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The SCImago Journal Rank (SJR) indicator is a measure of the scientific influence of scholarly journals that accounts for both the number of citations received by a journal and the importance or prestige of the journals where the citations come from. A journal's SJR indicator is a numeric value representing the average number of weighted citations received during a selected year per document published in that journal during the previous three years, as indexed by Scopus. Higher SJR indicator values are meant to indicate greater journal prestige. SJR is developed by the Scimago Lab, originated from a research group at University of Granada.

Reporting quality within the neurosurgical literature is low, limiting the ability of journals to act as gatekeepers for evidence-based neurosurgical care. Journal policies during article submission aim to improve reporting quality. We conducted a metascience study characterizing the reporting policies of neurosurgical journals and other related peer-reviewed publications.

Journals were retrieved in 7 searches using Journal Citation Reports and Google Scholar. Characteristics, impact metrics, and submission policies were extracted.

Of 486 results, 54 journals were included, including 27 neurosurgical and 27 related topical journals. Thirty-eight (70.4%) adopted authorship guidelines and 20 (37.0%) disclosure standards of the International Council of Medical Journal Editors. Twenty-six (48.1%) required data availability statement and 33 (61.1%) clinical trials registration. Twenty-one (38.9%) required and 11 (20.4%) recommended adherence to reporting guidelines. Twenty (37.0%) endorsed EQUATOR network guidelines. PRISMA was mentioned by 30 (55.6%) journals, CONSORT by 28 (51.9%), and STROBE by 18 (33.3%). Among neurosurgical journals, factors associated with a requirement or recommendation to follow reporting guidelines among neurosurgical journals included impact factor (P = 0.0013), Article Influence Score (P = 0.0236), SCImago h-index (P = 0.0152), SCImago journal rank (P = 0.002), and CiteScore (P = 0.0023), as well as recommendations pertaining to International Council of Medical Journal Editors authorship guidelines (P = 0.0085), ORCID (P = 0.014), clinical trials registration (P = 0.0369), or data availability statement (P = 0.0047). CONSORT, PRISMA, or STROBE delineations were significantly associated with the mention of another guideline (P < 0.01).

Neurosurgical journal submission policies are inconsistent. Frameworks to improve reporting quality are uncommonly used. Increasing rigor and standardization of reporting policies across journals publishers may improve quality [1)].

Q1

Journal of Neurosurgery

United States
American Association of Neurological Surgeons

Journal of Neurology, Neurosurgery and Psychiatry

United Kingdom
BMJ Publishing Group

Neurosurgery

United States
Lippincott Williams and Wilkins Ltd.

Journal of Neurosurgery: Spine

United States
American Association of Neurological Surgeons

World Neurosurgery

United States
Elsevier Inc.

Clinical Neurosurgery

Frontiers in Neurology

Journal of Neurosurgery Pediatrics

Neurospine

Neurosurgery Clinics of North America

Operative Neurosurgery

Q2

Advances and technical standards in neurosurgery

Clinical Neurology and Neurosurgery

Stereotactic and Functional Neurosurgery

Q3

British Journal of Neurosurgery

Neurocirugía

The Journal of Neurological Surgery Part A: Central European Neurosurgery

Turkish Neurosurgery

Q4

Neurosurgery Quarterly

1)
Shlobin NA, Wang A, Graffeo CS, Moher D. Reporting Policies in Neurosurgical Journals: A Meta-Science Study of the Current State and Case for Standardization. World Neurosurg. 2021 Oct 27;158:11-23. doi: 10.1016/j.wneu.2021.10.143. Epub ahead of print. PMID: 34715370.