Revista Portuguesa de Cardiologia

AUTHORS INFORMATION PACK

GUIDE FOR AUTHORS

INTRODUCTION

The Portuguese Journal of Cardiology, the official journal of the Portuguese Society of Cardiology, was founded in 1982 with the aim of keeping Portuguese cardiologists informed through the publication of scientific articles on areas such as arrhythmology and electrophysiology, cardiovascular surgery, intensive care, coronary artery disease, cardiovascular imaging, hypertension, heart failure and cardiovascular prevention.The Journal is a monthly publication with high standards of quality in terms of scientific content and production. Since 1999 it has been published in English as well as Portuguese, which has widened its readership abroad.

Please, take into account that as of January 2021, *Revista Portuguesa de Cardiologia* will require new article submissions to be written in English language.

The Journal accepts the following categories of articles:

Research (Original Investigation and Meta-Analysis), **Review and Education** (Narrative Reviews, Systematic Reviews -without meta-analysis, Guidelines, Case Reports, Images in Cardiology and Snapshots), **Opinion** (Current Perspective), **Correspondence** (Editorial Comment, Letters to the Editor, Research Letter and Observation)

Types of article

Manuscripts submitted for publication should be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" of the International Committee of Medical Journal Editors (ICMJE). This document is available at http://www.icmje.org/recommendations/.

Summary table of *Revista Portuguesa de Cardiologia* types of article characteristics.

Original Investigation

Original Investigation articles cover areas of clinical or basic research: Clinical trial, Meta-analysis, Intervention study, Cohort study, Case-control study, Epidemiologic assessment, Survey with high response rate, Cost-effectiveness analysis, Decision analysis, Study of screening and diagnostic tests, Other observational studies) . They should have a maximum of 5000 words, with a total of up to 15 tables and/or figures, and should be structured as follows: Abstract (maximum 250 words; divided into Introduction and Objectives, Methods, Results and Conclusion(s)); 3-10 keywords; Introduction; Objectives; Methods; Results; Discussion; Conclusion(s); Acknowledgements, if any; References (up to 75); and figure legends, if any. Follow EQUATOR Reporting Guidelines.

Review Articles and Systematic Reviews

Review Articles should have a maximum of 5000 words, with a total of up to 15 tables and/or figures, and should be structured as follows: Abstract (maximum 250 words; unstructured); 3-10 keywords; Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgements, if any; References (up to 100); and figure legends, if any.

Systematic Reviews should be structured as Introduction, Methods, Results, Discussion and Conclusion(s). The subject should be clearly defined. The objective of a systematic review should be to produce an evidence-based conclusion. The Methods should give a clear indication of the literature search strategy, data extraction, grading of evidence and analysis.

Systematic Reviews should not normally exceed 4000 words, with a total of up to 6 tables and/or figures and up to 100 references.

Authors are strongly recommended to consult the PRISMA statement (http://www.prisma-statement.org/), which is intended to help improve the reporting of systematic reviews and meta-analyses. We encourage authors to develop a systematic review protocol (e.g. following PRISMA-P) and register with PROSPERO.

Guidelines

It is recommended to consult the AGREE II instrument for which items should be reported that highlighted particular quality aspects of guideline development. In general, published statements intended to guide clinical care (e.g., guidelines, practice parameters, recommendations, consensus statements and position papers) should describe the clinical problem to be addressed, the mechanism by which the statement was generated, a review of the evidence for the statement (if available), and the statement on practice itself.

To minimize confusion and to enhance transparency, such statements should begin with the following questions, followed by brief comments addressing each question:

- What other guideline statements are available on this topic?
- Why was this guideline developed?
- How does this statement differ from existing guidelines?
- Why does this statement differ from existing guidelines?

The statement should have an unstructured abstract of up to 350 words, 3 to 10 keywords and can include up to 4000 words, a total of up to 6 tables and/or figures and up to 100 references.

Images in Cardiology

Images in Cardiology should have a maximum of 250 words, without Abstract, keywords, tables, or division into sections and up to 5 references may be included.

Snapshots

This section is intended for the publication of rare or educational cases or novel techniques in cardiology. The text should not exceed 500 words and up to 3 figures with brief captions and up to 5 references may be included. Snapshots must have no more than 3 authors.

Current Perspective

This type of manuscript is submitted upon invitation by the Editorial Board. It may cover a broad diversity of themes focusing on cardiology and healthcare: current or emerging problems,

management and health policies, history of medicine, society issues and epidemiology, among others. An author who wishes to propose a manuscript in this section is requested to send an abstract to the Editor-in-Chief including the title and Author list for evaluation. The text should not exceed 1200 words, and up to 10 references, two tables or two figures are allowed. An abstract is not required.

