INSUFICIENCIA CARDIACA

JOURNAL SPECIALIZED IN HEART FAILURE, CARDIOMETABOLISM AND PULMONARY HYPERTENSION

INSTRUCTIONS FOR AUTHORS

Journal INSUFICIENCIA CARDIACA publishes several types of manuscripts under the umbrella of full-length articles. A brief description of each type follows:

Original Research Articles: All types of original research articles, including experiments conducted in human subjects, laboratory animals, and *in vitro*. Specific content areas of interest are as follows: arrhythmia, cardiovascular surgery, congenital heart disease, coronary heart disease, epidemiology, exercise physiology, genetics, health services and outcomes research, heart failure, pulmonary hypertension, systemic hypertension, imaging, interventional cardiology, molecular cardiology, pediatric cardiology, pericardial disease, preventive cardiology, stroke, transplantation, valvular heart disease, and vascular medicine.

Review Series: *Please note that the editors invite most review articles. However, unsolicited material will be considered for publication.*

- Contemporary Reviews in Cardiovascular Medicine: Reviews will focus on topics of contemporary interest to the clinician. Overviews of natural history, diagnostic strategies, and treatment approaches will be included in this series.
- Basic Science for Clinicians: Articles will include cutting edge reviews of the scientific basis of cardiovascular disease mechanisms and treatments, and will include molecular cardiology, genetics, genomics, physiology, and pharmacology. Emphasis will be placed on the practical application -or translation- of a contemporary understanding of basic mechanisms of disease and treatment to clinical practice.
- Controversies in Cardiovascular Medicine: Controversial topics in the practice of cardiovascular medicine will be presented in this series. Opposite viewpoints will be presented in tandem, with rebuttal responses by both authors included.
- New Drugs and Technologies: Reviews published in this series will focus on drug therapies, technologies, and therapeutic strategies relevant to the practice of contemporary cardiovascular medicine. Newly approved therapies will be highlighted, in particular, in this series.

Special Sections*:*

- Images in Cardiovascular Medicine: Clinical or basic science images (including motion studies) that illustrate either important “classic” or novel findings, provide insight into basic mechanisms responsible for cardiovascular disease, emphasize an abnormality, or elucidate a new therapy will be considered for publication in online format. The written portion of the submission should include a title page, descriptive text of no more than two pages with up to 4 references (if appropriate) and a figure legend. Movie clips are encouraged and may be submitted in any of the standard formats (e.g. avi, mov, etc) and codecs. Though often presented within the context of a case, the Images in Cardiovascular Medicine Section is not intended as a primary vehicle for case reports.
- Book Reviews: Reviews of selected books in cardiovascular medicine and surgery, including books that present innovative concepts, books that describe state-of-the-art diagnostic and therapeutic methods or important advances, and textbooks will be reviewed in this section. Unsolicited book reviews will be considered for publication. In addition, authors or publishers

may submit books, as well as a list of suggested reviewers, to the editorial office at the address noted above.

- Correspondence: Letters to the Editor, which pertain directly to an article published in the journal within the preceding 8 weeks, will be considered for publication. A letter must not exceed 500 words in length and must be limited to 3 authors and 5 references. They should not have tables or figures. Authors of the original article cited in the letter will be invited to reply. Letters to the Editor should be submitted via the online manuscript submission process as described below.
- Clinician Update: The goal of the Clinician Update is to shorten the time between reporting of scientific advances and translation into patient care. Articles should emphasize algorithms for patient management and specific recommendations for pharmacologic and interventional/surgical treatment strategies. Manuscripts should begin with a 4-6 sentence case presentation describing either an actual patient or a hypothetical patient constructed to demonstrate key clinical aspects of the condition under discussion. The case description will then serve as a foundation for the ensuing discussion, emphasizing the relevance of the article to the daily practice of clinicians. Authors should provide a synthesis of the available data and specifically avoid an extensive review of the literature with recitation of details of clinical trials. Relevant images, particularly those that utilize color and display time-motion studies of the cardiac cycle, are encouraged.
- Patient Page: Articles should be clinically oriented and designed to support the interface between physicians and patients by providing scientifically accurate descriptions of critical concepts in cardiovascular diagnosis, testing methods, and therapies. Authors should avoid technical jargon or detailed descriptions from the literature. Emphasis should be placed on a straight-forward, concise definition and description of the relevant cardiac diagnosis. Discussion of symptoms resulting from the diagnosis, the rationale for various testing modalities and therapeutic strategies is encouraged. Manuscripts should be written in lay language by healthcare professionals and be approximately 1000 words in length, including title page, text, references, tables, and figure legends, with no more than two figures.
- Editorials: The editors will solicit all editorials. Instructions pertaining to the writing of an editorial will be included with the request from the editorial office.

