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Aims and Scope

Spine Surgery and Related Research (SSRR), the official open-access journal of the Japanese Society for Spine Surgery and Related Research, is an international, peer-reviewed, multidisciplinary journal directed to spine physicians and scientists. The journal publishes original articles in the form of spine-related research comprising basic and clinical research, including suggestive clinical correspondence (case reports) and splendid technical notes. SSRR requires that all manuscripts be prepared in accordance with the “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.”

Article Types

SSRR publishes the following article types. Once you have determined the correct Article Type, it is imperative that you read and follow the descriptions provided in the Manuscript Preparation guidelines before you submit your manuscript:

a) Original Article

Original Articles should present detailed studies of original research highlighting new and compelling findings that are impactful to other medical practitioners and researchers in the field.

b) Review Article

Review Articles should provide a broad overview and updates on a specific field in the scope of SSRR.

c) Case Report (Clinical Correspondence)

* "Case Report" will be replaced with "Clinical Correspondence" on 15th May 2018

Case Report (Clinical Correspondence) presents the details of rare medical or clinical cases. Clinical Correspondence will not be accepted unless they are extremely instructive/informative or can be transferred to another journal, including Journal of Spine Research (JSR), the official journal of the JSSR, based on editorial decision.

d) Technical Note

Technical Notes present the tips pertaining to surgical techniques for traditional/novel surgical procedures with their clinical outcomes.

e) Letter to the Editor

Letters to the Editor are brief, constructive commentaries that can be submitted in response to a recently published article in the Journal.

Manuscript Preparation

The information provided below is based in part on “Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals,” as published by the International Committee of Medical Journal Editors (ICMJE). For any information that is not mentioned in these guidelines, authors should refer to the [ICMJE Recommendations](#).

Manuscripts that do not follow the instructions below **WILL BE RETURNED** to the corresponding author for technical revision before undergoing peer review.

General Formatting

All articles should be written in English and formatted as per the standard letter size [8 1/2 × 11 inch (21 × 28 cm)] paper with at least 1-inch (2.5 cm) margins on all sides. All elements of the manuscript, including Abstract, Main Text, References, Tables, and Figure Legends, should be typed double spaced.

The organization of the manuscript should be in the following order:

- Title page
- Abstract
- Key Words
- Main Text
- References
- Tables
- Figure Legends
- Figures

1) Title Page

The title page should be prepared separately from the main document to ensure anonymity of the manuscript during the review process.

The title page must include the following information:

1. Title of the manuscript
2. Names of all authors
3. Institutional affiliations of all authors
4. Corresponding author’s name, address, telephone number and e-mail address

5. Conflicts of Interest
6. Sources of financial support that require acknowledgment
7. Type of contribution of the authors. Please visit the [ICMJE website for more information on authorship](#)
8. Approval code issued by the institutional review board (IRB) and the name of the institution(s) that granted the approval.
9. Acknowledgements

*For a sample Title page, please [click here](#).

2) Manuscript

Abstract and Key Words

The manuscript should include a structured Abstract of no more than 300 words and must contain the following headings (as per the Article Type):

Original Articles: Structured Abstract (Introduction, Methods, Results, Conclusions)

Review Articles:

-Narrative Review: Unstructured or structured Abstract

-Systematic Review: Structured Abstract (Background, Methods, Results, Conclusion)

Case Reports (**until 14th May 2018**): Introduction, Case Report, Conclusions

Clinical Correspondence (**after 15th May 2018**): None

Technical Notes: Introduction, Technical Note, Conclusions

Abstracts, regardless of the Article Type, should contain a list of three to eight key words.

Main Text

For each Article Type, authors must organize and order their content using the following formats:

Original Articles

Main headings: Introduction, Materials and Methods, Results, Discussion

Word limit: 2,700 words

Number of Tables: No more than 5

Number of Figures: No more than 6

Review Articles

Main Headings:

-Narrative Review: Not required

-Systematic Review: Introduction, Materials and Methods, Results, Discussion

Word limit: 4,000 words

Number of Tables: No more than 7

Number of Figures: No more than 10

Case Report (until 14th May 2018)

Main headings: Introduction, Case Report, Discussion

Word limit: 750 words

Number of Tables: No more than 3

Number of Figures: No more than 4

Clinical Correspondence (after 15th May 2018)

Abstract: not required.

