

# Instructions to authors

## *Archives of Cardiovascular Diseases*

*Archives of Cardiovascular Diseases* (formerly *Archives des maladies du cœur et des vaisseaux*) aims to publish the highest quality material, both clinical and scientific, on all aspects of cardiovascular medicine. It includes articles related to research findings, editorials and reviews. It provides a forum for the exchange of information on all aspects of cardiovascular medicine, including educational issues.

*Archives of Cardiovascular Diseases* is an international, English-language, peer-reviewed journal concerned with cardiovascular medicine. It is an official journal of the *Société française de cardiologie* ([www.sfcardio.fr/](http://www.sfcardio.fr/)) and is published monthly.

**All manuscripts must be submitted electronically :** <http://ees.elsevier.com/acvd/>

Before proceeding to the online submission site, please prepare your manuscript according to the instructions listed below under the appropriate heading.

All manuscripts correctly submitted to the *Archives of Cardiovascular Diseases* will first be reviewed by the editors. All papers considered suitable by the editors to progress further in the review process will undergo appropriate peer review, and papers provisionally accepted for publication will undergo a detailed statistical review if necessary.

**Manuscripts must be submitted with a cover letter** stating that:

- (1) the paper is not under consideration elsewhere;
- (2) none of the paper's contents have previously been published;
- (3) all the authors have read and approved the manuscript and
- (4) giving full disclosure of any potential conflict of interest (see conflict of interest policy).

### Ethical guidelines

Authors who submit a manuscript accept full responsibility for its content as defined by the International Committee of Medical Journals Editors (ICMJE) (see [www.icmje.org](http://www.icmje.org)). The research reported in papers sent to *Archives of Cardiovascular Diseases* should have been conducted in accordance with internationally accepted recommendations for clinical investigation (Declaration of Helsinki, in the recently revised version of the World Medical Association; see [www.wma.net/e/policy](http://www.wma.net/e/policy)), or recommendations for laboratory research involving animals, published by

the American Physiological Society.

### Conflict of interest

The publication abides by international practices relative to conflict of interest concerning the submitted publications. Any manuscript submission must be accompanied with a conflict of interest declaration.

There is conflict of interest when an author and/or co-author have financial or personal relationships with other people or organisations liable to influence their professional judgement concerning an essential value (good of the patient, research integrity...). Main conflicts of interest include financial interests, clinical trials, one-off interventions, family relations...

**All publication authors must declare any relations** that could be considered a potential for conflict of interest **with relation to the published text only.**

**1-If there is no conflict of interest linked to the submitted article**, the following note must be added directly to the manuscript :

*Conflict of interest: none*

**2-If there is one (or more) conflict(s) of interest with one or more of the article's authors**, the latter should all be listed at the end of the manuscript (before the bibliographic references) and this in accordance with the presentation above. The initials of the author(s) concerned and the name of the company should be added to the exhaustive list below of the potential conflicts of interest needing to be declared. Examples:

- *C.R., E.L. Financial interests in the company Barbot S.A.*

- *E.L. Owner, manager, employee, part of a decision-making body in a company. Other regular activities in the company Chups SAS*

- *J.-J.E. Clinical trials: acting as main investigator, coordinator or main experimenter for RTM SARL*

- *P.L. Clinical trials: as co-investigator, secondary experimenter, collaborator in the study for Light & Co*

- *F.W. One-off interventions: expert/survey report for EFS Associated*

- *M.D. One-off interventions: advisory activity for SFC*

- *C.G. Conferences: invitations as contributor for KKS & Son*

- *M.S. Conferences: invitations as auditor (travelling and accommodation expenses paid for by the company) for Régis SA*

- C.-A.S. Substantial financial contributions to the budget of an institution you are responsible for Aphelion

- M.F. Close relatives as employees of a company mentioned above

- A. D. No conflict of interest

**3. If no conflict of interest linked to the submitted article has been transmitted** by the author (or co-authors), the following mention should be published in the article:

*Conflict of interest: the authors have not transmitted any conflicts of interest*

### Authorship

All authors should validate the submission letter and state that they have read and approved the paper. Authorship in general has been discussed in the following references

<http://bmj.com/cgi/collection/authorship>

and

<http://authors.nejm.org/Misc/Policies.asp>

### Copyright assignment

All authors of an article must sign a letter transferring copyright once the paper has been accepted.

### Instructions for authors

All manuscripts must follow the style of **Archives of Cardiovascular Diseases**. Authors should be guided by the following checklist, ticking each box as the manuscript is checked and revised accordingly. The completed checklist should be submitted with the article. It is understood that the first author takes responsibility for following the guidelines and that the other authors are aware of them, have participated in preparing the manuscript and fully agree on its content.

