



THE SPINE JOURNAL

A Multidisciplinary Journal of Spinal Disorders

AUTHOR INFORMATION PACK

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ISSN: 1529-9430

DESCRIPTION

The Spine Journal, the official journal of the [North American Spine Society](#), is an international and multidisciplinary journal that publishes original, peer-reviewed articles on research and treatment related to the **spine** and **spine care**, including basic science and clinical investigations. It is a condition of publication that manuscripts submitted to *The Spine Journal* have not been published, and will not be simultaneously submitted or published elsewhere. *The Spine Journal* also publishes major reviews of specific topics by acknowledged authorities, technical notes, teaching editorials, and other special features, Letters to the Editor-in-Chief are encouraged.

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GUIDE FOR AUTHORS

Introduction

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All submissions are accepted with the understanding that they have not been, and will not be, published elsewhere substantially in any format. Also, there should be no ethical concerns with the content or data collection. *TSJ* reserves the right to request any research materials on which the paper is based.

Submission Fees

Beginning in January 2017, the Journal charges a submission fee for all unsolicited manuscripts. Submission Fees: \$50 for members of the North American Spine Society and \$125 for non-members

After online submission and check-in of your submission by the Journal staff, authors will be sent an email referring them to a payment page at the Elsevier Webshop. Manuscripts will be reviewed only after we have received confirmation of your payment.

Article Types

Clinical Studies (See sub-categories below)

Clinical studies are previously unpublished manuscripts that include clinical investigations, clinical observations and clinically relevant trials. Abstracts for Clinical Studies are required to have all eight (8) structured subheadings: background context, purpose, design, patient sample, outcome measures, methods, results and conclusions.

TSJ has adopted guidelines designed to improve the reporting of clinical studies. By following these guidelines, many of which include checklists and flow charts, authors ensure that readers can assess the validity of their findings. Submissions to *TSJ* must adhere to the guideline that applies to their study, as specified below.

Clinical studies should be between 1500 and 4500 words (approx. 6 to 12 double-spaced pages).

1. Controlled Trialsa) Randomized controlled trials (RCTs): a) Randomized controlled trials (RCTs): Complete CONSORT checklist and include flow diagram in article.

Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. *Ann Int Med* 2010;152 (11):726-32. PMID: 20335313.

Moher D, Hopewell S, Schulz KF, Montori V, Gtzsche PC, Devereaux PJ, Elbourne D, Egger M, Altman DG, for the CONSORT Group. CONSORT 2010 Explanation and Elaboration: updated guidelines for reporting parallel group randomised trial. *BMJ* 2010;340:c869. PMID: 20332511.

Ioannidis JPA, Evans SJW, Gotzsche PC, O'Neill RT, Altman DG, Schulz K, Moher D, for the CONSORT Group*. Better Reporting of Harms in Randomized Trials: An Extension of the CONSORT Statement. *Ann Intern Med* 2004; 141(10):781-788. PMID: 15545678.

Website: <http://www.consort-statement.org/>

CONSORT extensions may apply to specific study types:

i. Non-inferiority and Equivalence RCTs:

Piaggio G, Elbourne DR, Altman DG, Pocock SJ, Evans SJW, for the CONSORT Group. Reporting of Noninferiority and Equivalence Randomized Trials: An Extension of the CONSORT Statement. *JAMA: The Journal of the American Medical Association* 2006; 295(10):1152-1160. PMID: 16522836.

ii. Cluster RCTs:

Campbell MK, Elbourne DR, Altman DG. CONSORT statement: extension to cluster randomised trials. *BMJ* 2004; 328(7441):702-708. PMID: 15031246.

iii. Non-pharmacological treatment interventions:

Boutron I, Moher D, Altman DG, Schulz K, Ravaud P, for the CONSORT group. Methods and Processes of the CONSORT Group: Example of an Extension for Trials Assessing Nonpharmacologic Treatments. *Ann Intern Med*. 2008;W60-W67. PMID: 18283201; Boutron I, Moher D, Altman DG, Schulz KF, Ravaud P. Extending the CONSORT statement to randomized trials of nonpharmacologic treatment: explanation and elaboration. *Ann Intern Med* 2008 Feb 19;148(4):295-309. PMID: 18283207.

