

## Latin America Neurointensive Care Journal (LANCJ)

### *Online Manuscript Submission*

Manuscripts must be submitted through the online manuscript system that manages the entire workflow of all manuscripts. Careful attention to the submission process is critical. I recognize that the process may be cumbersome and appreciate your patience.

Editorial Manager supports a wide range of submission file formats. **For manuscripts, use of Microsoft Word is preferred and will make submission easier.** WordPerfect, RTF, TXT, and LaTeX are also acceptable. For figures, use TIFF, GIF, JPEG, EPS, PP, or, Postscript. PDF is not acceptable.

For Questions related to manuscript submission or preparation, please contact the Editor-in-Chief, Daniel Agustin Godoy, MD at [dagodoytorres@gmail.com](mailto:dagodoytorres@gmail.com) or the Editorial Office of LANCJ at [revista@labic.la](mailto:revista@labic.la)

The following separate files are needed for the submission process:

1. Cover letter
2. Manuscript file that includes the title page, details page and abstract (Word format preferred)
3. Separate files for each table and figure
4. Comments to the editorial staff (if any)
5. Supplemental Files (optional)
6. ICJME Conflict of Interest (COI) [form](#) (see below)

### *Types of Articles (see detailed description below)*

- Original work (Clinical Investigation, Translational Science)
- Brief communication
- Review article (require prior approval)
- Viewpoint
- Editorial (invitation)
- Ethical Matters
- Neuromonitoring corner
- Neuro-Images
- Letters to the editor
- Response to a Letter to the Editor
- Case Report

### *What to Expect after Submission?*

The editorial staff will review your submission and determine whether the work meets our criteria for external peer review. Those that do not are returned to the authors.

We strive to have three peer reviewers evaluate your submission. When complete, reviews are evaluated by the editors, and an initial decision is made using the following options:

- Reject – there are major uncorrectable concerns about originality, relevance, methodology,
- validity or overall quality.
- Revise and reconsider – the paper is not acceptable as it stands; suggestions are offered
- about how to improve it, and a second review will be required
- Revisions needed – the manuscript is likely acceptable, but additional revisions are needed.
- Accept as is

If a revision is requested, you will be provided with the reviewers' and editor's comments and asked

to provide point-by-point responses along with a revised manuscript. Additional rounds of peer

review and revision may be required.

Once accepted, the manuscript is sent for production, and page proofs are generated. This process usually takes about three-five weeks. The proofs will be sent to you for you to review. We ask that you complete your review within 48 hours so as to not delay posting your paper online. Later on, it will be incorporated into an issue of LANCJ.

### *General requirements all for submissions*

#### Cover Letter

The cover letter should:

- Identify the type of article and confirm that it complies with all instructions to authors
- Indicate why the submission is appropriate for publication in Neurocritical Care

#### Title Page

- The title page should contain the following information:
- Full Title without subtitles
- For each author name, highest degree and current institutional affiliation
- Word count (see below)
- Number of Figures and Tables
- Corresponding author contact information including e-mail address
- Key words for indexing, using terms from the Medical Subject Headings (MESH) list of Index Medicus

## Word count

- Word counts apply to the body of the manuscript
- They do NOT include abstract, figure legends, table legends, references, acknowledgments,
- sources of funding, COI disclosures, ethical information or authors contributions
- See below for specific limit for each article type.

## Details page

This should include statements that:

- 1) Confirm that manuscript complies with all instructions to authors
- 2) Confirm that authorship requirements (see below) have been met and the final manuscript was approved by all authors
- 3) Confirm that this manuscript has not been published elsewhere and is not under consideration by another journal
- 4) Confirm adherence to ethical guidelines and indicate ethical approvals (IRB) and use of informed consent, as appropriate (see below). Retrospective studies require a statement regarding IRB approval
- 5) Disclose Conflicts of Interest for all authors
- 6) Confirm the use of reporting checklist (see below), if appropriate
- 7) List sources of funding for the study