General Preparation Instructions

- Manuscripts should include title page, abstract, text, references, tables, and figure legends.
- Manuscript should be typed double-spaced, including title page, abstract, text, references, figure legends, and tables. Text should only appear on one side of the page. Acceptable formats are Word.
- Leave a 1-inch margin on all sides. Do not use justified margins.
- Cite references, figures, and tables in numeric order. For review, acceptable figure formats are GIF, TIFF, EPS, JPEG, and single slides of Power Point.
- Formats NOT supported are as follows: Object Linking and Embedding (OLE), Bitmap (.bmp), PICT (.pict), Excel (.xls), Photoshop (.psd), Canvas (.cnv), CorelDRAW (.cdr), and locked or encrypted PDFs. For publication, see acceptable figure requirements under "Accepted Manuscripts" below.
- Use SI units of measure. A more conventionally used measurement may follow in parentheses. Make all conversions before manuscript submission.
- Please provide sex-specific and/or racial/ethnic-specific data when appropriate, in describing the outcomes of epidemiologic analyses or clinical trials; or specifically state that no sex-based or racial/ethnic-based differences were present.
- Manuscripts must conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" http://www.icmje.org/.

- Assemble the manuscript in this order: Title Page, Abstract, Text, Acknowledgments, Funding Sources, Disclosures, References, Figure Legends, Tables, and Figures.

Title Page

The title page (page 1, do not number) should contain these elements:

- Full title
- First author's surname and short title (not to exceed 50 characters, including spaces)
- Authors' names, academic degrees, and affiliations
- Name and complete address for correspondence (include street name and address as well as post office box, and address for reprints if different from correspondence)
- Fax number, telephone number and email address
- The total word count of the manuscript, including the title page, abstract, text, references, tables and figures legends
- The Journal Subject Codes pertaining to the article. Please refer to the subject code list.
- Clinical Trial Registration Information: Please include the URL and unique identifier, i.e., number.

Abstract and Key Words

- Do not cite references in the abstract
- Limit use of acronyms and abbreviations. Define at first use acronym or abbreviation in parenthesis.
- Be concise (250 words maximum)
- Use the following headings:
  - Background - rationale for study
  - Methods and Results - brief presentation of methods and presentation of significant results
  - Conclusions - succinct statement of data interpretation
- Insert three to five Key Words after abstract.

Text

- Typical main headings include Methods, Results, Discussion and Conclusions.
- Number pages
- Abbreviations must be defined at first mention
- Methods:

Please note that the print version of the Methods and Results should be able to stand alone and should provide sufficient information for the reader to understand the basic methods of the study and to review the fundamental findings in a mechanistic way.

- *Experimental animals:* State the species, strain, number used, and pertinent descriptive characteristics. When describing surgical procedures, identify the preanesthetic and anesthetic agents used and the amounts, concentrations, routes, and frequency of administration of each. Paralytic agents are not considered acceptable substitutes for anesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drug used. If none were used, provide justification for exclusion.
- *Human studies:* Indicate that the study was approved by an institutional review committee and that the subjects gave informed consent.
- *Drugs and Devices:* In the Methods, the complete name and location of the manufacturer must be supplied for all reagents, equipment, and devices used. In all other instances, the generic rather than trademark names of all drugs and devices.
- *Independent Data Access and Analysis:* The Editors consider it preferable for investigators to have direct access to the primary data in a clinical trial (raw and derived datasets) when reporting results of the trial. Alternatively, an independent party with an academic affiliation who has access to the primary data may serve as the analyst for the investigators. It is recognized that for logistical reasons these options may not be possible in

all instances. At a minimum, the authors should have the ability to query any aspect of the data either directly or through an independent analysis. However, the Editors reserve the right to ask for additional information from the corresponding author regarding measures that were taken to minimize bias and verify the integrity of the primary data and any analyses performed.

- *Guidelines for Clinical Trials*

    1. In accordance with the Clinical Trial Registration Statement from the International Committee of Medical Journal Editors and), all clinical trials in ***Journal INSUFICIENCIA CARDIACA*** must be registered in a public trials registry at or before the onset of participant enrollment. This requirement applies to all clinical trials that begin enrollment after July 1, 2005.
    2. Research is considered to be a clinical trial if it involves prospective assignment of human subjects to an intervention or comparison group to study the relation between a health-related intervention and a health outcome.
    3. The registry must be accessible to the public at no charge, searchable, open to all prospective registrants, and managed by a not-for-profit organization. The registry must include the following information: a unique identifying number, a statement of the intervention(s), study hypothesis, definition of primary and secondary outcome measurements, eligibility criteria, target number of subjects, funding source, contact information for the principal investigator, and key dates (registration date, start date, and completion date). The registry sponsored by the United States National Library of Medicine **(http://www.clinicaltrials.gov)** meets these requirements and is recommended by the editors.
    4. Other registries are acceptable if they meet these requirements. In addition to **www.clinicaltrials.gov**, the following registries are recommended by the ICMJE:
        1) http://isrctn.org
        2) www.umin.ac.jp/ctr/index/htm
        3) www.actr.org.au
        4) www.trialregister.nl

