

INSTRUCTIONS FOR AUTHORS

Table of Contents

[Introduction](#)

[Files for Submission](#)

[Cover Letter and Submission Statement](#)

[Manuscript Preparation](#)

- [Title Page](#)
- [Abstract](#)
- [Key Words](#)
- [Text](#)
- [Introduction](#)
- [Methods](#)
- [Results](#)
- [Discussion](#)
- [Conclusions](#)
- [Acknowledgments](#)
- [Disclosure](#)
- [Figure Legends](#)

[Formatting for Other Types of Articles](#)

- [Case Reports](#)
- [Case Illustrations](#)
- [Technical Notes, Literature Reviews, Historical Vignettes, Obituaries, Etc.](#)

[References](#)

- [Verification](#)
- [Examples of Appropriate Reference Styling](#)

[Tables](#)

- [Literature Review Tables](#)

[Figures](#)

- [File Requirements](#)
- [Peer-Review Submission](#)
- [Publication Submission](#)
- [Resolution](#)
- [Color Mode](#)
- [Charge for Printing Color Figures](#)
- [Fonts](#)
- [Letters](#)
- [Symbols](#)

[Figures \(continued\)](#)

- [Graphs](#)
- [Photographs](#)
- [Electron Micrographs and Photomicrographs](#)
- [Cover Illustrations](#)
- [Original Figures](#)
- [Original Artwork](#)

[Videos](#)

- [Video Clips Accompanying an Article](#)
- [Video Article](#)
- [Video Clip Preparation](#)
- [Previously Published Figures, Tables, and Videos](#)

[Additional Forms for Submission](#)

- [Copyright Assignment](#)
- [Conflict of Interest Form](#)
- [Patient Consent](#)
- [Color Payment Agreement](#)

[Additional Submissions](#)

- [Continuing Medical Education Questions](#)
- [Additional Material for Reviewers](#)
- [Letters to the Editor](#)
- [Notices](#)

[After Manuscript Acceptance](#)

- [Podcast Synopsis](#)
- [Page Proofs](#)
- [Reprints](#)

[Special Considerations](#)

- [Authors and Contributors](#)
- [Authorship](#)
- [Group Authorship](#)
- [Authors of Manuscripts on Clinical Trials](#)
- [Corresponding Author](#)
- [Other Contributors](#)
- [Originality of Work and Attribution to Other Works](#)
- [Quoted or Paraphrased](#)

[Special Considerations \(continued\)](#)

- [Suspicion of Scientific Misconduct](#)
- [Sharing of Resources and Data](#)
- [Methods](#)
- [Materials](#)
- [Data](#)
- [Studies Involving Humans](#)
- [IRB Approval](#)
- [Informed Consent](#)
- [Clinical Trials](#)
- [Confidentiality of Patient Identity](#)
- [Names and Identifiers](#)
- [Photographs, Imaging Studies, and Videos](#)
- [Pedigrees](#)
- [Exceptions](#)
- [Studies Involving Animals](#)
- [Other Considerations](#)
- [Studies Involving Microarrays](#)
- [Studies Involving High-Resolution Structural Data and Nucleotide Sequences](#)
- [Studies Involving Embryonic Human Stem Cells](#)
- [Studies Involving Recombinant DNA](#)
- [Systematic Reviews and Meta-Analyses](#)

[Press Releases](#)

[Embargo Policy](#)

[JNSPG Disclaimer](#)

[Contact Information](#)

[Figure and Table Examples](#)

[Common Errors in Manuscript Preparation](#)

[Quick Reference Guide for Submitting a Manuscript](#)

Click on any item in [blue](#) throughout these instructions to link to a section or website.

INSTRUCTIONS FOR AUTHORS

The *Journal of Neurosurgery*, *Journal of Neurosurgery: Pediatrics*, *Journal of Neurosurgery: Spine*, and *Neurosurgical Focus* are dedicated to the publication of original works relating to neurosurgery, including studies in clinical neurophysiology, organic neurology, ophthalmology, radiology, pathology, and molecular biology. The Editors and Editorial Boards encourage submission of clinical and laboratory studies. Other manuscripts accepted for review include technical notes on instruments or equipment that are innovative or useful to clinicians and researchers in the field of neuroscience, papers describing unusual cases, manuscripts on historical persons or events related to neurosurgery, and reviews. Letters to the Editor should reference the title and publication date of the article discussed. Editorials are solicited by the Editors; unsolicited editorials will be returned without consideration.

Submitted manuscripts must be original and not published previously. Publication of the abstract alone (such as in meeting proceedings) does not preclude submission of a manuscript. Deposit of manuscripts on a preprint server is considered prior paper publication and disallows submission of a manuscript. All submissions are screened by iThenticate® Professional Plagiarism Prevention.

All submitted manuscripts undergo vigorous peer review by experts in the field.

Manuscripts and Letters to the Editor must be submitted online through one of our electronic submission websites. The following submission websites are available 24 hours a day.