Editorial Comment

Editorials are submitted at the invitation of the Editor. They should not exceed 1500 words and can contain up to 20 references and 1 table and 1 figure. They do not have an Abstract or keywords.

Letters to the Editor

Letters to the Editor on articles previously published in the Journal will be considered up to 8 weeks after the publication of the article in question. They should not exceed 800 words and can contain up to 2 figures but without Abstract, keywords or tables. They should have no more than 3 authors.

Research Letter

Research Letters are concise, focused reports of original research. These should not exceed 600 words of text and 6 references and may include up to 2 tables or figures. Online supplementary material is not allowed. Research Letters may have no more than 7 authors.

Observation

Observations consisting of short reports of 1 or 2 complicated, unique cases should not exceed 600 words of text (not including acknowledgment, tables, figures, acknowledgments, and references) and 6 references and may include up to 2 tables or figures. Online supplementary material is not allowed. Observations may have no more than 7 authors.

If the patient(s) described in these manuscripts is identifiable, a Patient Permission form must be completed and signed by the patient(s) and submitted with the manuscript. Omitting data or making data less specific to deidentify patients is acceptable but changing any such data is not acceptable.

Contact details for submission

You can send your manuscript at https://www.editorialmanager.com/repc

Language

This journal is published in Portuguese and in English language.
The title (and abstract and key words if applicable) must be submitted in both English and Portuguese.
Articles submitted to the Journal should be clearly written in Portuguese (from Portugal) and/or English of a good standard. Text may be edited to maintain linguistic quality and to conform with standard American English.

ADVANCE NOTICE FOR AUTHORS
Please, take into account that as of January 2021, *Revista Portuguesa de Cardiologia* will require new article submissions to be written in English language.

Submission checklist

You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
¿ E-mail address
¿ Full postal address
All necessary files have been uploaded:
Manuscript:
¿ Include keywords
¿ All figures (include relevant captions)
¿ All tables (including titles, description, footnotes)
¿ Ensure all figure and table citations in the text match the files provided
¿ Indicate clearly if color should be used for any figures in print
Graphical Abstracts / Highlights files (where applicable)
Supplemental files (where applicable)
Further considerations
¿ Manuscript has been 'spell checked' and 'grammar checked'
¿ All references mentioned in the Reference List are cited in the text, and vice versa
¿ **Permission has been obtained for use of copyrighted material from other sources (including the Internet)**
¿ A competing interests statement is provided, even if the authors have no competing interests to declare
¿ Journal policies detailed in this guide have been reviewed
¿ Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing

Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

Informed consent and patient details

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include patient descriptions, photographs, video, and pedigrees of patients and any other individuals (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such patient descriptions, photographs, video, and pedigrees. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Patient Identification

Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable. Only those details essential for understanding and interpreting a specific case report or case series should be provided. Although the degree of specificity needed will depend on the context of what is being reported, specific ages, race/ethnicity, and other sociodemographic details should be presented only if clinically or scientifically relevant and important. Cropping of photographs to remove identifiable personal features that are not essential to the clinical message may be permitted as long as the photographs are not otherwise altered. Please do not submit masked photographs of patients. Patients' initials or other personal identifiers must not appear in an image.

Conflicts of Interest and Financial Disclosures

All authors must disclose any financial and personal relationships with other people or organizations that could inappropriately influence (bias) their work. Examples of potential competing interests include employment, consultancies, stock ownership, honoraria, paid expert testimony, patent applications/registrations, and grants or other funding. A conflict of interest may exist when an author (or the author's institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author's decisions, work, or manuscript. All authors are required to report potential conflicts of interest including specific financial interests relevant to the subject of their manuscript.

Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted. 2. Detailed disclosures as part of a separate Declaration of Interest form, which forms part of the journal's official records. It is important for potential interests to be declared in both places and that the information matches. More information.

Declaration of generative AI in scientific writing

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, as outlined in Elsevier’s AI policy for authors.

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Disclosure instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before

the References list. The statement should be placed in a new section entitled ‘Declaration of Generative AI and AI-assisted technologies in the writing process’.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc. If there is nothing to disclose, there is no need to add a statement.

Submission declaration and verification

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis, see '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 is 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, your article may be checked by the originality detection service Crossref Similarity Check.

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Sex and gender reporting

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 SSex and Gender Equity in Research (SAGER) guidelines and the S 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 Sresources on this page offer further insight around sex and gender in research studies.

Authorship

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. According to the guidelines of the International Committee of Medical Journal Editors (ICMJE), authorship credit should be based on the following 4 criteria:

1. substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; and
2. drafting of the work or revising it critically for important intellectual content; and
3. final approval of the version to be published; and
4. agreement 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.