    In accordance with the ICMJE's recommendation, we will also accept registration of clinical trials in any of the primary registers that participate in the World Health Organization's International Clinical Trial Registry Platform. Primary registers are WHO selected registers managed by not-for-profit entities that will accept registrations for any interventional trials, delete duplicate entries from their own register, and provide data directly to the WHO. Please note that registration in any WHO partner registers is insufficient.
    5. The authors will be requested to provide the exact URL and unique identification number for the trial registration at the time of submission. Since this information will be published in a footnote on the first page of the article, we ask that you include the URL and identification number on the title page of your manuscript.
    6. Clinical trial reports should also comply with the Consolidated Standards of Reporting Trials (CONSORT) and include a flow diagram presenting the enrollment, intervention allocation, follow-up, and data analysis with number of subjects for each (http://www.consort-statement.org/?o=1011). Please also refer specifically to the CONSORT Checklist of items to include when reporting a randomized clinical trial.
    7. Results posted in the same clinical trials registry in which the primary registration resides will not be considered prior publication if they are presented in the form of a brief abstract (<500 words or less) or a table.

- *Guidelines for Meta-Analyses*

See "Meta-analysis of Observational Studies in Epidemiology: A Proposal for Reporting," JAMA 2000; 283: 2008-2012.

- *Guidelines for Studies on Diagnostic Tests*

See "The STARD Statement for Reporting Studies of Diagnostic Accuracy: Explanation and Elaboration," Ann Intern Med 2003; 138: 40-44.

- *Guidelines for Human Phenotype-Genotype Association or Linkage Studies*

A. Reporting issues.

1. Report process for selecting genes and SNPs.
2. Report Hardy-Weinberg statistics or p-values and method of calculating same.
3. Refer to existing public domain websites for the Human Gene Ontology name and the rs number for SNPs.
    - http://www.gene.ucl.ac.uk/nomenclature/
    - http://www.ncbi.nlm.nih.gov/projects/SNP/
    - http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=Snp
4. Describe genotyping methods. If numerous primers have been used, please include them in an online supplement.

B. False positive and false negative concerns. Given well-described problems with both false positive and false negative associations, phenotype-genotype association studies should meet some or all of the criteria below:

1. Phenotype is clearly defined, is heritable, and if a quantitative phenotype is reported, reproducibility data are provided.
2. The sample size is adequate to detect a SNP or haplotype with a modest effect. For genotype-trait associations, provide an estimate of the effect size that could be detected with power 0.80 or higher with the allele frequency and sample size reported.
3. Since multiple statistical testing methods are frequently used in genotyping-phenotyping studies, please include specifics of the primary model(s) tested. Nonessential secondary models may be published as electronic data supplements. Clinically relevant confounders should be included in multivariable models or residuals.

C. Review criteria for human linkage studies. Manuscripts should include the following:

1. Identifying plausible candidate genes under the linkage peak.
2. Follow-up fine mapping to narrow the region of linkage, &/or genotyping some of the candidate genes under the linkage peak.
3. Replication data from another sample.

- *Guidelines for Genomic and Proteomic Studies*

1. Preparation of Data Submitted: Data should follow the MIAME checklist (for more information see http://www.mged.org/Workgroups/MIAME/miame_checklist.html).

2. Accessibility of Data: Authors of papers that include genomic, proteomic, or other high-throughput data are required to make their data easily accessible for the reviewers and the editors during the review process.

3. You may submit your data to the NCBI gene expression and hybridization array data repository (GEO, http://www.ncbi.nlm.nih.gov/geo/) and provide the GEO accession number; or,

4. You may provide a link to a secure or publicly accessible website which hosts the data. Prior to publication, the data must be submitted and an accession number obtained. Access to the information in the database must be available at the time of publication. GEO has a web-based submission route, suitable for a small number of samples, or a batch submission tool (called SOFT). GEO is accessible from http://www.ncbi.nlm.nih.gov/geo/. The submission FAQ is available at http://www.ncbi.nlm.nih.gov/projects/geo/info/faq.html.

- *Guidelines for Proteins and Nucleic Acid Sequences*

Newly reported nucleotide or protein sequences must be deposited in GenBank or EMBL databases, and an accession number must be obtained. Access to the information in the database must be available at the time of publication. Authors are responsible for arranging release of data at the time of publication. The authors must also provide a statement in the manuscript that this sequence has been scanned against the database and all sequences with

significant relatedness to the new sequence identified (and their accession numbers included in the text of the manuscript).

