

Instructions to Authors

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The *Journal of Neurocritical Care* (*J Neurocrit Care*, *JNC*) is the official publication of the Korean Neurocritical Care Society. *JNC* is a peer-reviewed, open-access journal dealing with broad aspects of neurocritical care. *JNC* aims to improve the quality of diagnoses and management of neurocritically ill patients by sharing practical knowledge and professional experience with our readers—neurointensivists, critical care physicians, neurologists, neurosurgeons, anesthesiologists, emergency physicians, critical care nurses, and clinical pharmacists. Although *JNC* publishes papers on a variety of neurological disorders, it focuses on cerebrovascular diseases, epileptic seizures and status epilepticus, infectious and inflammatory diseases of the nervous system, neuromuscular diseases, and neurotrauma. We are also interested in research on neurological manifestations of general medical illnesses as well as general critical care of neurological diseases. *JNC* is published online twice a year: at the end of June and of December. The official website of *JNC* is <https://www.e-jnc.org>.

Manuscripts submitted to *JNC* should be prepared according to the instructions below. For issues not addressed in these instructions, the author should refer to the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>) from the International Committee of Medical Journal Editors (ICMJE).

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RESEARCH AND PUBLICATION ETHICS

The journal adheres to the guidelines and best practices published by professional organizations, including ICMJE Recommendations and the Principles of Transparency and Best Practice in Scholarly Publishing (joint statement by the Committee on Publication Ethics [COPE], Directory of Open Access Journals [DOAJ], World Association of Medical Editors [WAME], and Open Access Scholarly Publishers Association [OASPA]; <https://doaj.org/bestpractice>). Further, all processes of handling research and publication misconduct shall follow the applicable COPE flowchart (<https://publicationethics.org/resources/flowcharts>).

Statement of Human and Animal Rights

Clinical research should be conducted in accordance with the World Medical Association's Declaration of Helsinki (<https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/>). Clinical studies that do not meet the Helsinki Declaration will not be considered for publication. For human subjects, identifiable information, such as patients' names, initials, hospital numbers, dates of birth, and other protected health care information, should not be disclosed. For animal subjects, research should be performed based on the National or Institutional Guide for the Care and Use of Laboratory Animals. The ethical treatment of all experimental animals should be maintained.

Statement of Informed Consent and Institutional Approval

Copies of written informed consent should be kept for studies on human subjects. Clinical studies with human subjects should provide a certificate, an agreement, or the approval by the Institutional Review Board (IRB) of the author's affiliated institution. For research with animal subjects, studies should be approved by an Institutional Animal Care and Use Committee (IACUC). If necessary, the editor or reviewers may request copies of these documents to resolve questions regarding IRB/IACUC approval and study conduct.

Conflict of Interest Statement

The author is responsible for disclosing any financial support or

benefit that might affect the content of the manuscript or might cause a conflict of interest. When submitting the manuscript, the author must attach the letter of conflict of interest statement (https://www.e-jnc.org/authors/copyright_transfer_COI_statement.php). Examples of potential conflicts of interest are financial support from or connections to companies, political pressure from interest groups, and academically related issues. In particular, all sources of funding applicable to the study should be explicitly stated.

Originality, Plagiarism, and Duplicate Publication

Redundant or duplicate publication refers to the publication of a paper that overlaps substantially with one already published. Upon receipt, submitted manuscripts are screened for possible plagiarism or duplicate publication using Crossref Similarity Check. If a paper that might be regarded as duplicate or redundant had already been published in another journal or submitted for publication, the author should notify the fact in advance at the time of submission. Under these conditions, any such work should be referred to and referenced in the new paper. The new manuscript should be submitted together with copies of the duplicate or redundant material to the editorial committee. If redundant or duplicate publication is attempted or occurs without such notification, the submitted manuscript will be rejected immediately. If the editor was not aware of the violations and of the fact that the article had already been published, the editor will announce in the journal that the submitted manuscript had already been published in a duplicate or redundant manner, without seeking the author's explanation or approval.

Secondary Publication

It is possible to republish manuscripts if the manuscripts satisfy the conditions for secondary publication of the ICMJE Recommendations (<http://www.icmje.org/icmje-recommendations.pdf>).

Authorship and Author's Responsibility

Authorship credit should be based on (1) substantial contributions to conception and design, acquisition of data, and 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; and (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. Authors should meet these four conditions.

