



Canadian Journal of
Cardiology

Journal canadien
de cardiologie

www.onlinecjc.ca

Journal of the
Journal de la



Canadian
Cardiovascular
Society

Société
canadienne
de cardiologie

Instructions for Authors

The *Canadian Journal of Cardiology (CJC)* is the official journal of the Canadian Cardiovascular Society (CCS). The *CJC* is a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science, particularly serving as the major venue for Canadian cardiovascular medicine. The *CJC* publishes original reports of clinical and basic research relevant to cardiovascular medicine, as well as editorials, review articles, and case reports. Papers on health outcomes, policy research, ethics, medical history, and political issues affecting practice, as well as letters to the editor, are welcomed. The *CJC* accepts and publishes articles in the English language only. Manuscripts are received with the understanding that they are submitted solely to the *CJC* and that none of the material contained in the manuscript has been published previously or is under consideration for publication elsewhere, with the exception of abstracts. Redundant or duplicate publications will not be considered. Duplicate submission is a significant breach of scientific ethical principles and may result in sanctions. All statements and opinions are the responsibility of the authors. The CCS reserves copyright on all published material, and reproduction of the material, even by the authors, requires written permission. With submission of a manuscript, a letter of transmittal must include the following 4 statements:

1. All authors have participated in the work and have reviewed and agree with the content of the article.
2. None of the article contents are under consideration for publication in any other journal or have been published in any journal.
3. No portion of the text has been copied from other material in the literature (unless in quotation marks, with citation).
4. I am aware that it is the author's responsibility to obtain permission for any figures or tables reproduced from any prior publications, and to cover fully any costs involved. Such permission must be obtained prior to final acceptance.

EDITORIAL POLICY

Each issue of the *CJC* carries the following statement, to which the authors agree when they submit a manuscript for consideration:

Statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s), Society, or publisher; and the Editor(s), Society, and publisher disclaim any responsibility or liability for such material.

ARTICLE CLASSIFICATIONS

At the discretion of the Editor-in-Chief, submissions may be accepted for either print or online publication. Case Reports and Images in Cardiology papers are generally published online only. Word-count limits (see below) generally refer to all elements of the article, including the abstract, acknowledgements, references, tables, and figure legends.

Original Papers are generally limited to 4,500 words, including all elements (title page, abstract, text, references, tables, and figure legends) in the principal Microsoft Word file, except for brief summary, word count, and short title. Rare exceptions to the word length limit may be granted by the Editor-in-Chief for specific reasons.

Editorials and Viewpoint Papers. Editorials are normally invited. However, unsolicited Editorials and Viewpoint articles are welcomed and will be submitted for peer review. The distinction between Editorials and Viewpoints is that an Editorial will generally present comments on an article (usually accompanying it in the same issue of the Journal), whereas Viewpoints will present comments on a topical and/or controversial issue in clinical or basic cardiovascular medicine. Editorials should cite the paper commented on as one of the references in the paper. Length for both Editorials and Viewpoint papers should be no more than 2,000 words including all elements (title page, text, references, tables and figure legends). No abstract or brief summary should be provided for Editorials. Viewpoint articles should include a 250-word unstructured abstract as well as a 60-word summary for online listing. Conflict of interest guidelines apply.

Cardiovascular Controversies - Point/Counterpoint. These are short articles presenting opposite positions of an area of controversy in cardiovascular medicine. They are usually invited, with 2 articles (1 for each side of the argument) invited at the same time, to be published together in the same issue of the journal. Length should be no more than 3,000 words including all elements (title page, abstract, text, references, tables, and figure legends). The abstract should be under 100 words and unstructured.

A brief summary (< 60 words) for electronic TOCs should be provided, but is not included in word count. Conflict of interest guidelines apply.

Review Articles are usually invited but unsolicited articles will also be considered. Reviews should not exceed 6,000 words including all elements (title page, abstract, text, references, tables, and figure legends). They should include a 250-word unstructured abstract as well as a 75-word summary should be provided for online listing.

Systematic Review/Meta-analysis papers follow the same length and structure guidelines as Review articles, except their abstract should be structured (Background, Methods, Results, Conclusions), and they are executed according to standards for the appropriate article type.

