

## Instructions to Authors

The *Argentine Journal of Cardiology* is published in Buenos Aires, Argentina, by the Argentine Society of Cardiology. It covers all subjects of the specialty and is addressed to clinical and interventional cardiologists, internists, intensivists, as well as general practitioners and family physicians.

The *Argentine Journal of Cardiology* follows the instructions of the “*Uniform Requirements for Manuscripts Submitted to Biomedical Journals*” issued by the *International Committee of Medical Journal Editors* (see [www.icmje.org](http://www.icmje.org)) or the page entitled: Instructions to submit an article, in the *Argentine Journal of Cardiology*, where you will find the Instructions of the *International Committee of Medical Journal Editors*.

The Argentine Journal of Cardiology does not charge authors fees for article submission or processing

AJC/RAC has adopted the “Editorial Policy Statements” of the Council of Science Editors (CSE) to cover the responsibilities and rights of editors of peer-reviewed journals ([www.councilscienceeditors.org/14a/pages/index.cfm?pageid=3266](http://www.councilscienceeditors.org/14a/pages/index.cfm?pageid=3266)).

We will first list the various articles considered for publication and subsequently the items to follow when preparing a manuscript.

For information on how to prepare an article to be submitted for review to the *Argentine Journal of Cardiology*, follow carefully the Instructions to submit an article.

If the articles prepared by the authors are not in agreement with the instructions specified in these regulations, the editors of the *Argentine Journal of Cardiology* (abbreviation: Rev Argent Cardiol) will return them to the authors, so that the appropriate changes can be made.

### CATEGORIES OF MANUSCRIPTS SUBMITTED FOR PUBLICATION

#### Original article

These are scientific reports of the results of an original basic or clinical investigation. The text is limited to 2700 words, with a summary of up to 250 words (summary translated into Spanish, and an analytical summary not to exceed 150 words), a maximum of 5 tables and figures (total), up to 40 references and a maximum of 10 authors.

#### Brief communications

This is an original investigation. The background and discussion sections are shorter than in an original article. The text is limited to 1.500 words, with a summary of up to 150 words (summary translated into Spanish), a maximum of 3 tables and/or figures (to-

tal), up to 15 references and a maximum of 6 authors.

#### Special article

It includes personal data and conclusions, usually focusing on areas such as economic policy, ethics, laws or health care services. The text is limited to 2700 words, with a summary of up to 250 words (summary translated into English and an analytical summary not to exceed 150 words), a maximum of 5 tables and figures (total) and up to 40 references.

#### Clinical cases

(see *Scientific Letters*)

#### Review articles

*Review articles* are usually requested by the editors, from well-known local and foreign authors, but we will consider submissions of unsolicited articles. Please contact the *Editorial Office* before writing a review article for this Journal. All review articles are subjected to the same editorial and peer review process as original research articles. They can be written by various types of physicians (not more than 3 authors), who must not necessarily be cardiologists. Consequently they may include material which, for the specialists in that field might be considered introductory.

*Conflict of interest:* Since in essence, review articles are a selection and interpretation of the literature, The *Argentine Journal of Cardiology* expects the authors of such articles not to have a financial association with a company (or its competitor) selling or manufacturing products addressed in the article.

Below is a list of the different forms of “review articles”

#### Clinical Practice

*Clinical Practice* articles are evidence-based reviews on subjects relevant to practicing physicians, for primary care or general physicians as well as for specialists. Articles in this series shall include the following sections: clinical context, strategies and evidence, areas of uncertainty, professional societies guidelines and recommendations from the authors. The text is limited to 2500 words and a small number of figures and tables. No summary is required (although an analytical summary of up to 150 words is required).

#### Current Concepts

*Current Concepts* articles focus on clinical cardiology topics, including those of sub-specialty areas of general interest. The text is limited to 2500 words with a maximum of 4 figures and tables (total) and up to 50 references. No summary is required (although an

analytical summary of up to 150 words is required).

### **Pharmacological Therapy**

*Pharmacological Therapy* articles analyze in detail the pharmacology and use of specific drugs or classes of drugs, or of several drugs used to treat a specific disease. The text is limited to 3000 words, with a maximum of 6 figures and tables (total) and up to 80 references. No summary is required (although an analytical summary of up to 150 words is required).

### **Mechanisms of Disease**

*Mechanisms of Disease* articles discuss the cell and molecular mechanism of a disease or categories of disease. The text is limited to 3000 words, with a maximum of 6 figures and tables (total) and up to 80 references. No summary is required (although an analytical summary of up to 150 words is required).

