EDITORIAL

A new look for JNSPG publications: the anatomy of redesign

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The Journal of Neurosurgery Publishing Group (JNSPG) is proud to present the redesign of our publications to American Association of Neurological Surgeons (AANS) members and readers worldwide. Recognizing our vision to publish articles of the highest scientific caliber, our mission to bolster our status as the journal of record in neurosurgery, and our commitment to uphold our core values, such as integrity and innovation, the JNSPG sought to give the journals a sophisticated look that befits their prestige. This redesign is directly in line with the JNSPG’s 2015–2018 strategic plan: “Tradition—Transition—Transformation.” With this new look, JNSPG publications more clearly communicate the best neurosurgical science in an accessible manner that benefits both our authors and readers.

Even though the JNSPG has continued to innovate in the field of scientific publication, the style and format of the Journal of Neurosurgery have in essence been unaltered for the past 20 years. The process of strategic planning throughout 2014 provided an opportunity to revamp certain aspects of the journals to keep in step with progressive changes, while retaining many of the traditional features that have characterized our success.

The in-house Redesign Committee, comprising 7 staff members from multiple departments, collaborated on the redesign for more than 6 months. Charged with refreshing the appearance of the journals, while maintaining familiarity for the readers, the committee tackled issues as broad as incorporating new elements on the cover and as specific as determining punctuation between key words.

The cover has changed modestly, with a cleaner design that still features art from the current issue (Fig. 1). We’ve incorporated our logo, further tying together our print publications and our website (thejns.org) and making the JNSPG identity more consistent across all formats. The article title page maintains the familiar layout that brands it as a JNS publication, but it has been enlivened with our logo, the tasteful use of color, and the introduction of icons that indicate accompanying editorials, videos, podcasts, or companion papers and serve as links in the online version of the article (Fig. 2).

The article title is now the dominant element on the page, and the abstract has been styled in a different font to set it apart from the rest of the paper. The article type is now located in the upper-right corner for rapid identification of subject matter. A familiar look and layout for the body text have been maintained. Headings have been restyled in a different font to enhance clarity, and they have been left aligned so the reader can easily skim the pages to find the desired information. Pertinent items, such as abbreviations and disclosures, appear at the bottom of the title page—accessible without being obtrusive. Tables have been updated to make data easier to follow, with lines distinguishing each entry and guiding the reader’s eye across columns (Fig. 3). The look of table titles, figure legends, and video call-outs has been standardized, both linking them together more firmly as visual representations of the author’s message and streamlining the visual experience for the reader. End matter has been organized more clearly for optimal readability (Fig. 4).

We hope our audience will enjoy and benefit from the redesign. What we believe we’ve achieved is a polished look that will offer a comfortable transition for our readers—it suggests continuity for the JNSPG as we move into the future. We are still the “white journal,” but for a new era.

http://thejns.org/doi/abs/10.3171/2014.9.JNS142259
Effectiveness of an internal committee in redesigning the official journals of an independent association

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CONCLUSIONS Justo curabitur utrum sed damnum morbi lacua camur sudo quae foras. Rutrum conventio mos gravida intemel nulla mauris iusto melior. Mea damnum ut dis genius illum praesent esca.

The abstract is set in a sans serif font with left alignment to distinguish it from the body of the article.

The article type is easily accessible.

The JNSPG logo appears on every title page, strengthening the reader's association with our identity.

 Icons indicate a related editorial, video, podcast, or companion article.

The AANS copyright ties the article to our parent organization.

The article type is easily accessible.


FIG. 2. A sample (using filler text) of the redesigned title page for articles.
J Neurosurg

one entry distinct initial capital each new references the title to the presentation alignment

3. Bavetta S, El-Shunnar K, Hamlyn PJ: Neurenteric cyst of
1. Agnoli AL, Laun A, Schönmayr R: Enterogenous intraspinal

References
17. Gao P, Osborn AG, Smirniotopoulis JG, Palmer CA, Boyer
18. Harris CP, Dias MS, Brockmeyer DL, Townsend JJ, Willis
21. Inoue T, Matsushima T, Fukui M, Iwaki T, Takeshita I, Kuro-
19. Holmes GL, Trader S, Ignatiadis P: Intraspinal enterogenous
18. Lonjon M, Paquis P, Michiels JF, Griffet J, Grellier P: Endo-
3. Bavetta S, El-Shunnar K, Hamlyn PJ: Neurenteric cyst of
1. Agnoli AL, Laun A, Schönmayr R: Enterogenous intraspinal

Etiology

Median ETVSS (range) 50 (10–80) 46 (10–80)

2 to <6 mos 11 (31) 261 (34)
Postinfectious 2 (6) 29 (4)
Hydrocephalus 2 (6) 29 (4)
IVH of prematurity 9 (25) 223 (29)

TABLE 1. Baseline characteristics in patients with hydrocephalus who underwent either ETV + CPC or shunt placement

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>ETV + CPC Cohort</th>
<th>Shunt Cohort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no. of patients</td>
<td>36</td>
<td>758</td>
</tr>
<tr>
<td>Etiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IVH of prematurity</td>
<td>9 (25)</td>
<td>223 (29)</td>
</tr>
<tr>
<td>Aqueductal stenosis</td>
<td>8 (22)</td>
<td>76 (10)</td>
</tr>
<tr>
<td>Myelomeningocele</td>
<td>4 (11)</td>
<td>163 (22)</td>
</tr>
<tr>
<td>Congenital communicating</td>
<td>2 (6)</td>
<td>65 (9)</td>
</tr>
<tr>
<td>hydrocephalus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head injury</td>
<td>2 (6)</td>
<td>17 (22)</td>
</tr>
<tr>
<td>Postinfectious</td>
<td>2 (6)</td>
<td>29 (4)</td>
</tr>
<tr>
<td>Others</td>
<td>9 (25)</td>
<td>185 (24)</td>
</tr>
<tr>
<td>Age at ETV + CPC surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;2 mos</td>
<td>9 (25)</td>
<td>316 (42)</td>
</tr>
<tr>
<td>2 to &lt;6 mos</td>
<td>11 (31)</td>
<td>261 (34)</td>
</tr>
<tr>
<td>6 to &lt;12 mos</td>
<td>10 (28)</td>
<td>110 (15)</td>
</tr>
<tr>
<td>12 mos to 2 yrs</td>
<td>6 (17)</td>
<td>71 (9)</td>
</tr>
<tr>
<td>Previous CSF shunt</td>
<td>13 (36)</td>
<td>0</td>
</tr>
<tr>
<td>Median prep TVMI (range)</td>
<td>0.59 (0.35–0.87)</td>
<td>NA</td>
</tr>
<tr>
<td>Median prep ETVSS (range)</td>
<td>0.43 (0.09–3.14)</td>
<td>NA</td>
</tr>
<tr>
<td>Median ETVSS (range)</td>
<td>50 (10–80)</td>
<td>46 (10–80)</td>
</tr>
<tr>
<td>Median COH ETVSS (range)</td>
<td>4 (2–8)</td>
<td></td>
</tr>
</tbody>
</table>

*Unless otherwise indicated, values in tables are expressed as the number (%).
†Category includes craniovertebral fossa.
‡Proximities indicate data are not available.
§Category includes craniovertebral fossa.
||Table abbreviations are standardized as the first footnote.||

Legends indicate if the figure is available in color online.

FIG. 3. A depiction of the updated look for tables and figure legends.

Author Contributions
Conception and design: Sutherland, John, Mason. Acquisi-...