Journal of Neurosurgery
<http://jns.msubmit.net>

Journal of Neurosurgery: Pediatrics
<http://jnspeds.msubmit.net>

Journal of Neurosurgery: Spine
<http://jnsspine.msubmit.net>

Neurosurgical Focus
<http://focus.msubmit.net>

Separate accounts are not required for each submission site; the login name and password will work for all Journal of Neurosurgery Publishing Group (JNSPG) submission sites. Authors should submit their manuscript to the submission site of the intended journal.

A **Manuscript Template** is available for formatting guidance. Manuscripts must be submitted as **Microsoft Word** files. Please upload the entire manuscript as 1 file (title page, abstract, text, reference section, and figure legends).

SUBMISSIONS THAT DO NOT MEET THE REQUIREMENTS OUTLINED IN THESE INSTRUCTIONS WILL BE RETURNED TO THE CORRESPONDING AUTHOR FOR CORRECTION.

Please see *Common Errors in Manuscript Preparation* on [page 14](#).

FILES FOR SUBMISSION

Initial Submission

- COVER LETTER
- MANUSCRIPT — Microsoft Word document
- FIGURES — each figure should be submitted as a

separate file (acceptable formats: TIFF, JPEG, GIF [new submissions only])

- TABLES — all tables should be created in Microsoft Word using the Table function. Save all tables in a single file.

In addition to the required files, the submitting author must be able to provide the following information at submission of all manuscript versions:

- *Authors*: first and last names, middle initial(s), degrees, postal addresses, telephone and fax numbers, and **valid** email addresses

- *Manuscript detail information*: title, abstract, running title, and key words (these can be copied and pasted from your manuscript file)

as well as the following if appropriate:

- name of institutional review board (IRB)/ethics committee and the human subjects assurance number or equivalent identifier

- name of clinical trial registry and registration number

- name of local institutional animal care and use committee (IACUC) and the approval number or equivalent assigned to the study

- name and type of database repository (microarray, high-resolution structural data, nucleotide sequences) as well as accession number

Submission of Revised Manuscript or at the Request of the Editor

- COVER LETTER (with detailed responses to reviewers) and REVISED MANUSCRIPT (with tracked changes), FIGURES, and TABLES. In addition to the required files, each author of the manuscript will be required to complete the Copyright Assignment and Conflict of Interest forms. A link to complete these forms electronically will be emailed to each author at the time that a revision is requested. Each author must complete and submit the forms before the revised manuscript will be considered for publication. **Note:** The corresponding author should verify that all of the coauthors' emails are valid in the submission site.

New submission and revision checklists are available for authors. These forms can be downloaded from the "[Instructions & Forms](#)" section on the "Author Instructions" page. The forms are for authors' personal use and should not be submitted with the manuscript.

COVER LETTER AND SUBMISSION STATEMENT

A cover letter must be included with each submission stating that the manuscript has not been previously published in whole or in part or submitted elsewhere for review. Manuscripts may not be submitted to more than 1 JNSPG journal at 1 time and cannot be published in more than 1 of our journals.

MANUSCRIPT PREPARATION

Authors are encouraged to review guidelines for writing medical/scientific articles before they prepare manuscripts for any scholarly journal. Two valuable guidelines are the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals* (http://www.icmje.org/urm_main.html) by the International Committee of Medical Journal Editors (ICMJE) and the *EASE Guidelines for Authors*

INSTRUCTIONS FOR AUTHORS

and Translators of Scientific Articles to be Published in English (<http://www.ease.org.uk/guidelines/index.shtml>) by the European Association of Science Editors (EASE).

Various types of manuscripts may be submitted to the JNSPG: clinical articles, laboratory investigations, case reports, case illustrations, technical notes, literature reviews, editorials (solicited only), special topics (such as historical vignettes or obituaries), and special articles (solicited only). The following sections contain formatting rules for clinical articles and laboratory investigations; many of these rules are applicable to other types of articles as well. Exceptions to these rules that are specific to other types of articles format can be found in the section **Formatting for Other Types of Articles**.

Title Page: The first page of the manuscript must contain the following:

- manuscript title
- complete names of all coauthors with each author's name followed by his/her highest academic degree(s) (see *Authors and Contributors* in **Special Considerations** to determine if all coauthors meet the criteria for authorship of the manuscript). If 2 or more authors contributed equally to the study/manuscript, note this and place an asterisk after the name of each of these authors.
- department and institution to which each author belongs (use superscripted numbers to identify which author belongs to which department and institution) as well as the city, state or province, and country in which the institution resides
- designated corresponding author's name, mailing address, telephone and fax numbers, and email address (see *Authors and Contributors* in **Special Considerations** for a description of the responsibilities of the corresponding author)
- 3 to 6 key words identifying the work
- running head consisting of no more than 65 characters/spaces
- **all** sources of financial and material support including the following: 1) names of the granting organizations; 2) applicable grant or contract numbers; 3) names of each author who received specific funding; and 4) specific material support given
- a note stating where and when any portion of the contents of the paper may have been presented (not published) previously

example: Portions of this work were presented in abstract form/in poster form/as proceedings at the First International Conference on Neurosurgical Rehabilitation, World Federation of Neurosurgical Societies, Münster, Germany, July 8, 1999.