New Methods in Cardiovascular Research. This category will include reviews of important current methods as well as newly developed techniques and approaches. The focus will be mostly on new and evolving methods in clinical research (e.g. new forms of trial design, biostatistical approaches, etc) but may also include fundamental work.

The guidelines will follow those for original articles if the manuscript describes the development of a specific new technique or method (see Original Articles in Article Classifications section). If the article is a review of a method(s) used, it will follow guidelines for review articles (see Review Articles in Article Classifications section). These articles are generally invited, but the editors will also consider author-initiated submissions.

CCS Guidelines and Position Statements are definitive positions taken by CCS-mandated committees on areas of clinical importance for which there is a need of guidance on diagnostic and therapeutic management. The word limit is generally 10,000 words for CCS Guidelines and 6,000 words for Position Statements, including all elements (title page, abstract, text, references, tables, and figure legends). Additional materials can be included as Online Supplementary Materials (see below). Additional options for publication of more extensive documents that must be approved prior to submission are: 1) publication of the Executive Summary in the print journal with the full document available as an externally funded journal supplement, which will generally be industry-sponsored (see guidelines for *CJC* supplements at www.onlinecjc.ca); 2) exceptionally, a series of papers in a theme issue of the Journal. If funds available are sufficient for typesetting but not printing, the full document can be published online. In some instances for which the size and focus of a series of guidelines papers can be accommodated in a specific appropriate theme issue of the *CJC*, option 2) may apply. In case of doubt, the authors should consult directly with the Editor-in-Chief. All CCS Guidelines and Position Statements published in *CJC* should have an unstructured 250-word abstract. Because of the extensive review that CCS Guidelines and Position Statements undergo at the level of the Secondary Review Panel and the CCS Guidelines Committee, these papers will generally be reviewed by the Editor-in-Chief and his/her designate rather than being sent to external peer-reviewers.

Guidelines and Position Statements from other societies and groups.

These must deal with an issue of interest in cardiovascular medicine and can be considered for publication in *CJC* based on scientific merit and pertinence to the mission of *CJC*. They must represent the results of a Guidelines or Position Statement exercise emanating from a recognized health care society and should follow similar requirements to those of CCS (evidence-based recommendations, primary and secondary review panels, etc). The word limit is 6,000 words including all elements (title page, abstract, text, references, tables, and figure legends). Additional materials can be included as Online Supplementary Materials (see below). Additional options for publication of more extensive documents that must be approved prior to submission are: 1) publication of the Executive Summary in the print journal with the full document available as an externally funded journal supplement, which will generally be industry-sponsored (see guidelines for *CJC* supplements at www.onlinecjc.ca); 2) publication of the full article in print with printing costs (established by the *CJC* publisher Elsevier in consultation with CCS) defrayed by the submitting society or body. In case of doubt, the authors should consult directly with the Editor-in-Chief. All Guidelines and Position Statements published in *CJC* should have an unstructured 250-word abstract. Depending on the internal review process that these Guidelines and Position Statements undergo (e.g., Secondary Review Panel, etc), these papers may be reviewed by the Editor-in-Chief and his/her designate rather than being sent to external peer-reviewers. The final decision on review process will be made by the Editor-in-Chief, based on information provided at submission.

Instructions for Authors - continued

Co-publication with other journals of Guidelines and Position Statements. In general, *CJC* does not favor co-publication. In instances in which another society or organization is involved intimately and officially with CCS in elaboration of the Guidelines or Position Statements, co-publication will be considered. In such instances, agreements regarding co-publication should be made by the parties concerned (CCS, *CJC*, and other participating societies/journals) at the onset of Guidelines/Position Statement committee deliberation.

Case Reports must be informative to those in clinical practice. Case Reports should address uncommon presentations and/or treatments of common conditions, provide new insights into pathogenesis, or represent a newly recognized condition. The author(s) should provide sufficient literature review to place the report into context. No more than 5 references and 2 figures will be accepted, and the length should not exceed 1,000 words including all elements (title page, abstract, text, references, tables, and figure legends). An abstract of no more than 100 words should accompany the article and a 60-word summary should be provided for online listing.