iv. Health-Related Quality of Life Studies:

Calvert M, Blazeby J, Recicki D, Moher D, Brundage M. Reporting quality of life in clinical trials: a CONSORT extension. *The Lancet* 2011;378(9804):1684-1685.

v. RCTs with Patient-Reported Outcomes:

Calvert M, Blazeby J, Altman DG, Revicki DA, Moher D, Brundage MD, for the CONSORT PRO Group. Reporting of Patient-Reported Outcomes in Randomized Trials: The CONSORT PRO Extension. *JAMA* 2013;309(8):814-822. <https://doi.org/10.1001/jama2013.879>.

b) Non-randomized controlled trials: Complete TREND checklist and include flow diagram in article.

Des Jarlais DC, Lyles C, Crepaz N, and the TREND Group. Improving the reporting quality of nonrandomized evaluations of behavioral and public health interventions: The TREND statement. *Am J Public Health*. 2004;94:361-366.

Website: <http://www.cdc.gov/trendstatement/>

A controlled trial is defined by the ICMJE as any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A controlled trial, whether randomized or not, must be registered in a public registry meeting ICMJE requirements prior to submission to *TSJ*.

2. Observational Studies

Cohort, case-control, and cross-sectional studies: **Complete the STROBE checklist and include flow diagram (if applicable) in article.**

von Elm E, Altman DG, Egger M, Pocock SJ, Gøtzsche PC, Vandenbroucke JP. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: guidelines for reporting observational studies. *Ann Intern Med* 2007; 147(8):573-577. PMID: 17938396.

Website: <http://www.strobe-statement.org/>

3. Diagnostic Test Studies

Complete STARD checklist and include flow diagram in article.

Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, Lijmer JG, Moher D, Rennie D, de Vet HC. Towards complete and accurate reporting of studies of diagnostic accuracy: the STARD initiative. Standards for Reporting of Diagnostic Accuracy. *BMJ* 2003; 326(7379):41-4. PMID: 12511463.

Bossuyt PM, Reitsma JB, Bruns DE, Gatsonis CA, Glasziou PP, Irwig LM, et al. The STARD statement for reporting studies of diagnostic accuracy: explanation and elaboration. *Ann Intern Med* 2003; 138(1):W1-12. PMID: 12513067.

Website: <http://www.stard-statement.org/>

4. Reliability and agreement Studies

Authors should read the following report and include the recommended elements in the article.

Kottner J, Audig L, Brorson S, Donner A, Gajewski BJ, Hrbjartsson A, Robersts C, Shoukri M, Streiner DL. Guidelines for reporting reliability and agreement studies (GRRAS) were proposed. *J of Clin Epid* 2011; 64(1):96-106 PMID: 21130355.

5. Cost-Effectiveness Studies

Authors should read the following report and include the recommended elements in the article.

Ramsey S, Willke R, Briggs A, Brown R, Buxton M, Chawla A, Cook J, Glick H, Liljas B, Petitti D, Reed S. Good research practices for cost-effectiveness analysis alongside clinical trials: the ISPOR RCT-CEA Task Force report. *Value Health*. 2005 Sep-Oct;8(5):521-33. Review. PubMed PMID: 16176491.

6. Systematic reviews and meta-analyses

a) Reviews of RCTs: Complete PRISMA checklist and include flow diagram in article.

Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group. Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *BMJ* 2009; 339:b2535. PMID: 19622551.

Liberati A, Altman DG, Tetzlaff J, Mulrow C, Gtzsche PC, et al. The PRISMA Statement for Reporting Systematic Reviews and Meta-Analyses of Studies That Evaluate Health Care Interventions: Explanation and Elaboration. *BMJ* 2009; 339:b2700. PMID: 19622552.