Abstract: The manuscript must contain an abstract comprising a maximum of 450 words. Abstracts for clinical and laboratory studies should contain separate sections entitled *Object* (the goals of the study), *Methods* (methods used to achieve the study goals), *Results* (results/findings of the study), and *Conclusions* (conclusions drawn from the work). Abstracts for case reports, technical notes, historical vignettes, and other manuscripts should not be separated into sections. These abstracts should begin with a simple and clear statement of the paper's purpose followed by appropriate details that support the authors' conclusions. If your paper involves a clinical trial, provide the registration number of the clinical trial and the name and URL of the registry where it can be found at the end of the *Abstract*.

Key Words: Key Words should include 3 to 6 words or phrases to assist indexing and retrieval of the work.

Text: Most articles should be divided in order into *Introduction*, *Methods*, *Results* (or *Summary of Cases*), *Discussion*, and *Conclusions*. Use subheadings within these sections if they improve the organization of the report and its readability.

Introduction: In this untitled section state the purpose of the study reported and, when appropriate, concisely summarize the rationale for the undertaking. Reference major background reports but do not review in detail the pertinent literature; such a review belongs in the *Discussion* section.

Methods: Enough details should be furnished for the reader to understand the method(s) used in the study described. It is appropriate to refer to a previous work if the methods have been reported there in detail; however, this section should include enough information for the reader to gain an understanding of the method(s) without reference to another work.

If you are reporting a study involving humans, document approval of the study by the local institutional review board (IRB) and state that informed consent was obtained. If the study is an interventional clinical trial (see the section on studies involving humans in **Special Considerations**), provide the registration number of the clinical trial and the name and URL of the registry where it can be found in which it is listed. In general, no data or images leading to the identification of patients or healthy volunteers should be presented in the manuscript. If identifying data or images are deemed essential to the manuscript and included, the manuscript must be accompanied by a signed release form from the patient/volunteer or person authorized to give consent, which permits publication in both print and electronic versions of the specific journal to which you are submitting your manuscript. The form can be downloaded from the "**Instructions & Forms**" section on the "Author Instructions" page.

The standards to which animal studies must adhere are detailed in *Guide for the Care and Use of Laboratory Animals* (Institute for Laboratory Animal Research, National Research Council. Washington, DC: National Academy Press, 1996). When reporting experiments on animals, indicate that the study was performed in accordance with those standards and provide enough information to show clearly that the animals were handled in a humane fashion.

Editorial Board members reserve the right to judge the appropriateness of studies involving humans and animals. See **Special Considerations** for additional information on submitting manuscripts on experiments involving animals, studies involving humans, and patient confidentiality.

As a condition of publication, authors must agree to share the methods, materials, and data necessary to reproduce laboratory experiments and clinical trials and to verify their study's results. See *Sharing of Resources and Data* in **Special Considerations**.

Results: In the *Results* section concisely summarize the study findings, listing them in the order established in the *Methods* section. The *Results* section should be devoted solely to the findings of the current report and not refer to previous investigations.

Discussion: In the *Discussion* section concisely emphasize major findings of the study and their significance. Do not repeat information presented in the *Methods* and *Results*

INSTRUCTIONS FOR AUTHORS

sections. It is important in the *Discussion* section to use subheadings so that the reader can follow the authors' train of thought.

Conclusions: In the *Conclusions* section restate the major findings of the study and address these findings' potential clinical implications and/or applications.

Acknowledgments: This section provides a place to acknowledge people who have contributed to the study but do not fulfill all the criteria for authorship (see *Authors and Contributors* in **Special Considerations**). Examples include lab technicians, data collectors, and medical editors. It is particularly important to include any employees from sponsoring agencies or industries who have contributed to the work. Specify what type of contribution each person made to the study. The corresponding author must obtain written permission from contributors prior to including their names in this section AND must be able to furnish the Editorial Office with this permission if requested.

Disclosure: Include a section in the paper in which you state whether a potential **conflict of interest**—financial, personal, or professional—exists or could be construed as existing. If no conflict of interest exists or is specified, a *Disclosure* section will be added to the manuscript with the following statement: “The authors report no conflict of interest concerning the materials or methods used in this study or the findings specified in this paper.”

Figure Legends: Authors must include figure legends to accompany their figures. These legends should not repeat information found within the text. Instead, legends should state what type of figure is shown (for example, magnetic resonance image, Northern blot, photomicrograph, or bar graph), important features or findings in the figure, and definitions of abbreviations and/or labels. Descriptions of the figure should be given in the present tense. Legends accompanying photomicrographs must list the staining technique used and the original magnification (for example, “Masson trichrome, original magnification $\times 200$ ”). Figures containing electron micrographs should contain a bar and a legend that indicates the distance that bar represents (for example, “Bar = 5 μm .”) or a statement specifying the original magnification. The figure legends should be placed at the end of the manuscript following the *Reference* section.

