

## EDITOR'S PAGE

# Standardization of reporting data in the 'Spinal Cord' journal



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Dear Spinal Cord reader,

Now that communication around the world has the potential to be more and more quick, and that spreading of scientific knowledge amongst those who follow it on a regular basis is much more speedy than it used to be, specific changes in a journal's editorial rules have become mandatory.

Indeed, continuously a wealth of information becomes available from around the world, with different basic scientific ideas, different approach in methodology, different evaluation techniques. This has made an increase in scientific education necessary for most people. For those working in health care, the challenge is big as time for scientific reading and understanding is limited. The process of training in scientific reading, critical evaluation of published data and then deciding to use it or not in its own practice or research will become in the next years even more challenging with the new ways of publishing.

Scientific journals as Spinal Cord can help the process by creating editorial guidelines which guard that material published has the highest standards, reports correctly what is described, and makes understanding and validation by the readers easy. This also means the ease to compare different publications on a same topic.

Detailed in the changed instruction for authors, implemented in June 2012, specific directives are given on what our Spinal Cord journal expects of the material submitted. As we strongly believe that standardization is important, from the month following the change in author instructions all new manuscripts will be primarily reviewed for data reporting and will enter the further review process only when the instructions have been followed.

The standardization as described by DeVivo *et al.*<sup>1</sup> is to be used. Authors are requested that all reports regarding *Age at injury* include mean and standard deviation, median & range. When grouped, 15 year increments shall be used: 0–15, 16–30, 31–45, 46–60, 61–75, 76+. For pediatric SCI the following grouping is advised: 0–5, 6–12, 13–15, 16–21. *Time since injury* shall include mean and standard deviation, median & range. If to be given with intervals the following are to be used: < 1 year, 1–5 years, 6–10 years, 11–15 years, and 5-year increments thereafter. *Calendar time* (years during which the study is conducted) shall be grouped by either 5 or 10 year increments with years ending in 4 or 9. *Length of stay* shall be given with mean and standard deviation as well as the median. The *Severity of injury* shall be grouped as C1–4 ASIA Impairment Scale grade (AIS) A, B, or C; C5–8 AIS A, B, or C; T1–S5 AIS A, B, or C; AIS D at any injury level; Ventilator-dependent at any injury level or AIS grade. If the particular dataset is limited, the above groups may be collapsed. If all who publish data in the future adhere to these guidelines it will be much easier for everyone to compare their results with others.

Many manuscripts you will find in this July SC Issue will not adhere completely to these new guidelines. These manuscripts have been written, reviewed and resubmitted months ago.

The July issue contains an interesting review paper, many excellent original manuscripts on different topics, and again letters to the editor about previous work.

We encourage you to express your feeling about how the Spinal Cord journal can be further improved. If you have special comments on a published item you may consider to write us a letter so that communication becomes possible, which may be of benefit for the readership at large.

Together with Liesbet at the editorial office in Antwerp, I wish you a nice summer and hope to see many of you during the annual scientific meeting of ISCOS in LONDON, September 3 to 5.

Enjoy reading.

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1 DeVivo MJ, Biering-Sørensen F, New P, Chen Y. Standardization of data analysis and reporting of results from the International Spinal Cord Injury Core Data Set. *Spinal Cord* 2011; **49**: 596–599.