate its 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>.

### **STROBE (Strengthening the Reporting of Observational Studies in Epidemiology)**

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 that are used in observational research: cohort, case-control, and cross-sectional studies. While STROBE recommendations do not specifically address case reports and case series, many of the key elements in STROBE apply to these designs, therefore authors who report such studies should apply the recommendations as far as feasible. The STROBE statement consists of a 22-item checklist. For information regarding STROBE guidelines, please visit <http://www.strobe-statement.org>.

## Ethical Experimentation

The report of any research involving human beings or experimental subjects must be accompanied by a statement to the Editor, indicating the mechanism used for reviewing the ethics of the research conducted, such as a photocopy of the Institutional Review Board's statement of approval.

## Editorial Requirements

### Non-Native Speakers of English

Authors who are not native speakers of English who submit manuscripts to international journals often receive negative comments from referees or editors about the English-language usage in their manuscripts, and these problems can contribute to a decision to reject a paper. To help reduce the possibility of such problems, we strongly encourage such authors to take at least one of the following steps:

- Have your manuscript reviewed for clarity by a colleague whose native language is English.
- Use a service such as one of those listed below.
  - American Journal Experts: <http://www.journalexperts.com/index.php>
  - Bioscience Writers: <http://www.biosciencewriters.com>
  - Inter-Biotec: <http://www.inter-biotec.com>
  - Write Science Right: <http://www.writescienceright.com>
- Note that the use of such a service is at the author's own expense and risk and does not guarantee that the article will be accepted. *Neurosurgery* accepts no responsibility for the interaction between the author and the service provider or for the quality of the work performed.

### Statistical Analysis

For manuscripts that report statistics, the Editor requires that the authors provide evidence of statistical consultation (or at least expertise); a biostatistician may review such manuscripts during the review process.

In the Methods section:

- Identify the statistical tests used to analyze the data.
- Indicate the prospectively determined P value that was taken to indicate a significant difference.
- Cite only textbook and published article references to support your choices of tests.
- Identify any statistics software used.

In the Results section:

- Note that following the *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition. New York: Oxford University Press; 2007, page 889, the Journal does not use a zero to the left of the decimal point, because "...statistically it is not possible to prove or disprove the null hypothesis completely when only a sample of the population is tested (P cannot equal 0 or 1, except by rounding)."
- Report actual P values rather than thresholds: not just whether the P value was above or below the significant-difference threshold. Example: write "P = .18", not "P > .05" or "P = NS."
- P should be expressed to 2 digits for  $P \geq .01$ , because expressing P to more than 3 digits does not add useful information. If  $P < .001$ , it should be expressed as  $P < .001$ , rather than  $P < .0001$  or  $P = .00001$  for example.
- If  $P > .99$ ,  $P = .999$  for example, it should be expressed as  $P > .99$ .

### Abbreviations, Nomenclature and Symbols

These should conform to those found in the *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition, 2007, published by Oxford University Press, Inc., 198 Madison Avenue, New York, NY 10016. The use of standard international units is encouraged.

## Copyright Release

The Copyright Release and Author Agreement form must be completed individually by all authors at <http://bit.ly/NEUCopyrightReleaseForm>. Upon completion, the form is transmitted to the Editorial Office electronically.

## Funding Compliance

A number of research funding agencies now require or request authors to submit the post-print (the article after peer review and acceptance but not the final published article) to a repository that is accessible online by all without charge. As a service to our authors, LWW will identify to the National Library of Medicine (NLM) articles that require deposit and transmits the post-print of an article based on research funded in whole or in part by the National Institutes of Health, Wellcome Trust, Howard Hughes Medical Institute, or other foundation(s) requiring open access to PubMed Central. The Copyright Release Form provides the mechanism to identify such articles.

## Open Access

LWW ensures that authors can fully comply with the public access requirements of major funding bodies worldwide. Additionally, all authors who choose the open access option will have their final published article deposited into PubMed Central.

LWW's hybrid open access option is offered to authors whose articles have been accepted for publication. With this choice, articles are made freely available online immediately upon publication. Authors may take advantage of the open access option at the point of acceptance to ensure that this choice has no influence on the peer-review and acceptance process. These articles are subject to the journal's standard peer-review process and will be accepted or rejected based on their own merit.

Authors of accepted peer-reviewed articles have the choice to pay a fee to allow perpetual unrestricted online access to their published article to readers globally, immediately upon publication. The article processing charge for *Neurosurgery* is \$3,000. The article processing charge for authors funded by the Research Councils UK (RCUK) is \$3,800. The publication fee is charged on acceptance of the article and should be paid within 30 days by credit card by the author, funding agency, or institution. Payment must be received in full for the article to be published as open access.

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## Compliance with NIH, RCUK, and other research funding agency accessibility requirements

RCUK-funded authors can choose to publish their paper as open access with the payment of an article processing charge, or opt for their accepted manuscript to be deposited (green route) into PubMed Central with an embargo.