### Presentation of papers

#### Original articles

Manuscript form: The manuscript does not exceed 5000 words, counting the title page and all other pages except tables.

Maximum number of references  $\leq 50$

Maximum number of figures  $\leq 8$

Double spacing is used throughout the manuscript.

Margins are not less than 3 cm.

The order of the sections is as follows:

(1) Title page;

(2) Structured abstract in English and French, with

keywords and mots-clés;

(3) List of abbreviations;

(4) Body of the text;

(5) References;

(6) Figure legends;

(7) Tables and

(8) Figures.

Pages are numbered consecutively beginning with the cover page and the page number is placed in the bottom right-hand corner of each page.

### Title page

Title in English and French, and abbreviated title in English and French ( $\leq 80$  characters).

Forename(s) and surname(s) of the author(s) in the following order: forename, middle initial if any, first surname and second surname (optional).

Research center(s) with which the author(s) is(are) affiliated (department, institution, city and country) and if applicable source(s) of funding.

Full postal address, telephone and fax number and email address of the corresponding author, to whom all communication and proofs will be sent.

Word count (total words from the cover page to the end, excluding tables).

### Structured abstract

The abstract in English and in French (maximum 250 words) is structured in five sections:

(a) Background;

(b) Aims;

(c) Methods;

(d) Results and

(e) Conclusion.

The abstract is self-explanatory and does not contain references or abbreviations other than units of measurement.

Use complete sentences. All data in the abstract must also appear in the manuscript text or tables.

$\leq 6$  keywords are appended to the abstract in English and in French. Keywords are chosen from the list derived from the Medical Subject Headings (MeSH) of the National Library of Medicine (NLM). Available at: [www.nlm.nih.gov/mesh/meshhome.html](http://www.nlm.nih.gov/mesh/meshhome.html)

The abstract is not structured in review papers.

### Text

The body of the article consists of the following sections: (a) Background; (b) Methods; (c) Results; (d) Discussion and (e) Conclusions.

Sections are appropriately subdivided and subtitled. ≤ Six standard abbreviations are used. **Abbreviations in the title and abstract are avoided.** The full term for which an abbreviation stands precedes its first use in the text unless it is a standard unit of measurement. **A list of the abbreviations is provided on a separate page.**

Measurements of length, height, weight, and volume are reported in metric units (meter, kilogram or liter) or their decimal multiples. Temperatures are given in degrees Celsius. Blood pressures are given in millimeters of mercury. All hematological and clinical chemistry measurements are reported in the metric system in terms of the International System of Units (SI).

Acknowledgments appear at the end of the text. Substantive contributions of individuals are noted in the Acknowledgements, positioned before the Statement of Conflict of Interest.

### References

References are listed numerically, in superscript format, in order of first appearance in the text.

References include no mention of personal communications or unpublished data.

No abstracts are cited.

Medical journals are referred to by the abbreviated titles used by Index Medicus: List of Journals Indexed, as published in the January issue of each year. Available at:

[www.ncbi.nlm.nih.gov/entrez/citmatch\\_help.html#JournalLists](http://www.ncbi.nlm.nih.gov/entrez/citmatch_help.html#JournalLists)

The style and punctuation of references adhere to the following format:

**Article citation.** References are numbered consecutively in order of first appearance in the text. They are assigned Arabic numerals, which are given in brackets, e.g. [XX]. References include the names of all authors when ≤ six; when > six, list only the first three names and add et al. References also include the full title. The titles of journals are abbreviated as in *MEDLINE*.

### Examples

1. Acar P, Abadir S, Paranon S, Latcu G, Grosjean J, Dulac. Live 3D echocardiography with the pediatric matrix probe. *Echocardiography*. 2007;24:750–5.
2. Leclercq C, Walker S, Linde C et al. Comparative effects of permanent biventricular and right-univentricular pacing in heart failure patients with chronic atrial fibrillation. *Eur Heart J*.

2002;23:1780–7.

### Chapter citation example

3. Connolly H, Oh JK. Echocardiography in Libby P, Bonow R, Mann DL, Zipes D eds. *Braunwald's Heart Disease: a text book of cardiovascular medicine*. Philadelphia. Saunders Elsevier; 2008. p 227–325.

### Webpage citation example

4. AHA Statistical Update. Heart Disease and Stroke Statistics—2007 Update. A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Published online on December 28, 2006, doi:10.1161/CIRCULATIONAHA.106.179918.

### Figures

Figures are limited to the number necessary for clarity and do not duplicate data given in tables or in the text. Figures are designated by Arabic numerals in order of first appearance in the text. Figures that require excellent resolution (echocardiographic or angiographic images, MRI, CT scan, scintigraphy, microscopic or macroscopic specimen, etc.) are **saved in TIFF format at a resolution of at least 300 pixels per inch at the final printed size for color figures and photographs, and 1200 pixels per inch for black and white line drawings.**

Figures, symbols, letters, etc. are large enough to be read easily when the figure is reduced. Details are indicated with arrows.

