

# The new *Neurology*

## Redesigns, short articles for print, full articles online, and data availability policies

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Readers will note sweeping changes in *Neurology*® as of the January 2, 2018, issue, changes that were carefully considered as the Editors reimagined the journal in the context of changes in scientific publishing in general, and supported by extensive research in readers' habits and preferences. The most notable changes occur both in print and online, for which there are new designs, the result of 2 years' work and crafting. For print, we are publishing articles in a short format, allowing a more comprehensive reading experience in a shorter time. For the online, canonical version of the journal, we are now able to accommodate longer full articles. Along with the new design and format of the reimagined journal, the Editors and Editorial Board have put in place new policies on data availability.

**THE SHORT-ARTICLE FORMAT** For 1 year, we will pilot the electronic-long-paper-short (ELPS) model of publishing all research articles in the journal (figure 1). Other articles, such as editorials, guidelines, Views & Reviews, and Clinical/Scientific Notes, will continue to be published full length in the print version. A medical writer with expertise in neurologic sciences will write a 1-page short article for the print version of each research article that adds context about what is currently known in the research area, the study questions and answers, the limitations and strengths of the study, generalizability, and how future research can build on it or how physicians can use it in practice. Editors and article authors are provided the opportunity to edit the short article to correct any misrepresentations before it is published. The Editors will sign off on the final version.

We debuted the short-article format in the September 6, 2016, issue of the journal<sup>1</sup> (figure 1), displaying 6 short articles, and followed up with surveys and focus groups that assured us that most readers do not read full articles in the journal; they want content in a portable, easily digestible form and look forward to reading short articles across subspecialties: we hope in this way that visibility of these studies in the neurology and nonmedical communities will increase. Subspecialty researchers and those wanting more information will be referred to the full-length article online that contains

all the bells and whistles an online experience provides; indeed, these researchers usually search and cite content from online abstracts and articles.

**FULL-LENGTH EXPANDED ONLINE ARTICLE FORMAT** Authors have often told us that they cannot fully describe their research within the restrictions our printed page limits have previously allowed. The savings garnered with short-form articles in the print version will allow online publication of longer articles with more extensive citations. The word length for *Neurology* research articles will therefore increase from 3,000 to 4,500 words, the allowed number of tables or figures will increase from 5 to 7, and the allowed number of references will increase to 50. The maximum length of Views & Reviews articles will increase from 3,500 to 5,000 words.

Unless there are exceptional circumstances, we will be able to eliminate or reduce the use of data supplements, except for items such as videos, PowerPoint slides for educational purposes, and translations. Other data supplements are seldom accessed; authors who believe that additional data need to be available to readers (see policy on data availability below) may deposit it at submission (for simultaneous journal review) in an open data repository and link to it from the article.

**NEW PRINT DESIGN** Our research informed us that readers are attracted by an image on an issue's cover and also information about some of the content in the issue. Our fresh new cover (figure 2) incorporates both sharp new images and titles of selected content from the issue. Ad wells containing ads continue to be inserted toward the beginning of the journal and at the end of scientific content so as not to distract from the reading experience and to avoid conflicts of interest in placement of ads near articles to which they may be relevant.

**NEW ONLINE DESIGN** Researchers and those readers desiring additional details are increasingly using the Web to read and gather articles and data that apply to their areas of interest. The new online *Neurology* contains an "umbrella site" linking to the newest featured articles in all 4 *Neurology* journals and the 2 mini-sites, improved functionality to move

From the American Academy of Neurology (P.K.B., R.A.G.), Minneapolis, MN; and Strong Epilepsy Center and University of Rochester Medical Center (R.A.G.), NY.

Go to [Neurology.org](http://Neurology.org) for full disclosures. Funding information and disclosures deemed relevant by the authors, if any, are provided at the end of the editorial.

**Figure 1** Designer's rendition for *Neurology* short article, July 2017

**SHORT-FORM ARTICLE**

**OPEN ACCESS**

### Evolution of clinical features in possible DLB depending on FP-CIT SPECT result

Zuzana Walker, MD, Emilio Moreno, MD, Alan Thomas, MD, Fraser Inglis, MD, Najib Tabet, MD, Tim Stevens, MD, Tim Whitefield, MSc, Dag Aarsland, MD, Michael Rainer, MD, Alessandro Padovani, MD, On behalf of the DaTSCAN DLB Phase 4 Study Group  
*Neurology* 2016;87:968. doi: 10.1212/WNL.0000000000003076

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**Study question**  
 In patients with possible dementia with Lewy bodies (DLB), which core and suggestive features best predict an abnormal dopamine transporter scan?

**Summary answer**  
 Parkinsonism was the best predictor of an abnormal dopamine transporter scan.

**What is known and what this paper adds**  
 Distinguishing DLB from non-DLB dementia is important, since the management of symptoms in DLB is different compared to non-DLB dementia. This study provides evidence that baseline parkinsonism in possible DLB may increase the likelihood that a DLB diagnosis will be confirmed with a scan.

**Participants and setting**  
 As part of a multi-center, randomized, open-label Phase 4 trial of the dopamine transporter SPECT agent<sup>18</sup> I-FP-CIT, patients with possible DLB were enrolled.

**Design, size, and duration**  
 After a baseline visit, 170 patients were randomized 2:1 to receive a scan or no scan, with both patient and treating physician aware of the assignment. Patients were followed up at 8 and 24 weeks post-baseline.