With both the gold and green open access options, the author will continue to sign the Copyright Transfer Agreement (CTA) as it provides the mechanism for LWW to ensure that the author is fully compliant with the requirements. After signing the CTA, the author will then sign a License to Publish where they will then own the copyright.

It is the responsibility of the author to inform the Editorial Office and/or LWW that they have RCUK funding. LWW will not be held responsible for retroactive deposits to PubMed Central if the author has not completed the proper forms.

## FAQ for Open Access

<http://bit.ly/OpenAccessFAQ>

## Statement of Non-Duplication

As part of the online submission process, all authors must certify that their manuscript is a unique submission and is not being considered for publication by any other source in any medium. Further, the manuscript has not been published, in part or in full, in any form.

## Ownership

All figures submitted must be owned solely by the author(s). Figures not meeting this requirement must be accompanied by a written statement permitting use by *Neurosurgery*. Obtaining this permission is the responsibility of the author(s). Credit must be included in the figure legend for all figures being printed with permission.

## Permissions

Written permission must be obtained and credit must also be given in legends and/or text. These requirements apply to the following materials:

- Previously published materials require permission from the original publisher (copyright holder).
- Direct quotations of more than 50 words.
- Unpublished data (ie, manuscript in preparation) require permission from the appropriate investigator.
- Photographs revealing unmasked faces require permission from the subject(s) of the photograph.

## Product Information

Medications, materials, and devices must be identified by full nonproprietary name as well as brand name and the manufacturer's name, city, state, and country. Place this information in parentheses in the text, not in a footnote.

## Authorship Limitations and Requirements

*Neurosurgery* adheres to the Authorship Requirements as defined by the ICMJE. For more information, please visit [http://www.icmje.org/ethical\\_1author.html](http://www.icmje.org/ethical_1author.html).

Everyone who is listed as an author should have made a substantial, direct, intellectual contribution to the work. For example (in the case of a research report) they should have contributed to the conception, design, analysis and/or interpretation of data.

- Honorary or guest authorship is not acceptable.
- Acquisition of funding and provision of technical services, patients, or materials, while they may be essential to the work, are not in themselves sufficient contributions to justify authorship.
- For Case Reports, written authorship justification should be included in the cover letter if the number of authors exceeds 4.
- Changes to Authorship that occur between revisions or prior to publication must be accompanied by a signed copy of the [Authorization to Change Authorship Form](#).

## IV. Article Types

### Research-Human-Clinical Studies

#### Research-Animal

#### Research-Laboratory

These represent a substantial body of laboratory or clinical work. Additional data may be presented as supplementary information, which will be published online should the article be accepted. A structured abstract is required. Maximum length: 3,000 words of text (not including abstract, references, figures, tables, and online-only material). For observational epidemiological studies and diagnostic accuracy studies, see [Research Reporting Guidelines](#) for further requirements.

### Research-Human-Study Protocols

Study Protocols describe proposed or ongoing research, and provide a detailed account of the hypothesis, rationale, and methodology of the planned study. The journal will consider Study Protocols of proposed or ongoing trials (provided they have not completed patient recruitment at the time of submission).

Study Protocols will usually be published without further peer review if the study has received institutional IRB and ethics approval, and peer-review and grant funding from a major extramural funding body. We are unable to consider Study Protocols without ethics or IRB approval or major extramural funding at the time of submission. All clinical trials must be registered at an appropriate online public registry, and registration information should be included with the submission.

Examples of major funding agencies including, but not limited to:

- Academy of Finland (Finland)
- BIOTEC (Thailand)
- California Institute for Regenerative Medicine (US)
- Canadian Institutes of Health Research (Canada)
- Centre National de la Recherche Scientifique (France)
- Consejo Superior de Investigaciones Cientificas (Spain)
- Consiglio Nazionale delle Ricerche (Italy)
- Danmarks Grundforskningsfond (Denmark)
- Deutsche Forschungsgemeinschaft (Germany)
- FAPESP (Brazil)
- Fondazione Telethon (Italy)
- Fonds zur Forderung der wissenschaftlichen Forschung (Austria)
- Fonds voor Wetenschappelijk Onderzoek (Belgium)
- Health Research Board (Ireland)
- Howard Hughes Medical Institute (US)
- Indian Council of Medical Research (India)
- INSERM (France)
- International Human Frontier Science Program Organization (International)
- Israel Science Foundation (Israel)
- Max Planck Society (Germany)
- Medical Research Council (UK)
- National Health Service (UK)
- National Institutes of Health (US)
- National Science Foundation (US)
- Natural Environment Research Council (UK)
- Nederlandse Organisatie voor Wetenschappelijk Onderzoek (Netherlands)
- Rockefeller Foundation (US)
- South African Medical Research Council (South Africa)
- Swedish Foundation for Strategic Research (Sweden)
- Swedish Research Council (Sweden)
- Swiss National Science Foundation (Switzerland)
- Wellcome Trust (UK)

Study Protocols accepted for publication will be citable and accessible online and in print. Investigators must consent in principle to submit all or a substantial portion of the primary manuscript to *Neurosurgery* at the conclusion of the study, which the journal will send for peer-review. The journal will provisionally commit to rapidly publish the main clinical findings of the study absent major deviations from protocol, poor reporting or over-interpretation of data, loss of originality, or undue delay after the planned submission date. The journal will continue to accept for consideration manuscripts whose protocols have not been previously submitted to *Neurosurgery*.

