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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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3. HOW TO PREPARE AN ARTICLE FOR REV ESP CARDIOL

3.1. BEFORE YOU BEGIN

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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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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.

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3.2. INSTRUCTIONS FOR AUTHORS

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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 (e.g., 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:

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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.

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**Central illustration**

Original articles must include a central illustration. It should be referenced in the text and numbered in sequence with the rest of the figures in the manuscript. The corresponding figure legend should specify that it is the central illustration of the article and provide a description of the figure. The central illustration should follow the abovementioned guidelines for figures included in these instructions. You can consult examples of best practices in Elsevier website (http://www.elsevier.com/ graphicalabstracts).

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- 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.
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*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.


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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 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)

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   -- 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?
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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)

**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

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