## Checklists

Must be conformed to, completed as appropriate, **and included at the end of the manuscript**

- Observational studies (including retrospective) – [STROBE \(download here\)](#)
- Randomized trials – [CONSORT \(download here\)](#)
- Systematic review, meta-analysis -[PRISMA \(download here\)](#); they should also be prospectively registered at [Prospero](#)
- Diagnostic accuracy – [STARD \(download here\)](#)
- Quality improvement studies – [SQUIRE \(download here\)](#)
- Animal research --[ARRIVE \(download here\)](#)
- Multivariable prediction model for individual prognosis or diagnosis -[TRIPOD \(download here\)](#)

## Abstracts

Abstracts are only to be included for Original Articles, Reviews, and Take Notice: Technology submissions. Structured abstracts are only needed for Original Work (see below)

## Text

The text should be double-spaced, written in standard scientific English, and carefully proofread. Include page numbers.

\*\*\*\*Non-standard abbreviations should be avoided wherever possible\*\*\*\*; if used they should be defined on first use and be dissimilar from other abbreviations.

## References

References should be listed in numerical order and follow the style of The New England Journal of Medicine. An EndNote template can be found [here](#). Arabic numbers should be used for in-text citations (set within parentheses at point of citation).

## Figure and tables

Provide titles, spell out all abbreviations (in alphabetical order), and number consecutively with Arabic numerals. See below for specific article type. Use a separate page for each; callouts (if any) should be in CAPITAL LETTERS.

## Figure captions

Figure captions should be placed in a separate section at the end of the manuscript. Define all abbreviations (in alphabetical order) and provide sufficient information to interpret the figure without reading the text.

## Illustrations

Illustrations must be provided in professional-quality, finished form, ready for direct reproduction without revision (see below). Micrograph magnification should be given with scale bars defined in microns, not as "x magnification."

## Computer Graphics

If your submission includes Computer Graphics, acceptable software formats are Adobe Illustrator versions 5 and up, Adobe Photoshop versions 5 and up, and MS Office. Acceptable file formats are as follows: EPS (Encapsulated Postscript), TIFF, and those native software formats listed above. DPI specifications: line art should be no less than 1200 dpi; halftone scans should be 300 dpi.

Preferred file formats for graphics are as follows:

Vector graphics: EPS

Line art (black & white with no shading) and halftone art (photographs, drawings, or paintings with shading): TIFF

Preferred file formats for media: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp. Resolution: 16:9 or 4:3. Maximum file size: 25 GB. Minimum video duration: 1 second

## Color Art

For color printed in the hardcopy version, there is a flat \$1,150 fee. Color figures will be published online at no cost. If the fee represents a hardship, contact the editor. All color art must adhere to the guidelines under Computer Graphics. Color art must be prepared in RGB color mode.

## Special Requirements for Submission Types

### Original Work

- Original work submitted should consist of a scholarly clinical investigation, translational science or formal literature review that produces new knowledge.
- There are no specific limits to number of authors, word count, or tables/figures; still authors are expected to communicate their message succinctly.
- Abstract: Structured abstract, maximum of 400 words. The abstract should provide the context or background for the study and should state the study's purpose, basic procedures, main findings (include data values and their statistical and clinical significance, if appropriate, not just descriptive terms), and principal conclusions. It should emphasize new and important aspects of the study or observations, note important limitations, and not overinterpret findings. It should include the following sections: Background/Objective, Methods, Results, and Conclusions.
- Body of Manuscript: The text should be divided into the following sections: Introduction, Methods, Results, Discussion, and Conclusions.

o Introduction: Provide a context or background for the study (that is, the nature of the problem and its significance). State the specific purpose or research objective of, or hypothesis tested by, the study or observation. Cite only directly pertinent references and do not include data or conclusions from the work being reported.

o Methods: The guiding principle of the Methods section should be clarity about how and why a study was done in a particular way. Methods section should aim to be sufficiently detailed such that others with access to the data would be able to reproduce the results. It should include a statement indicating that the research was approved by an independent local, regional or national review body.