Protocols of randomized controlled trials should follow the CONSORT guidelines. All other protocols should include the following information arranged according to these subheadings:

*Abstract:* The abstract should be **no more than 250 words** and should summarize all the key elements of the protocol including the rationale, objectives, methods, populations, time frame, and expected outcomes under the following subheadings: **Background; Objective; Methods; Expected Outcomes; Discussion.**

*General Information:*

Protocol title, protocol identifying number (if any), and date.

Name and address of the sponsor/funding agency.

Name and title of the investigator(s) responsible for conducting the research, and the address and telephone number(s) of the research site(s), including responsibilities of each.

Name(s) and address(es) of the clinical laboratory(ies) and other medical department(s) or institutions involved in the research.

*Rationale and Background Information:* The rationale specifies the reasons for conducting the research in light of extant knowledge. It should include a statement of the question, issue, or problem that forms the basis of the project, the etiology of this problem, and its possible solutions. It should put the proposal in proper context. It should answer the question of why and what: why the research needs to be done and what will be its relevance.

*Study Goals and Objectives:* Goals are broad statements of what the proposal hopes to accomplish. Specific objectives are statements of the research question(s). Objectives should be straightforward, simple, and specific. They should be stated as bullets points or enumerated.

*Study Design:* The design of the study should include information on the type of study, the research population or the sampling frame, inclusion and exclusion criteria, withdrawal criteria, and the expected duration of the study, etc. For example, a study may be described as basic science research, epidemiological research, observational, or interventional; if observational, it may be either descriptive or analytic, if analytic it could either be cross-sectional or longitudinal. If experimental, it may be described as a controlled or a non-controlled study.

*Methodology:* This should include the design of the study, the setting, the type of participants or materials involved, a clear description of all interventions (including a description of the drug/device that is being tested), comparisons to be made, procedures to be used, measurements to be taken, observations to be derived, laboratory investigations to be collected, and the type of analysis used, including a power calculation if appropriate. Interventions could also be in the realm of epidemiology or outcomes sciences (eg, surveys).

Standardized or previously documented procedures and techniques should be described and appropriately referenced. Instruments that are to be used to collect information (questionnaires, case report forms, etc.) may be provided as supplemental material at the discretion of the author. In the case of a randomized controlled trial, additional information on the process of randomization and blinding, description of stopping rules for individuals, for part or entirety of the study, the procedures and conditions for breaking the codes, etc., should also be described.

A graphic outline of the study design and procedures using a flow diagram must be provided. This should include the timing of assessments.

*Discussion:* This can include discussion of any practical or operational issues involved in performing the study, and any other issues linked to the study that do not fall within the previous headings.

*Trial Status:* Investigators should inform the journal of the status of their study at the time of submission. The journal will consider study protocol articles for proposed or ongoing trials provided they have not completed patient recruitment at the time of submission.

*Safety Considerations:* Safety aspects should be provided in the protocol on how the safety of research participants will be ensured. This can include procedures for recording and reporting adverse events and their follow-up, for example.

*Follow-Up:* The research protocol must give a clear indication of what follow-up will be provided to the research participants and for how long. This may include a follow-up especially for adverse events, even after data collection for the research study is completed.

*Data Management and Statistical Analysis:* The protocol should provide information on how the data will be managed, including data handling and coding for computer analysis, monitoring, and verification. The statistical methods proposed for the analysis of data should be clearly outlined, including reasons for the sample size selected, power of the study, level of significance to be used, procedures for accounting for any missing or spurious data, etc. For projects involving qualitative approaches, specify in sufficient detail how the data will be analyzed.

*Quality Assurance:* The protocol should describe the quality control and quality assurance system for the conduct of the study, including GCP, follow-up by clinical monitors, DSMB, data management, etc.

*Expected Outcomes of the Study:* The protocol should indicate how the study will contribute to advancement of knowledge and how the results will be utilized, not only in publications but also how they will likely affect health care, health systems, or health policies.

*Duration of the Project:* The protocol should specify the time that each phase of the project is likely to take, along with a timeline for each activity to be undertaken.

*Project Management:* This section should briefly describe the role and responsibility of each member of the team.