FORMATTING FOR OTHER TYPES OF ARTICLES

Case Reports: These articles focus on 5 cases or fewer. Major sections include *Introduction* (not titled), *Case Report(s)*, and *Discussion*. There is generally no *Conclusions* section. Inclusion of subheadings in the *Case Report(s)* section (such as *History*, *Examination*, *Operation*, *Pathological Findings*, and *Postoperative Course*) are encouraged. All other submission and formatting requirements apply.

Case Illustrations: These short (250 word limit), 1-page articles focus on interesting aspects of a case and generally do not include a discussion of the literature. Case illustrations are limited to the following: 1) a title not to exceed 55 characters including spaces; 2) a concise statement/paragraph outlining the purpose of the investigation and the principal findings or conclusions (a total of 250 words or

fewer); an abstract, tables, and subheadings are **not** acceptable; 3) a maximum of 5 references; and 4) a maximum of 4 figure parts. All other submission and formatting requirements apply. **Note:** Do not exceed the word and figure part limitations.

Technical Notes, Literature Reviews, Historical Vignettes, Obituaries, Etc.: Authors should supply an *Abstract*, *Introduction*, *Methods* section (if appropriate), and additional sections as needed. All other submission and formatting requirements apply, and there is no word limit for these article types. **Note:** The JNSPG only publishes obituaries for former Editors and Editorial Board members.

REFERENCES

All references must be alphabetized by the first author's last name and cited in text in superscripted numbers. The first six author names should be listed and followed by “et al” if appropriate. Abbreviations should conform to the style of **MEDLINE**. Acceptable references are those published and considered “widely available.” If the references are not properly formatted, the manuscript will be returned to you for correction.

The following items should **not** be included in the *Reference* section:

- software
- equipment manuals/drug information
- secondary citations

Items that are **not** acceptable in the *Reference* section and must be cited in the text as unpublished data include:

- proceedings, posters, and presentations from meetings unless they have been published in a journal or book of abstracts — cite in parentheses in text with meeting information

example: (Gilbertson S, Ischebeck W: Music therapy in neurosurgical rehabilitation. Paper presented at the First International Conference on Neurosurgical Rehabilitation, World Federation of Neurosurgical Societies, Münster, Germany, July 8, 1999)

- personal communications — cite the name of the person in parentheses along with the year in which the communication occurred (Note: The corresponding author must obtain written permission from persons listed here AND must be able to furnish the Editorial Office with this permission if requested.)

example: (T Jones, personal communication, 2012)

- manuscripts or a portion of the data therein that have been submitted to a journal, but not yet accepted

example: (T Jones et al., unpublished data)

Verification

Although authors are responsible for the content of their references, it is our policy to verify the completeness and accuracy of all references. This occurs during the editing process. If a reference is unavailable to us, we will contact you and request a copy for verification. To avoid delays in the publication of a manuscript, these requests must be answered in a timely manner. If you cannot provide the requested verification, the reference will be removed. **Note:** Please ensure that **ALL** references cited in the paper are included in the *Reference* section, including references that are cited only in tables.

INSTRUCTIONS FOR AUTHORS

Examples of Appropriate Reference Styling

Journal: Coubes P, Cif L, El Fertit H, Hemm S, Vayssiere S, Picot MC, et al: Electrical stimulation of the globus pallidus internus in patients with primary generalized dystonia: long-term results. *J Neurosurg* **101**:189–194, 2004

Abstract: Maldaun MV, Suki D, Lang FF, Prabhu S, Shi W, Fuller GN, et al: Cystic glioblastoma multiforme: survival outcomes in 22 cases. *J Neurosurg* **100**:61–67, 2004 (Abstract)

Letter: King JT Jr: Doppler ultrasound prediction of ischemic deficit. *J Neurosurg* **81**:503, 1994 (Letter)

Foreign Language Journal: Tomita H, Urui S, Kokunai T, Tamaki N: [A case of metastatic tumor of the pituitary gland presenting as a subarachnoid hemorrhage.] *No Shinkei Geka* **28**:1117–1120, 2000 (Jpn)

Authored Book: Jefferson G: **The Invasive Adenomas of the Anterior Pituitary**. Springfield, IL: Charles C Thomas, 1995, pp 56–60

Article or Chapter in an Edited Book: Bloodworth JMB Jr, Kovacs K, Horvath E: Light and electron microscopy of pituitary tumors, in Linfot JA (ed): **Recent Advances in the Diagnosis and Treatment of Pituitary Tumors**. New York: Raven Press, 1979, pp 141–159

Article in an Edited Book With Volume: Crocker DW: The pituitary gland, in Coulson WF (ed): **Surgical Pathology**. Philadelphia: JB Lippincott, 1978, Vol 2, pp 879–898

Article in an Edited Book With Edition and Volume: Day AL, Rhoton AL Jr: Aneurysms and arteriovenous fistulae of the intracavernous carotid artery and its branches, in Youmans JR (ed): **Neurological Surgery, ed 2**. Philadelphia: WB Saunders, 1982, Vol 3, pp 1764–1785