o Results: Present your results in logical sequence in the text, tables, and figures, giving the main or most important findings first. Do not repeat all the data in the tables or figures in the text; emphasize or summarize only the most important observations. Provide data on all primary and secondary outcomes identified in the Methods section. Give numeric results not only as derivatives (e.g. percentages) but also as the absolute numbers from which the derivatives were calculated, and specify the statistical significance attached to them, if any.

o Discussion: Begin the discussion by briefly summarizing the main findings, and explore possible mechanisms or explanations for these findings. Emphasize the new and important aspects of your study and put your findings in the context of the totality of the relevant evidence. State the limitations of your study and explore the implications of your findings for future research and for clinical practice or policy.

o Conclusions: Link the conclusions with the goals of the study but avoid unqualified statements and conclusions not adequately supported by the data.

## Brief communication

- Brief communications should consist of focused (or highly innovative preliminary) reports of
- clinical or translational interest.
- No abstract
- No section headings
- Maximum number of authors: 3 (no exceptions)
- Maximum length is 1,500 words
- Maximum 3 figures and tables
- Maximum 5 references.

## Review Article

☒ Review articles should only be submitted after prior consultation with the editors and are subject to the peer review process. The journal is primarily interested in receiving systematic reviews and meta-analyses that use high-quality methodology (pre-registered, published protocol, systematic search, selection and reporting paper) and address relevant clinical questions not already or completely addressed in the literature.

☒ Two types of reviews are considered: Systematic Reviews and Meta-Analyses (or a combination of both) and they must comply with the PRISMA Statement and must be prospectively registered at [Prospero](#)

☒ Narrative/Scoping Reviews should only be submitted after prior consultation with the Editors and are subject to the peer-review process. They represent the state-of-the-art in a specific field of research and are prepared by senior authors with a broad knowledge of the field and should not simply restate the literature but rather interpret and integrate the findings to provide a framework for understanding a particular topic.

☒ Submissions should be balanced, comprehensive, and up-to-date.

☒ Maximum number of authors: 7

☒ Abstract: no headings, 400 words maximum

☒ Maximum article length: 5,500 words (applies to the body of the manuscript only)

## Viewpoint

- Submissions for Viewpoints should raise an issue, provide a perspective, or make an
- argument about a topic relevant to neurocritical care.
- Abstract: no headings, 400 words maximum
- Maximum article length: 2,500 words (applies to the body of the manuscript only)

## Editorial

- Editorials are by invitation only
- Maximum number of authors: 3
- No abstract
- Maximum article length: 2,500 words (applies to the body of the manuscript only)

## Ethical Matters

- ☒ Submissions should provide a balanced discussion of an ethical issue of clinical relevance to neurocritical care.
- ☒ Maximum number of authors: 5
- ☒ Abstract: no headings, 400 words maximum
- ☒ Maximum article length: 5,500 words (applies to the body of the manuscript only)

## Neuro-Images

- ☒ Focus on unusual and informative images that impact clinical decision making
- ☒ Include an Introduction and a description of the case
- ☒ Figure legends/descriptions may be up to 250 words each
- ☒ Images should be at least 300 dpi
- ☒ Maximum number of authors: 3
- ☒ No section heading
- ☒ No abstract
- ☒ Maximum article length: 1,000 words (applies to the body of the manuscript only)

## Letter to the editor

- ☒ Submissions should express views related to articles previously published in Neurocritical Care.
- ☒ Authorship of letters to the editor should be limited to 5 authors.
- ☒ Maximum article length: 1,500 words
- ☒ Reference limit: 5; the first reference must be the publication in question.

## Response to a Letter to the Editor

- ☒ Maximum number of authors: 4
- ☒ Maximum article length: 1,500 words
- ☒ Reference limit: 5 the first reference must be the publication in question.