*Ethics:* The protocol should have a description of ethical considerations relating to the study. This section should state the issues that are likely to raise ethical concerns. It should also describe the informed consent process.

## Research-Human-Clinical Trials

In these studies, individuals are randomly allocated to receive or not receive a preventive, therapeutic, or diagnostic intervention and then followed up to determine the effect of the intervention. Each manuscript should clearly state an objective or hypothesis; the design and methods (including the study setting and dates, patients or participants with inclusion and exclusion criteria, or data sources, and how these were selected for the study); the essential features of any interventions; the main outcome measures; the main results of the study; a comment section placing the results in context with the published literature and addressing study limitations; and the conclusions. Trial registration information (name, number, and URL) must be included with the submission. A structured abstract is required. Maximum length: 3,000 words of text (not including abstract, references, figures, tables, and online-only material). For randomized controlled trials, see [Research Reporting Guidelines](#) for information regarding CONSORT.

## Case Report

Please be aware that *Neurosurgery* accepts a very small percentage of submitted case reports and publishes a limited number in each issue. Consequently, review time and time to publication are extended. Case Reports must show an unusual clinical development, or a new insight into a well recognized clinical problem. A Case Report should have an educational message and provide evidence of how the case contributes to our understanding of the condition/treatment. Case Reports that do not satisfy these requirements will be rejected without peer review. *Important Note:* Case Reports appear in print as a truncated version with the abstract and selected figures only. Full text, references and figures are reproduced online at <http://www.neurosurgery-online.com>.

Abstracts for Case Reports contain the following headings:

- **Background and Importance:** State the significance of the issue and importance of the case(s).
- **Clinical Presentation:** Define the case(s) presented, pertinent attendant issues, and observations.
- **Conclusion:** State outcome of case(s) and recommend treatment pathways.

## Review

Reviews are balanced accounts of all aspects of a particular subject including the pros and cons of any contentious or uncertain aspect. Qualitative reviews should include an unstructured abstract of no more than 250 words. A structured abstract is required for quantitative reviews. Maximum length: 3,500 words of text (not including abstract, references, figures, tables, and online-only material) with no more than a total of 100 references. For systematic reviews and meta-analyses, see [Research Reporting Guidelines](#) for information regarding PRISMA and MOOSE.

## Concepts, Innovations and Techniques

These articles should present an experimental or innovative method, test or procedure. The tool or method described may be new or may be an update or adaptation of an existing one. The tool or method needs to have been tested, and while not necessarily outperforming existing approaches should show innovation in the approach or implementation. Authors must clearly acknowledge work upon which they are building, both published and unpublished. A structured abstract is required. Maximum length: 2,000 words of text (not including abstract, references, figures, tables, and online-only material).

## Legacy-Institutions and People Special Article

These papers may address virtually any important topic in medicine, public health, research, ethics, health policy, or health law and generally are not linked to a specific article. Legacy and Special Articles should include an unstructured abstract of no more than 250 words. Maximum length: 2,500 words of text (not including abstract, references, figures, tables, and online-only material).

## Book Review

Reviews of books and new media are invited by the Editor. Questions may be directed via email to [managingeditor@lcns.org](mailto:managingeditor@lcns.org).

## Letter to the Editor

Letters discussing a recent *Neurosurgery* article should be submitted online via <http://www.editorialmanager.com/neu>. Letters must not duplicate other material published or submitted for publication and should not include unpublished data. *Important Note:* Letters are indexed in the journal Table of Contents; however, the text is only available online at <http://www.neurosurgery-online.com>.

## Journal Club

Journal Club aims to extend the existing practice of Journal Club common to all neurosurgical training programs where resident and fellows critically review published articles under the guidance of faculty. Journal Club submissions will comprise a scholarly review written by neurosurgical residents/fellows based on top-ranked articles recently published in *Neurosurgery*.

Quarterly, the best Journal Club review, adjudged by our dedicated Journal Club Review Panel, will be published in the print edition of *Neurosurgery*, and the “winning” program and institution will be prominently highlighted in the Table of Contents. The 4 runner-up reviews will be featured online.

*Eligibility:* Current neurosurgery residents and fellows in any Neurosurgery ACGME accredited program may contribute to Journal Club reviews. We particularly encourage submissions that reflect the participatory nature of the traditional journal club setting familiar to all programs. Thus, faculty guidance and participation are appropriate, but the work must be done by the residents/fellows. Authors of Journal Club submissions may not be from the same institution or have any real or apparent conflict of interest with the authors of the Journal Club article being reviewed. Journal Club articles are chosen from among the top-downloaded *Neurosurgery* articles of the previous calendar quarter. Programs will be notified by email and on the journal website of upcoming articles selected for Journal Club review 3 months ahead of the deadline for submission for competitive review.

