INSTRUCTIONS FOR AUTHORS

Thank you for considering submitting your manuscript to REC: Interventional Cardiology. The following instructions will guarantee that we have everything necessary for your manuscript to progress without problems through the peer review, production and publication process. Please take time to read and apply them, since doing so will ensure that your manuscript complies with the journal's requirements.

1. REC: INTERVENTIONAL CARDIOLOGY: DEFINITION AND AIMS

REC: Interventional Cardiology is the official publication of the Hemodynamics and Interventional Cardiology Section (SHCI) of the Spanish Society of Cardiology, part of the Revista Española de Cardiología (REC Publications) family, devoted to the study, prevention and treatment of cardiovascular disease. It is an official journal of the Spanish Society of Cardiology.

REC: Interventional Cardiology is a peer-reviewed bilingual (Spanish and English) quarterly journal, published online with a very limited print edition. The journal is owned by the Spanish Society of Cardiology, and published in collaboration with Permanny. It is funded entirely by the SHCI. All articles are open access.

REC: Interventional Cardiology publishes articles in the field of interventional cardiology, including both diagnostic and therapeutic aspects of cardiovascular disease related to catheter-based techniques and their multiple variants. The journal publishes peer-reviewed papers on clinical and experimental topics, approved by the editorial committee and in line with editorial policy. The topics covered include diagnostic techniques, percutaneous interventional procedures, drug therapy, laboratory findings and clinical trials, published as original articles, reviews and updates, editorials, editorial comments, case reports, interviews, images in cardiology and letters to the Editor.

All of the journal’s processes are conducted strictly in accordance with international ethical guidelines on the publication of biomedical research and information, as are the steps taken to ensure the integrity and accuracy of the research published. The journal will investigate any ethical infractions taking all reasonable measures for its prompt resolution, acting with proportionality and if necessary, involving the institutions of origin of those concerned.

The views and opinions expressed in this journal are exclusively those of the authors and not of the Spanish Society of Cardiology, the SHCI or the Publisher. The latter accepts no responsibility for any losses, claims, procedures, costs, expenses, damage or other responsibility of any type or any form arising directly or indirectly from the content of the publication.

The online version of REC: Interventional Cardiology is available in English and Spanish (https://www.recintervcardiol.org). The print edition is published in Spanish only.

2. EDITORIAL PROCESS

REC: Interventional Cardiology follows a double-blind peer review, meaning that both reviewers and authors are anonymous throughout the process. Internal procedures guarantee that this standard is applied to all articles authored by members of the editorial team. Unsolicited original contributions undergo peer review by experts designated by the Editors before their acceptance. Submission of an article to REC: Interventional Cardiology implies that the work is original and has not been previously published nor is it under consideration for publication in another journal.

Editorials, review articles, clinical trials review, and debates must be solicited by the Editor. The priority of these manuscripts will be assessed mainly by the editorial team. Unsolicited original contributions undergo peer review by experts designated by the Editors before their acceptance. Submission of a manuscript implies a) that it has not been previously published or is not under consideration for publication in another journal.

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 revision, b) rejection, or c) acceptance. a) If modifications are requested, 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 editorial team after an appeal (7. INQUIRIES AND APPEALS). 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.

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. At the same time, 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 REC: INTERVENTIONAL CARDIOLOGY

3.1. ETHICAL CONSIDERATIONS

Ethical responsibilities

Authors submitting a manuscript accept full responsibility for its content as defined by the International Committee of Medical Journal Editors (http://www.icmje.org/).

The research reported in papers submitted to REC: Interventional Cardiology must be carried out in accordance with internationally accepted recommendations for clinical investigation (Declaration of Helsinki https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) of the World Medical Association, revised October 2013).

Studies reporting animal experiments must comply with the ARRIVE guidelines (http://www.nc3rs.org.uk/arrive-guidelines) and be performed in accordance with the United Kingdom Animal (Scientific Procedures) Act 1986 and current national legislation (Royal Decree 53/2013 of 1 February, on basic standards for the protection of experimental animals), and the European Union Directive 2010/63/EU for animals used for scientific purposes (http://ec.europa.eu/environment/chemicals/lab-animals/legislation_en.htm), or the guidelines on the care and use of laboratory animals of the National Institutes of Health (NIH Publications, revised 2011: https://grants.nih.gov/grants/guide-for-the-care-and-use-of-laboratory-animals.pdf). Authors must clearly state in their manuscripts that they have followed these guidelines.

Informed consent (if required)

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 https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/) for experiments involving humans and the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (http://www.icmje.org/icmje-recommendations.pdf). Authors must state that written informed consent was obtained from all participants and is 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.

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 their articles, authors expressly authorize that their first name, second name(s), contact address, and e-mail address will be published in REC: Interventional Cardiology in order to acknowledge authorship of the article and to assist readers in contacting them.

3.2. MANDATORY DECLARATIONS

Originality and authorization

Submission of a manuscript implies a) that it has not been previously published (except in the form of an abstract, conference proceeding, academic thesis, or
online first publication; b) is not currently submitted for publication elsewhere; c) that its publication has been approved by all authors and faculties or explicitly by the responsible authorities where the work was carried out; and d) 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.

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 abstract or table (less than 500 words). 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.

To verify originality, the manuscript may be checked by the originality detection service Similarity-Check (https://www.crossref.org/services/similarity-check/).

When an author submits an article to REC: Interventional Cardiology, the journal will send an e-mail to all authors to ensure that they are aware of being named as authors of the manuscript.