- A list of each author's role should accompany the submitted paper.
- Correction of authorship: Any requests for such changes in au-

thorship (adding author(s), removing author(s), or re-arranging the order of authors) after the initial manuscript submission and before publication should be explained in writing to the editor in a letter or e-mail from all authors. This letter must be signed by all authors of the paper. A copyright assignment must be completed by every author.

- Role of corresponding author: The corresponding author takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. The corresponding author typically ensures that all of the journal's administrative requirements, such as providing the details of authorship, ethics committee approval, clinical trial registration documentation, and conflict of interest forms and statements, are properly completed, although these duties may be delegated to one or more coauthors. The corresponding author should be available throughout the submission and peer review process to respond to editorial queries in a timely manner, and after publication, should be available to respond to critiques of the work and cooperate with any requests from the journal for data or additional information or questions about the article.
- Contributors: Any researcher who does not meet all four ICMJE criteria for authorship discussed above but contribute substantively to the study in terms of idea development, manuscript writing, conducting research, data analysis, and financial support should have their contributions listed in the Acknowledgments section of the article.

Process for Managing Research and Publication Misconduct

When the journal faces suspected cases of research and publication misconduct, such as redundant (duplicate) publication, plagiarism, fraudulent or fabricated data, changes in authorship, undisclosed conflict of interest, ethical problems with a submitted manuscript, appropriation by a reviewer of an author's idea or data, and complaints against editors, the resolution process will follow the flowchart provided by COPE (<http://publicationethics.org/resources/flowcharts>). The discussion and decision on the suspected cases are carried out by the Editorial Board.

Editorial Responsibilities

The Editorial Board will continuously work to monitor and safeguard publication ethics: guidelines for retracting articles; maintenance of the integrity of academic records; preclusion of business needs from compromising intellectual and ethical standards; publishing corrections, clarifications, retractions, and apologies when needed; and excluding plagiarized and fraudulent data. The editors maintain the following responsibilities: responsibility and au-

thority to reject and accept articles; avoid any conflict of interest with respect to articles they reject or accept; promote the publication of corrections or retractions when errors are found; and preserve the anonymity of reviewers.

COPYRIGHTS, DATA SHARING, AND ARCHIVING

Copyright

Copyright in all published material is owned by the Korean Neurocritical Care Society. Authors must agree to transfer copyright (https://www.e-jnc.org/authors/copyright_transfer_COI_statement.php) during the submission process. The corresponding author is responsible for submitting the copyright transfer agreement to the publisher.

Open Access Policy

JNC is an open-access journal. Articles are distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. Author(s) do not need to permission to use tables or figures published in *JNC* in other journals, books, or media for scholarly and educational purposes. This policy is in accordance with the Budapest Open Access Initiative definition of open access.

Registration of Clinical Trial Research

It is recommended that any research that deals with a clinical trial be registered with a clinical trial registration site, such as <http://cris.nih.go.kr>, <http://www.who.int/ictrp/en>, and <http://clinicaltrials.gov>.

Data Sharing

JNC encourages data sharing wherever possible, unless this is prevented by ethical, privacy, or confidentiality matters. Authors wishing to do so may deposit their data in a publicly accessible repository and include a link to the DOI within the text of the manuscript.

- Clinical Trials: *JNC* accepts the ICMJE Recommendations for data sharing statement policy. Authors may refer to the editorial, "Data Sharing statements for Clinical Trials: A Requirement of the International Committee of Medical Journal Editors," in the *Journal of Korean Medical Science* (<https://dx.doi.org/10.3346/jkms.2017.32.7.1051>).

Archiving Policy

JNC provides electronic archiving and preservation of access to the journal content in the event the journal is no longer published,

by archiving in the National Library of Korea. According to the deposit policy (self-archiving policy) of Sherpa/Romeo (<http://www.sherpa.ac.uk>), authors cannot archive pre-print (i.e., pre-refereeing) but they can archive post-print (i.e., final draft post-refereeing). Authors can archive the publisher's version/PDF.

SUBMISSION AND PEER-REVIEW PROCESS

Submission

All manuscripts should be submitted online via the journal's website (<https://submit.e-jnc.org>) by the corresponding author. Once you have logged into your account, the online system will lead you through the submission process in a stepwise orderly process. Submission instructions are available at the website. All articles submitted to the journal must comply with these instructions. Failure to do so will result in the return of the manuscript and possible delay in publication.