### **Medical Progress**

*Medical Progress* articles provide a scholarly and comprehensive review of important clinical issues, mainly (but not exclusively) focusing on the developments occurred during the last five years. Articles shall explain how the perception of a disease or disease category, diagnostic procedure or therapeutic intervention have developed in recent years. The text is limited to 3000 words, with a maximum of 6 figures and tables (total) and up to 80 references. No summary is required (although an analytical summary of up to 150 words is required).

## **OTHER ARTICLES ACCEPTED FOR REVIEW**

**Editorials:** these usually comment and analyze an article appearing in that issue of the Journal. They may include one figure or table. They are generally invited articles, although very rarely an unsolicited editorial may be considered. Editorials are limited to 1200 words and up to 15 references.

### **Perspectives**

These are usually invited articles; however, we will consider unsolicited proposals. Perspectives provide the basis and context for an article of the Journal in which it is published. They are limited to 800 words and usually include one figure. No references are included.

### **Controversies**

These are always solicited. A question about a relevant medical problem is asked and two authors -designated by the Editorial Committee- present the defense (agonist) or criticism (antagonist).

### **Opinion Articles**

These articles are opinion essays. They are similar to the editorials but are not related to any specific article published in that issue. Often, they contain opinions

about health policy issues and are generally unsolicited. The text is limited to 2000 words.

### **Images in Cardiology**

These present the readers with common and classic images related to several aspects of Cardiology. Images are an important part of what we do and learn in Cardiology. Thus, this modality attempts to capture the sense of discovery and visual diversity encountered by cardiologists.

### **Occasional Notes**

These are reports of personal experiences or the description of material which is beyond the usual areas of medical research and analysis.

### **Book Reviews**

These are generally solicited. We will consider proposals for book reviews, but please contact the *Editorial Office* before submitting a review.

### **Letters from our readers**

These express the opinion about an article published in the last issue of the Journal. The text is limited to a maximum of 500 words and generally has no tables or figures (at most one, approved by the Editorial Committee), references are limited to five and authors are limited to three.

### **Scientific Letters**

clinical cases not exceeding 6 authors, 700 words, 2 figures or tables and 6 references will be accepted in Scientific Letter format.

The Editorial Committee prefers to receive the letters via e-mail (revista@sac.org.ar.) At the end of the letter, please include your telephone number, fax number and e-mail address.

## **INSTRUCTIONS TO SUBMIT AN ARTICLE**

### **Instructions:**

The instructions listed below should be followed when preparing articles, as well as the international requirements described in the "*Uniform Requirements for Manuscripts Submitted to Biomedical Journals*" written by the *International Committee of Medical Journal Editors*. See [www.icmje.org](http://www.icmje.org) or the page entitled Instructions to submit an article to the *Argentine Journal of Cardiology* where you will find specific instructions and the general instructions of the *International Committee of Medical Journal Editors*.

If the articles prepared by the authors are not in agreement with these specifications, the editors of the *Argentine Journal of Cardiology* (abbreviation: Rev Argen Cardiol), will return them for the appropriate changes to be made.

### **DUPLICATING A PUBLICATION**

A duplicated publication is one in which the material

substantially coincides with that of a previous publication.

The *Argentine Journal of Cardiology* shall not receive material the contents of which have been published totally or partially, or has been previously presented or accepted for publication elsewhere, with certain exceptions (see allowed secondary publications).

When the author presents the material, he/she should always include a statement addressed to the editor regarding all the presentations and previous reports which might be considered duplicate publications of the same or a similar study.

An attempt of duplicate publication, without previous notification and without the consent of the Editorial Committee, will result in its rejection.

If the article has already been published, the Editorial Committee shall publish a notice about the characteristics of the duplicated material, even without the authors' consent.

The Journal will not allow (except for exceptional cases) the preliminary dissemination in the general or scientific media of part or the complete manuscript which has been accepted but not yet published.

#### ACCEPTABLE SECONDARY PUBLICATIONS

The secondary publication of the same article in the same or a different language is acceptable if and when:

- 1) The editors approve such publication.
- 2) The editor of the second publication has a photocopy, reprint or manuscript of the first version.

A footnote in the second version informs the readers, examiners and reference agencies that the article has been previously published totally or in part, and should be quoted with its complete citation.

#### PROTECTION OF PATIENTS' PRIVACY

No descriptions, photographs or other details which might contribute to identify the patients should be published, unless such information were essential for the publication, in which case the patient, parent or tutor (in case of minors), should provide their written consent.

#### MANUSCRIPT PREPARATION

Original articles will usually (although not necessarily) be divided into the following sections: header, background, methods, results and discussion.

