Instruction to Authors

Aims and Scope

The Indian Journal of Neurosurgery (IJNS) covers a range of issues relating to the technical and clinical studies related to health, ethical, and social issues in the field of neurosurgery. In addition to original peer-reviewed articles, this journal provides details on case reports and reviews. Articles that have clinical focus and implications will be given preference.

Editorial Policies

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Financial Interest

The Conflict of Interest Statement, signed by all listed authors, is required on submission of the manuscript. This form requires disclosure from each author indicating that (a) no financial conflict of interest exists with any commercial entity whose products are described, reviewed, evaluated, or compared in the manuscript, except for that disclosed under “Acknowledgments” or (b) a potential conflict of interest exists with one or more commercial entities whose products are described, reviewed, evaluated, or compared in the manuscript.

Ethical Standards

The IJNS adheres to the ethical standards described by the Committee on Publication Ethics (http://publicationethics.org/) and the International Committee of Medical Journal Editors (http://www.icmje.org/urm_main.html). Authors are expected to adhere to these standards.

Human subjects. Articles involving research conducted in human subjects must include a statement in the Materials and Methods section indicating approval by the institutional review board and noting that informed consent, as well as any necessary HIPAA consent, was obtained from each patient. For reports
of research using human subjects, provide assurance that (a) necessary and appropriate consent was obtained from each patient and (b) the study protocol conformed to the ethical guidelines of the 1975 Declaration of Helsinki as reflected in a prior approval by the appropriate institutional review committee. Identify patients by number, not by initials. Clinical trials must be registered in a public trials registry. Denote the registry and registry number. Articles emanating from a particular institution must have approval by the requisite authority. Animal experimentation: Manuscripts reporting animal experiments must include a statement in the Materials and Methods section that animal care complied with the guidelines of the authors’ institution and the National Institutes of Health and any national law on the care and use of laboratory animals.

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Categories of Papers

Review Articles. The manuscript should not exceed 4,000 words, excluding tables, figures, and appendices, abstract, and references. The manuscript should have an unstructured abstract of approximately 250 words. There should be 3 to 5 keywords. Approximately, 5 tables and figures and up to 90 references are allowed. Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted. These additional materials will be considered as “Supplementary Material” and will be published only online (not in print).

Original Articles. These articles may include randomized controlled trials, intervention studies, studies of screening and diagnostic test, outcome studies, cost effectiveness analyses, case-control series, and surveys with high response rate. The manuscript should not exceed 3,000 words, excluding tables, figures, and appendices, abstract, and references. The manuscript should have an unstructured abstract of approximately 250 words. There should be 3 to 5 keywords. Approximately, 5 tables and figures and up to 50 references are allowed. Additional material, which is not pivotal, but supporting in nature to the theme of the manuscript, can be submitted. These additional materials will be considered as “Supplementary Material” and will be published only online (not in print). A statement on ethics committee permission and ethical practices must be included in all research articles under the “Materials and Methods” section. All randomized controlled trials (Table 1: Level of evidence I and II) should follow and submit the checklist of the CONSORT (CONsolidated Standards of Reporting Trials) Group. All observational studies (Table 1: Level of evidence III and IV) reporting patient data should provide all relevant information following the STROBE Guideline (Strengthening the Reporting of Observational studies in Epidemiology) guidelines. The authors should follow the reporting guidelines for specific study designs (Table 2). These guidelines unify the reporting of trials studies and enhance the
ability of future researchers to perform systematic reviews and meta-analyses. This will increase the impact of your article.

Table 1. Levels of Evidence For Primary Research Question

<table>
<thead>
<tr>
<th>Levels</th>
<th>Types of Studies</th>
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<tr>
<td></td>
<td>Therapeutic Studies – Investigating the results of treatment</td>
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<tr>
<td>Level I</td>
<td>High quality randomized trial with statistically significant difference or no statistically significant difference but narrow confidence intervals</td>
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<td></td>
<td>Systematic Review(^2) of Level I RCTs (and study results were homogenous(^3))</td>
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<tr>
<td>Level II</td>
<td>Lesser quality RCT (eg, &lt; 80% follow-up, no blinding, or improper randomization)</td>
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<tr>
<td></td>
<td>Prospective(^4) comparative study(^5)</td>
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<tr>
<td></td>
<td>Systematic review(^2) of Level II studies or Level I studies with inconsistent results</td>
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<tr>
<td>Level III</td>
<td>Case control study(^7)</td>
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<tr>
<td></td>
<td>Retrospective(^6) comparative study(^5)</td>
</tr>
<tr>
<td></td>
<td>Systematic review(^2) of Level III studies</td>
</tr>
<tr>
<td>Level IV</td>
<td>Case Series(^8)</td>
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</table>
A complete assessment of quality of individual studies requires critical appraisal of all aspects of the study design.

A combination of results from two or more prior studies.

Studies provided consistent results.