Images in Cardiology papers demonstrate particularly insightful images used in the detection of cardiovascular disease. The imaging modality may be old or new. The text of submissions for this section should be limited to that necessary to describe the context and importance of the image(s) and should not exceed 500 words including all elements (title page, text, references, and figure legends). No more than 5 references and 2 figures will be accepted. No abstract should be included, but a 60-word summary (not included in word-count limit) should be provided for online listing.

In general, both Case Reports and Images in Cardiology are published online only. If the authors cannot include all materials they would like to make available within the word count/figure limits, additional figures, tables, text, etc. can be provided in a Supplementary Material section (see below).

Journal News and Commentary papers are short non-scholarly papers that comment on the state of the journal, an outstanding or controversial recent cardiovascular research advance, or an issue of *CJC*. For example, this would include brief Forewords to supplement issues or comments by the editor about progress of the journal, new features being planned, changes to policies, etc. Such papers are limited to a maximum of 1,200 words and 5 references. They do not normally have display items, but a maximum of 1 figure or table can be included in exceptional cases to make specific points in a clearer fashion. No abstract or summary are to be included.

Training/Practice papers present information of interest to practitioners, such as practical technical and patient management instruction or matters relating to health policy and promotion, as well as guidelines for Canadian cardiovascular training programs. These papers are primarily intended for guidance in practice, health promotion and/or training and are not detailed scholarly items—scholarly analyses should be submitted in the appropriate category (Clinical Research, Systematic Review/Meta-analysis, Review papers, Translational Medicine, or Viewpoint). The text of submissions for this section should be no more than 1,500 words. No more than 5 references and 2 display items (figures and/or tables) will be accepted. An unstructured abstract of no more than 250 words should accompany the article, and a 60-word summary should be provided for online listing. Submissions are divided into 3 subsections: 1) **Contemporary Issues in Cardiology Practice**, which will highlight issues of relevance to clinical practice in the face of rapidly-advancing technologies and new medical knowledge, 2) **Training in Cardiovascular Medicine and Research**, which deal with aspects relevant to cardiovascular clinical and research training programs, and 3) **Health Policy and Promotion**, which deal with matters relating to health policy and promotion.

Translational Medicine articles are generally invited, but unsolicited articles are also welcome. This section is intended to present reviews or meta-analyses dealing with novel scientific findings or concepts with important clinical relevance or application. Areas of potential application include (but are not limited to) physiology, pharmacology, molecular biology, genetics, genomics, pharmacogenomics, population science, etc. Word length and other guidelines are the same as for Review articles.

Brief Rapid Reports are brief papers reporting the results of clinical or basic research that is limited in scope but time-sensitive and of unusual interest. Articles for this section will receive rapid editorial attention, with a decision generally provided within 2 weeks of submission, rapid (within 6 weeks of acceptance) online publication, and print publication in the next available issue. Papers submitted for this section will be accepted with at most minor revision. If major revision is needed, the paper will subsequently fall into the Original Papers category. The submission cover letter should explain why the article is considered appropriate for this category. Maximum length is 3,000 words (including title page, abstract, text, references, tables, and figure legends; but excluding Brief summary), with a 100-word abstract and a maximum of 3 illustration items (figures plus tables). A 60-word Brief Summary should be provided for online listing.

Letters to the Editor may deal with any subject of current interest to cardiovascular medicine. If the subject concerns a recent publication in *CJC*, the letter will normally be forwarded to the authors for comment. Both the letter and the response may be edited for clarity or brevity. Letters should not exceed 400 words, with no more than 4 references and 1 figure or table. Conflict of interest guidelines apply.

Special Articles are papers that do not fall into one of the other categories listed here. This article type cannot be used for a submission without prior approval by the Editor-in-Chief. Authors wishing to submit a paper in the Special Article category should first clarify appropriateness and format with the Editor-in-Chief, before submission.