Longer articles may require subtitles in some sections (results and conclusions) in order to clarify their contents.

Case reports, updates and editorials do not require such format.

Pages should be numbered consecutively, beginning with the title, in the right upper corner of each page.

Pages should be letter size, including the text of figures and legends, and font size should be 10 cpi.

#### TITLE

- a) Title of the article, concise but informative.
- b) Name, first initial and last name of each of the authors.
- c) Name of the Department and institution where the study was performed.
- d) Name and address of the corresponding author for correspondence regarding the manuscript.
- e) Sources of support (donations, equipment, etc.).
- f) The title page should include the text word count (the title, summary, references, tables and figure legends should be excluded from the word count).

#### AUTHORSHIP

All designated authors should be qualified for authorship.

Every author should have had enough participation in the study so as to be publicly responsible for its content.

Merit for authorship should be based only on solid contributions.

- a) Conception and design or data analysis and interpretation.
- b) Writing of the manuscript or critical review of its intellectual content.
- c) Final approval of the review which will be published.

The three requirements described are mandatory. Participation exclusively in data collection or contribution of funds, as well as the exclusive task of overall supervision of the group do not justify authorship.

At least one author should be responsible for the parts of the manuscript that are critical with regards to its main conclusions.

The mentioned criteria also apply to multicenter studies and should be fulfilled by all authors.

Members of the group who do not fulfill such criteria should be listed, if they so agree, in the acknowledgement or appendix sections.

#### SUMMARY AND KEY WORDS

The second page should have a summary of up to 250 words.

The summary should explain the purpose of the study or investigation, the main procedures (selection of subjects or laboratory animals, as well as the observation, analytical and statistical methods). It should also describe the main findings (specific data and their statistical significance whenever possible, and the main conclusions. Additionally, it should emphasize the important and new aspects of the study or observation.

Below the summary, the authors should provide 3

to 10 key words for indexing purposes.

Keywords should be consulted in the Medical Subject Heading (MeSH) of the National Library of Medicine (available on [www.ncbi.nlm.nih.gov/entrez/mesh-browser.cgi](http://www.ncbi.nlm.nih.gov/entrez/mesh-browser.cgi)) or its Spanish version, DECS available on [www.decs.bvs.br/E/homepagee.htm](http://www.decs.bvs.br/E/homepagee.htm).

### **SUMMARY IN SPANISH**

It should consist of a true translation of the summary in English and should follow the same guidelines.

### **TEXT**

It will be divided into sections called: a) Background, b) Material and methods, c) Results and d) Discussion. The text should not exceed 2700 words. This word count excludes the summary (maximum of 250 words) and references (maximum 40 references).

### **Background**

Describes the purpose of the article and summarizes the study rationale.

Provides only references which are strictly pertinent and should not include data regarding the study conclusion.

### **Material and Methods**

This section clearly describes the selection of subjects destined to the observation and experimentation (patients or laboratory animals, including the control group).

It should provide the age, sex and other important characteristics of the subjects, and describe the methods, equipment (provide the manufacturer's name and address) and procedures with sufficient detail to allow other investigators to reproduce the results. It should also identify the statistical methods used, as well as the drugs and chemical substances, including the chemical name, dose and route of administration.

Randomized clinical trials should provide information about the most important elements of the study, including the protocol and patient inclusion flow chart and they should follow the CONSORT's guidelines (see the article in the instructions section of the Journal's web page).

Authors who present reviews should include a section describing the methods used for obtaining, selecting and summarizing the data; such methods should be shown in the summary in an abbreviated manner.

### **Ethics**

When performing clinical trials with human beings, the procedures used should be clearly in agreement with the standards of the Ethics Committee responsible for human experimentation, either institutional or regional, and with the Declaration of Helsinki of 1975, amended in 1983 and revised in 1989, and that should be clearly stated in the methodology section of

the study.

Do not use the patients' name, initials or their hospital chart number, particularly in the illustrations material.

All research studies involving experimental animals should have been performed according to the "Guidelines for the care and use of laboratory animals" (<http://www.nap.edu/readingroom/books/labrats/>), of the U.S. National Academy of Sciences, updated by the American Physiological Society (APS) (<http://www.the-aps.org/committees/animal/index.htm>).

### **Statistics**

Statistical methods should be described with enough detail so as to allow the readers to verify the results. Whenever possible, findings should be quantified and presented with the appropriate measurement units and indicators of error or uncertainty (such as confidence intervals). Authors should avoid relying only on statistical hypothesis tests, such as the use of the "p" value, since they fail to convey important quantitative information.