Word limit: 600 words

Reference: 10

Number of Figures: No more than 4

Technical Notes

Main headings: Introduction, Technical Note, Discussion

Word limit: 1,500 words

Number of Tables: No more than 3

Number of Figures: No more than 8

Letter to the Editor

Word limit: 400 words

Number of Tables: No more than 2

Number of Figures: No more than 2

Line numbers and page numbers on each page are required to make it easier for reviewers to provide comments.

References

The authors are responsible for the accuracy of their references. List the references immediately after the main text. Cite references in the text in the order of their appearance, showing the citations as superscripts (for example, show in superscript¹). If there are more than three authors, name only the first three authors and then use “et al.”

For reference styles pertaining to other media formats or further details, please refer to Citing Medicine, which is published by the National Library of Medicine (US).

Journal article

1. Guiot BH, Khoo LT, Fessler RG. A minimally invasive technique for decompression of the lumbar spine. *Spine*. 2002;27(4): 432-8.

Journal article in a language other than English

2. Paroussis D, Papaoutsopoulou C. [Porcelain laminate veneers (HI-ERAM)]. *Odontostomatol Proodos*. 1990;44(6):423-6. Greek.

Online journals

3. Abood S. Quality improvement initiative in nursing homes: the ANA acts in an advisory role. *Am J Nurs* [Internet]. 2002 Jun [cited 2002 Aug 12];102(6):[about 1 p.]. Available from: <http://www.nursingworld.org/AJN/2002/june/Wawatch.htmArticle>

Entire book

4. Jenkins PF. *Making sense of the chest x-ray: a hands-on guide*. New York: Oxford University Press; 2005. 194 p

Book chapter

5. Riffenburgh RH. *Statistics in medicine*. 2nd ed. Amsterdam (Netherlands): Elsevier Academic Press; c2006. Chapter 24, Regression and correlation methods; p. 447-86.

Software

6. Mayo Foundation for Medical Education and Research. *The total heart: the ultimate interactive guide to heart health* [CD-ROM]. PC 1.1a version. Eagan (MN): IVI Pub.; 1993. 1 CD-ROM: sound, color, 4 3/4 in. Accompanied by: 1 manual.

Database

7. MeSH Database [Internet]. Bethesda (MD): National Library of Medicine (US). 2003 Apr – [cited 2011 Jul 8]. Available from: <http://www.ncbi.nlm.nih.gov/mesh>

Journal names should be abbreviated in the standard form as they appear in the NLM catalog. If the journals are not included in the NLM catalog, use the ISSN List of Title Word Abbreviations for standard abbreviations of journal names. If you are uncertain, please use the full journal name.

For authors using EndNote, you can use the output style below for in-text citations and reference list. [SSRR_EndNote_Style.zip](#)

Abbreviations

Define abbreviations at their first appearance in the text and in each Table and Figure and use the abbreviations consistently thereafter. Do not include the abbreviations in the title.

Names of Drugs, Devices, and Other Products

Do not use the specific brand names of drugs, devices, and other products and services, unless it is essential to the discussion. Otherwise, please use descriptive name.

Unit of Measurement

All measurements should be in metric system and follow the International System of Units (SI). Temperatures should be in degrees Celsius. Blood pressures should be in millimeters of mercury. All measurements should follow the International System of Units (SI). Use a capital letter "L" for liter in the units of measurements in the Text, Figures, and Tables (e.g., g/dL, mg/dL, IU/L, and mEq/L).

3) Tables and Figures

All Tables and Figures should be submitted in the following digital format: MS Word (.doc/.docx), JPEG (.jpg), or Tagged Image Format (.tiff). Do not use MS Excel or comparable spreadsheet software.

All tables are required to be in MS Word (.doc/.docx) or PowerPoint (.ppt/.pptx)
Images should be at the minimum resolution of 300 dpi. Include the scale (bar) in images captured with scanning electron microscopes.

Figures supplied within the main manuscript Word document or previously copy and pasted into PowerPoint are not acceptable. This is due to their low resolution. They will not re-produce in print or online clearly.

Scanned images of line art will not be accepted – please supply in the original file format.

Tone art, or photographic images should be produced at the minimum resolution of 300 dpi. Include the scale (bar) in images captured with scanning electron microscopes.

All figure titles and legends should not be embedded in the submitted image – please supply this information separately (such as figure legends in the main manuscript file).