CONTACT INFORMATION

Stanley Nattel, MD

Editor-in-Chief

Professor of Medicine and Paul-David Chair in Cardiovascular

Electrophysiology, University of Montreal

Cardiologist and Director of Electrophysiology Research Program, Montreal Heart Institute

5000 Belanger St. E.

Montreal, Quebec

Canada H1T 1C8

T: +1-514-376-3330 ext 3990

F: +1-514-593-2493

E-mail: stanley.nattel@cm-mhi.org



BEFORE YOU BEGIN

ETHICS IN PUBLISHING

For information on Ethics in publishing and Ethical guidelines for journal publication see <http://www.elsevier.com/publishingethics> and <http://www.elsevier.com/journal-authors/ethics>.

CONFLICT OF INTEREST

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential conflicts of interest include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. See also <http://www.elsevier.com/conflictsofinterest>. Further information and an example of a Conflict of Interest form can be found at: http://help.elsevier.com/app/answers/detail/a_id/286/p/7923.

SUBMISSION DECLARATION

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see <http://www.elsevier.com/postingpolicy>), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere including electronically in the same form, in English or in any other language, without the written consent of the copyright-holder.

AUTHORSHIP

All authors should have made substantial contributions to all of the following: (1) the conception and design of the study, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content, (3) final approval of the version to be submitted.

COPYRIGHT

This journal offers authors a choice in publishing their research: Open Access and Subscription.

For Subscription articles

Upon acceptance of an article, authors will be asked to transfer copyright to the CCS by completing a 'Journal Publishing Agreement' (for more information on this and copyright, see <http://www.elsevier.com/copyright>). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations (please consult <http://www.elsevier.com/permissions>). If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases: please consult <http://www.elsevier.com/permissions>. Copies of letters granting permission must be submitted with the manuscript. Copyright fees, if any, are the responsibility of the author(s).

For Open Access articles

Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (for more information see <http://www.elsevier.com/OAauthoragreement>).

Instructions for Authors - continued

Permitted reuse of open access articles is determined by the author's choice of user license (see <http://www.elsevier.com/openaccesslicenses>).

Retained Author Rights

As an author you (or your employer or institution) retain certain rights. For more information on author rights for:

Subscription articles please see <http://www.elsevier.com/journal-authors/author-rights-and-responsibilities>.

Open access articles please see <http://www.elsevier.com/OAauthoragreement>.

ROLE OF THE FUNDING SOURCE

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

FUNDING BODY AGREEMENTS AND POLICIES

Elsevier has established agreements and developed policies to allow authors whose articles appear in journals published by Elsevier, to comply with potential manuscript archiving requirements as specified as conditions of their grant awards. To learn more about existing agreements and policies please visit <http://www.elsevier.com/fundingbodies>.

OPEN ACCESS

This journal offers authors a choice in publishing their research:

OPEN ACCESS

- Articles are freely available to both subscribers and the wider public with permitted reuse
- An Open Access publication fee is payable by authors or their research funder

SUBSCRIPTION

- Articles are made available to subscribers as well as developing countries and patient groups through our access programs (<http://www.elsevier.com/access>)
- No Open Access publication fee

All articles published Open Access will be immediately and permanently free for everyone to read and download. Permitted reuse is defined by your choice of one of the following Creative Commons user licenses:

Creative Commons Attribution-NonCommercial-ShareAlike (CC BY-NC-SA): for non-commercial purposes, lets others distribute and copy the article, to create extracts, abstracts and other revised versions, adaptations or derivative works of or from an article (such as a translation), to include in a collective work (such as an anthology), to text and data mine the article, as long as they credit the author(s), do not represent the author as endorsing their adaptation of the article, do not modify the article in such a way as to damage the author's honor or reputation, and license their new adaptations or creations under identical terms (CC BY-NC-SA).

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND): for non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

Elsevier has established agreements with funding bodies, <http://www.elsevier.com/fundingbodies>. This ensures authors can comply with funding body Open Access requirements, including specific user licenses, such as CC BY. Some authors may also be reimbursed for associated publication fees. If you need to comply with your funding body policy, you can apply for the CC BY license after your manuscript is accepted for publication.

To provide Open Access, this journal has a publication fee which needs to be met by the authors or their research funders for each article published Open Access.