Peer-Review Process

- A submitted manuscript will be evaluated by editors and reviewers. All manuscripts submitted to *JNC* undergo screening by the Editorial Board, who then determines whether a manuscript undergoes external review. Peer review is conducted by at least two reviewers with relevant expertise.
- The journal uses a **double-blind** peer review process: the reviewers do not know the identity of the authors, and vice versa.
- Reviewers can request authors to revise the content. The corresponding author must indicate the modifications made in their item-by-item response to the reviewers' comments. Failure to resubmit the revised manuscript within **two months** of the editorial decision is regarded as a withdrawal.
- The editorial committee has the right to revise the manuscript without the authors' consent, unless the revision substantially affects the original content.
- After review, the editorial board determines whether the manuscript is accepted for publication or not. Once rejected, the manuscript does not undergo another round of review.
- After a manuscript is received by the editorial committee, an e-mail confirmation thereof will be sent to the author within 7 days. The author will be notified of any possible delay that is due to evaluation difficulty. The authors can make an inquiry to the editorial committee on the current evaluation phase of the manuscript. The Board will notify the author on the status of the board review process.

Appeals of Decisions

Any appeal against an editorial decision must be made within 2

weeks of the date of the decision letter. Authors who wish to appeal a decision should contact the Editor-in-Chief, explaining in detail the reasons for the appeal. All appeals will be discussed with at least one other associate editor. If consensus cannot be reached thereby, an appeal will be discussed at a full editorial meeting. The process of handling complaints and appeals follows the guidelines of COPE available from (<https://publicationethics.org/appeals>). *JNC* does not consider second appeals.

MANUSCRIPT PREPARATION

JNC focuses on clinical and experimental studies, reviews, case reports, and images in neurocritical care. Any researcher throughout the world can submit a manuscript if the scope of the manuscript is appropriate. Manuscripts should be submitted in English.

General Requirements

- The manuscript must be written using Microsoft Word and saved as “.doc” or “.docx” file format. The font size must be 12 points. The body text must be left aligned, double spaced, and presented in one column. The left, right, and bottom margins must be 3 cm, but the top margin must be 3.5 cm.
- The page numbers must be indicated in Arabic numerals in the middle of the bottom margin, starting from the title page.
- Neither the authors’ names nor their affiliations should appear on the manuscript pages.
- Use only standard abbreviations; the use of non-standard abbreviations can be confusing to readers. Avoid abbreviations in the title of the manuscript. The full form of a term followed by the abbreviation in parentheses should be used at the first mention, unless the abbreviation is a standard (e.g., DNA).
- The names and locations (city, state, and country only) of manufacturers of equipment and non-generic drugs should be given.
- Authors should express all measurements in conventional units using International System (SI) units.

Reporting Guidelines for Specific Study Designs

For specific study designs, such as randomized control studies, studies of diagnostic accuracy, meta-analyses, observational studies, and non-randomized studies, authors are encouraged to consult the reporting guidelines relevant to their specific research design. A good source of reporting guidelines is the EQUATOR Network (<https://www.equator-network.org>) and NLM (https://www.nlm.nih.gov/services/research_report_guide.html).

Composition of Manuscripts

- The manuscript types are divided into Original Article, Review

Article, Case Report, and Images in Neurocritical Care. There is no limit to the length of each manuscript; however, if unnecessarily long, the author may be penalized during the review process.

- Original Articles should be written in the following order: title page, abstract, keywords, main body (introduction, methods, results, discussion), acknowledgments (if necessary), references, tables, figure legends, and figures. The number of references is limited to 45.
- Review Articles should be written in the following order: title page, abstract, keywords, and main body (introduction, main text, and conclusion), acknowledgments (if necessary), references, tables, figure legends, and figures. There is no limit to the length of the main text as well as the number of references.
- Case Reports should be written in the following order: title page, abstract, keywords, main body (introduction, case report, and discussion), acknowledgments (if necessary), references, tables, figure legends, and figures. The total number of references is limited to 15.
- Images in Neurocritical Care should be written in the following order and should not include an abstract and keywords: title page, main body, acknowledgments (if necessary), references, figure legends, and figures. The main body can be written freely without any constraints but should be within 200 words. The total number of references is limited to 4. A maximum of four authors is permitted.

Title Page

- The title page must include a title, the authors’ names and academic degrees (include ORCID*), affiliations, and corresponding authors’ names and contact information. In addition, a running title must be written in English within up to 50 characters including spaces. The corresponding authors’ contact information must include a name, addresses, e-mails, telephone numbers, and fax numbers.