## Invited commentary

- ☒ Invited only
- ☒ Commentaries will accompany selected papers.
- ☒ The primary focus is on how to interpret the article.
- ☒ The commentary could include: 1) discussion of the strengths and weakness of the paper that you identified in the review process, 2) placing the paper in the context of what is known about the topic, 3) clarifying what message the reader should take away from the paper, 4) how the findings should be (or not) integrated into practice.
- ☒ 500-1,000 words
- ☒ Cite the paper they discuss; other references are optional.

## Case reports

The case reports aim to provide teaching, following the precepts of medical education. Only those that meet certain requirements will be accepted, indicating infrequent pathologies or their complications of interest to the reader, either due to their form of presentation or their low incidence of appearance. They will follow the following format:

- o Brief introduction
- o Presentation of the clinical case
- o Discussion based on the problem
- o References (maximum 20)
- o Manuscript Body (maximum 1500 words, excluding references)
- o Figures and tables. Maximum 5

## Funding/Support

Include details about support for the work including Funder, Award Number, and Grant Recipient

## Disclosure of Potential Conflict of Interests (COI)

All authors must disclose all relationships or interests that could influence or bias the work. The corresponding author collects and stores the conflict of interest disclosure forms from all authors. In author collaborations where formal agreements for representation allow it, the corresponding author may sign the disclosure form on behalf of all authors. More information may be found here at the ICMJE site ([link](#)). The corresponding author will include a summary statement in the text of the manuscript in a separate section before the reference list that reflects what is recorded in the potential conflict of interest disclosure form(s).

Although an author may not feel there are conflicts, disclosure of relationships and interests that might appear to represent a potential conflict of interest affords a more transparent process, leading to an accurate and objective assessment of the work. Awareness of real or perceived conflicts of interests is a perspective to which the readers are entitled and is not meant to imply that a financial relationship with an organization that sponsored the research or compensation for consultancy work is inappropriate. Examples of potential conflicts of interests that are directly or indirectly related to the research or manuscript may include but are not limited to the following:

- Research grants from funding agencies (please give the research funder and the grant number)
- Honoraria for speaking at symposia
- Financial support for attending symposia
- Financial support for educational programs
- Employment or consultation
- Support from a project sponsor
- Position on advisory board or board of directors or other type of management relationships
- Multiple affiliations



- Financial relationships, for example equity ownership or investment interest
- Intellectual property rights (e.g., patents, copyrights and royalties from such rights)
- Holdings of spouse and/or children that may have financial interest in the work

In addition, interests that go beyond financial interests and compensation (non-financial interests) that may be important to readers should be disclosed. These may include but are not limited to personal relationships or competing interests directly or indirectly tied to this research or professional interests or personal beliefs that may influence your research.

Examples of disclosures:

- Funding: This study was funded by X (grant number X).
- Conflict of Interest: Author A has received research grants from Company A. Author B has received a speaker honorarium from Company X and owns stock in Company Y. Author C is a member of committee Z.
- If no conflict exists, the authors should state: The authors declare that they have no conflicts of interest.

### Criteria for Authorship

The criteria for authorship adopted by Neurocritical Care are set by the International Committee of Medical Journal Editors (<http://www.icmje.org/>). A discussion of role of authors and criteria for authorship can be found [here](#).

Authorship credit should only be attributed to contributors that meet all these criteria:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
2. Drafting the article 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. Acquisition of funding, the collection of data, feedback on the manuscript, or general supervision of the research group, by themselves, do not justify authorship. Two individuals may be designated a co-primary authors. The authors may add a study group name as an author in the byline and list the study group members in an appropriate footnote in the first page of the manuscript in order to have their names entered in PubMed as Collaborators.

### Ethical Responsibilities of Authors

This journal is committed to upholding the integrity of the scientific record. As a member of the Committee on Publication Ethics (COPE) the journal will follow the COPE guidelines on how to deal with potential acts of misconduct.