Your publication choice will have no effect on the peer review process or acceptance of submitted articles.

The publication fee for this journal is **\$3,000**, excluding taxes. Learn more about Elsevier's pricing policy: <http://www.elsevier.com/openaccesspricing>.

LANGUAGE (USAGE AND EDITING SERVICES)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop <http://webshop.elsevier.com/languageediting> or visit our customer support site <http://support.elsevier.com> for more information.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include case details or other personal information or images of patients and any other individuals in an Elsevier publication. Written consents must be retained by the author and copies of the consents or evidence that such consents have been obtained must be provided to Elsevier on request. For more information, please review the *Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals*, <http://www.elsevier.com/patient-consent-policy>. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

If experimental animals are used, provide a statement in the text to indicate that all procedures followed were approved by an institutional animal research ethical review board. (This is a requirement for such studies to be published in the *CJC*). If human subjects are involved, the text must indicate that all gave informed consent and that the protocol was approved by the institutional human research ethics review committee.

SUBMISSION

Submission to this journal proceeds totally online and you will be guided stepwise through the creation and uploading of your files. The system automatically converts source files to a single PDF file of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF files at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including notification of the Editor's decision and requests for revision, takes place by e-mail removing the need for a paper trail.

Submit Your Article

Please submit your article via <http://ees.elsevier.com/cjc/>.



PREPARATION

GENERAL GUIDELINES

The manuscript should conform to the guidelines in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," 5th edition, prepared by the International Committee of Medical Journal Editors and published in *N Engl J Med* 1997;336:309-15 and *Can Med Assoc J* 1997;156:270-7, available online at <http://www.cma.ca/mwc/uniform.htm>.

MANUSCRIPT PREPARATION

The *CJC* will accept online submissions of original manuscripts through the Elsevier Editorial System (EES) at <http://ees.elsevier.com/cjc/>. Manuscripts submitted through this online system can easily be tracked by the authors, editors, and reviewers through final disposition. The corresponding author of the manuscript will receive automatic email notifications as the manuscript proceeds through the system. To begin using this system, go to <http://ees.elsevier.com/cjc/>. Click the "Register" link on the toolbar at the top left to input author demographics and set up an account. After registration is complete, a notice will be sent via email indicating a user ID and password. Use this information to log in as an author by choosing the "Login" link on the toolbar, and select "Submit New Manuscript." Follow the prompts to complete the submission according to the specifications below. Be aware that the manuscript (with abstract included within), each table, and each figure need to be prepared as separate files following the guidelines listed below. Contact the editorial office if you have any problems or questions. Your user ID and password can be changed at any time by logging into <http://ees.elsevier.com/cjc/> with your user ID and password and then clicking the "Change Details" link at the top of the page.

USE OF WORDPROCESSING SOFTWARE

It is important that the file be saved in the native format of the wordprocessor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the wordprocessor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier: <http://www.elsevier.com/guidepublication>). Note that source files of figures, tables and text

Instructions for Authors - continued

graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your wordprocessor.

MAIN MANUSCRIPT WORD FILE

The main Word file containing the manuscript should include the following elements in the following order:

- Title page
- Abstract
- Brief Summary
- Main text
- Acknowledgments, Funding Sources, and Disclosures
- References
- Figure Legends
- Tables

TITLE PAGE

Include the title (up to 150 characters in length, including spaces), authors' names (including full first name, middle initial, and family name) academic degrees, academic affiliations, and a short title of up to 50 characters (including spaces). Be sure that authors' names are listed as they should appear in MEDLINE. Provide the word count on a separate line. Provide the full name, exact mailing address with postal code, telephone and fax numbers, and email address of the corresponding author to whom communication, proofs, and requests for reprints should be sent.

BRIEF SUMMARY

For Original Papers, CCS Guidelines or Position Statements, Translational Medicine articles, and Review articles, on a separate page, provide a brief summary of no more than 75 words, which will appear in the online contents listing (and in the print issue for the e-only articles section, if applicable) to inform readers of the principal contents of each paper. For Case Reports, Images in Medicine, Training/Practice papers, and Brief Rapid Reports, a 60-word summary should be provided.

