INSTRUCTIONS FOR AUTHORS

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1. Revista Española de Cardiología

Revista Española de Cardiología (Rev Esp Cardiol) is an international scientific journal devoted to the publication of research articles on cardiovascular medicine. The journal is the official publication of the Spanish Society of Cardiology. Articles are published in Spanish for the print edition and in both Spanish and English in the electronic edition, which is available on the Internet. Regular sections include original articles reporting clinical, basic, and epidemiological research, as well as scientific letters, review articles, special articles, editorials, images in cardiology, and Letters to the Editor.

The electronic edition of Rev Esp Cardiol is available in Spanish (http://www.revespcardiol.org) and English (http://www.revespcardiol.org/en); the print version is published in Spanish alone.

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2. EDITORIAL PROCESS

Manuscripts should be submitted to Rev Esp Cardiol via our online manuscript management system (https://www.editorialmanager.com/rec/). Once received, the editorial office will check that the manuscript meets the publication guidelines for the type of article submitted. Manuscripts failing to do so will be returned to the author for modification before the editorial process can begin. Manuscripts meeting the requirements are assigned to an editor and authors are sent a manuscript reference number by e-mail. This number allows authors to track the progress of their manuscripts through the online menu (Current status option). Please quote this reference number in any communication with the editorial office.

After the peer-review process, the corresponding author will be notified of the editorial decision, which can be any of the following: a) request for modifications, b) rejection, or c) acceptance. a) If modifications are requested, the authors are given a deadline for the return of the revised manuscript. Revised manuscripts must be accompanied by the authors’ response to reviewers. The editorial office will return the manuscript for further revision if the requirements are not met. b) If the editorial decision is rejection, a new version of the manuscript cannot be submitted unless authorized by the Editors team after an appeal (5. INQUIRIES AND APPEALS). c) If the manuscript is accepted for publication, it will be pre-edited by the editorial office. In this phase, the authors may receive a new request to make further stylistic changes. In the final letter of acceptance, the authors are offered the possibility of paying for the publication of color figures in the print version (600 EUR). Subsequently, authors are requested to transfer the copyright and select the publication mode (open access or restricted access); if open access is chosen, the corresponding payment is made.

Once the provisional PDF of the article is ready, the corresponding author is sent the file and asked to check the proofs of the article in the original submission language. In parallel, a final review is made by the editorial office. Once the relevant changes have been incorporated, the article is published as an ahead of print version and the editing of the complementary language begins. Finally, the article is published in a specific issue of the journal, which will depend on editorial scheduling and other criteria.
3. HOW TO PREPARE AN ARTICLE FOR REV ESP CARDIOL

3.1. BEFORE YOU BEGIN

**Ethical responsibilities**

Authors submitting a manuscript accept full responsibility for its content as defined by the International Committee of Medical Journal Editors (see ICMJE).

The research reported in papers submitted to Rev Esp Cardiol should be carried out in accordance with internationally accepted recommendations for clinical investigation (Declaration of Helsinki from the World Medical Association, revised October 2013) or for laboratory research involving animals (American Physiological Society).

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**Submission declaration**

Submission of an article implies that the work described has not been previously published (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see the “Multiple, redundant or concurrent publication” section of our ethics policy for more information), that it is not under consideration for publication elsewhere, that its publication has been 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 in the same form, in English or in any other language, including electronically, without the written consent of the copyright-holder. To verify originality, the manuscript may be checked by the originality detection service CrossCheck.

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Systematic reviews and meta-analyses should follow the PRISMA statement criteria (https://doi.org/10.1136/bmj.n71).

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In line with the position of the International Committee of Medical Journal Editors, the journal will not consider as prior publication results that are posted in the same clinical trials registry as the primary registration if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, dissemination of results in other circumstances (e.g., investors’ meetings) is discouraged and may jeopardize consideration of the manuscript. Authors should fully disclose all inclusion in registries of results of the same or closely related work.

**Description of randomized clinical trials**

Randomized controlled trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram illustrating patients’ progress through the trial, including recruitment, enrollment, randomization, withdrawal, and completion, and a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available online.
Registration of clinical trials

Registration in a public trials registry is a condition for publication of clinical trials in Rev Esp Cardiol, in accordance with International Committee of Medical Journal Editors recommendations. Trials must be registered at or before the start of patient enrollment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects of health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (eg, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

Declaration of interest

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Authors are requested to identify institutions that have 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 data collection, analysis, and interpretation; in drafting the manuscript; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, then this should be stated.

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- Granting final approval of the version to be published
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If authors wish to specify the contributions of one or more of the contributing authors, they must complete the author contributions form and send it with their manuscript using the Cover letter menu item.

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To facilitate article publication, personal data will be entered into an automatic database belonging to the Spanish Society of Cardiology. Unless otherwise indicated, by submitting your article, you expressly authorize that your first name, second name(s), contact address, and e-mail address will be published in Rev Esp Cardiol, the annual summary published by the Spanish Society of Cardiology, and on the webpage (www.revespcardiol.org/en) in order to acknowledge authorship of the article and to assist readers in contacting you.