*Format:* Journal Club submissions should provide a thoughtful critical review of the elements in the article, rather than simply rehashing the paper, and should focus on the most important results. To maintain uniformity and for ease of adjudication, we have outlined a strict format. Comments must be accurate, well reasoned, and scholarly. Maximum length: 2,000 words of text with no more than a total of 5 references. Figures and tables are not permitted.

Journal Club reviews must include all of the following 11 components:

- Significance/context and importance of the study
- Originality of the work
- Appropriateness of the study design or experimental approach
- Adequacy of experimental techniques
- Soundness of conclusions and interpretation
- Relevance of discussion
- Clarity of writing, strength and organization of the paper
- Economy of words
- Relevance, accuracy and completeness of bibliography
- Number and quality of figures, tables and illustrations
- Future/next steps

## Operative Neurosurgery

A quarterly supplement to *Neurosurgery*, *Operative Neurosurgery* focuses exclusively on the operating room and providing skill-enhancing guidance. Please visit <http://www.neurosurgery-online.com> for published examples of *Operative Neurosurgery* article types.

**Important:** Beginning in Spring 2014, *Operative Neurosurgery* will evolve into a standalone publication. For further information, see the Editor's Letter of July 2013: <http://bit.ly/TheRegistrarJuly2013>.

### Complication

Complications are an inherent aspect of operative neurosurgery. These articles should consist of a description of a surgical (intraoperative or postoperative) complication that is unique in its occurrence or causation. It should include a concise clinical summary, images (diagnostic and intraoperative as appropriate) to illustrate the pertinent issues, and a scholarly discussion of the root cause analysis and how it could have been prevented in the reported case and similar cases that other surgeons and readers may encounter. A structured abstract is required.

### Instrumentation Assessment

Operative neurosurgery utilizes and continues to advance the use of novel and advanced techniques of operative instrumentation. This area of innovation covers a wide spectrum from software to hardware. The journal welcomes reports of advances in instrumentation. These should be accompanied by a candid assessment of their utility, their advantages, and limitations. The assessment should be comprehensive and balanced. Important and relevant issues such as the status of regulatory approval, cost considerations, and conflicts of interest should be adequately described. A structured abstract is required.

### Technique Assessment

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report new operative techniques with an accompanying assessment of the advantages and risks. The report should be factual, supported by data (clinical, anatomic, imaging or otherwise), objective, and original. Reports consisting solely of opinions or preferences will not be considered. A structured abstract is required.

### Operative Technique

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report *new* operative techniques. Because of their novelty they will be considered as rapidly as possible and need not be accompanied by a full assessment as with a Technique Assessment. However, the indications and application of the technique should be well described. A clear case for how the technique differs from existing operative technique should be made. Any supporting necessary instrumentation should be described. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract is required.

### Instrumentation and Technique

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Development of new instrumentation to solve operative problems may be reported as "Instrumentation and Techniques." The paper should describe the specific instrumentation, what operative procedures it is designed to be used in, what problems it solves, and what improvements in the operative technique are made by the use of the instrumentation (operative time, safety, risk reduction, etc.). The report should be factual, supported by data, and original. Reports consisting solely of opinions or preferences will not be considered. Conflicts should be declared. A structured abstract is required.

### Surgical Anatomy and Technique

Surgical anatomy is the basis of operative technique. New information derived from anatomical dissections, imaging, or digital technology can augment the surgeon's knowledge and awareness of the operative field. Novel reports in this domain are welcome. A description of the pertinent anatomical revelations, the methods by which they were obtained, the operative technique(s) it augments, and pertinent data should form the basis of the report. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract is required.

## Operative Nuances

*Operative Neurosurgery* is particularly focused on the technical aspects of neurosurgery. Surgical innovation in the form of new operative techniques to solve surgical problems has been an enduring aspect of the evolution of the specialty. Surgical pioneers are welcome to report **modifications** of operative techniques. The indications and application of the technique should be well described. A clear case for how the technique differs from existing operative technique should be made. Any supporting necessary instrumentation should be described. The report should be supported by illustrations, animations, video, or other multimedia to embellish the text. A structured abstract is required.

## Technical Case Report

Technical Case Reports are case reports within the realm of operative neurosurgery. They may report an unusual clinical presentation of operative pathology, an unusual modification of operative or instrumentation techniques to address a one-off unique situation, or the occurrence of a hitherto unknown complication or previously unreported outcome. Technical Case Reports should follow the guidelines for regular Case Reports, including abstracts. See the article type [Case Report](#) and [Manuscript Subheadings](#) for additional formatting information.

## 3-D Video

A 3-D surgical video illustration will consist of a brief narrated PowerPoint presentation of the case including relevant preoperative imaging followed by a narrated 3-D surgical video illustrating the most important technical aspects of the surgical case. An unstructured abstract of no more than 250 words should accompany every surgical video. In print, an image of the 3-D video will appear alongside the abstract. The videos will be hosted on the journal's YouTube site, <http://www.youtube.com/user/neurosurgerycns>, and will be available for free access. A select panel of reviewers will evaluate submissions on video quality, narration quality, content quality of the narrator, content teaching value, and interest to the *Neurosurgery* audience.