Changes to authorship. Role of the corresponding author

A single corresponding author (or coauthor designee in the event that the corresponding author is unavailable) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited manuscript and proof, make decisions regarding release of information in the manuscript to the news media or federal agencies, handle all postpublication communications and inquiries, and will be identified as the corresponding author in the published article. The corresponding author also is responsible for ensuring that the Acknowledgment section of the manuscript is complete and that the conflict of interest disclosures reported of the manuscript are accurate, up-to-date, and consistent with the information provided in each author's potential conflicts of interest section in the Authorship Form.

Authors are expected to consider carefully the list and order of authors **before** submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only **before** the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the **corresponding author**: (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. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors **after** the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results

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

Reporting clinical trials

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, process-of-care changes, and the like.

All manuscripts reporting clinical trials, including those limited to secondary exploratory or post hoc analysis of trial outcomes, must include the following:·
· CONSORT flow diagram
· Completed trial checklist
· Registry at an appropriate online public clinical trial registry
· A Data Sharing Statement to indicate if data will be shared or not. Specific questions regarding the sharing of data are included in the manuscript submission system.

Trial Registration

In concert with the ICMJE, our journal requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE).
Acceptable trial registries include the following and others listed at http://www.icmje.org:

anzctr.org.au
clinicaltrials.gov
isrctn.org
trialregister.nl
umin.ac.jp/ctr

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Language (usage and editing services)

Please write your text in good American English. Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier's WebShop.

Submission

Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

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PREPARATION

Peer review

This journal operates a rigorous single blind peer review process, in which manuscripts are sent to external reviewers selected from an extensive database. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Peer reviewers will respond to the Editor within 30 days recommending acceptance, revision or rejection. The Editor will decide within 10 days whether to accept the manuscript without modification, to send the reviewers' comments to the authors for modification, or to reject it. When modifications are proposed, the authors have 30 days (which can be extended on

request) to submit a revised version of the manuscript, incorporating the comments of the reviewers and the Editor. Any amendments should be highlighted in a different colour. The Editor will decide within 10 days whether to accept the new version, reject it, or send it for further review by one or more reviewers.

Letters to the Editor and Editorials will be reviewed by the Editorial Board, but external peer review may also be requested.

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 on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, 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 (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.
To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure

Subdivision

Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'. Use generic names of drugs (first letter: lowercase) whenever possible. Registered trade names (first letter: uppercase) should be marked with the superscript registration symbol ® or ™ when they are first mentioned.

The Journal recommends the guidelines for publication of the EQUATOR network (http://www.equator-network.org), including the CONSORT statement and its extensions for randomized trials (http://www.consort-statement.org/), STROBE for observational (cohort, case-control and cross-sectional) studies (http://www.strobe-statement.org/), STARD for diagnostic accuracy studies (http://www.stard-statement.org/), PRISMA for systematic reviews and meta-analyses (http://www.prisma-statement.org/), SQUIRE for quality improvement studies (http://www.squire-statement.org/) and CARE for case reports (http://www.care-statement.org/). Reporting of the statistical aspects of studies should be in accordance with the Statistical Analyses and Methods in the Published Literature (SAMPL) guidelines (http://www.equator-network.org/reporting-guidelines/sampl/).

Introduction

State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods

Provide sufficient details to allow the work to be reproduced by an independent researcher.

Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results

Results should be clear and concise.

Discussion

This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions

The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Cover letter and Essential title page information

Submission of an article must include a cover letter with the following information:

1. a brief description of the article's significance and/or interest;
2. a declaration of originality, specifying that none of the paper's contents have been published or are under consideration elsewhere;
3. a declaration that all authors have read and approved the manuscript;
4. a full disclosure of any potential conflict of interest for any of the authors;
5. and which manuscript type is being submitted for publication.

Title page must contain the following information:

• ***Title*****.** Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Preferably not exceed 12 words. It may also include a subtitle of up to 4 words. All nouns, adjectives and verbs in the title and subtitle must begin with a capital letter.
• ***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. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
• ***Corresponding author*****.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. **Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.**
• ***Present/permanent address*****.** If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.
• ***Word count*** of the manuscript text.

Structured abstract

A structured abstract, by means of appropriate headings, should provide the context or background for the research and should state its purpose, basic procedures (selection of study subjects or laboratory animals, observational and analytical methods), main findings (giving specific effect sizes and their statistical significance, if possible), and principal conclusions. It should emphasize new and important aspects of the study or observations.

Abstracts for all article types should not contain any references. Abbreviations should be avoided or kept to a minimum.