Authors should also provide details regarding randomization, description of the method ensuring blind observation, and the presence of complications during treatment. If data are summarized under the results section, the analytical method used for the analysis should be described.

Statistical terms, abbreviations and symbols have to be defined.

### **Results**

Results have to be presented in a logical sequence throughout the text, tables and illustrations. Data shown in the tables and illustrations should not be repeated in the text; only the important observations should be emphasized or summarized.

The number of tables and figures used should be restricted to those necessary to explain and support the material presented. Graphics can be used as an alternative to tables with numerous entries.

### **Discussion**

New and important aspects of the study should be emphasized, as well as the conclusion thereby derived.

Do not repeat data already stated in the Background or the Results sections.

In the discussion section, include the findings, their implications and limitations, including the implications of future investigations. Relate the observations made with those of other important studies.

The conclusions should be related to the objectives of the study. Unqualified reports and conclusions that are not completely supported by the data should be avoided.

The authors should avoid providing information about economic cost-benefit relations unless the manuscript includes economic data and their analysis.

Claiming priority or referring to other studies that

have not been completed should also be avoided.

Consider other hypotheses when justified, but define them clearly as such.

When appropriate, recommendations may be included.

### Authorship criteria

All contributing authors must fill out an Authorship Statement form and sign this statement and submit it to the Editorial Office. Accepted manuscripts will not be published until signed statements from all authors have been received. As for Authorship criteria, the AJC adheres to the ICMJE recommendations, which propose that authorship is based on the following 4 criteria: 1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and 2) Drafting the work or revising it critically for important intellectual content; and 3) Final approval of the version to be published; and 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>).

### Plagiarism detection

Each manuscript is checked for plagiarism. We use CrossRefMed ([www.crossrefme.com](http://www.crossrefme.com)), Article Checker ([www.articlechecker.com](http://www.articlechecker.com)), and Plagiarisma ([www.plagiarisma.net](http://www.plagiarisma.net)) online services, and deal with suspicious manuscripts following COPE flowcharts (<http://publicationethics.org/resources/flowcharts>).

### Conflict of Interest

At the end of the text, under the subtitle: "Conflict of Interest statement", all authors (of original articles, reviews, editorials or any other type of article), must disclose any relation with any type of organization that entails financial interests, direct or indirect, in the subjects, issues or materials discussed in the manuscript (i.e., consulting, employment, expert witness, honoraria, paid conferences, advance payments, subsidies, reimbursements, royalties, stock options, or property), which might affect the conduction or report of the accepted study, within three years of the beginning of the accepted study. If the authors are uncertain about potential conflicts of interest, they should report them for assessment. If no conflict of interest is present, the authors should state it in writing.

Since editorials and reviews are based on the selection and interpretation of the literature, the Journal expects the author of such articles not to have any financial interest in the company (or its competitors) that manufactures the product discussed in the article.

Information regarding potential conflicts of interest should be available to the reviewers and will be published with the manuscript at the discretion of

the Editorial Committee. Authors who have questions about these issues should contact the Editorial Office.

### Acknowledgements

All authors are required to complete and e-mail the Conflict of Interest (COI) form to [revista@sac.org.ar](mailto:revista@sac.org.ar) which will be sent to them by the editorial office once the work is accepted.

These should be included in the appendix of the text and should specify the following:

1) Contributions that merit acknowledgement but do not justify authorship, such as the general support of the University or Department.

2) Acknowledgement for material and financial support; the nature of the support should be specified.

People who have contributed intellectually to the study but whose intervention does not justify authorship may be mentioned; their role and contribution may also be described. For example: "scientific advisor", "critical review of the study objectives", "data collection", or "participation in the clinical work". Such people should provide their consent in order to be mentioned in the article. It is the authors' responsibility to obtain the written permission from the people mentioned in the acknowledgements, since the readers may infer their approval of the data and conclusions. The technical legend should be acknowledged in a separate paragraph.

### References

References should be numbered in Arabic numbers, in parentheses, in the order in which they are mentioned in the text, tables and legends. The number of references allowed is up to 40 for original papers and up to 80 for review articles.

The style should follow that of the examples, which are based on the style used by the Index Medicus. Example: Batro A, Braun Menéndez E, Arias O. The gallop rhythm. *Rev Argent Cardiol* 1934; 1:117-137. Book chapters: Authors' name. Chapter title. Editors. Book name. Edition N° (if more than one). Publisher. City. Country and year of the edition. First and last page. Example: Rosenbaum MB, Elizari MV, Lazzari JO (ed). *Hemiblocks*. Paidos. Buenos Aires. Argentina 1968, 54-202. The last name of the first 6 authors should be followed by their initials and (if more than 6 authors) "et al".