All extraneous use of color must be removed from figures and tables. Color should only be used for didactic purposes. All line art backgrounds must not contain any color.

Figures and Tables must be cited in the text and numbered in the order they are cited.

If any copyrighted or previously published material, edited or otherwise, are used in the manuscript, it is the author's responsibility to obtain the permission from the copyright owner(s) prior to making a submission. Also, the authors must cite the source and indicate the permission to use such materials in the corresponding Figure or Table caption, as required by the copyright owner(s).

Figure Legends

Legends must be prepared for all Figures presented in the manuscript. Authors must list Figure Legends on a separate page after the references.

Clinical Trials

In accordance with ICMJE's policy on trial registration, all clinical trials must be registered with a public trials registry before the time of first patient enrollment. ICMJE defines clinical trials as

any research project that prospectively assigns people or a group of people to an intervention, with or without concurrent comparison or control groups, to study the cause-and-effect relationship between a health-related intervention *and* a health outcome. Health-related interventions includes but not limited to those used to modify a biomedical or health-related outcome; examples include drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, and process-of-care changes.

SSRR requires all clinical trials to be registered with databases that are accessible to the public at no charge, open to all prospective registrants, managed by a not-for-profit organization, have a mechanism to ensure the validity of the registration data, and are electronically searchable.

Submitted manuscripts must include the unique registration number in the abstract as evidence of registration. The name of the registration database must also be provided. For details regarding the required minimal registration data set, please go to the International Committee of Medical Journal Editors (ICMJE) site at

<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>

The journal accepts registration from the following list of registries as well as others listed at <http://www.icmje.org>:

- <http://www.clinicaltrials.gov/> (Clinical Trials)
- <http://anzctr.org.au> (Australian New Zealand Clinical Trials Registry)
- <http://isrctn.org> (ISRCTN Register)
- <http://www.trialregister.nl/trialreg/index.asp> (Netherlands Trial Register)
- <http://www.umin.ac.jp/ctr> (UMIN Clinical Trials Registry)

In reporting randomized clinical trials, authors must comply with published CONSORT guidelines (<http://www.consort-statement.org/>). The recommended checklist must be completed and provided to the Journal at the time of manuscript submission. The recommended trial flow diagram should be presented as a figure.

Reporting Guidelines

Various reporting guidelines have been developed for different study designs. Authors are

encouraged to follow published standard reporting guidelines for the study discipline.

CONSORT for randomized clinical trials (<http://www.consort-statement.org/>)

CARE for case reports (<http://care-statement.org/>)

STROBE for observational studies (<http://strobe-statement.org/>)

PRISMA for systematic reviews and meta-analyses (<http://prisma-statement.org/>)

STARD for studies of diagnostic accuracy (<http://www.stard-statement.org/>)

Please access <http://www.equator-network.org> to find the guideline that is appropriate for your study.

It is extremely important than when you complete any Reporting Guideline checklist that you consider amending your manuscript to ensure your article addresses all relevant reporting criteria issues delineated in the relevant reporting checklist. The purpose of a reporting guideline is to guide you in improving the reporting standard of your manuscript. The objective is not to solely complete the reporting checklist, but to use the checklist itself in the writing of your manuscript. Taking the time to ensure your manuscript meets these basic reporting needs will greatly improve your manuscript, while also potentially enhancing its chances for eventual publication.

Online Manuscript Submission

Submit manuscript electronically via ScholarOne system in the following order: Title page, Main Text, Tables, and Figures (≥ 300 dpi). The total size of the uploaded files should be within 100 MB. Upon submission, the manuscript will be automatically checked for plagiarism by the iThenticate plagiarism screening service to determine both text overlap and manuscript originality. The submitted manuscript can be sent back to the corresponding author for rewriting if the detected text overlap rate is 30% or higher.

Peer Review Process

Peer review is a critically important process of evaluation for any manuscript submitted to the SSEE. Every article dispatched for full peer review will receive a comprehensive, fair, unbiased critical assessment.

All submitted manuscripts will be initially reviewed by the Editor-in-Chief of SSRR to evaluate eligibility for publication. The editors will assess the importance and originality of the research, suitability and interest to the readership of the journal, and the quality of the manuscript. Any

manuscripts that satisfy our screening criteria will generally be sent to two experts in the field of study for peer review.