ABSTRACT

On a separate page provide an abstract of no more than 250 words (for Original Papers, CCS Guidelines or Position Statements, Translational Medicine, and Review articles) or 100 words (for Case Reports and Brief Rapid Reports) that summarizes the study and conclusions, with clinical implications indicated as appropriate. Whenever possible, conclude the abstract with a succinct sentence that summarizes the most important novel finding(s) of the paper and its (their) relevance. Original Papers should have a structured abstract, with the following sections: Background, Methods, Results, Conclusions. Abstracts for CCS Guidelines or Position Statements, Translational Medicine, Training/Practice papers, and Review articles, while the same length (250 word maximum) as those for Original Papers, should be unstructured (no Background, Methods, Results, Conclusions headings).

MANUSCRIPT TEXT

Text files must be saved as Microsoft Word files. To ensure that the final, published version matches the electronic file, use one of the following fonts: Arial, Courier, or Times. The use of other fonts may result in missing symbols. The font size should be 12 points. Abbreviations must be defined at first mention in the text and should follow the form recommended in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals." Appropriate headings and subheadings should be provided in the Methods, Results, and Discussion sections. References, tables, and figures should be numbered in the order of mention in the text. Authors are encouraged to conclude the Discussion with a brief paragraph summarizing the most important novel elements of the study and their relevance to cardiovascular medicine. The main Word file containing the manuscript should include the following elements in the following order: Title page; Abstract; Brief Summary; Main text; Acknowledgments, Funding Sources and Disclosures; References; Figure Legends; Tables.

ARTICLE STRUCTURE

Subdivision

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'.

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient detail to allow the work to be reproduced. Methods already published should be indicated by a reference: only relevant modifications should be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

ACKNOWLEDGEMENTS

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

FUNDING SOURCES

Any and all relevant funding sources for the study should be listed, including funding from industry and peer-review funding (with grant numbers if available). Funding Sources should be indicated in a separate paragraph after the Acknowledgements section.

DISCLOSURES

All potential conflicts of interest must be identified in this section. Potential conflicts of interest that should be disclosed include: relationships with pharmaceutical and biomedical device companies or other corporations whose products or services are related to the subject matter of the article, from which any of the authors may obtain potential financial benefits. Such relationships include, but are not limited to, employment by an industrial concern, equity or stock ownership by authors or family members, membership on a standing advisory council or committee, being on the board of directors or publicly associated with the company or its products, where the concern produces products whose value or perception could be influenced by the content of the article. Other areas of real or perceived conflict of interest could include receipt of honoraria or consulting fees or receiving grants or funds from such corporations or individuals representing such corporations. Intellectual property rights held by the authors for inventions relevant to the subject of the article should also be declared. Funding by peer-review grant agencies does not generally constitute a conflict of interest, unless the funding is for intellectual property development related to the material covered in the paper from which the authors stand to obtain potential financial gain. Peer-review funding relevant to the material covered in the paper that does not constitute a conflict of interest should be indicated in the Funding Sources section that precedes the Disclosures section. If there are no potential conflicts of interest, this should be designated by indicating "none" in the Disclosures section. Disclosures should be indicated in a separate paragraph after the Funding Sources section.

MATH FORMULAE

Present simple formulae in the line of normal text where possible and use the solidus (/) instead of a horizontal line for small fractional terms, e.g., X/Y. In principle, variables are to be presented in italics. Powers of e are often more conveniently denoted by exp. Number consecutively any equations that have to be displayed separately from the text (if referred to explicitly in the text).

Embedded math equations

If you are submitting an article prepared with Microsoft Word containing embedded math equations then please read this related support information (http://support.elsevier.com/app/answers/detail/a_id/302/).

ARTWORK

Figure artwork must be submitted in electronic format.

Electronic Artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the printed version.
- Submit each illustration as a separate file.

A detailed guide on electronic artwork is available on our website:
<http://www.elsevier.com/artworkinstructions>

You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (e.g., Word, PowerPoint) then please supply 'as is' in the native document format.