Article in an Edited Book Within a Series: Worth RM, Markand ON, DeRosa GP, Warren GH: Intraoperative somatosensory evoked response monitoring during spinal cord surgery, in Courjon J, Mauguière F, Revol M (eds): **Clinical Applications of Evoked Potentials in Neurology**. *Advances in Neurology, Vol 22*. New York: Raven Press, 1982, pp 367–373

Entire Edited Book: Suzuki J (ed): **Cerebral Aneurysms. Experiences with 1000 Directly Operated Cases**. Tokyo: Neuron, 1979

Website Article: Office for National Statistics (UK): **Health expectancy: living longer, more years in poor health**. Newport, UK: Office for National Statistics, 2004 (<http://www.statistics.gov.uk/CCI/nugget.asp?ID=934&Pos=3&ColRank=2&Rank=512>) [Accessed January 11, 2013]

Neurosurgical Focus: Cohen DB: Infectious origins of cauda equina syndrome. *Neurosurg Focus* **16(6)**:E2, 2004

Journal in which article was published online ahead of print: Albanese E, Russo A, Quiroga M, Willis RN Jr, Mericle RA, Ulm AJ: Ultrahigh-dose intraarterial infusion of verapamil through an indwelling microcatheter for medically refractory severe vasospasm: initial experience. Clinical article. *J Neurosurg* [epub ahead of print October 30, 2009. DOI: 10.3171/2009.9.JNS0997]

Podcast: Minimally Invasive Spinal Surgery. Paul Park interviewed by Praveen Mummamani. *Neurosurg Focus* August 2008: <http://thejns.org/action/showNews?type=podcast>

TABLES

Tables should be created using the table formatting and editing feature of Microsoft Word (using “Insert Table”). Tables must be editable; graphic objects cannot

be edited in Word and will not be accepted. The data in tables should be presented as cell-based, with the appropriate number of columns and rows. Tabs should not be used within cells, or in place of columns. **Note:** We are unable to format tables imported into Microsoft Word as PICT files. We are also unable to accept tables created in Excel or other spreadsheet programs, or tables created in PowerPoint or other presentation programs.

Tables should be grouped into 1 file with each table on its own page; **do not** submit tables as separate files or as part of the manuscript file. Cite all tables in text and number them accordingly. Each table must have a title, and any abbreviations used (including symbols) should be defined in the table legend and listed in alphabetical order. Correct scientific notation should be used for all numerical data.

Literature Review Tables: For tables that provide a review of the literature, references should be listed in the first (left) column by first author’s last name, et al. (if necessary), and the year of publication. Do not use numbers to cite references in the table. All references listed in a literature review table must also be listed in the *Reference* section of the manuscript. See the literature review example table on [page 14](#).

FIGURES

To ensure the highest-quality reproduction of your figures, please carefully follow these instructions. Examples of publication-quality figures are given on [pages 12–13](#). **Note:** It is the responsibility of the authors to provide publication-quality, high-resolution images with their revision submission or at the request of the Editorial Office. The JNSPG is not responsible for the quality of images in print if the figures do not meet our requirements. If you have questions, please consult a graphics specialist.

File Requirements: Acceptable formats include TIFF, JPEG, and GIF (GIF files are low resolution and should be used for peer-review submissions **only**). If saving as JPEG, ensure that compression has been set for maximum quality (minimal compression). Each figure should be submitted as a separate file, with the figure number as the file name (i.e. Fig1.jpg). Figures with more than 1 part should be combined by the authors in the correct orientation. Letters should only be used to designate figure parts for figures with more than 2 parts.

The submission website will not accept certain file types; please verify that the PDF conversion of your digital figures is identical to the uploaded images.

Peer-Review Submission: Low-resolution images (no greater than 150 DPI) should be uploaded for initial review purposes.

Publication Submission: High-resolution images should be submitted **only** if the Editor requests them after the initial peer review. Please submit full-size files that conform to the following specifications. **Note:** If the original figures are low resolution, changing the DPI to a higher resolution **will not** improve the quality of the image. Original figures should be created or scanned by the author at a publication-quality resolution.

Resolution: The quality of resolution is essential in the reproduction of your figures. Please submit full-size files at the following resolutions: line art at 1200 DPI; color,

INSTRUCTIONS FOR AUTHORS

grayscale with type, or color/grayscale with type combination at 600 DPI; and grayscale without type at 300 DPI. Images should be at least 6.5 inches in width (40 picas/16 cm). **Note:** When creating or scanning original figures, the figures should be publication size and meet the resolution requirements for publication. The DPI should be lowered for new submissions only; authors should retain the original high-resolution images for publication if the manuscript is accepted.

Color Mode: Color files should be supplied in CMYK color. Images supplied in RGB color mode will also be accepted, but authors should note that the RGB color space is significantly larger than the process CMYK color space. Therefore, depending on the content of the image, color shifts may occur during conversion if colors in the original image are outside the process CMYK gamut. Whenever possible, all images, whether RGB or CMYK, should have an ICC profile applied. If RGB figures are submitted, they will be converted to CMYK.

Charge for Printing Color Figures: There is no charge for inclusion of black and white figures in the print version of the paper or for inclusion of color figures in the **online** version. The charge for inclusion of color figures in the print version of the paper is \$400 per figure. Authors who wish to include color figures in the **print** version of their paper should complete and sign the Color Payment Agreement form.