Manuscripts that receive a revision must be fully amended according to the comments of both the reviewers and the editors. Authors must include a detailed point-by-point response when submitting a revised manuscript. Authors should submit the revised manuscript by the due date instructed in the decision letter. All authors must approve every revision, correction and amendment prior to re-submission of the revised manuscript.

SSRR employs a double-blind review process. This means the identities of the peer reviewers and the authors remain anonymous to each other.

The main document of the submitted manuscript should adhere to the following requirements:

- Not include the name of the affiliation anywhere in the manuscript, including the Figures and Tables.
- Refer to the authors' previous work as that of a third person, e.g., replace "...as we have reported in our previous study¹⁹" with "as it has been reported previously¹⁹"
- Not include the references to funding sources, such as identifier of the government-related funds.
- Not include acknowledgments.
- Declare the Conflicts of Interest (COI) on the title page (if applicable).

SSRR adheres to Committee on Publication Ethics' Ethical Guidelines for Peer Reviewers.

Reviewers are not allowed to contact the authors directly before, during, or after the reviewing process to discuss any information that is presented in the manuscript. Reviewers must keep the manuscripts and information obtained strictly confidential and must not publicly discuss or disclose the contents and any other information of the manuscript to the third party.

The editors of the SSRR make all decisions on the manuscript publication, which include acceptance, major or minor revisions, and rejection. The decision letters along with the comments by the editors and reviewers will be sent to the corresponding author via e-mail.

Editorial Policy and Publication Ethics

Overview

SSRR observes the highest standards in journal publication. The journal supports and adheres to the guidelines and best practices including Recommendations for the Conduct, Reporting,

Editing, and Publication of Scholarly Work in Medical Journals

(<http://www.icmje.org/icmje-recommendations.pdf>) by the International Committee of Medical Journals Editors (ICMJE) and the Principles of Transparency and Best Practice in Scholarly Publishing (a joint statement by the Committee on Publication Ethics (COPE), the Directory of Open Access Journals (DOAJ), the World Association for Medical Editors (WAME) and the Open Access Scholarly Publishers Association (OASPA); (<http://doaj.org/bestpractice>).

Authorship

All authors listed in the manuscript must meet the following criteria of contribution described by ICMJE in the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly work in Medical Journals.

1. Substantial contributions to the conception or design of the research or the acquisition and analysis of data
2. Drafting the work or revising it critically for important intellectual content
3. Final approval of the version to be published
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

The corresponding author must ensure that a manuscript is read and approved by all authors prior to submission.

Contributors who do not meet the criteria above should not be listed as authors. Guest or honorary authorship is not permitted.

Those who do not qualify for an authorship may be acknowledged individually or together as a group under a single heading with “Acknowledgements” the on the title page. Examples of activities that do not qualify a contributor for authorship are acquisition of funding, general supervision of a research group, or general administrative support and writing assistance, technical editing, language editing, and proofreading.

Authors should discuss, determine and (if they exist) settle any disagreements about the order of authorship before submitting their manuscript. Final author order must be established by the end of the revision phase of the peer review process. Any changes such as order, addition, and deletion of authors, between the initial manuscript submission and the final decision, should be

discussed and approved by all authors. Any request for such changes must be explained in the Change of Authorship Form, which must be signed by all authors.

Adding, deleting, or changing the author names and their order is not permitted after the acceptance of the manuscript for publication.

Exclusive Submission

Articles that have been previously published or are being considered for publication in another journal in any language will not be accepted. The Editorial Committee makes decisions on acceptance of the peer-reviewed manuscripts.

Redundant or Duplicate Publication

Articles that are being considered for publication in another journal, including advanced publications such as “in-press” or “E-pub ahead of print” articles, in any language might be regarded as redundant or duplicate publication.

The author should notify the editor formally about all submission and the previous reports that could be regarded as redundant or duplicate publication of the same or similar work. Any such material must be referred to and referenced in the new work. Copies of such work should be included with the submission. Abstracts or posters presented at scientific meetings are not considered previously published work.

Editorial actions should be expected if redundant or duplicate publication is attempted or occurs without such notification. Editorial actions may include: immediate rejection of the submitted manuscript; retraction of published work; published notice of violation, and revocation of publishing privileges.