Website: <http://prisma-statement.org/>

b) Reviews of observational studies:

Stroup DF, Berlin JA, Morton SC, Olkin I, Williamson GD, Rennie D, Moher D, Becker BJ, Sipe TA, Thacker SB. Meta-analysis of observational studies in epidemiology: a proposal for reporting. Meta-analysis Of Observational Studies in Epidemiology (MOOSE) group. *JAMA* 2000; 283(15):2008-2012. PMID: 10789670.

7. Uncontrolled Case Series

Authors should read the following report and include the recommended elements in the article.

Kempen JH. Appropriate use and reporting of uncontrolled case series in the medical literature. *Am J Ophthalmol*. 2011;151(1):7-10.e1. PMID: 21163373.

Many clinical studies published in TSJ will include a text box, compiled by the Journal editors, that provides an evidence-based critique of the study. The one-column breakout box is meant to facilitate inquiry and spark discussion on the most important topics of a given paper.

Basic Science Papers

Basic science papers are previously unpublished manuscripts that include laboratory work in areas ranging from basic lab work, cadaver studies, cellular mechanisms, molecular biology, growth factor work, preclinical animal studies and novel imaging (as related to the basic sciences rather than clinical imaging). A structured abstract is required. Abstracts for Basic Science Studies are required to have the following structured subheadings: background context, purpose, study design, methods, results, conclusions, and *clinical significance*. *Important*: Each basic science paper should have a paragraph describing the potential clinical relevance of their research in the "Discussion" section.

Research Letters

This is a new article type. Research Letters are an abbreviated report of original research that should be no more than 700 words. No abstract is necessary, and no abstract will appear with its citation, if published. The references list should have 10 citations or less. Only 1 or 2 figures/tables should be included. A maximum of six authors will be allowed for Research Letters. Because of its brevity, only a short introduction will be necessary. Thus, the background and intent of the research should be relatively self-evident and not require a lengthy introduction.

Narrative Review Articles

Usually invited, the manuscript should cover an established but controversial area of multidisciplinary spine care with the goal of updating and consolidating knowledge and the conceptual framework. It should include a minimum of 50 references with 20-30 pages of double-spaced text, 3-5 explanatory tables, and appropriate artwork. An unstructured abstract is required.

Letters to the Editor (correspondence)

These are strongly encouraged to foster open dialogue between our readers, authors and editors. These should be addressed "To the Editor" and submitted with the understanding that the material may be shortened or otherwise edited. Letters should be kept to 500 words. Letters that address material previously published in The Spine Journal may be followed by responses from the author of the work being discussed and/or the Editor. All reasonable efforts will be made to ensure the original manuscript authors are given an opportunity to reply to any comments expressed about their work. Replies to letters to the editor must also be less than 500 words.

Commentaries

These are solicited pieces, the material for which would reference current topics in spine care, or a concurrently published article. Unlike Letters to the Editor, these pieces will typically be about 1500 words (excluding tables, figures and references) and provide more in-depth discussion on the research in the accompanied manuscript or a topic suggested by the Executive Editorial Board. These manuscripts are composed as stand-alone articles, with appropriate tables, figures and references (limited to 30).

Perspectives

These are solicited and unsolicited editorial pieces about a topic in spine care, extending beyond a letter to the editor - which usually discuss a previously published TSJ article - but that don't quite meet the criteria for a Review Article. Unlike an Editorial, an article type that is generally reserved for members of the TSJ Editorial Board, Perspectives give a voice to anyone who wishes to express an opinion on a wide range of discussion topics.

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Every person listed as an author should qualify for authorship. Each author must affirm that they participated and contributed sufficiently to the work to take public responsibility for the appropriateness of the experimental design and method, and the collection, analysis and interpretation of the data and that this final version has been reviewed and approved for submission and/or publication.

Authors listed on the required *TSJ* Affirmation of Authorship form should be in the order in which they are meant to appear. All authors must agree on this order. Once a manuscript has been submitted, the order of authorship (including adding or removing authors) should remain unchanged. Exceptions must be approved by the *TSJ* editorial office. The corresponding author is responsible for assuring all the involved authors agree with the change.

In multicenter trials, the writing group authors should be listed along with the group name (e.g., Jameson RK, Smith MS, on behalf of the *group name*). Other group members should be listed in an appendix before the references.

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