3-D Video files should be submitted following these requirements:

- .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats only
- Video files should be formatted with a 320 x 240 pixel minimum screen size.
- Videos must include embedded audio narration in English.
- Videos should not exceed 10 minutes in runtime.
- 3-D videos should be submitted as one single stereoscopic (left-right) video file.
- Videos should not include manufacturer logos or commercial trademarks.
- Video files too large to upload in Editorial Manager should be submitted via a file transfer website, such as You Send It (<https://www.yousendit.com>) to [managingeditor@1cns.org](mailto:managingeditor@1cns.org).

## V. References

The style of references conforms to the guidelines set forth by the American Medical Association Manual of Style. For additional examples and information regarding references, see the *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition, 2007, published by Oxford University Press, Inc., 198 Madison Avenue, New York, NY 10016 or visit online: <http://www.amamanualofstyle.com>. EndNote users can access a direct download of the updated *Neurosurgery* style at <http://www.editorialmanager.com/neu>. Authors using other forms of reference management software should use JAMA.

Type of Reference	Reference Samples
Journal—article	Akagami R, Napolitano M, Sekhar LN. Patient evaluated outcome after surgery for basal meningiomas. <i>Neurosurgery</i> . 2002;50:941-949.
Journal—article “in press”	Author(s). Article Title. <i>Journal Name</i> . In press.
Journal—online (with volume and page info)	Author(s). Article Title. <i>Journal Name</i> . Year;vol(issue No.):inclusive pages. URL. Accessed [date].
Journal—online (without volume and page info)	Author(s). Article Title. <i>Journal Name</i> . Year. doi: .
Journal—online ahead of print	Author(s). Article Title [published online ahead of print Month Day Year]. <i>Journal Name</i> . Year;vol(issue No.):inclusive pages. URL. Accessed [date].
Book—single author	Benzel EC. <i>Biomechanics of Spine Stabilization: Principles and Clinical Practice</i> . New York: McGraw-Hill, Inc.; 1995.
Book—chapter	Fischberg GM, Mohammadi A, Suzuki S, Fisher M. <i>Diagnosis and management of moyamoya disease</i> . In: Cohen SN, ed. <i>Management of Ischemic Stroke</i> . New York: McGraw-Hill; 2000;291-310.
Book—with editors	Sanna M, Saleh E, Khrais T, et al, eds. <i>Atlas of Microsurgery of the Lateral Skull Base</i> . Stuttgart, Germany: Georg Thieme-Verlag; 2008.
Book—online	Author(s). <i>Book Title</i> . Edition number (if it is the second edition or above). City, State (or Country) of publisher: Publisher’s name; copyright year. URL. Accessed [date].
Web site	Author (or, if no author is available, the name of the organization responsible for the site). Title (or, if no title is available, the name of the organization responsible for the site). Name of the Web site. URL. Accessed [date].

- All references cited in the text must be both listed and cited by the reference number (footnotes are not accepted).
- Each reference should be cited in the text, tables, or figures in consecutive numerical order by means of superscript arabic numerals. Use superscript numerals *outside* periods and commas, *inside* colons and semicolons. When more than 2 references are cited at a given place in the manuscript, use hyphens to join the first and last numbers of a closed series; use commas without space to separate other parts of a multiple citation (eg, As reported previously,<sup>1,3-8,19</sup>...The derived data were as follows<sup>3,4,12</sup>;)
  - References should be numbered consecutively in the order in which they are cited in the text.
  - References in tables and in figure legends must appear in the reference page(s).
  - In listed references, use the author’s surname followed by initials without periods. (eg, Doe JF)
  - If there are 6 or fewer authors of a reference, all authors should be listed. If there are more than 6 authors, then the list should be truncated to 3 authors followed by “et al.”
 

1 author	Doe JF.
2 authors	Doe JF, Roe JP III.
6 authors	Doe JF, Roe JP III, Coe RT Jr, Loe JT Sr, Poe EA, van Voe AE.
>6 authors	Doe JF, Roe JP III, Coe RT Jr, et al.

