

REVISTA ESPAÑOLA DE CARDIOLOGÍA

REVISTA ESPAÑOLA DE CARDIOLOGÍA

INDEX

1. REVISTA ESPAÑOLA DE CARDIOLOGÍA

98-100: 2017

1. REVISTA ESPAÑOLA DE CARDIOLOGÍA

1.1. REVISTA ESPAÑOLA DE CARDIOLOGÍA

Ethical responsibilities"

Submission declaration"

Informed consent"

Clinical trial results"

Declaration of interest"

Funding source(s)"

Authorship"

Copyright and authors' rights"

Form of publication"

Data protection"

1.2. REVISTA ESPAÑOLA DE CARDIOLOGÍA

Submission"

Language and electronic publication"

General points"

Central illustration

References"

Supplementary data"

1.3. REVISTA ESPAÑOLA DE CARDIOLOGÍA

Original articles"

Scientific letters"

Letters to the Editor"

Images in cardiology"

1.4. REVISTA ESPAÑOLA DE CARDIOLOGÍA

1.5. REVISTA ESPAÑOLA DE CARDIOLOGÍA

1.6. REVISTA ESPAÑOLA DE CARDIOLOGÍA

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.

Rev Esp Cardiol uses a double-blind peer-review process. Both authors and reviewers remain anonymous at all times. The internal procedures of *Rev Esp Cardiol* ensure that this standard is maintained for all articles authored by members of the Editorial Team. Before acceptance, unsolicited original contributions are evaluated by expert reviewers assigned by the editors. Due to the volume of manuscripts submitted, the Editorial Board reserves the right to reject manuscripts without sending them for peer review according to editorial priority. Submission of a manuscript to *Rev Esp Cardiol* implies that it is an original work, has not been previously published, and is not currently submitted for publication elsewhere. Editorials, special articles, and review articles can only be submitted by invitation from the Editors. Nonetheless, proposals for such articles may be sent by e-mail for the attention of the Editor-in-Chief (rec@secardiologia.es). The editorial priority of these manuscripts is mainly evaluated by the Editorial Team, who will send them for external review if they consider them suitable.

Accepted papers become the property of the Spanish Society of Cardiology and permission must be granted if a published article is to be reproduced partially or in full. The corresponding author must sign a copyright transfer form after manuscript acceptance.

Rev Esp Cardiol does not charge for manuscript submission or publication, except when authors wish to publish their figures in color in the print version. Articles published in *Rev Esp Cardiol* are subject to a 12-month embargo period from online publication of the final citable version of an article, although authors may, if they wish, pay to allow open access to their articles.

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, CORRECTIONS AND APPEALS). Files of rejected articles will be kept in the manuscript management system in accordance with the policy of our supplier, Elsevier. 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).

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

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](#).

REC: Publications does not consider preprints as prior publication. Preprints can be sent for evaluation if on submission the authors disclose in the cover letter that the article is a preprint and confirm that it has not been peer-reviewed nor published in an indexed publication. In the same letter they should provide a link to the preprint publication. If the article is finally published, it is the authors' responsibility to include a link in the preprint version that redirects to the published version.

Informed consent

If the work involves the use of human subjects or animals, authors must include a statement that the procedures performed were carried out in accordance with [The Code of Ethics of the World Medical Association](#) (Declaration of Helsinki) for experiments involving humans and the [Uniform Requirements for Manuscripts Submitted to Biomedical Journals](#). Authors must have obtained and filed the informed consent of all the individuals studied and declare in the manuscript that consents are available. The privacy rights of human subjects must always be observed and all information/images must be anonymized to guarantee the protection of personal data.

All animal experiments should comply with the [ARRIVE guidelines](#) and should be carried out in accordance with the UK Animals (Scientific Procedures) Act, 1986 and associated guidelines, [EU Directive 2010/63/EU for animal experiments](#), or the National Institutes of Health guide for the care and use of laboratory animals ([NIH Publications, revised 2011](#)) and the authors should clearly indicate in the manuscript that such guidelines have been followed.

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

Clinical trial results

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 (eg, 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, 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

All authors must complete the International Committee of Medical Journal Editors conflict of interest form, available at (<http://www.icmje.org/disclosure-of-interest/>). During the manuscript submission process, the corresponding author will be responsible for declaring all conflicts of interests related to the article in a specific section for this purpose. If the manuscript is accepted, this information will be included in the final article in a new section entitled *Conflicts of interests*.

Funding source(s)

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.

Funding body agreements and policies

Elsevier has established a number of agreements with funding bodies that allow authors to comply with their funder's open access policies. More information is available on [existing agreements](#).

