



Canadian Journal of  
Cardiology

Journal canadien  
de cardiologie

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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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### 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.

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**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.

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## 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.

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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.

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## Instructions for Authors - continued

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

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- Main text
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- References
- Figure Legends
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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.

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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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#### 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](http://www.nlm.nih.gov). Accessed on January 5, 1999.

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