- Full-page ranges should be given in expanded form (eg, 426–429, not 426–9).
- If non-English-language titles are translated into English, bracketed indication of the original language should follow the title.
- Abbreviate and italicize names of journals. Abbreviations for journal titles should be those found on *PubMed* and adopted by the *Index Medicus*.
- In references to journals that have no volume or issue numbers, use the issue date, as shown in example 1 below. If there is an issue number but no volume number, use the style shown in example 2. Conversely, if there is a volume number but no issue number, follow example 3.
  1. Author(s). Article Title. Journal Name. Month Year:inclusive pages.
  2. Author(s). Article Title. Journal Name. Year;(Issue No.):inclusive pages.
  3. Author(s). Article Title. Journal Name. Year;vol:inclusive pages.
- Papers "submitted for publication" but not yet accepted and citations such as "personal communication" or "unpublished data" are not acceptable as listed references and instead should be included parenthetically in the text. This material, with its date, should be noted in the text as "unpublished data" as follows: (J. F. Doe, MD, unpublished data, January 2010).
- Papers denoted "in press" (accepted for publication) should appear in the references.
- **Contributors are responsible for the accuracy and completeness of the references.**

## VI. Figures

To ensure the highest-quality reproduction of figures, please follow these guidelines carefully.

*Neurosurgery* is not responsible for the quality of images in print; it is the responsibility of the authors to submit publication-quality, high-resolution images. If you have questions, consult a graphics specialist. Figures refers to both photographic and computer-generated graphs and charts.

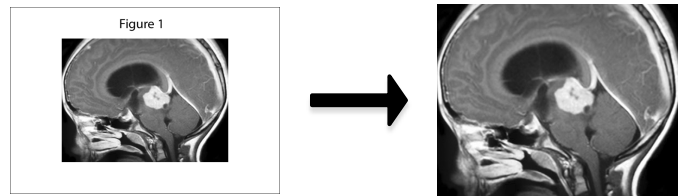
### Creating and Saving

- Art should be created/scanned, saved and submitted as either a TIFF or an EPS file.
- Figures are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one.
- If a figure has multiple parts (“composite figure”) each part (“panel”) should be labeled and cited with uppercase letters.
- Each file should be saved as the appropriate figure number (eg, Figure 1.tif). Do not include the author name in figure file name.
- Art should be created or scaled to the size intended for print.
- Image orientation should be the same as intended for print.
- Artwork generated from office suite programs such as CorelDRAW, MS Word, MS PowerPoint and artwork downloaded from the Internet (low resolution JPEG or GIF files) **cannot** be used.

### Formatting Specifications

- File formats appropriate for figures: TIFF and EPS
- All figures must be designated GRAYSCALE (black and white) or CMYK (color).
- If RGB figures are submitted, they will be converted to CMYK. Authors should note that the RGB color space is significantly larger than the process CMYK color space, and therefore, depending on the content of the image, color shifts may occur during the conversion.
- Electronic photographs, radiographs, CT scans, and scanned images must have a resolution of **at least 300 dpi** (dots per inch). Line art (purely black and white figures with no shades of gray) must have a resolution of **at least 1200 dpi**. Figures that do not meet the resolution requirement will be returned if submitted.
- Digital art files should be cropped to remove non-printing borders (such as unnecessary white or black space around an image) and should not include embedded “legend” text.
- Composite figures may either be submitted as one single print-quality image that is neatly labeled with uppercase letters in the top left corner of each panel using Arial/Helvetica bold font *or* submitted as separate panels (without labels), eg, Figure 1A.tif, Figure 1B.tif, to be combined during production if accepted for publication.

Width		Pixels	Resolution
Inches	Pica		
3”	18	900	300 dpi
4”	24	1200	300 dpi
6”	36	1800	300 dpi



## Submitting

- Attach a separate file for each individual art submission.
- Do not embed figures in the manuscript file.
- Figures should be labeled using the Description field provided in the Attach Files section of Editorial Manager (eg, Figure 1, Figure 2). This provides a label for each figure in the PDF generated by Editorial Manager.
- Cite figures consecutively in the manuscript, and number them in the order in which they are discussed.
- Editorial Manager will automatically perform a quality check of all figures submitted, and designate images as either “pass” or “fail.” *Note: PPT files will mistakenly “pass” the QC, however, they are not acceptable formats and will be returned if submitted.*
- Ensure the file format is either TIFF or EPS and the resolution is at least 300 dpi.
- Carefully review the PDF conversion of your submission files to ensure that figures uploaded without error and appear as intended.

If you experience any difficulties uploading figure images, or have questions regarding submission specifications, please contact the Editorial Office via phone (+001)404.712.5930 or email: [managingeditor@lcn.org](mailto:managingeditor@lcn.org).

## Color Figures

Authors are responsible for the costs of any color reproductions in the printed journal and for obtaining permission to reproduce previously published illustrations. Color is preferred with all histopathology, and in particular immunohistochemistry illustrations.

### Figure Reproduction Costs

- \$500 for one color figure
- \$150 for each additional figure thereafter

Authors may request that figures be produced in color in the electronic versions of the journal free of charge and converted to grayscale in print. Please do not submit multiple versions of figures; the publisher will convert any color figures to grayscale in production. The publisher will note in the printed legends that color versions are available online. When preparing illustrations for color production online and for grayscale production in print, ensure that colors chosen will reproduce well when printed in grayscale and that descriptions of figures in text and legends will be sufficiently clear for both print and electronic versions. These are the author’s responsibility.

