CNS SPECTRUMS - Instructions for Contributors

Aims and scope

CNS Spectrums aims to be the premier journal covering all aspects of clinical neurosciences, neurotherapeutics and neuropsychopharmacology. From 2012 the journal will primarily focus on the publication of authoritative, cross-disciplinary review and opinion material publishing advances and controversial issues with pertinence to the clinician. In particular we aim to publish reviews and articles in translational neuroscience, biological psychiatry and neuropsychopharmacology that explain clinically relevant neuroscience discoveries in a way that makes these findings accessible and understandable to clinicians and clinical investigators. We will emphasize new therapeutics of all types in clinical neurosciences, mental health, psychiatry, and neurology, especially first-in-man studies and proof-of-concept studies. Our focus will be not just drugs, but novel psychotherapies and neurostimulation therapeutics as well.

CNS Spectrums will in addition, continue to publish original research and commentaries that focus on emerging areas of research. Subject coverage shall span the full spectrum of neuropsychiatry focusing on translational issues and those crossing traditional boundaries between neurology and psychiatry.

Advantages of submitting to CNS Spectrums

• Published by Cambridge University Press, an established publisher for over 400 years
• CNS Spectrums is included in Thompson Reuter’s Journal Citation Report
• Clear instructions provided for smooth facilitation of the submission process
• Well-renowned editorial board
• Easily-accessible online submission program
• Quick turnaround time
• Moderate and low-cost figure creation offered to authors for a cohesive and consistent article design

Manuscript preparation

Article type descriptions

We will consider and encourage the following types of articles. (format required for each article type):

Original Research articles:

Articles in this category should present methodologically sound, new original study data that is in the following format: objective, methods, results, discussion, and conclusion. Suitable topics include mood disorders, schizophrenia and related disorders, personality disorders, substance-use disorders, anxiety disorders, neuroscience, psychosocial aspects of psychiatry, child psychiatry, geriatric psychiatry, and other topics of interest to clinicians in psychiatry, psychology, mental health disciplines, neurology and/or to clinical investigators in the neurosciences.

Review articles:

Review articles should be concise, accessible, accurate and precise reviews of recent research and emerging areas. May include speculation and debate, but this should be clearly indicated. Focus on published authoritative and recent data from past 2-3 years. The introduction should be aimed at non-specialists and indicate the timeliness and rationale for the article. Inclusion of didactic and explanatory illustrations is strongly encouraged.

Opinions:

An opinion article should be a personal viewpoint on a topical research topic, aimed to stimulate debate and new research. It should address a current topic of high interest, which has substantial evidence but has not yet been established. The opinion may be purposefully controversial, reinterpret the status quo, or speculate on future directions for research. It may also opine about socio-economic and policy issues relating to drug discovery, research and clinical intervention.

Criticism of published material should be constructive and aim to lead the field in new directions.

Commentaries:

A commentary will generally address a specific article or articles, either in the current issue or in a previously published issue of the journal. The commentary would be written either by the editor in chief, a member of the editorial board, or a reviewer or expert selected by the Editor-in-Chief or editorial board—often one of the reviewers for the manuscript that is the focus of the commentary. The manuscript would address how that article fits into that topic, and it would also address how the article advances the topic or changes a point of view or paradigm. Overall, a commentary is a commissioned manuscript that is written in reaction to previously published articles; usually encourages a certain level of debate.

• 1,500 words; Up to 6 references
• Optional clinical implications summary
• 5–10 key words

Guidelines

Outlines treatment options and medications; includes an abstract, introduction, optional additional text, and 15-25 tables and/or figures. The following article types are for information only and unsolicited submissions shall not be considered.

Brainstorms:

Brainstorms are editorials or comments on a topic in the field, not directed towards content in the current issue, which provide a short background and overview of a current topic in the field or ongoing controversy or evolving point of view in the field and often provide illustrations of the topic as well in order to inform readers and set a context for them for the editorial opinion and commentary also included on that topic. Brainstorms, which are written by the Editor-in-Chief, have been an ongoing feature of the editor in chief in other journals for the past 15 years and will now continue exclusively in CNS Spectrums.