The headings will consist of: Introduction and Objectives, Methods, Results and Conclusion(s))

Keywords

Immediately after the abstract, provide the keywords, using British spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. Keywords should ideally be selected from the list of MeSH terms available at www.nlm.nih.gov/mesh/. These keywords will be used for indexing purposes.

Abbreviations, Product Names and Gene Names

Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

Ensure consistency of abbreviations throughout the article.

Do not use abbreviations in the title or abstract and limit their use in the text. Expand all abbreviations at first mention in the text.

Ensure consistency of abbreviations throughout the article.

Names of Drugs, Devices, and Other Products

Use nonproprietary names of drugs, devices, and other products and services, unless the specific trade name of a drug is essential to the discussion. In such cases, use the trade name once and the generic or descriptive name thereafter. Do not include trademark symbols.

Gene Names, Symbols, and Accession Numbers

Authors describing genes or related structures in a manuscript should include the names and official symbols provided by the US National Center for Biotechnology Information (NCBI) or the HUGO Gene Nomenclature Committee. Before submission of a research manuscript reporting on large genomic data sets (eg, protein or DNA sequences), the data sets should be deposited in a publicly available database, such as NCBI's GenBank, and a complete accession number (and version number if appropriate) must be provided in the Methods section or Acknowledgment of the manuscript.

Acknowledgements

Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List

here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.)

Units of Measure

Laboratory values are expressed using conventional units of measure, with relevant Système International (SI) conversion factors expressed secondarily (in parentheses) only at first mention. Articles that contain numerous conversion factors may list them together in a paragraph at the end of the Methods section. In tables and figures, a conversion factor to SI should be presented in the footnote or legend. The metric system is preferred for the expression of length, area, mass, and volume. For more details, see the Units of Measure conversion table on the website for the AMA Manual of Style.

Artwork

Tables and Figures. Image manipulation

Restrict tables and figures to those needed to explain and support the argument of the article and to report all outcomes identified in the Methods section. Number each table and figure and provide a descriptive title for each. Every table and figure should have an in-text citation. Verify that data are consistently reported across text, tables, figures, and supplementary material.

Whilst it is accepted that authors sometimes need to manipulate images for clarity, manipulation for purposes of deception or fraud will be seen as scientific ethical abuse and will be dealt with accordingly. For graphical images, this journal is applying the following policy: no specific feature within an image may be enhanced, obscured, moved, removed, or introduced. Adjustments of brightness, contrast, or color balance are acceptable if and as long as they do not obscure or eliminate any information present in the original. Nonlinear adjustments (e.g. changes to gamma settings) must be disclosed in the figure legend.

Electronic artwork

General points

- Make sure you use uniform lettering and sizing of your original artwork.
- Embed the used fonts if the application provides that option.
- Aim to use the following fonts in your illustrations: Arial, Courier, Times New Roman, Symbol, or use fonts that look similar.
- Number the illustrations according to their sequence in the text.
- Use a logical naming convention for your artwork files.
- Provide captions to illustrations separately.
- Size the illustrations close to the desired dimensions of the published version.
- Submit each illustration as a separate file.
- Ensure that color images are accessible to all, including those with impaired color vision.

A detailed guide on electronic artwork is available.
You are urged to visit this site; some excerpts from the detailed information are given here.

Formats

If your electronic artwork is created in a Microsoft Office application (Word, PowerPoint, Excel) then please supply 'as is' in the native document format.
Regardless of the application used other than Microsoft Office, when your electronic artwork is finalized, please 'Save as' or convert the images to one of the following formats (note the

resolution requirements for line drawings, halftones, and line/halftone combinations given below):
EPS (or PDF): Vector drawings, embed all used fonts.
TIFF (or JPEG): Color or grayscale photographs (halftones), keep to a minimum of 300 dpi.
TIFF (or JPEG): Bitmapped (pure black & white pixels) line drawings, keep to a minimum of 1000 dpi.
TIFF (or JPEG): Combinations bitmapped line/half-tone (color or grayscale), keep to a minimum of 500 dpi.
Please do not:
• Supply files that are optimized for screen use (e.g., GIF, BMP, PICT, WPG); these typically have a low number of pixels and limited set of colors;
• Supply files that are too low in resolution;
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23. Nabel EG, Nabel GJ. Gene therapy for cardiovascular disease. In: Haber E, editor. Molecular cardiovascular medicine. New York: Scientific American;1995.p.79-96.
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12. Portuguese Registry on Acute Coronary Syndromes (ProACS). Available at: http://www.clinicaltrials.gov/identifier NCT01642329 [accessed 26 October 2013].

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[dataset] 5. Oguro M, Imahiro S, Saito S, Nakashizuka T. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. https://doi.org/10.17632/xwj98nb39r.1.

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