* ORCID: We recommend that the open researcher and contributor ID (ORCID) of all authors be provided. To have an ORCID, authors should register in the ORCID website: <http://orcid.org/>. Registration is free to every researcher in the world.

- If there are more than two authors, a comma must be placed between their names (with academic titles). Authors’ academic titles must be indicated after their names.
- The contributions of all authors must be described using the CRediT (<https://www.casrai.org/credit.html>) Taxonomy of author roles.
- All persons who have made substantial contributions, but who have not met the criteria for authorship, are acknowledged here.

All sources of funding applicable to the study should be stated here explicitly.

Abstract and Keywords

- For Original Articles, the abstract must be written by dividing it into background, methods, results, and conclusion; the abstract should be within 250 words. For Case Reports, the abstract must be written by dividing it into background, case report, and conclusion, and should be within 150 words. For Review Articles, the main body as well as the abstract can be written freely without any constraints.
- At the end of the abstract, three to six keywords should be listed. For the selection of keywords, refer to Medical Subject Heading (MeSH, <http://www.ncbi.nlm.nih.gov/mesh>).

Guidelines for the Main Body

- For abbreviations, when first introduced, they should be fully explained and then inserted within parentheses. Thereafter, only the abbreviations should be used.
- In the abstract and main body, authors should use an italicized capital letter “P” for “P value” or the significance probability.
- All articles using clinical samples or data and those involving animals must include information on the IRB/IACUC approval or waiver and informed consent. An example is shown below. “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (IRB no. OO). Written informed consent was obtained / Informed consent was waived.”
- Description of participants: Ensure the correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example, in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.
- References must be numbered with superscripts according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas a dash must be placed between the first and last numerals of a continuous set of numbers: “Kim et al. [2,8,9] insisted...” and “However, Park et al. [11–14] showed opposing research results.”
- Figures and tables used in the main body must be indicated as

“Fig.” and “Table.” For example, “Magnetic resonance imaging of the brain revealed... (Figs. 1–3).

How to Draw a Figure

- Figures must be prepared in digital image files, and each figure must be submitted as a separate file.
- If one figure includes more than two pictures, they must be distinguished by adding alphabet labeling in capital letters, such as A, B, and C (e.g., Fig. 1A).
- Patterns are used instead of or in addition to colors for conveying information (colorblind users would then be able to distinguish the visual elements).
- Digital images
 - Each figure has to be prepared as a separate file and should not be inserted in the main body.
 - Remove the margins as much as possible when preparing pictures (especially CT or MRI images). Moreover, medical history reference numbers and names or other personal information must not be included.
 - When submitting photos of patients, the patients should not be recognizable. In case that the face of a patient is visibly recognizable, the patient’s consent must be obtained.
 - The name of each file must correspond to its respective figure number.
 - If one figure contains more than two pictures (for example, A, B, and C), the figure must be prepared to be printed as a single image and submitted as a single file.
- File size and resolution
 - The digital image file of each figure must be of an adequate size and resolution so as not to compromise the quality of the printed output.
 - Line art (e.g., graphs, charts, family trees) must not exceed 800 dpi, whereas halftone (CT, MRI) or color pictures must be prepared in no less than 300 dpi.
 - When determining the size of a digital image file, the photo or image size must be greater than the print size, even when downscaled for insertion in the main body.
- File types
 - All file types (tiff, gif, jpeg, and ppt) may be submitted for evaluation by reviewers. However, if an article receives approval for publication, files must be submitted as .tiff or .pdf.
 - In the case of color photos, they must be saved and submitted in CMYK formats. Black-and-white pictures, such as CT and MRI images, must be submitted in grayscale mode.
- Figure legends
 - Figure legends must be precise and written in English on a separate page.

- All abbreviations introduced in the figure legends must be spelled out in full.
- If a figure contains more than two pictures, they must be labeled as A, B, C, and so on. The description of the entire figure as well as the individual explanation of A, B, and C must be included.

How to Write a Table

- Tables must be embedded in the main body of the Microsoft Word file and include their respective title, which must be written in English.
- One page must not include more than two tables.
- Footnotes are followed by the source notes, other general notes, abbreviation, notes on specific parts of the table (a), b), c), d) ...), and notes on level of probability (*, **, *** for P-values).
- A single unified decimal point must be applied in the same table.