Instructions for Authors - continued

Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below):

EPS (or PDF): Vector drawings, embed all used fonts.

TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.

TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.

TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.

PLEASE DO NOT:

- Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
- Supply files that are too low in resolution;
- Submit graphics that are disproportionately large for the content.

Color Artwork

Authors are encouraged to submit all figures in color. All figures submitted in color will be published in color online free of charge. Select color figures will be published in color in print at the Editor-in-Chief's discretion. Otherwise, the author(s) must pay the cost of color printing, which is \$650 for the first figure and \$100 for each additional figure.

ILLUSTRATION SERVICES

Elsevier's WebShop (<http://webshop.elsevier.com/illustrationservices>) offers Illustration Services to authors preparing to submit a manuscript but concerned about the quality of the images accompanying their article. Elsevier's expert illustrators can produce scientific, technical and medical-style images, as well as a full range of charts, tables and graphs. Image 'polishing' is also available, where our illustrators take your image(s) and improve them to a professional standard. Please visit the website to find out more.

Figure Legends

Figure legends should follow the References and tables in the same Microsoft Word file as the text of the paper. Type figure legends double-spaced, with figure numbers corresponding to the order in which the figures are presented in the text. Identify all abbreviations appearing in figures in alphabetical order at the end of each legend. Provide enough information to allow interpretation of the figure without reference to the text. Written permission must be obtained from the copyright holder (usually the publisher) to reproduce any previously published figures. Cite the source of the figure in the legend. Figure legends should not appear in the figures themselves.

TABLES

Tables should follow the References and precede the figure legends in the same Microsoft Word file as the text of the paper. Tables must be created using Microsoft Word (.doc) or Excel (.xls). Type tables double-spaced on a separate sheet for each table, with the table number and title above the table and explanatory notes below. Table numbers should appear in Arabic numerals and should correspond to the order of the tables in the text. In a footnote to each table provide an alphabetical listing of all abbreviations used. Written permission must be obtained from the copyright holder (usually the publisher) to reproduce any previously published table or adapted table.

REFERENCES

Citation in Text

Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference Style

Identify references in the text by Arabic numerals set as superscript. Type the reference list double-spaced, on pages separate from and following the text, with each reference numbered consecutively in the order in which it is mentioned in the text. (References cited in tables and figures, but not in the text, should also be numbered following the text references.) Personal communications, manuscripts in preparation, and other unpublished data should not be cited in the reference list but may be mentioned in the text in parentheses. Identify abstracts with the abbreviation "Abst" and letters to the editor by "Lett" in parentheses; in general, abstracts should not be cited if more than two years old.

The reference style is that of *Index Medicus*. Journal references should contain inclusive page numbers; book references specific page numbers; and website references the date of

access (references to other types of electronic documents should include format of the document). Journal abbreviations should conform to those used in *Index Medicus*, National Library of Medicine. The style and punctuation of references are as follows:

PERIODICAL

List all authors if six or less; otherwise list first three and add "et al." Do not use periods after authors' initials. Kohl P, Day K, Noble D. Cellular mechanisms of cardiac mechano-electric feedback in a mathematical model. *Can J Cardiol* 1998;14:111-9.

BOOK

Svensson LG, Crawford ES. *Cardiovascular and Vascular Disease of the Aorta*. Toronto: WB Saunders Company, 1997:184-5.

CHAPTER IN BOOK

Trehan S, Anderson JL. Thrombolytic therapy. In: Yusuf S, Cairns JA, Camm AJ, Fallen EL, Gersh BJ, eds. *Evidence Based Cardiology*. London: BMJ Books, 1998:419-44.

WEBSITE

National Library of Medicine. Images from the History of Medicine. Available at: www.nlm.nih.gov. Accessed on January 5, 1999.

VIDEOS

Videos may be submitted for publication online, at no cost to the author(s). Video clips should be submitted as MPG, MOV, AVI, or GIF files. The author(s) should verify that all video clips take less than one minute to load and that they play properly. The file size should be less than 1.5 MB. Larger clips are permissible with 3-D images.

