



Canadian Journal of
Cardiology

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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:

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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 5,000 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 2,500 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 7,000 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 and Practice. 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 and/or practice (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.

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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

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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.

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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.

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Instructions for Authors - continued

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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).

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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.

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