Editorials:

Editorials, when submitted by an invited contributor, shall not be a simple listing of contents within the issue, but may for instance be used by the Guest Editor of a special issue or thematic section to introduce the subject being brought into focus. On occasion a luminary in the field might be approached to provide a guest editorial. Generally discursive in nature, an editorial will most likely form a short opinion piece or reflection upon the field but not constitute a full article.

Abstract preparation

(format required for each article type):

• Reviews and Opinions The abstract should be unstructured (one paragraph, not divided into different sections) and no more than 250 words long.
• Original Research articles The abstract should be structured, i.e. divided into the following sections - Objective, Methods, Results, Conclusion, and no more than 250 words long.
• Brainstorms and Commentaries The abstract will be a very short summary, no more than 50 words long.
• Editorials shall not require an abstract, if one is included it will be a very short summary.

Clinical implications

Where appropriate, authors of reviews, opinions and commentaries may elect to also include a number of clinical implication points to be presented in addition to the abstract and conclusion. These will be most appropriate for articles that discuss material from preclinical studies and will be used to explain the findings and comment on their possible clinical applications.

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Authors may include 3 to 5 points that are constructed as full sentences. They should be clear, unambiguous and aid the comprehension of the material being discussed.

Clinical implications will be assessed as part of the peer review process and authors may be asked to alter and update the points, or to remove them if they are not felt to add to the article.

Prior to submission
Although it is not required, for some review content, special series or special issues, prior to preparing a full-length manuscript, you may wish to consider sending a synopsis or abstract of your proposed submission for consideration by the Editor-in-Chief, Stephen Stahl. Please send to Lisa Arrington, Content Editor, CNS Spectrums (larrington@cambridge.org), so that we can first determine whether your submission is appropriate for consideration.

Formatting your article
The article type should be included in the upper right hand corner (original research, review article, opinion, etc.). Pages should be numbered consecutively in the upper right hand corner, beginning with the title page.

Original Research articles should be separated into the following sections: Title page, acknowledgements, abstract, introduction, Methods, Results, Discussion, Conclusion, References, Tables and/or Figures. Abstracts should be divided into specific sections as well (please refer to the Article Type Description Grid for further details).

Review articles should be arranged in the following order: Title page, acknowledgements, abstract (unstructured), introduction, body, conclusion, references, tables and figures. (please refer to the Article Type Description Grid for further details).

Co-authors’ professional titles, departments, affiliations, and middle initials
The co-authors’ names must be listed along with each person’s professional title (Professor, Chairperson, Student, etc.), department (Department of Psychiatry, etc.), and professional affiliation (Johns Hopkins, Massachusetts General Hospital, Pfizer, etc.). If applicable, please also include each co-author’s middle initial(s).

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• Maximum 6 tables and/or figures
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• Maximum 6 tables and/or figures
• Commentaries: 1 table or 1 figure
• Editorial: 1 table or 1 figure

Please refer to the Article Type Description Grid for further details.

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References
Please use American Medical Association (AMA) style. References should be superscripted in text, then numbered, and comprehensive in list. Please number these references in the order that they appear in the text. These superscript numbers in the text should match the numbers and order of the references in the reference list (you should not list the references by alphabetical order). Abbreviations of journals’ names should conform to the style used in Index Medicus; journals that are not indexed there should not be abbreviated. When following this format, please do not list any reference in your reference list more than once.

See the following examples:
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Revision process:
The Field Editor and/or Editor-in-Chief will check the reviewers’ overall assessment of the article. Peer review comments are then forwarded to the corresponding author for revisions. Authors are expected to incorporate all revisions to the best of their ability, unless otherwise noted. In addition, the authors’ list of incorporated changes must accompany their revised manuscript. Authors are expected to submit revised manuscripts by the designated due date(s).

If there are any questions about the reviewers’ comments and/or suggested revisions, please contact the Field Editor and/or Content Editor directly, who will follow-up with the reviewer(s) for further clarification.

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It is very important that authors meet all deadlines for submitted material (manuscripts, revisions, etc.). If you have problems meeting your deadlines, please call the Field Editors of CNS Spectrums or contact Lisa Arrington, Content Editor, at larrington@cambridge.org and explain your situation. You may be granted an extension. However, please note that late draft submissions are problematic. If delays start to significantly jeopardize our publication schedule, your article will be cut.

Post-acceptance/Production workflow

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