Authorship

Rev Esp Cardiol ascribes to the [authorship criteria](#) for scientific articles defined by the International Committee of Medical Journal Editors. To qualify as an author, each person designated as an author must have participated sufficiently in the work to take public responsibility for appropriate portions of the content. Such participation includes all of the following:

- Substantially contributing to the conception or design of the work or the acquisition, analysis, or interpretation of the data for the work
- Drafting the work or critically revising it for important intellectual content
- Granting final approval of the version to be published
- Agreeing to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved

For articles accepted for publication, authors are advised that all documentation related to the article (protocols, statistical analyses, contracts...) be published or available. Please bear in mind that the editorial board of *Rev Esp Cardiol* can request this documentation whenever it deems it appropriate.

The corresponding author, on behalf of the authors signing the article, should confirm that they have had access to all data pertaining to the study and that they assume full responsibility for the data integrity and for the accuracy of the data analysis.

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.

During the manuscript upload process, the corresponding author will be required to provide a paragraph specifying the individual authorship contribution of each author. Should the article be accepted, this information will be included in the final manuscript.

Authors are expected to consider carefully the list and order of authors before submitting their manuscript and to provide a definitive list of authors at the time of the original submission. Any addition, deletion, or rearrangement of authors' names in the authorship list should be made through the following [form](#), giving *a*) the reason for the change in author list, and *b*) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal, or rearrangement. Addition or removal of authors must include confirmation from the author being added or removed. The completed form must be sent through the manuscript management system together with the new version of the article using the *Cover letter* menu item. The editor assigned to the manuscript will individually review each case.

Only in exceptional circumstances will the editor consider the addition, deletion, or rearrangement of authors after manuscript acceptance. While the editor considers the request, publication of the manuscript will be suspended.

Copyright and authors' rights

Upon article acceptance, authors will be asked to complete a "Journal Publishing Agreement" ([more information](#)). An e-mail will be sent to the corresponding author with a link to the online version of this agreement.

Authors may reproduce abstracts or prepare lists of articles including abstracts for internal circulation within their institutions. The [Permission](#) of the publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included (including figures and tables), the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article and include it in the bibliography. Elsevier has [preprinted forms](#) for use by authors in these cases.

Authors (or their employers or institutions) have certain rights to reuse their work. [Find out more](#).

Responsible sharing. Authors can also share the research they publish in Elsevier journals. [Find out more](#).

Green open access. Authors can share their research in a variety of different ways and Elsevier has a number of green open access options. We recommend authors see our [green open access page](#) for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after a 12-month embargo period from the publication of an article in an issue. This is the version that has been accepted for publication and that typically includes author-incorporated changes suggested during submission by peer reviewers and the journal's editors. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period, which lasts for 12 months after online publication of the article in its final citable form [Find out more](#).

Form of publication

Rev Esp Cardiol offers authors a choice on publication mode (Open access or Restricted access). Regardless of the mode chosen, the journal will apply the same peer-review criteria and acceptance standards. There is no charge for article submission or publication and authors can choose to have color figures in the print version of the article once it has been accepted; this costs 600 EUR per article. The electronic version is published in full color in both languages without additional cost.

Articles published in *Rev Esp Cardiol* have a 12-month embargo period after the date of online publication of the final citable version, after which they become open access. Nonetheless, authors can choose to pay to make their article open access from the date of online publication.

Open access

- An open access publication fee is payable by authors or on their behalf, for example, by their research funder or institution.
- Articles will be freely available, without an embargo period, to both subscribers and the wider public and their [reuse](#) is permitted.
- In this form, articles are licensed under a Creative Commons license, which defines the permitted uses of the work.

Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)

For noncommercial purposes, allows others to distribute and copy the article, and to include it in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

- The open access fee for this journal is 3000 EUR (excluding taxes). Learn more about [Elsevier's pricing policy](#).

Embargo

- There is no fee for the publication of your article
- Articles published in this publication mode are subject to an embargo period (12 months from the date of online publication of the article in its final citable version) of restricted access before being made available to the general public. During the embargo period, articles will be available to journal subscribers as well as developing countries and patient groups through our universal access programs (<http://www.elsevier.com/access>).

Misconduct in scientific publication

- Redundant publication

This happens when an article coincides substantially with another previously published by the same authors. This usually happens when articles are simultaneously sent for evaluation to several journals.

- Plagiarism

Plagiarism is substantially copying the content of someone else's or one's own work and presenting it as previously unpublished.

- Fabrication or data omission

It is considered misconduct to fabricate or omit relevant data in an investigation with the intention of altering the conclusions of the work. This includes the manipulation or edition of images.

- Salami slicing

It is the division of a research report into multiple components or pieces and publishing these individual components as separate research articles.

- Ghost, guest, or gift authorship

This consists of including in the authorship people who have not participated in the project or who do not meet the requirements of the International Committee of Medical Journal Editors to be considered as an author. This practice usually responds to personal interests or professional ties.

- Omission of conflicts of interest or funding

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

- Publication of studies without informed consent

Patient research always requires the explicit consent of patients or their guardians for the publication of their case, even if the data is completely anonymized. Using patients' medical information without their consent is considered misconduct in the investigation.

