

# INSTRUCTIONS FOR AUTHORS

## 1. *Revista Española de Cardiología*

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*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

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nuscript 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.

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## 3. HOW TO PREPARE AN ARTICLE FOR *REV ESP CARDIOL*

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### 3.1. BEFORE YOU BEGIN

#### *Ethical responsibilities*

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

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Rev Esp Cardiol is a member of the Committee on Publication Ethics (COPE) and adheres to their recommendations and principles.

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#### **Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research’s generalizability.

Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research guidelines](#) (SAGER) and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

#### **Definitions**

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth (“sex assigned at birth”), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms “sex” and “gender” can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on [this page](#) offer further insight around sex and gender in research studies.

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Randomized controlled trials should be presented according to the CONSORT guideline.

At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram illustrating patients' progress through the trial, including recruitment, enrollment, 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.

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The intentional omission of conflicts of interest or funding in order not to compromise the publication of an article.

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## 3.2. INSTRUCTIONS FOR AUTHORS

### Submission

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*Unpublished conference abstract.* Veronesi F, Korfiati A, Buffat R, Raubal M. Assessing accuracy and geographical transferability of machine learning algorithms for environmental modelling (8). In: Agile 2017. 20th Conference on Geo-Information Science; 2017 May 9-12; Wageningen, The Netherlands. Available at: <https://agile-online.org/conference/proceedings/proceedings-2017>. Accessed 17 Abr 2023.

*Supplement.* Example: Malecka-Tendera E, Mazur A. Childhood obesity: a pandemic of the twenty-first century. *Int J Obes (Lond)*. 2006;30(Suppl 2):S1-3.

*Database.* Example: Base de Datos Clínicos de Atención Primaria (BDCAP). Morbilidad registrada en Atención Primaria. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2020. <https://www.sanidad.gob.es/en/estadEstudios/estadisticas/estadisticas/estMinisterio/SIAP/home.htm>. Accessed 1 Jun 2022.

### 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 including the abstract, the text, the references list, the figure legends, and excluding the tables alone, and should contain a title of less than 150 characters and spaces.
- A central illustration must be included in this section. Please refer to "Central illustration" 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/>

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 (eg, [www.clinicaltrials.gov](http://www.clinicaltrials.gov))

### Scientific letters

In this typology, articles that include research with patients or basic science or clinical case series of special clinical relevance will be considered. The acceptance of unique clinical cases will be exceptional and restricted to cases that have significant formative or therapeutic implications.

- 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

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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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The journal will use the necessary means to correct the literature and ensure the integrity of the published content. To do so, it shall use the appropriate means (corrections, expressions of concern, retractions) depending on the problem detected and its impact, as soon as possible after the identification of the problem. For retractions, Rev Esp Cardiol follows the COPE guidelines, available at <https://doi.org/10.24318/cope.2019.1.4>.

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