

## ***Instructions for Authors - Acute Cardiac Care***

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### **Editorial policy**

*Acute Cardiac Care*, the new avatar of International Journal of Cardiovascular Interventions from 2006, and now endorsed by the *European Society of Cardiology Working Group on Acute Cardiac Care*, deals with the rapidly developing concepts in the management of acute cardiac patients.

The journal comprises four major sections that will thematically cover the different disciplines involved with respect to acute cardiac care:

- i) *Cardiovascular interventions* dealing with new devices, new drugs and ever improving therapeutic modalities;
- ii) *Acute cardiac care* reflecting the development of treatment of cardiac patients in an acute setting;
- iii) *Myocardial dysfunction, gene and cell therapy* dealing with ongoing activity in finding cellular and genetic solutions for myocardial pump failure; and
- iv) *Acute cardiac care diagnostics*, providing information on the development of diagnostic and prognostic stratifications by humoral and imaging tools.

*The journal presents:*

- Original contributions
- Reviews
- Editorial comments
- Short reports/Rapid communications
- Editorials
- Invited editorials
- Letters to the Editor \*
- Images (accompanied by a short explanatory text) \*
- Summaries of clinical trials presented at hotline sessions

*\*please see special instructions for submission below*

### **Submission of papers**

#### **Online Submission**

Please submit all manuscripts online via the Acute Cardiac Care Manuscript Central site at: <http://mc.manuscriptcentral.com/mjci>. Here new users should first create an account to obtain the user ID and password. Once you are logged in, you can submit manuscripts via your "author center".

Your submission will be acknowledged by an e-mail which includes the Manuscript ID number for your paper. Remember to refer to this number in the subject line of any correspondence with the Editorial Office. You can view of the status of your manuscript via your author center.

All papers will be subject to peer-review. In all cases a letter will be sent to the authors by the Editors, indicating acceptance or explaining the reasons for rejection. Papers may be accepted subject to amendment by the authors. If a paper is not resubmitted within three months, it will be treated as a new submission. **Case reports are not accepted for publication.**

A manuscript will be considered for publication on the understanding that it reports unpublished work that is not under consideration for publication elsewhere, that all named authors have agreed to its submission and have obtained permission from their employers or institution to publish if they have a contractual or moral obligation so to do, and that if accepted it will not later be published in the same or similar form in any language without the consent of the publishers.

#### **Preparation of manuscripts**

Manuscripts should be typed double-spaced. Any special points should be emphasized in the covering letter. The number of heading levels used should be kept to a maximum of three. Papers describing original research should be arranged as follows:

1. Title page
2. Abstract
3. Keywords
4. Introduction
5. Materials (or patients) and methods
6. Results
7. Discussion
8. Conclusion or summary
9. Acknowledgements
10. References
11. Tables
12. Figures (with captions)

The title page should bear the title of the paper, the full names of the authors, their affiliations and addresses, the name and full postal address of the author to whom correspondence and reprint requests are to be sent and a running title of not more than 50 letters and spaces. The Abstract should not exceed 200 words. It should be written in a style that conveys the essential message of the paper in abbreviated form. Up to 5 keywords should be supplied. The Introduction should assume that the reader is knowledgeable in the field and should, therefore, be as brief as possible. In the Materials and methods section, methods that have been published in detail elsewhere should not be described in detail.

Abbreviations and symbols used must be standard and SI units used throughout. Acronyms should be used sparingly and must be fully explained when first used. Whenever possible, drugs should be given their approved generic name. When a proprietary (brand) name must be used, it should begin with a capital letter and the manufacturer's address details should be given. Statistical analyses must explain the methods used.

### References

Only papers closely related to the author's work should be quoted. Exhaustive lists should be avoided. References should follow the Vancouver style. In the text they should appear as numbers starting at 1. At the end of the paper they should be listed (double-spaced) in numerical order corresponding to the order of citation in the text. All authors should be quoted for papers with up to six authors. Abbreviations for titles of medical periodicals should conform to those used in the latest edition of Index Medicus. The first and last page numbers for each reference must be provided. Abstracts and letters must be identified as such. Articles that have been accepted for publication but not yet published should be listed as in press'. Examples of the various types of references are given below.

*Journal article (list first 6 authors before et al.):*

1. Bar FW, Volders PG, Hoppener P, Vermeer F, Meyer J, Hellens HJ. Development of ST-segment elevation and Q- and R-wave changes in acute myocardial infarction and the influence of thrombolytic therapy. *Am J Cardiol.* 1996;77:337-43

*Complete book:*

2. Beyar R, Keren G, Leon M, Serruys P, eds. *Frontiers in Interventional Cardiology*. London: Martin Dunitz Ltd, 1997.

*Chapter in book:*

3. Rosenfield K, Isner JM. Intravascular ultrasound in patients undergoing coronary and peripheral arterial revascularization. In: Topol EJ, ed. *Textbook of Interventional Cardiology Vol 2*. Philadelphia: W.B. Saunders Co., 1994. pp 1153-85.

For more detailed guidelines, please turn to the NLM/NIH uniform requirements; website:

[http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)

### Figures

Acceptable digital formats of figures are: TIFF, JPEG, PDF, BMP, EPS, Microsoft Excel and Powerpoint. **Image resolution needs to be at least 300 DPI**. Images should be saved in CMYK colour. Magnification is best indicated by a line representing a defined length included within the photographs. All figures should be submitted as separate files, numbered according to the placement in the text and named with reference to the manuscript.

Colour illustrations in print incur a price of US\$ 750 /page. Online only colour illustrations are free of charge.

Line diagrams and graphs should be on separate pages; they must be supplied as photographic images of a quality suitable for reproduction. Lettering on figures should be kept to a minimum and should not duplicate the legend. The use of symbols should be explained in the caption, not on the figure.

All illustrations should be specifically referred to in the text using Arabic numbers, e.g. (Figure 2). Magnification is best indicated by a line representing a defined length included within the photographs.

#### *Tables*

These should be as few as possible and should present only essential data. They should be type-written on separate sheets, with a title or caption. Tables should be specifically referred to in the text using Arabic numerals e.g. (Table 3).

#### **Permissions**

Authors should ensure that material copied from other sources is accompanied by clear written statements from the original author and publisher giving permission for the material to be reproduced in *Acute Cardiac Care*. It is the author's responsibility to ensure that permissions are obtained.

#### **Proofs**

Typesetter's proofs will be sent as a PDF to the corresponding author who should read them carefully. Major alterations to the text cannot be accepted at this stage.

#### **Copyright assignment**

The corresponding author must complete and return to the Publisher the Copyright Assignment form after his/her article has been accepted.

#### **Conflict of interest**

Authors are requested to disclose any commercial or other associations that might pose a conflict of interest in connection with the submitted article. All funding sources supporting the work, and institutional and corporate affiliations of the authors must be acknowledged.

#### **Special instructions for Letters and Image submissions**

For manuscripts intended to be published as Letters to the Editor or as Image illustrations, we suggest the following:

*Letters to the Editor* – should be submitted with a title and abstract and be arranged as the guidelines for an original article above. The length of the manuscript should be no longer than 800 words (not including references or abstract) and have a maximum of 5 references and 2 tables or figures.

Especially interesting case reports can be submitted as letters to the editor, if they are submitted according to the guidelines above.

*Images* – should be submitted as 1-1 striking images in high resolution (at least 300 DPI and in CMYK-colour) with a short explanatory text (maximum 100 words). It is very important that the images are of very high quality as they will be presented as a full page illustration.

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