Note: An invoice for the inclusion of color figures in print will be sent to the corresponding author before publication of the article. Payment is due upon receipt of the invoice and publication of the article will not proceed until the JNSPG has received payment.

Fonts: Acceptable fonts are Arial, Helvetica, Times/Times New Roman, Symbol (for mathematical symbols & Greek letters only), and Mathematical Pi (for mathematical symbols & Greek letters only).

Please check all figures carefully for spelling errors. If there are spelling errors that the production department cannot correct, the figure will be returned to the author for correction.

Letters: Capitalized letters should be used to designate figure parts in images that have more than 2 panels. The letters should be placed in the lower left corner of each panel. If there are only 2 panels, please use “upper” and “lower” or “left” and “right” to designate figure parts in the figure legend. **Note:** If letters designating each part are the only text in the figure and the figure is a grayscale image, the DPI does not need to be 600 (300 is sufficient).

Symbols: Any symbol used in a figure, including arrows or arrowheads, should be explained or defined in the legend. If abbreviations are used in a figure, the abbreviation should be defined in the legend.

Graphs: Please label the x and y axes.

Photographs: In general remove all information that can lead to identification of study participants. If a photograph can lead to the identification of a participant, the person must sign the Patient Consent form (available on the submission websites’ “Author Instructions” page in the “[Instructions & Forms](#)” section). If the person is younger than 18 years of age, infirm, or dead, an authorized person must sign the form. See [Studies Involving](#)

[Humans](#) in [Special Considerations](#) for more information. Signed consent forms should be faxed or emailed to the Editorial Office, or uploaded with submission files.

Electron Micrographs and Photomicrographs: Electron micrographs should contain measurement bars that indicate the original magnification. Photomicrographs must be accompanied by a legend stating their original magnification and the type of staining method used.

Cover Illustrations: Submissions of art to be considered as a cover illustration must be labeled as such and should be rendered using the same criteria as figures used in the article. Please include a short legend for the cover submission. If the cover illustration is in color and is chosen, there is a \$500 charge. The Editor-in-Chief chooses the cover image and the corresponding author will be notified at a later date.

Original Figures: As a condition of acceptance of a paper in a JNSPG journal, authors are required to assign, transfer, and convey all copyright ownership of previously unpublished figures (photographs, flowcharts, and other images) to the AANS by completing and signing the Copyright Assignment form.

Original Artwork: If an author wishes to include with his or her submission original artwork produced by an independent medical illustrator, a visual arts company, or an art division of the author’s institution, the author must first obtain permission from the copyright holder by using the Original Artwork Agreement form (found in the “[Instructions & Forms](#)” section of the “Author Instructions” page).

VIDEOS

Video Clips Accompanying an Article: Short video clips may take the place of a figure in an article. These clips are treated similarly to original artwork: the copyright holder is allowed to retain copyright and should sign and return the Short Video Clip Permission Request form (found in the “[Instructions & Forms](#)” section of the “Author Instructions” page). Video clips must be a minimum of 10 seconds in length, and should not be longer than 5 minutes.

Specifications for videos*

file formats	mov or mp4
running time	minimum 10 sec; maximum 5 min†
video codec	H.264
resolution	max 480 × 360
frame rate	30 fps
video bitrate	500 Kbps
audio codec	AAC-LC
audio channels	2 (stereo)
audio bitrate	128 Kbps

* The JNSPG is not responsible for the quality of videos that do not meet these requirements and does not guarantee that videos will play on all mobile devices, especially Android version 3.0 and older.

† The running time applies to videos that accompany articles. Video articles published in *Neurosurgical Focus* have a maximum running time of 15 minutes.

INSTRUCTIONS FOR AUTHORS

Video Article: Occasionally *Neurosurgical Focus* offers issues composed in part or in whole of longer videos, which serve as stand-alone articles. In this case, the videos are treated as articles and as such, copyright to them must be transferred to the AANS. A special Copyright Assignment for Videos can be found in the “Instructions & Forms” section of the “Author Instructions” page. The maximum time limit is 15 minutes for these videos. Video articles must be new work and not published elsewhere.

Patient consent must be obtained for *all* videos. Please use the Patient Consent form found in the “Instructions & Forms” section of the “Author Instructions” page.

Video Clip Preparation: Preferred file formats are mov or mp4. If no audio track exists in the video, please create a blank track for production purposes; this simplifies conversion to all streaming formats. Please include a legend and citation in the text for each video clip. **Note:** file size limit is **35 MB** due to server capacity. If you have questions, please consult an audiovisual professional for assistance.