3.2. INSTRUCTIONS FOR AUTHORS

Submission

Manuscripts should be submitted for evaluation by Rev Esp Cardiol via an online manuscript management system (https://www.editorialmanager.com/rec/). Any queries should be addressed to our editorial office: rec@revespcardiol.org or +34 91 724 23 70.

Our online submission system guides authors step-by-step through the process of entering details related to their articles and uploading their files. The system converts article files to a single PDF used in the blind peer-review process. All correspondence related to manuscript review is sent by e-mail.

Language and electronic publication

This journal is published in Spanish and in English and accepts articles submitted in either of the 2 languages, but not both. Articles submitted in both languages will be automatically rejected.

Because Rev Esp Cardiol is a bilingual journal, its editorial processes are complex. To expedite publication time, articles are first published in their original submission language. The process of article production in the complementary language will begin once the first version of the article has been published online (ahead of print).

While the translation of the submitted article is under preparation, it will be available in its original language at ScienceDirect and in the ahead of print section of our website, depending on the language (http://www.revespcardiol.org/es/ahead-of-print/ or http://www.revespcardiol.org/en/ahead-of-print/). Accepted English articles will also benefit from becoming automatically available in PubMed. Accepted Spanish articles will have to wait for the English version before inclusion in this database.

General points

- All manuscripts must adhere to the guidelines of Rev Esp Cardiol. It is understood that the corresponding author takes responsibility for following these guidelines and that all coauthors are aware of them, have participated in preparing the manuscript, and fully agree on its content
- Articles must be submitted in the following format: double-spaced, with 2.5-cm margins, and numbered pages
- The maximum length of the article encompasses the manuscript word count, including the references, abstract, key points, and figure captions, and excludes only the tables
- A cover letter should be included with relevant information about the manuscript (eg, originality, authorship, relevance of the topic)
- The evaluated article comprises at least 2 documents: title page and manuscript
• To guarantee double-blind review, any information that could identify the authors must be omitted from all files, except the title page and cover letter.

• The title page must include the title, first name(s) and second name(s) of the author(s), authors’ affiliations (department, institution, city, and country), postal and e-mail addresses of the corresponding author, conflicts of interests, and funding source(s), as follows:

1. **Title.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

2. **Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Present the authors’ affiliations (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after each author’s name and in front of the appropriate address. The same letter must precede the institutional information (department, institution, city, and country).

3. **Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication (and postpublication). Ensure that an e-mail address is given and that contact details are kept up-to-date by the corresponding author.

4. **Funding sources.** List funding sources in the following standard format required by funding bodies:

   Funding: This work was supported by the National Institutes of Health [grant numbers xxxx, yyyy]; the Bill & Melinda Gates Foundation, Seattle, WA [grant number zzzz]; and the United States Institutes of Peace [grant number aaaa].

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• In the case of images, figures should preferably be sent in TIFF or JPG format, with a resolution higher than 300 dpi and using black for lines and text. For graphics and diagrams, please send editable formats (Word, Excel, etc.). Figures are designated by Arabic numerals in the order of their first appearance in the text. Figures, symbols, letters, etc must be large enough to be clearly identified when the figure is reduced. Details must be highlighted with arrows. High-contrast marking and letters should be used for all symbols or letters added to the figure. Define abbreviations in alphabetical order and the meaning of any symbols used in the figure caption. Figures must not include any information that would allow a patient or hospital to be identified. Patient photographs must be taken in a way that ensures anonymity, or the consent of that patient must also be sent.

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• If the figures or tables mention a published work, the article should be cited consecutively with the other references, that is, according to their order of appearance in the text, tables, and figures. If the material has been obtained from another publication, it is the authors’ responsibility to obtain the required permission for its translation, reproduction, or adaptation (Spanish and English and electronic and physical format). Rev Esp Cardiol will not be held responsible for any costs associated with this process.

• Any references contained in the material must adhere to the guidelines indicated in the References section of these instructions.

• Any supplementary data must adhere to the guidelines indicated in the supplementary data section of these instructions.

• Use of word processing software. It is important that the file be saved in the native format of the word processor 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 during article processing. In particular, do not use the word processor’s options to
justifying text or to hyphenate words. Any subsections should be clearly identified by using a hierarchy. When preparing tables with a word processor, 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. Note that source files of figures, tables, and text graphics will be required. To avoid unnecessary errors, authors are strongly advised to use the “spell-check” and “grammar-check” functions of their word processor.

**Graphical abstract**

Original articles must include a graphical abstract. The graphical abstract is an illustration that summarizes the article contents but is not referenced in the text. To maintain the uniformity of the journal, this illustration should be sent in a template downloadable in https://www.revespcardiol.org/template_graphical_abstract.pptx, including the article short title where indicated. The graphical abstract should follow the abovementioned guidelines for figures included in these instructions. You can consult examples of best practices in the Elsevier website (http://www.elsevier.com/graphicalabstracts).