Summaries as references should be avoided, and material that has been accepted but not yet published and is cited in the references shall be designated as "in press" or "in preparation"; the authors must attach written permission to quote such material. Information from articles that have been presented but not yet accepted shall be quoted in the text as "unpublished observations", with written permission from the source. "Personal communications" should be avoided unless they contain information which is essential or not available from other sources. The name of the person and the date of the communication will

be quoted in the text in parentheses. The authors must obtain written permission and confirmation of the veracity of a personal communication.

The original articles in the references should be verified by the authors.

### Tables

Tables should be printed or typed double-spaced in separate pages and cannot be submitted as photos. They should be numbered consecutively in the order in which they were cited in the text, and each one should have a brief title. Every column should have an abbreviated header, and clarification should be presented as footnotes (not in the headers).

All non-standard abbreviations in the table must be explained.

For the footnotes, use the following symbols in this sequence: \*, †, ‡, §, 11, \*\*, ††, ‡‡, etc.

Statistical parameters, such as standard deviation and the standard error of the mean should be identified. Make sure that all tables have been cited in the text. If data from other sources are cited, (whether published or not), permission should be obtained and the source must be disclosed.

The use of too many tables for the length of the text may lead to problems in page configuration.

The Revista Argentina Cardiología will accept a total number of 5 tables and figures.

### Illustrations

Numbers, letters and symbols should be clear and their size appropriate, so that even after being reduced for publication, all items remain legible. Titles and detailed explanations will be in the text of the legends rather than the illustration itself. Figures shall be labeled in the back, indicating number and author's name in the upper portion of the figure. Do not write in the back of the figures. Avoid scratching them or damaging them with paper clips; do not bend them or mount them on cardboard.

If photographs of people are used, either the person should not be identified or the authors should have written permission to use the photograph (see protection of patients' rights).

Figures should be numbered consecutively in the order in which they have been previously cited in the text. If a figure has already been published, the original source should be cited and written permission for its publication should be attached.

Permission should be obtained from all authors and the editor, except if the documents involved are in the public domain. Color figures will only be published if the authors pay for the extra charge.

### Measurement units

Measures of length, weight, height and volume should be expressed in the decimal metric system; temperature should be expressed in degrees Celsius and blood pressure in mm of Hg.

All clinical, hematological and chemical measurements should be expressed in the metric system and/or IU.

### Abbreviations and symbols

Abbreviations adequately explained in table format will be presented in a separate page.

Use only standard abbreviations. Do not use abbreviations in the title or the summary; when used in the text, the complete word should be spelled out before the abbreviation, unless it is a standard measurement unit.

### SUBMISSION OF THE MANUSCRIPT

Authors should submit the manuscript by entering OJS: <http://ppct.caicyt.gov.ar/index.php/rac>.

The instructions to follow are available in "Journal Help" on the same website .

### REVIEW

The Director of the Journal assigns each paper to one of the members of the Editorial Committee, who must read it and in a very brief period notify whether its publication is of interest.

If the report of that member is positive, the article, without the name of the authors or the Institution/s, is sent to 2 or 3 external reviewers who are experts in the subject and to a biostatistician, who after a maximum of 14 days should submit their analyses and comments.

The manuscript may be rejected or approved by the reviewers; if changes were required, the reviewers' comments will be sent to the responsible author for corrections. The reviewers' written comments are anonymous.

The corrected version sent by the authors to the Editorial Office shall consist of 2 electronic versions: one with the original manuscript highlighting or underlining the parts where changes were made, and the other one will be the new complete version. Additionally, the authors should attach a letter containing the detailed responses to the reviewers' comments. Once received by the Journal's Secretariat, the corrections will be resubmitted to the reviewers for their acceptance. If the corrections are accepted, the usual steps of the publication process are followed (editing and style, editing of the English version, galley proofs, etc.).

### EXPEDITED PUBLICATION

The decision of accepting an article as "expedited publication" rests exclusively with the Editorial Committee.

The Editorial Committee will make that decision based solely on the subject of the manuscript, which should be novel or very current. The objective of the Journal is to publish in an expedite manner original

subjects with an impact on clinical practice.

In such cases, the reviewers should make a decision within a time frame not to exceed one week and if the paper is approved, the proofreaders will be in contact with the authors daily via e-mail or telephone, and will ask the authors to make the necessary correc-

tions or changes within 48 hours of the notice.

The Journal's Editorial Committee can make the decision to publish the manuscript either partially or totally, in electronic format in the Journal's web page, before the actual publication of the Journal in hard copy.