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References

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- Verify all references against original sources
- List all authors for each reference; do not use "et al."

Example of a good reference: 1. Morris SA, Tanowitz HB, Wittner M, Bilezikian JP. Pathophysiological insights into the cardiomyopathy of Chagas' disease. Circulation 1992;82:1900-1909.

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- Cite references in numeric order according to first mention in the text. In the text, ensure accuracy of spelling and details of publication, i.e., the text citation should match the reference information.
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- "In press" citations must have been accepted for publication and the name of the journal or book publisher must be included.

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- Figure parts should be clearly labeled. Letters and locants must be uniform in size and style within each figure, and when possible, between figures. (The font size must be 10 point or higher.)
- Avoid headings on the figure. Heading information should appear in the figure legend.
- Line art should not contain hair lines, which are hard to reproduce
- Supply a scale bar with photomicrographs
- Provide double-spaced copy for figure legends on a separate page
- Symbols and abbreviations must be defined in the figure or its legend
- Limit white space between the panel and panel label
- Figures should be sized as close as possible to their final print size. Please note that very few figures qualify for a 2-column format.

Tables

- Begin each table on a separate page, double-spaced. Please remember that tables prepared with Excel are not accepted unless embedded within your text document.
- The table number should be Arabic, followed by a period and brief title
- Use same size type as in text
- Supply a brief heading for each column
- Indicate footnotes in this order: *, †, ‡, §, ||, #, **
- Do not use vertical lines between columns. Use horizontal lines above and below the column headings and at the bottom of the table only. Use extra space to delineate sections within the table.
- Abbreviations used in the table must be defined in a footnote to the table.

Online Data Supplements

Online Data Supplements are encouraged as an enhancement to the print Methods section. This optional section provides an opportunity to present supporting materials to the manuscript. Please note that all supplements undergo peer review and must be submitted with the original submission of the manuscript.

Online Data Supplements can consist of the following:

- Expanded Methods and Results
- Additional Figures
- Additional Tables
- Video Files

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- A copy of all submitted manuscripts mentioned in the article must be submitted as part of the review process
- A copy of all manuscripts, either in preparation or submitted, that potentially overlap with your ***Journal INSUFICIENCIA CARDIACA*** submission. Please note that failure to include such material is a violation of the journal's Ethical Policy, below.

- A copy of all in press articles cited in the Reference section must be supplied for review by the editors and the reviewers

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- The abstract cannot itself have been referenced in MEDLINE or PubMed.
- The potentially overlapping work and a separate explanation of the nature of any possible overlap with the submitted manuscript must accompany the submitted manuscript.

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- All revisions must be received within 90 days of the original decision date. If your revision is not received within that specified time limit, the manuscript will be considered *de novo*.

- Please label each page of your revision using your manuscript number followed by /R1, /R2, /R3, etc.
- In your written response to the reviewers' comments, give the exact page number(s), paragraphs(s) and line number(s) where each revision was made.
- A marked up version of the revision, with the changes to the manuscript highlighted or tracked, should be uploaded as a Supplemental File.
- You will need to describe conflicts regarding this manuscript for all authors.
- Original manuscript files should be submitted electronically to the Editorial Office, so as not to delay publication if and when the paper is accepted.

Accepted Manuscripts:

The following are required for publication:

1. Original source files for the manuscript text, tables and figures.
2. PDF of the final version of each figure or 1 glossy print of each figure.
3. Original source files for each online data supplement or a combined PDF of the online data supplement. If figure or movie files are included, please be sure to include figure and/or movie legends.

Note that:

- Only TIFF (tagged image file format), EPS (encapsulated postscript), JPG and PPT (Microsoft PowerPoint) files are acceptable for publication.
- Color files must be saved as CMYK (Cyan-Magenta-Yellow-Black) **not RGB** (Red-Green-Blue).
- Line art must be saved at resolution of at least 1200 dpi; photographs, CT scans, radiographs, etc, should be saved at a resolution of at least 300 dpi. Images saved at 72 dpi are not acceptable for printed publications.
- PowerPoint files can be acceptable, although PowerPoint is not a recommended application for image preparation. Color figures submitted as PowerPoint may experience a shift in hue. PowerPoint files must contain only supported fonts (Arial, Helvetica, Times Roman, and Symbol). If other fonts are used in the PowerPoint file or in EPS files embedded in a PowerPoint document, there is a significant chance of formatting errors or character substitutions. Images must be embedded in PowerPoint files, rather than "linked".
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1. Submit the image as TIFF, at one of the following resolutions:
2. Color: 300 dpi
3. Grayscale: 600 dpi
4. Line art: 1200 dpi

5. Text-based graphics should be provided as 300 dpi, closecropped TIFFs, sized to match print.
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