**References**

- References must follow the format used by the *American Medical Association*.
- List references numerically, in superscript format, in the order they first appear in the text.
- Do not include mention of personal communications or unpublished data. Such references, however, may be included within parentheses in the text.
- When abstracts are cited, they should be identified as [abstract] within square brackets after the title, and they should be less than 2 years old.
- In references to medical journals, use the standard abbreviation of the journal title.
- References should be sent as standard text, never as footnotes. The field codes of reference management programs are not acceptable; if the authors have worked with reference management software, the file must be converted to plain text before it is submitted.

*Journal article.* List all authors. If there are more than 6 authors, list only the first 3, followed by the Latin abbreviation “et al”. Example: Luttik MLA, Jaarsma T, Van Geel PP, et al. Long-term follow-up in optimally treated and stable heart failure patients: primary care vs heart failure clinic. Results of the COACH-2 study. *Eur J Heart Fail.* 2014;16:1241-1248.


**Supplementary data**

*Rev Esp Cardiol* accepts supplementary electronic data to support and improve the presentation of authors’ scientific research. The publication of online-only supplementary data will remain at the discretion of the Editors. Only material directly relevant to the article content will be considered for e-publication. This material will not be translated, typeset, or proofread. The Editorial Board reserves the right to refuse electronic material not deemed appropriate.

To ensure that submitted material is in the correct format, we recommend the following: text (Word document, maximum 300 kb); images (JPG format, maximum 10 MB); audio (MP3 format, maximum 10 MB); videos (MPG format, maximum 50 MB). Authors should submit supplementary data in electronic form through the online manuscript management system as a multimedia file along with the article. Each file should have a concise and descriptive title. This material must also meet all requirements and general ethical responsibilities described in these guidelines.

### 3.3. TYPES OF ARTICLES

**Original articles**

- These articles should not exceed 5000 words and should contain a title of less than 150 characters and spaces.

- A graphical abstract must be included in this section. Please refer to “Graphical abstract” section for instructions.

- The manuscript should be arranged in the following order:

  1. Structured abstract (maximum 250 words) and key words (from 3 to 10). The abstract should be structured in 4 sections: a) Introduction and objectives; b) Methods; c) Results; and d) Conclusions. The abstract should be self-explanatory and should not contain references. Up to 3 abbreviations will be accepted, as long as each is used at least 3 times. Define all abbreviations on first mention in the text, except commonly used units of measure (apart from effect units). Acronyms for the names of studies, trials, registries, and scales can be used without definition on first mention, as long as they are widely used in the literature.

  2. MeSH terms. To ensure the proper indexing of the article and its subsequent retrieval in database searches, authors should ensure that at least 3 of the keywords are MeSH terms. Please check in [https://www.ncbi.nlm.nih.gov/mesh/](https://www.ncbi.nlm.nih.gov/mesh/)

  3. Table of abbreviations in Spanish and English (no more than 6 of the most frequently used in the text)

  4. Text. The body of the article should consist of the following sections: a) Introduction; b) Methods; c) Results; d) Discussion; and e) Conclusions. Sections should be appropriately subdivided and subtitled.

  5. Key points. Include the following information at the end of the article:

     -- What is known about the topic?

     Include 3 or 4 sentences that summarize key points on what is known about the research topic (do not exceed 100 words).

     -- What does this study add?

     Include 3 or 4 sentences summarizing key points on the contribution of the study (do not exceed 100 words).

  6. References

  7. Tables (optional)

  8. Figure captions and figures (optional)
In addition, articles on study protocols will be considered for publication if they comply with the following:

- Randomized clinical trial
- Approval of the institutional review board or local ethics committee
- Identification of funding source and proof of funding approval
- Registration of the study with a clinical trial registry (e.g., www.clinicaltrials.gov)

**Scientific letters**

This section publishes articles that include research involving patients or basic science, or case reports (individual or case-series) of special clinical interest.

- No more than 6 authors
- No more than 1000 words (excluding tables) and a title (less than 150 characters and spaces)
- Without abstract, key words, or a hierarchy of headings and subheadings
- No more than 6 references
- No more than 2 elements (figures or tables)

**Letters to the Editor**

This section includes correspondence related to articles published in *Rev Esp Cardiol* or concerning editorial matters. Letters in response to articles published in the journal should be submitted within 12 weeks of the publication of the article and cannot include original data.

- No more than 4 authors
- No more than 800 words and a title of less than 150 characters and spaces
- No more than 2 figures and no tables

**Images in cardiology**

- No more than 3 authors
- The title must contain less than 8 words
- The accompanying text should not exceed 250 words and should contain information of clear relevance, with no bibliographic references or figure captions. All symbols evident in the images should be adequately explained in the accompanying text
- No more than 3 figures

**4. PROOFS OF ACCEPTED ARTICLES**

Authors specifically receive the proofs corresponding to the version in the original submission language of the article. Page proofs will be sent electronically to the corresponding author in PDF format, which can be annotated. To do this, you will need to download the free Adobe Reader, version 9 (or higher). Instructions on how to annotate PDFs will accompany the proofs. The exact system requirements are given at the Adobe site.
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