



Instructions to Authors

Editorial Policy

Interventional Cardiology Review endeavours to publish unbiased content pertinent to healthcare professionals practicing in the field of interventional cardiology. A statement of the journal's aims and scope is available online.

The title and scope of articles should be agreed with the Editor-in-Chief and Managing Editor prior to submission.

Uninvited submissions will be considered provided they meet our publication criteria. If you are interested in submitting a manuscript, please contact the Managing Editor.

Following submission, articles will be subject to independent double-blind peer review and in-house editing prior to publication. All articles must receive the approval of the Editor-in-Chief and/or Section Editors before publication.

Submission Types

The following article types appear in Interventional Cardiology Review:

- **Guest Editorial** – Approximately 800 words in length (excluding references)*
- **Expert Opinion** – Approximately 1,500 words in length (excluding references)*
- **Review Article** – Approximately 3,000 words in length (excluding references)*

Manuscript Preparation

All manuscripts must be supplied in Microsoft Word.

All submissions must include:

- **A Title Page** – Comprising: the title of the article; short title (<50 characters); author(s)' full name, position and institution; a statement of disclosure/conflicts of interest relevant to the article for each author[†] (conversely, please state clearly if there are no conflicts of interest to declare); a postal correspondence address for the lead author; email addresses for all authors
- **A Supporting Information Page** – Comprising: a short biography of each author for inclusion on the journal website; a brief summary of the paper (two to three sentences) and an image (.jpeg format) to accompany the article title on the electronic table of contents

Expert Opinion and Review Articles must also include:

- An unstructured, unreferenced abstract (approximately 120 words)
- A list of keywords (5–12 words)

Content

Layout

Divide the text under headings and subheadings. Keep these short and succinct and similar in sense and style.

Language

All articles should be written in plain, UK English, free from jargon, and the writing should be clear and direct. All acronyms and abbreviations must be explained in full at first mention.

Figures – Tables, illustrations, screenshots and photographs.

- A maximum of five may be included[‡]
- Clear and concise titles / captions must be provided, and all symbols and abbreviations used must be defined in a footnote
- All figures must be referred to in the main text
- Figures must be supplied as digital files only (.tif, .pdf or .jpeg files) and be at least 300dpi
- Graphs and tables must be supplied as editable files formatted as a table in Microsoft Word or Excel
- Authors are responsible for obtaining permission for all copyright material, including tables, figures and images. Evidence will need to be provided where permission has been granted upon request

*Extensions to word limits by prior agreement with the Managing Editor.

[†]Relevant conflicts of interest are any commercial interests that may be construed to have influenced opinion such as research funding, consultancy services, serving on speakers' bureaus, travel expenses, appearance fees, the receipt of share options, or direct employment by a commercial entity. For more information visit: www.icmje.org/conflicts-of-interest/acknowledgements

[‡]Additional images by prior agreement with the Managing Editor.

References

- In text – All articles must be fully referenced using the Vancouver in-text referencing style. References must be numbered in order of first mention. They must be indicated in the text by a superscript number with the full list at the end of the article in numerical order
- Reference list – Journal abbreviations are used as per Medline. Include the first three authors only.
- Example references:
 - *Journal article* – Delpón E, Cordeiro JM, Núñez L, et al. Functional effects of KCNE3 mutation and its role in the development of Brugada syndrome. *Circ Arrhythm Electrophysiol* 2008;**1**:209–18. DOI: 10.1161/CIRCEP.107.748103; PMID: 19122847
 - *Book Chapter* – H Mansbach, Sumatriptan: Looking Back and Looking Forward. In: Humphrey P, Ferrari M and Olesen J (eds), *The Triptans: Novel Drugs for Migraine*, New York: Oxford University Press, 2001;183–9.

Submission

Articles must be submitted electronically via Epress at <http://www.epress.ac.uk/icr/webforms/author.php>

Articles that do not fall within the aims and scope of the journal will be rejected outright.

Articles submitted that fall within the aims and scope of the journal will be subjected to independent double-blind peer review. Peer reviewers are selected on the basis of their expertise in the article subject matter. Following review, manuscripts are accepted without modification, accepted pending modification (in which case the manuscripts are returned to the author/s to incorporate required changes), or rejected. The Editor-in-Chief reserves the right to accept or reject any proposed amendments. Once the authors have revised a manuscript in accordance with the reviewers' comments, the manuscript is assessed to ensure the revised version meets quality expectations. The Editor-in-Chief provides final approval for acceptance for publication.

Copyright for the publication and reproduction of submitted articles transfers to Radcliffe Cardiology.

Publication

All accepted manuscripts will be subject to editorial revisions for clarity, punctuation, syntax and conformity to house style. Wherever possible, the author/s will be fully involved in the editorial process, although the final decision remains with the publisher.

A .PDF proof of manuscripts accepted for publication will be sent to the corresponding author. Any requests for changes must be returned by the deadline given. Only minor changes can be made at the proofing stage. It is the corresponding author's responsibility to liaise with co-authors on any needed corrections or proof approval.

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Editorial Queries

All editorial queries should be directed to Lindsey Mathews commeditor@radcliffecardiology.com
Commissioning Editor, Interventional Cardiology Review