Conflict of Interest and Sources of Funding

Authors must explicitly state whether potential conflicts of interest (COI) exist or not. This includes, but is not limited to, agreements for research support (including research funding and provision of equipment or materials), honoraria (such as lecture fees), consulting, employment, promotional fees, advisory role, stock ownership, patent/licensing fees, and any other financial, institutional or personal relationships with biotechnology manufacturers, pharmaceutical companies, or other commercial organizations that has any interest in the subject matter,

materials, or process(es) discussed in the manuscript. Any possible COI related to the study presented in the manuscript must be disclosed on the title page under the heading “Conflicts of Interest” using the following examples for each author:

“A (author name) received honoraria from Z (entity name); B holds an advisory role in Y; C is an employee of Company X.”

If a manuscript is accepted for publication, the disclosures will be published as they appear in this section. If there are no COIs, the authors should state “The authors declare that there are no relevant conflicts of interest” on the title page.

All authors will receive e-mail notification to confirm and complete their COI disclosure after manuscript submission.

All sources of funding from entities such as governmental or non-profit organizations, that are relevant to the study, should be acknowledged on the title page under the heading “Sources of Funding.” You must ensure that the full, correct, details of your funder(s) and any relevant grant numbers are included.

Publication Ethics

- Clinical research included in articles, which report on human subjects or materials of human origin, must comply with the provisions of the Declaration of Helsinki, and it must be mentioned that the study had been approved by the relevant institutional or national review board (IRB). If no approval from any IRB was required, that must be explicitly stated in the manuscript. Those researchers do not have ethics review committees should follow the principles outlined in the Declaration of Helsinki.
- Any studies involves human subjects must clearly indicate that written consent has been obtained from all patients and relevant persons (such as the parent or legal guardian) to publish the information, including photographs.
- Any data or information such as patient names, initials, hospital patient identification codes (patient IDs), specific dates, or any other information which may identify patients must not be presented anywhere in the manuscript, including the Figures and Tables. All pictures should focus on the affected areas only.

- Articles reporting on data from animal testing must indicate in the “Subjects and Methods” section the approval of the testing design by the affiliated institution’s Animal Care and Use Committee, without mentioning the name of the institution using the phrase “our affiliated institution.”
- Authors of articles reporting on new DNA sequences must furnish that data to the Gene Bank and include the accession number for it in the article.

Misconducts and Breach of Publication Ethics

SSRR abide by the COPE Code of Conduct for Journal Editors. The Editorial Board of the SSRR promotes the COPE International Standards for responsible research publication for authors, reviewers and editors.

All manuscripts submitted to SSRR must be the authors’ original work and not duplicate any other previously published work in any language. The authors must understand and guarantee that the same manuscript is not simultaneously submitted to another journal.

All authors are fully responsible for the originality and contents of their submitted manuscripts. All records and data presented in the manuscript must be accurate, without any fabrication, manipulation, or falsification.

All information and contents that originate from other resources must be credited and cited, as guided in the “References” section.

Any identified misconducts are subject to investigation by the Editorial Board of SSRR according to the guidelines recommended by COPE. If the allegation raises any valid concerns after the investigation, the author will be contacted to address the issue. The Editor-in-Chief may decide to publish an “Expression of Concern” if suspicion is raised after the article has already been published. If misconduct or the breach of publication ethics is established, regardless of the severity, this may result in a retraction of the paper, publication of formal notice of misconduct, formal notice to an author's institution, and formal embargo on future contributions to SSRR.

Proofing and Revision

After the acceptance of a manuscript for publication, galley proofs will be available to the authors for corrections of minor errors such as spelling errors and omitted characters or letters. Any other corrections and revisions after the acceptance of a manuscript are not permitted unless requested by the Editorial Committee of the Journal. Authors are expected to perform the proofing, as instructed by the Editorial Office. Upon completion of the proofing, authors should immediately e-mail the revised proof to the publisher.

Our Editorial Committee may make revisions to terminologies, phrasing, and other components of the manuscript without the consent of the author(s). Portions of the manuscript requiring corrections will be noted with comments indicating that the material must be rewritten.

After publication, further changes, or corrections, can only be made in the form of an Erratum which will be hyperlinked to the original article.

Publication Fee

~~For the first author who is a NON-MEMBER of the Japanese Society for Spine Surgery and Related Research, a publication fee of 50,000 yen (including tax) will be charged at the time of acceptance of manuscript for publication in SSRR. The fee is applicable to all types of manuscripts.~~ (This is applicable to the FIRST AUTHOR, and the membership of the corresponding author does not matter.)

FREE until Jul 31st, 2019

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