Study was started before the first patient enrolled.

Patients treated one way (e.g., cemented hip arthroplasty) compared with a group of patients treated in another way (e.g., uncemented hip arthroplasty) at the same institution.

The study was started after the first patient enrolled.

Patients identified for the study based on their outcome, called “cases”; e.g., failed total arthroplasty, are compared with patients who did not have outcome, called “controls”; e.g., successful total hip arthroplasty.

Patients treated one way with no comparison group of patients treated in another way.

Table 2. Reporting Guidelines for Specific Study Designs

<table>
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<tr>
<th>Initiative</th>
<th>Type of Study</th>
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<tr>
<td>CONSORT</td>
<td>Randomized controlled trials</td>
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<tr>
<td>STARD</td>
<td>Studies of diagnostic accuracy</td>
</tr>
<tr>
<td>QUOROM</td>
<td>Systematic reviews and meta-analyses</td>
</tr>
<tr>
<td>STROBE</td>
<td>Observational studies in epidemiology</td>
</tr>
<tr>
<td>MOOSE</td>
<td>Meta-analyses of observational studies in epidemiology</td>
</tr>
</tbody>
</table>

Case Reports. They contain case reports or more condensed information on clinical or experimental studies. Reports on single cases can usually not be considered unless they contain exceptional observations of general relevance. The manuscript should have an unstructured abstract of approximately 250 words. There should be 3 to 5 keywords. The text should not exceed 1500 words, with up to two illustrations or tables, and no more than 15 references. Additional material may be submitted as “supplemental material” of up to 3 figures/tables and references which will be published online only with the final manuscript.

Letters to the Editor. They will usually address articles published in *IJNS* or comment upon recent scientific advances of general interest. Letters to the Editor are excluded from online submission and should be sent to the Editors-in-Chief.

Other. Editorial, Guest Editorial, Commentary and Opinion are solicited by the editorial board.
Preparation of Manuscripts

Manuscripts can be submitted exclusively via online submission at www.editorialmanager.com/ijns. Hard copy submission and electronic submission via email will not be accepted.

The manuscripts should be written in American English. The submitted manuscripts that do not follow the “Instructions to Authors” guidelines would be returned to the authors for technical correction, before they undergo editorial/peer-review. The manuscript should be submitted in the form of two separate files:

**Title Page.** This page should be a MS Word file, and should include the following:

1. Article title, article type (review, original or case report, etc), running title (short running head), author names in correct sequence with highest academic degrees (MD, PhD), complete affiliation(s) for each author (department, university, city, state, country), address for correspondence details (complete mailing address of corresponding author and e-mail ID).
2. The total word count of the article, number of artworks and tables, and references.
3. Abstract and Key Words
4. Acknowledgment
5. Details of conference, if the manuscript was presented in a meeting, conference, etc.
6. Conflict of Interest Statement and financial disclosure details
7. Permission requests, if any.
8. Registration number in case of a clinical trial and where it is registered (name of the registry and its URL)
9. Statement of approval from all authors. If necessary, include the contribution of each author.

**Main Article.** The main text of the article should be submitted in a MS word file, including tables, figure captions, appendices, and references.

**Artworks and Figures:** Each one should be uploaded separately. Images should be uploaded as .tif or .jpg files in a resolution of 300 dpi. Tables should be uploaded as Word files. Figure legends should be brief, but must contain all the information to make the illustration comprehensible without taking recourse to the text.

**Copyright Transfer Form:** Copyright transfer form can be downloaded from http://www.thieme.com/media/ita/IJNS-Copyright.pdf. The form should be completed and all required details need to be filled. The signed form should be submitted within 2 weeks of manuscript submission.

**General Guidelines:**

**Language and Punctuation.** US English language and punctuation style should be used while preparing the manuscript.
Units of Measurement. The authors should use Système International (SI) measurements. For clarity, nonmetric equivalents may be included in parentheses following the SI measurements.

Abbreviations and Acronyms. If an abbreviation or acronym appears in the article, it should be expanded, the acronym being introduced within parentheses, at its first occurrence in the article and be used thereafter.

Drug Names. Use generic names. You may cite proprietary names in parentheses along with the name and location of the manufacturer.

Style

When not otherwise specified in these Instructions to Authors, refer to the guidelines specified in the latest edition of the American Medical Association’s Manual of Style (http://www.amamanualofstyle.com). Please review and use the templates associated with each article type. Articles submitted without using the appropriate template may be returned for proper formatting.

References

The references should be listed in ascending numerical (not alphabetical) order and should be cited in the text as numbers in ascending order. The names of all authors must be given up to a maximum of six; for more than six authors, list the first three followed by et al. The titles of journals should be abbreviated according to Index Medicus, latest edition. Unlisted journals are spelled out. All titles are to be given in the original languages if they can be reproduced in the English alphabet. Translated titles may be enclosed in square brackets.

Examples:


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