SUPPLEMENTARY MATERIAL FOR ONLINE PUBLICATION

In cases where information associated with an article is too extensive for publication in the Main Paper (e.g., detailed methods, data sets, additional figures or tables), this content can be included as online-only supplemental information. All supplementary material (other than videos) should be incorporated in a single PDF file at the time of manuscript submission. The materials should amplify the information in the print article and must be called out sequentially in the text (e.g., Supplemental Methods, Supplemental Table S1, Supplemental Figure S1, etc.). Each set of online supplementary information should be numbered beginning with S1, and continuing as S2, S3, etc. Titles and/or legends for each supplementary figure or item should be included within the table or figure so that it appears in the appropriate place in the PDF file. Supplementary material will not be typeset.

CHECKLIST

- Cover letter
- Title page:
 - Article title
 - Full names and affiliations of all authors
 - Name, mailing address, telephone and fax numbers, and email address of corresponding author
 - Short title
- Abstract
- Summary
- Article main text (including Acknowledgements, Funding Sources, and Disclosures sections at end)
- References
- Tables
- Figure legends
- Figures (in a separate file(s))
- Permission to reproduce previously published materials
- Informed consent for patient photographs



AFTER ACCEPTANCE

Availability of accepted article

This journal makes articles available online as soon as possible after acceptance. This concerns the accepted article (both in HTML and PDF format), which has not yet been copyedited, typeset or proofread. A Digital Object Identifier (DOI) is allocated, thereby making it fully citable and searchable by title, author name(s) and the full text. The article's PDF also carries a disclaimer stating that it is an unedited article. Subsequent production stages will simply replace this version.

Availability of accepted article

USE OF THE DIGITAL OBJECT IDENTIFIER

The Digital Object Identifier (DOI) may be used to cite and link to electronic documents. The DOI consists of a unique alpha-numeric character string which is assigned to

Instructions for Authors - continued

a document by the publisher upon the initial electronic publication. The assigned DOI never changes. Therefore, it is an ideal medium for citing a document, particularly 'Articles in press' because they have not yet received their full bibliographic information. Example of a correctly given DOI (in URL format; here an article in the journal *Physics Letters B*):

<http://dx.doi.org/10.1016/j.physletb.2010.09.059>

When you use a DOI to create links to documents on the web, the DOIs are guaranteed never to change.

PROOFS

One set of page proofs (as PDF files) will be sent by e-mail to the corresponding author (if we do not have an e-mail address then paper proofs will be sent by post) or, a link will be provided in the e-mail so that authors can download the files themselves. Elsevier now provides authors with PDF proofs which can be annotated; for this you will need to download Adobe Reader version 7 (or higher) available free from <http://get.adobe.com/reader>. Instructions on how to annotate PDF files will accompany the proofs (also given online). The exact system requirements are given at the Adobe site: <http://www.adobe.com/products/reader/tech-specs.html>.

If you do not wish to use the PDF annotations function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting line number. If, for any reason, this is not possible, then mark the corrections and any other comments (including replies to the Query Form) on a printout of your proof and return by fax, or scan the pages and e-mail, or by post. Please use this proof only for checking the typesetting, editing, completeness and correctness of the text, tables and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editor. We will do everything possible to get your article published quickly and accurately — please

let us have all your corrections within 48 hours. It is important to ensure that all corrections are sent back to us in one communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely your responsibility. Note that Elsevier may proceed with the publication of your article if no response is received.

REPRINTS

A reprint order form will be sent to the corresponding author when the article is accepted and submitted to the publisher.

COPYRIGHT AGREEMENT

The corresponding author must sign a copyright agreement, which will be sent to the author when the manuscript is accepted for publication.



AUTHOR INQUIRIES

For inquiries relating to the submission of articles (including electronic submission) please visit this journal's homepage. For detailed instructions on the preparation of electronic artwork, please visit <http://www.elsevier.com/artworkinstructions>. Contact details for questions arising after acceptance of an article, especially those relating to proofs, will be provided by the publisher. You can track accepted articles at <http://www.elsevier.com/trackarticle>. You can also check our Author FAQs at <http://www.elsevier.com/authorFAQ> and/or contact Customer Support via <http://support.elsevier.com>.