There are no costs associated with color figures submitted with invited articles and special supplements.

## Figure Legends

- Legends for all figures should be brief, specific, and appear on a separate page at the end of the manuscript document, following the list of references.
- Use scale markers in the image for electron micrographs, and indicate the type of stain used. Legends must be numbered consecutively. Indicate figure numbers. All symbols or abbreviations appearing in an illustration must be defined in the legend.
- Legends for composite figures should be formatted as a single legend containing necessary information about each part/panel (not separated).
- Credit for any previously published illustration must be given in the corresponding legend.
- For further information on figure legend formatting, please see the *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition.

## VII. Tables

- Create tables using the table formatting and editing feature of Microsoft Word. Do not use Excel or comparable spreadsheet programs.
- Tables are text-only items. Do not embed images within the table file.
- Each table file should include the table title, appropriate column heads, and any legends.
- Save each table in a separate word document file and upload individually.
- Do not embed tables within the manuscript file.
- Tables are numbered with arabic numerals (1, 2, 3, etc.) when there is more than one. Do not use roman numerals.
- Cite tables consecutively in the manuscript, and number them in the order in which they are discussed.
- Abbreviations are not permitted in table titles. Any abbreviation(s) used in the body of the table, including dashes, must be defined in a footnote to the table, listed in reading order. They should be self-explanatory and should supplement, rather than duplicate, the material in the text.
- Many tables include information from other articles and series of patients. In these tables, include the name of the first author of the series in the far left column of the table, and include the reference and year alongside the author's name. Each series mentioned in a table must list a corresponding reference in the Reference section.
- For further information on Table formatting, please see the *AMA Manual of Style: A Guide for Authors and Editors*, 10th Edition.

## VIII. Supplemental Content

Authors may submit supplemental digital content to enhance their article's text and to be considered for **online-only posting**. Supplemental digital content may include the following types of content: text documents, graphs, tables, figures, graphics, illustrations, and videos. In print, supplemental data is linked via a QR code for convenient mobile access to the material.

Supplemental content should include a sequential number if submitting more than one (1, 2, 3, etc.). Cite all supplemental digital content consecutively in the text. Citations should include the type of material submitted, should be clearly labeled as "Supplemental Content" or "Supplemental Video," and should provide a brief description of the supplemental content.

### *Citation Examples:*

(see Video, Supplemental Video, which demonstrates the degrees of flexibility in the elbow)

(see Table, Supplemental Content, which illustrates the rise in cost of knee replacement surgery)

Provide a separate set of legends of supplemental digital content at the end of the text, following the figure legend. List each legend in the order in which the material is cited in the text.

### *Legend Examples:*

Supplemental Video. Video that demonstrates the degrees of flexibility in the elbow, 5 minutes, 10MB.

Supplemental Content. Table that illustrates the rise in cost of knee replacement surgery.

### **Supplemental Content Size and File Type Requirements**

- Supplemental documents, graphs, and tables may be presented in any format.
- Supplemental figures, graphics, and illustrations should be submitted with the following file extensions: .tif, .eps, .ppt, .jpg, .pdf, .gif formats only.
- Supplemental video files should be submitted following these requirements:
  - .wmv, .mov, .flv, .qt, .mpg, .mpeg, .mp4 formats only
  - Video files should be formatted with a 320 x 240 pixel minimum screen size.
  - Videos should not exceed 10 minutes in runtime.
  - Videos must include embedded audio narration in English.
  - Video files too large to upload in Editorial Manager should be submitted via a file transfer website, such as You Send It (<https://www.yousendit.com>) to [managingeditor@lcns.org](mailto:managingeditor@lcns.org).
- Do not include author/institution information in supplemental material.

For more information, please review LWW's requirements for submitting Supplemental Digital Content: <http://links.lww.com/A142>.

## **IX. Accepted Manuscripts**

### **Page Proofs / Electronic Proofs**

Authors will receive emailed PDF (portable document format) proofs of their article. Authors are urged to carefully examine the proofs, correct any inadequacies or inaccuracies, and answer all queries. Only the most critical changes to the accuracy of the content will be made. Changes that are stylistic or are a reworking of previously accepted material will be disallowed. Rewriting sections of text, adapting tables and figures, or adding/subtracting references are not permitted at this point in the process. Within 48 hours, corrections or approval should be sent to the Production Editor; a message summarizing the corrections may be sent by email or fax.

### **Reprints**

Reprints should be ordered from the publisher when page proofs are returned. An order form will accompany all page proofs sent from the publisher.

### **Reviewer Comments**

When appropriate, reviewer comments will be printed at the end of a published paper. If a paper is rejected, reviewer comments (if applicable) will be returned to the author electronically.

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