Authors should refrain from misrepresenting research results that could damage the trust in the journal and ultimately the entire scientific endeavor. Maintaining integrity of the research and its presentation can be achieved by following the rules of good scientific practice, which include:

- The manuscript has not been submitted to more than one journal for simultaneous consideration.
- The manuscript has not been published previously (partly or in full), unless the new work concerns an expansion of previous work (please provide transparency on the re-use of material to avoid the hint of text-recycling (“self- plagiarism”)).
- A single study is not split up into several parts and submitted to various journals or to one journal over time to increase the number of submissions (e.g. “salami publishing”).
- No data have been fabricated or manipulated (including images) to support your conclusions.
- No data, text, or theories by others are presented as if they were the authors’ own (“plagiarism”). Proper acknowledgements to other works must be given, including material that is closely copied (near verbatim), summarized and/or paraphrased). Quotation marks must be used for verbatim copying of material, and permissions secured for material that is copyrighted.
- Important note: the journal may use software to screen for plagiarism.
- Consent to submit has been received from all co-authors and responsible authorities at the institution/organization where the work has been carried out before the work is submitted.
- Authors whose names appear on the submission have contributed sufficiently to the scientific work and therefore share collective responsibility and accountability for the results.
- Changes of authorship or in the order of authors are not permitted after acceptance of a manuscript.
- Requests to add or delete authors at revision stage or after publication is a serious matter and may be considered only after receipt of written approval from all authors and detailed explanation about the role/deletion of the new/deleted author. The decision on accepting the change rests with the Editor-in-Chief of the journal.
- Upon request, authors should be prepared to send relevant documentation or data in order to verify the validity of the results. This could be in the form of raw data, samples, records, etc.
- If there is a suspicion of misconduct, the journal will carry out an investigation following the COPE guidelines. If, after investigation, the allegation seems to raise valid concerns, the accused author will be contacted and given an opportunity to address the issue.

If misconduct has been proven, this may result in the Editor-in-Chief’s implementation of the following measures, including, but not limited to:

- If the article is still under consideration, it may be rejected and returned to the author.
- If the article has already been published online, depending on the nature and severity of the infraction, either an erratum will be placed with the article or in severe cases complete retraction of the article will occur. The reason must be given in the published erratum or retraction note. The author’s institution may be informed.

## Statement of Human and Animal Rights

When reporting studies that involve human participants, authors should include a statement that the studies have been approved by the appropriate institutional and/or national research ethics committee and have been performed in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards. If doubt exists whether the research was conducted in accordance with the 1964 Helsinki Declaration or comparable standards, the authors must explain the reasons for their approach, and demonstrate that the independent ethics committee or institutional review board explicitly approved the doubtful aspects of the study.

The welfare of animals used for research must be respected. When reporting experiments on animals, authors should indicate whether the institutional and/or national guidelines for the care and use of animals were followed.

For studies with animals, the following statement should be included: "All applicable institutional and/or national guidelines for the care and use of animals were followed."

If articles do not contain studies with human participants or animals by any of the authors, Springer recommends including the following sentence: "This article does not contain any studies with human participants or animals performed by any of the authors."

For retrospective studies, please add the following sentence: "For this type of study, formal consent is not required."

## Informed consent

All individuals have rights that are not to be infringed. For example, individual study participants have the right to decide what happens to the (identifiable) personal data gathered and to what they have said, e.g. during a study or an interview, as well as to any photograph that was taken. Hence it is important that all participants gave their informed consent in writing prior to inclusion in the study. Identifying details (names, dates of birth, identity numbers and other information) of the participants that were studied should not be published in written descriptions, photographs, and genetic profiles unless the information is essential for scientific purposes and the participant (or parent or guardian if the participant is incapable) has given written informed consent for publication. Complete anonymity is difficult to achieve in some cases, and informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of participants is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic profiles, authors should provide assurance that alterations do not distort scientific meaning. The following statement should be included: "Informed consent was obtained from all individual participants included in the study."

If identifying information about participants is available in the article, the following statement should be included: "Additional informed consent was obtained from