Previously Published Figures, Tables, and Videos

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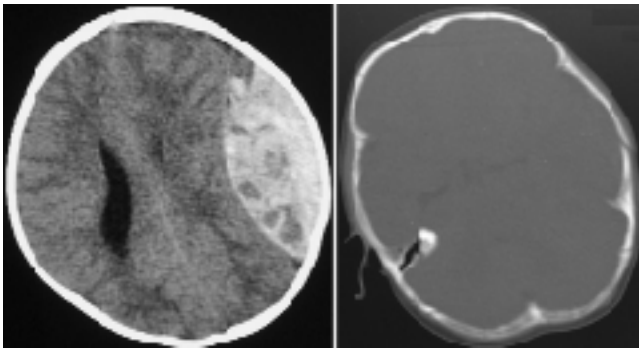
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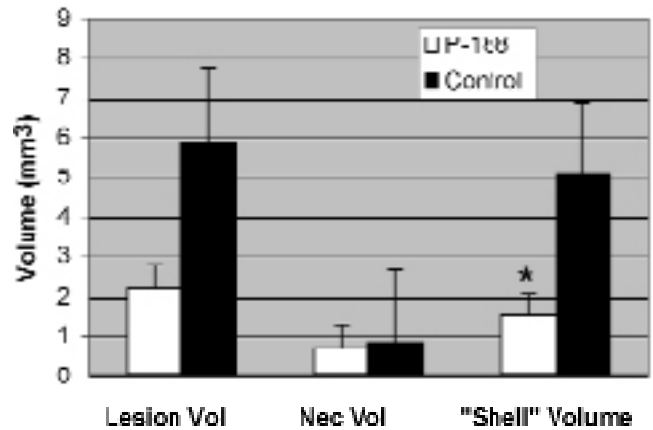
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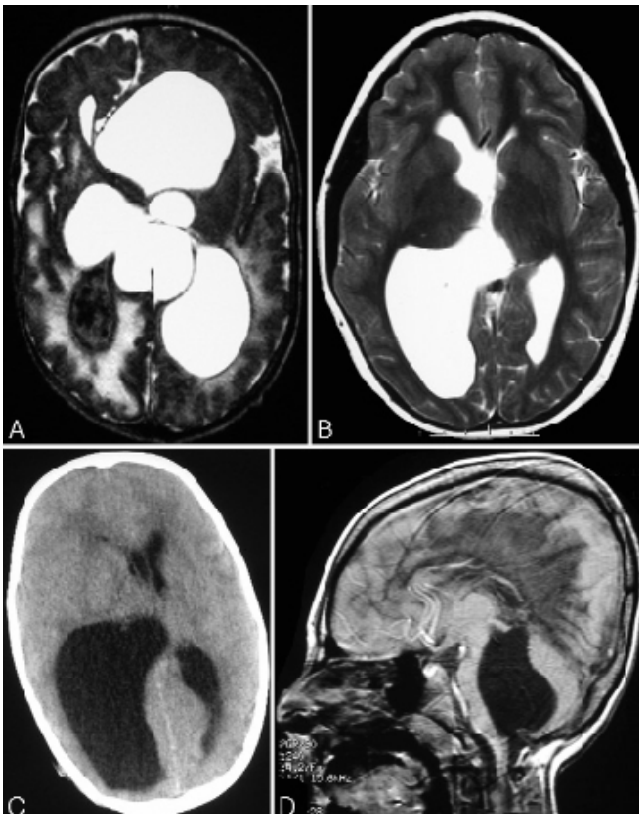
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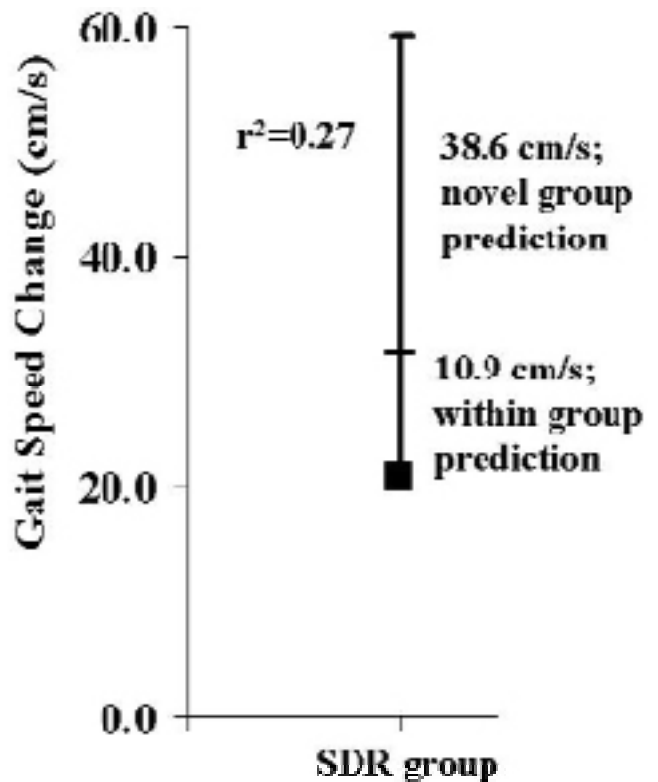
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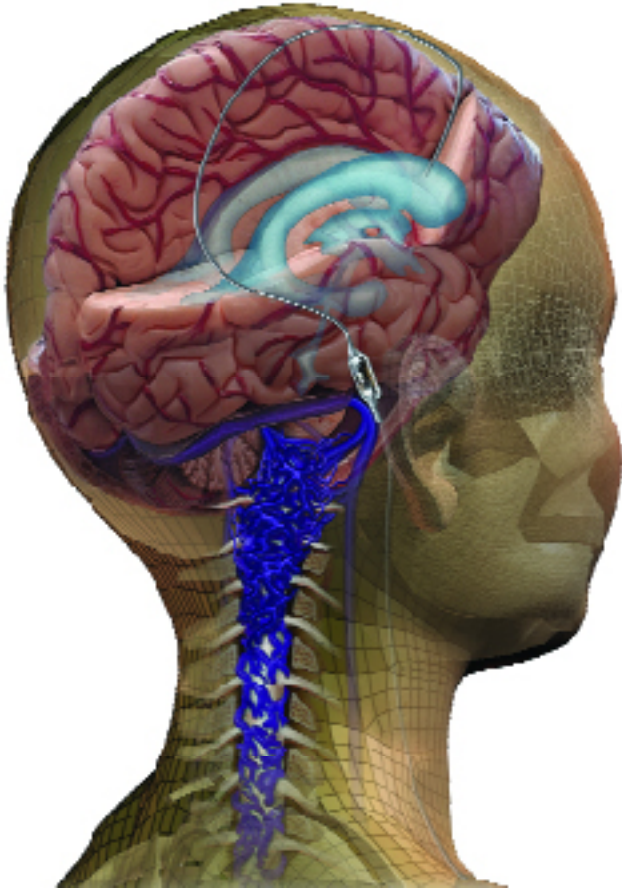
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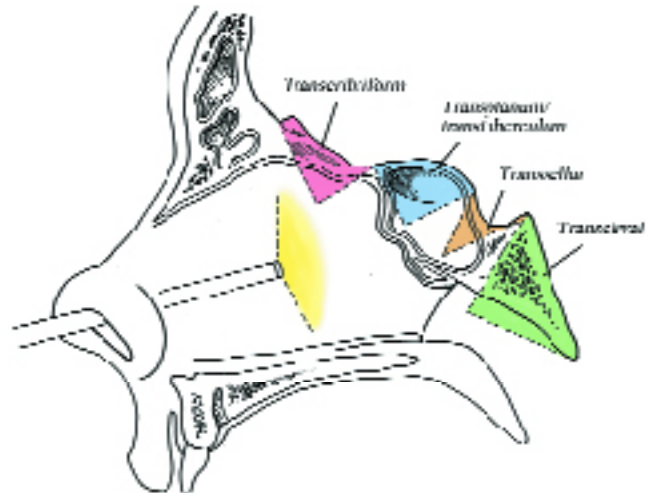
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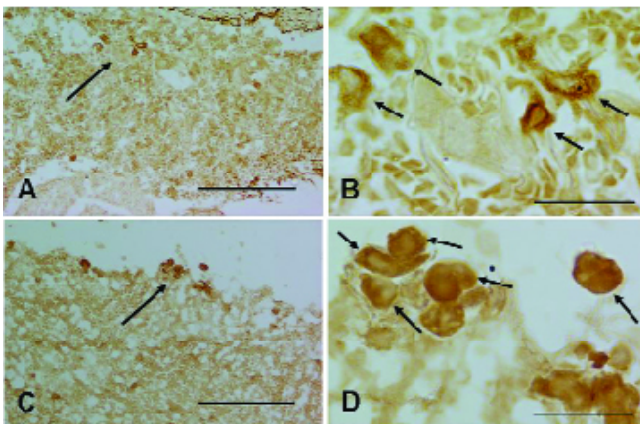
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TABLE: Literature review example