The journal will investigate any ethical infraction taking all reasonable measures for its prompt resolution, acting with proportionality and if necessary, involving the institutions of origin of those concerned.

Data protection

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 use of inclusive language is recommended. For articles written in Spanish, *Rev Esp Cardiol* recommends reviewing the following guide: <https://www.icmm.csic.es/img/Guia-para-un-uso-no-sexista-de-la-lengua-en-la-UAM.pdf>
- 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), e-mail address of the corresponding author, personal or institutional Twitter account if the authors so wish, 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 kept up-to-date by the corresponding author. The authors can provide a Twitter profile, which will be published as contact information in the accepted article to promote its dissemination. It can be a personal or an institutional account, and it should be agreed between all authors.
 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].
It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a block grant or other resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.
 5. **Acknowledgments.** To ensure anonymity during the manuscript evaluation process, place the acknowledgments section on the title page of the manuscript. Do not acknowledge support elsewhere in the manuscript. List here those individuals who provided help during the research (eg, language help, writing assistance, or proofreading). Written permission must be sent to *Rev Esp Cardiol* ([form](#)) from those individuals mentioned in this section using the *Cover letter* menu item. After article acceptance, this information will be placed after the *Conflicts of interests* section.
- 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.
- Continuous data, particularly in the case of small sample sizes, should be presented with figures showing the complete data distribution and, where possible, as scatter point diagrams, showing individual data points along with average/error bars (instead of boxes). If there are specific reasons not to use this type of presentation, the author should indicate it and justify it appropriately. Check that your manuscript complies with these indications before uploading it.
- Tables should be numbered in Arabic numerals in the order of their appearance in the text. Provide each table on a separate page. Place the title at the top of the page and abbreviations in alphabetical order at the bottom. Content must be self-explanatory and do not repeat information in the text or in figures.
- 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 justify 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.

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 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.

Ahead of print article. Authors, title, journal, year, web page, date of access. Example: Senoo K, Proietti M, Lane DA, Lip GY. Evaluation of the HAS-BLED, ATRIA and ORBIT bleeding risk scores in atrial fibrillation patients on warfarin. *Am J Med.* 2015. <http://dx.doi.org/10.1016/j.amjmed.2015.10.001>.

Preprints. Authors, title, year, link, and date of last access. Example: Ingino C. Innovación e inteligencia artificial en medicina. OSF Preprints [preprint]. 2019. Available at: <https://doi.org/10.31219/osf.io/37fn2>. Accessed 5 Jul 2021.

Electronic book. Authors, title [Internet], city, publisher, year, web page. Example: Sobieraj DM, White CM, Kluger J, et al. Adjunctive Devices for Patients With Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK83532/>.

Book chapter. Authors, chapter title, editors, book title, city, publisher, year, and page numbers. Example: Josephson ME. Intraventricular conduction disturbances. In: Josephson ME, ed. *Clinical cardiacelectrophysiology. Techniques and interpretations.* 3a ed. Philadelphia: Lippincott Williams & Wilkins; 2002. p. 110-139.

Book. Cite the specific pages. Example: Rothman K, Greenland S. *Modern epidemiology. Measures of effect and measures of association.* Philadelphia: Lippincott-Raven; 1998. p. 51-70.

Web page. Example: National Institute for Health and Clinical Excellence. Chronic heart failure in adults: management. 2010. Available at: <http://www.nice.org.uk/Guidance/cg108>. Accessed 6 Dec 2011.

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/index.php/programme-2017/accepted-papers-and-posters-2017>. Accessed 15 Jun 2017.

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 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)

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

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](#).

If you do not wish to use the PDF annotation function, you may list the corrections (including replies to the Query Form) and return them to Elsevier in an e-mail. Please list your corrections quoting the line number. Please use this proof only to check the typesetting, editing, completeness, and correctness of the text, tables, and figures. Significant changes to the article as accepted for publication will only be considered at this stage with permission from the Editors. We will do everything possible to get your article published quickly and accurately. It is important to ensure that all corrections are returned to us in a single communication: please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proofreading is solely the author's responsibility.

5. INQUIRIES, CORRECTIONS AND APPEALS

Please contact our editorial office (rec@revespcardiol.org, or +34 91 724 23 70) if you have any questions. For any inquiry or appeal related to the editorial process of your article or the final editorial decision, send an e-mail to the Editor-in-Chief at rec@revespcardiol.org. The Editor-in-Chief will personally review all complaints and appeals, consulting, if necessary, other members of the Editorial Team. We will try to answer any appeals as quickly as possible.

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>.

6. ELSEVIER PUBLISHING CAMPUS

The Elsevier Publishing Campus (<http://www.publishingcampus.com>) is an online platform offering free lectures, interactive training, and professional advice to support you in publishing your research. The "College of Skills" training section provides modules on how to prepare, write, and structure your article and explains how editors will look at your paper when it is submitted for publication.