**Main results and the role of chance**  
 Among patients receiving scans, only parkinsonism was highly predictive of an abnormal scan, with 70% of patients with parkinsonism having reduced dopamine transporter uptake. In contrast, abnormal scans were seen in only 32%–37% of patients with fluctuations, hallucinations, or REM sleep behavior disorder ( $p < 0.001$ ).

**Bias, confounding, and other reasons for caution**  
 The absence of autopsy data prevented confirmation of the diagnosis.

**Generalizability to other populations**  
 The results of this largest DLB imaging study to date, drawn from multiple centers in different countries, are likely to be generalizable to other DLB populations.

**Study funding/potential competing interests**  
 The study was funded by GE Healthcare, patent holder for DaTScan. Employees of the company also contributed to the design, data collection, and analysis. Go to [Neurology.org](http://Neurology.org) for full disclosures.

**Generalizability to other DLB populations**  
 The results of this largest DLB imaging study to date, drawn from multiple centers in different countries, are likely to be generalizable to other DLB populations.

**Methods**  
 Five patients with encephalitis of unclear cause and antibodies against a previously unknown neuronal cell surface autoantigen are the focus of this study. The 5 cases were identified over the last 10 years in the Laboratory of Neuroimmunology at the Institute of Biomedical Research August P1 Sunyer (IDIBAPS).

**Percentage of abnormal and normal scans for each characteristic feature of DLB at baseline**

Characteristic Feature	Abnormal scan (%)	Normal scan (%)
Fluctuations (n=92)	70	30
Visual hallucinations (n=26)	35	65
Parkinsonism (n=92)	70	30
RBD (n=22)	32	68

**SOURCE ARTICLE** Online [Npub.org/895A86](http://Npub.org/895A86)

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about the sites, a conceptual search engine that will discover content with related terms, redesigned Resident & Fellow and topic sections including new blog pages, embedded videos, links for related articles and recommended articles, and response links at the end of each article for commenting. Selected comments will be published in the new Disputes & Debates section, which replaces the former WriteClick Online Correspondence. A phase II of the redesign will continue in the early months of 2018, bringing infographics, play-in-place podcasts, article annotation capability, and other features.

**NEW POLICY ON DATA AVAILABILITY** Although *Neurology* has always expected authors of our published articles to share data with fellow researchers, we have had no written policy. For greater transparency of the data supporting an article and reproducibility of studies, various organizations, including the Center for Open Science,<sup>2</sup> the International Committee of Medical Journal Editors (ICMJE),<sup>3</sup> and Public Library of Science,<sup>4</sup> have recently developed statements on making data open. *Neurology* has adopted the following policy in support of this movement toward open data.

**Clinical trials.** Sharing clinical trial data is an expectation of the WHO, which defines the following as best practice for data that inform clinical practice: prospective registration (long required by *Neurology*), public disclosure of results (through publication of articles), and data

sharing. *Neurology* has decided to adopt the ICMJE requirement<sup>3</sup> that all articles reporting results of clinical trials contain a data sharing statement that indicates whether individual de-identified participant data will be shared; what data will be shared; whether related documents such as study protocol and statistical analysis plan will be shared; when and how long the data will be made available; and criteria for accessing data, including by whom, for what types of analyses, and by what mechanisms. We recognize, as does ICMJE, that mandating patient data sharing requires mechanisms—including methods for transparent accessing and data archiving—that are not currently or widely available, but a data-sharing statement brings the research world closer to this goal.

**Other studies.** For other articles, investigators must carefully document data, methods, and materials used to conduct the research in the article. Data not provided in the article because of space limitations must be made available in a trusted data repository or shared at the request of other investigators for purposes of replicating procedures and results. If data cannot be shared for legal or ethical reasons or if there are embargoes on datasets, authors must inform the editors at submission and explain the restrictions on the dataset or materials. Authors will be required to include a data availability statement specifying that any data not published within the article are available in a public repository and include digital object identifiers (doi) or accession numbers to the datasets or to state that anonymized data will be shared by request

**Figure 2** Designer's rendition of *Neurology* print cover, July 2017

*Neurology* 2016; 87(11): 2116

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from any qualified investigator. This statement will be published with the article.

Data-sharing statements will be required with submission as of April 1, 2018; until then, the journal staff will be requesting statements for articles accepted for publication after January 1, 2018. *Neurology* is creating a mechanism for editors and peer reviewers to review data deposited in the Dryad<sup>5</sup> public data repository at the time of manuscript submission; even though authors will pay a nominal fee for depositing data in a public repository (waivers exist for submissions from authors based in countries classified by the World Bank as low- or middle-income economies), this is the time to move forward in promoting data transparency.

### STUDY FUNDING

No targeted funding reported.

### DISCLOSURE

Patricia K. Baskin, MS, is Executive Editor of the *Neurology* journals and employed by the American Academy of Neurology. She has consulted with no stipend or reimbursements for the Medical Publishing Insights

and Practices initiative. She has served as Editor-in-Chief of *Science Editor* and is Immediate Past President of the Council of Science Editors. Robert A. Gross, MD, PhD, FAAN, is supported for educational endeavors from the University of Rochester Medical Center's Clinical and Translational Science Award from the NIH. Since his appointment as Editor-in-Chief in 2009, Dr. Gross ceased participation in industry-sponsored clinical trials and speakers' bureaus. He receives an honorarium from AAN as Editor-in-Chief of *Neurology*. Go to [Neurology.org](http://Neurology.org) for full disclosures.

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