Figure legends are provided on a separate sheet. At the end of each legend, abbreviations are identified in alphabetical order. All symbols and abbreviations used in the figure are defined. Figures include no information that would allow a patient or hospital to be identified. Patient photographs are taken in a way that ensures anonymity.

If a figure has been published before, the original source is acknowledged and written permission from the copyright holder for both print and electronic formats is submitted with the material.

Internal scales are explained and staining methods for photomicrographs are identified.

### Tables

Arabic numerals are used to number the tables in order of first appearance in the text.

Each table is presented double-spaced on a separate sheet. **Tables prepared with Excel are not accepted.**

The title appears at the top and abbreviations appear in alphabetical order at the bottom.

No vertical lines are used between columns. Only horizontal lines above and below the column headings and at the bottom of the table are used.

The content is self-explanatory and information is not repeated in the text or in figures.

Explanatory matter is placed in footnotes, not in the heading.

All non-standard abbreviations that are used in each table are explained in footnotes.

Statistical measures of variations, such as standard deviation and standard error of the mean, are identified. Footnotes are indicated in this order: \*, †, ‡, §, ||, #, \*\*

### Acknowledgements

Acknowledgements are restricted to those who have made a substantial contribution to the study. Authors are responsible for obtaining permission from the people acknowledged.

### Reviews

The editors will consider both invited and uninvited review articles. Such manuscripts must adhere to the aforementioned length guidelines (5000 words maximum) and require an unstructured abstract (≤ 250 words).

### Review in translational cardiovascular medicine (New)

These articles review a contemporary topic of translational science. Authors may be invited by the editorial committee or send by e.mail their unsolicited proposal to the office before submitting their paper.

Manuscripts may be written by a single author or an author group, and require an unstructured abstract of no more than 250 words.

The overall text length should not exceed 5,000 words and the number of references should not exceed 50.

Authors are asked to provide a central illustration (line or pictorial) that summarizes an important message of the review.

The maximum number of figures/tables/illustration should not exceed 5.

### Editorial comments

Where appropriate, the editors (and reviewers) may suggest an editorial comment to put a paper or a result into perspective (1500 words maximum, 15

references).

### Letters to the Editor

Do not exceed 500 words and focus on a specific article that has appeared in *Archives of Cardiovascular Diseases*.

Letters must be submitted within one month of the print issue date of the article.

No original data may be included.

Letters are typed double-spaced and include the cited article as a reference.

A title page that includes the authors' names (maximum of three) and institutional affiliations and full address for correspondence are provided.

**Please note that since 2013 no Image is accepted to be published in the *Archives of Cardiovascular Diseases*.**

### Proofs and corrections

During the editing process of a manuscript accepted for publication, the corresponding author will receive by electronic mail a document transferring copyrights to the publisher. This document must be returned to the publisher as quickly as possible.

The corresponding author will receive proofs of the article in PDF format (or by post if necessary). The authors are responsible for any typographical changes or corrections. Significant modification will not be accepted. The authors will return the corrected proofs to the publisher as quickly as possible, within 2 days of reception.

The corresponding author will receive electronic reprints in PDF format free of charge.

After publication, all requests for reproduction must be addressed to the publisher.

### How to contact the journal

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## INSTRUCTIONS TO AUTHORS : SUMMARY

Submission	Editor in Chief, <i>Archives of Cardiovascular Diseases</i> <a href="http://ees.elsevier.com/acvd/">http://ees.elsevier.com/acvd/</a>
Cover letter	See general instructions for authors
Maximum length (including references, figure legends and tables)	$\leq 5000$ words (or for Editorials $\leq 1500$ words)
File	Word file (saved in .doc format)
Clinical and pre-clinical papers	Title page
	Abstract (in English and in French): $\leq 250$ words and structured: (a) Background; (b) Aims; (c) Methods; (d) Results and (e) Conclusion
	Keywords (in English and in French): $\leq 6$
	Structured text: Background; methods; results; discussion; funding; acknowledgements; references; figure legends; text tables and figures ( <b>TIFF or high-resolution JPEG format</b> )
Reviews	Invited reviews $\leq 5000$ words maximum, including an unstructured abstract ( $\leq 250$ words)
Editorial comments	Invited editorial ( $\leq 1500$ words, $\leq 15$ references)
Illustrative clinical images in cardiovascular diseases	$\leq 250$ words (no references), $\leq 3$ authors + AVI/MPEG videos, $< 5$ Mo
Letters to the Editor	$\leq 500$ words, no original data, $\leq 3$ authors