Authors & Year	Age (yrs), Sex	Supra-sellar Extension	Symptoms	MRI Characteristics	Time to Regression (mos)	Pituitary Function at Cyst Discovery
Igarashi et al., 1999	25, F	yes	visual field defect	T1: iso, T2: high thin wall enhancement	NA	NA
	46, M	yes	visual field defect	T1: iso, T2: high thin wall enhancement	NA	NA
	34, M	yes	visual field defect	T1: iso, T2: high thin wall enhancement	NA	NA
Maruyama et al., 2008	81, M	yes	headache	T1: iso, no wall enhancement	0.5	panhypopituitarism
Nishio et al., 2001	14, M	yes	headache	T1: hyper, T2: hyper, w/ iso small nodule, thick wall enhancement	3	normal
	31, F	no	headache, nausea, vertigo	T1: mixed intensity, T2: hypo thin wall enhancement	6	normal
Nishioka et al., 2006	NA	no	NA	T1: hyperintense	NA	hypopituitarism
	NA	yes	visual field defect	T1: isointense	NA	NA
Saeki et al., 1999	59, F	yes	visual field defect	T1: iso, T2: high thin wall enhancement	1	normal
	30, M	yes	visual field defect	T1: iso, T2: high thin wall enhancement	0.5	low LH, FSH, GH
Simmons & Simmons, 1999	15, F	no	amenorrhea	T1: hypo, no wall enhancement	3	low LH, FSH, estradiol

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