References

- All references must be indicated in English.
 - Every reference in the Reference section should be cited in the text. The number assigned to the reference citation is according to the first appearance in the manuscript. References in tables or figures are also numbered according to the appearance order. Reference number in the text, tables, and figures should in a bracket ([]).
 - If there are more than six authors, the names of the first six authors must be specified, followed by “et al.”
 - The journals should be abbreviated according to the style used in the list of journals indexed in the NLM Journal Catalog (<http://www.ncbi.nlm.nih.gov/nlmcatalog/journals>).
 - The overlapped numerals between the first page and the last page must be omitted (e.g., 2025-6).
 - References to unpublished material, such as personal communications and unpublished data, should be noted within the text and not cited in the References. Personal communications and unpublished data must include the individual’s name, location, and date of communication.
 - Other types of references not described below should follow IC-MJE Recommendations (https://www.nlm.nih.gov/bsd/uniform_requirements.html).
- Please refer to the following examples.

- Articles in academic journals

1. Kang J, Kang CH, Roh J, Yeom JA, Shim DH, Kim YS, et al. Feasibility, safety, and follow-up angiographic results of endovascular treatment for non-selected ruptured intracranial aneurysms under local anesthesia with conscious sedation. *J Neurocrit Care* 2018;11:93-101.

2. van den Bent MJ, Keime-Guibert F, Brandes AA, Taphoorn MJ, Eskens FA, Delattre JY. Temozolomide chemotherapy in recurrent oligodendroglioma [abstract]. *Neurology* 2000;54(suppl 3):12.
3. Di Luca DG, Mohny NJ, Kottapally M. Paroxysmal sympathetic hyperactivity with dystonia following non-traumatic bilateral thalamic and cerebellar hemorrhage. *Neurocrit Care* 2019 Feb 6 [Epub]. <https://doi.org/10.1007/s12028-019-00677-9>.

- Book & book chapter

4. Layon A. Textbook of neurointensive care. 1st ed. Amsterdam: Elsevier; 2003. 10-7.
5. Rincon F, Mayer SA. Intracerebral hemorrhage. In: Lee K, editor. *NeuroICU book*. 2nd ed. New York, NY: McGraw-Hill; 2018. p. 36-51.

- Online source

6. Weinhouse GL, Young GB. Hypoxic-ischemic brain injury in adults: evaluation and prognosis. In: UpToDate [Internet]. Waltham, MA UpToDate Inc.; c2019 [cited 2019 Feb 10]. Available from: <https://www.uptodate.com/contents/hypoxic-ischemic-brain-injury-in-adults-evaluation-and-prognosis>.

Supplemental Data

Additional data, including Methods, Results, References, Tables, Figures, and video, that are difficult to be inserted in the main body can be submitted in the form of Supplemental Data. Supplemental Data submitted by the author will be published online together with the main body without going through a separate editing procedure. All supplemental data, except video materials, are to be submitted in a single file, and the manuscript title, authors’ title, organization, and corresponding author’s contact information must be specified in the first page.

FINAL PREPARATION FOR PUBLICATION

Final Version

After the paper has been accepted for publication, the author(s) should submit the final version of the manuscript. The names and affiliations of the authors should be double-checked, and if the originally submitted image files were of poor resolution, higher resolution image files should be submitted at this time. Symbols (e.g., circles, triangles, squares), letters (e.g., words, abbreviations), and numbers should be large enough to be legible on reduction to the journal’s column widths. All symbols must be defined in the figure caption. If references, tables, or figures are moved, added, or deleted during the revision process, renumber them to reflect such changes so that all tables, references, and figures are cited in

numeric order.

Manuscript Corrections

Before publication, the manuscript editor will correct the manuscript such that it meets the standard publication format. The author(s) must respond within two days when the manuscript editor contacts the corresponding author for revisions. If the response is delayed, the manuscript's publication may be postponed to the next issue.

Gallery Proof

The author(s) will receive the final version of the manuscript as a PDF file. Upon receipt, the author(s) must notify the editorial office (or printing office) of any errors found in the file within two days. Any errors found after this time are the responsibility of the author(s) and will have to be corrected as an erratum.

Errata and Corrigenda

To correct errors in published articles, the corresponding author should contact the journal's Editorial Office with a detailed description of the proposed correction. Corrections that profoundly affect the interpretation or conclusions of the article will be reviewed by the editors. Corrections will be published as corrigenda (corrections of the author's errors) or errata (corrections of the publisher's errors) in a later issue of the journal.

ARTICLE PROCESSING CHARGES

There is no author's submission fee or other publication-related fees as all publication costs are shouldered by the publisher.

NOTICE: These recently revised instructions for authors will be applied beginning with the June 2019 issue.