Conflicts of interest

All authors must complete the International Committee of Medical Journal Editors conflict of interest form (http://www.icmje.org/downloads/coi_disclosure.pdf). Declaration of individual conflicts of interest is mandatory at submission of the revised version of the manuscript. During the manuscript submission process, the corresponding author will be responsible for declaring all conflicts of interest 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 interest.

Funding source(s)

Authors must identify institutions that have provided financial support for the performance 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.

Randomized clinical trials: description and registration

Randomized clinical 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, ie, recruitment, enrollment, randomization, withdrawal, and completion, as well as a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available from the CONSORT website (http://www.consort-statement.org).

Registration in a public trials registry is a condition for publication of clinical trials in this journal, in accordance with the International Committee of Medical Journal Editors recommendations (http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html). 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 on 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.

3.3 AUTHORSHIP

Authors

REC: Interventional Cardiology ascribes to the authorship criteria for scientific articles defined by the International Committee of Medical Journal Editors (http://www.icmje.org/recommendations/browse/policies-and-responsibilities/defining-the-role-of-authors-and-contributors.html). Consequently, each person designated as an author must meet all of the following requirements:

- Have substantially contributed to the conception or design of the work or the acquisition, analysis, or interpretation of the data for the work
- Have drafted the work or critically revised it for intellectual content
- Have granted final approval of the version to be published
- Have agreed 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.

Authors wishing to specify the contributions of one or more of the contributing authors within the article must complete the author contributions form and send it with their manuscript using the Cover letter menu item.

Authors are advised to carefully review the list and order of authors before submitting their manuscript at the time of the original submission. Any addition, deletion, or rearrangement of authors’ names in the authorship list should be made through the authorship modification form, providing: a) the reason for the change in author list, and b) written confirmation 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.

If the manuscript has already been accepted, the editor will consider the addition, deletion, or rearrangement of authors only in exceptional circumstances. While the editor considers the request, publication of the manuscript will be suspended.

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3.4. OPEN ACCESS

REC: Interventional Cardiology is an open access journal, and its content are freely available. Authors are not required to pay for publication of their articles.

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4. INSTRUCTIONS FOR AUTHORS

4.1. MANUSCRIPT SUBMISSION

Manuscripts should be submitted for evaluation by REC: Interventional Cardiology via an online manuscript management system: https://www.editorialmanager.com/recintervcardiol/. Any queries should be addressed to our editorial office: rec@intervcardiol.org; +34 917 242 370.

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. Authors will receive information on manuscript review by e-mail.

4.2. LANGUAGE AND ONLINE PUBLICATION

This journal is published in Spanish and in English and accepts articles submitted in either of the two languages, but not both. Authors with articles in both languages should submit only one.

Because REC: Interventional Cardiology 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 (https://www.recintercardiol.org/en). Accepted Spanish articles will have to wait for the English version before inclusion in this database.
4.3 GENERAL POINTS

- All manuscripts must adhere to the journal’s instructions. It is understood that the corresponding author takes responsibility for following these instructions 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 all references, abstract, key points, and figure legends, and excludes only the tables.
- A cover letter should be included with relevant information about the manuscript (e.g., originality, authorship, importance of the topic).
- The article submitted for review must comprise 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 title page must include the title, first name(s) and second name(s) of the author(s), authors’ affiliations (department, institution, city, and country), postal and e-mail addresses of the corresponding author, conflicts of interests, and funding source(s), as follows:

**Title.** Concise and informative. Titles are often used in information retrieval systems (indexes). 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. Provide the authors’ affiliations (where the work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after each author’s name and before the corresponding 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 review, publication, and after publication. Ensure that both postal and e-mail addresses are given and that contact details are kept up-to-date by the corresponding author.

4. **Funding sources.** List funding sources in the following standard format required by funding bodies: “Funding: This work was supported by X [grant number zzzz]. Indicate all funding sources.”

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a regional or national grant, or 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 review process, place the acknowledgments section on the title page of the manuscript. Do not acknowledge support elsewhere in the manuscript. List those individuals who provided help during the research (eg, language help or translation). Written permission must be sent to REC: Interventional Cardiology (bottom) from those individuals mentioned in this section using de Cover letter menu item. After article acceptance, this information will be placed before the Conflicts of interest section.

6. **Figures.** Figures should preferably be sent in TIFF or JPEG format, with a resolution higher than 300 dpi (free services are available on the Internet to adjust this). Figures should be self-explanatory and do not repeat information in the text or figures.

7. **Tables.** Tables should be numbered in Arabic numerals in the order of their first appearance in the text. Figures, symbols, and letters, etc., must be large enough to be clearly identified when the figure is reduced. Details must be highlighted with arrows, using high-contrast marking. Define abbreviations in alphabetical order and the meaning of any symbols used in the figure legend. Figures must not include any information that would allow a patient or hospital to be identified. Patient photographs must be taken in such a way that ensures anonymity, or the consent of that patient must also be sent.

8. **Videos.** Videos should preferably be submitted in MP4 format, although AVI is also accepted, with a maximum size of 50 MB. Acceptance of videos submitted in other formats will depend on whether they can be converted to the online publication format.

8. **Tables.** Tables should be numbered in Arabic numerals in the order of their first 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 its 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. REC: Interventional Cardiology will not be held responsible for any costs associated with this process.

- Any references contained in the manuscript must adhere to the instructions provided in the References section of these guidelines.

4.4. 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 less than 2 years old and should be identified as [abstract] within square brackets after the title.
- 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: Lim HS, Farouque O, Andrianopoulos N, et al. Survival of elderly patients undergoing percutaneous coronary intervention for acute myocardial infarction complicated by cardiogenic shock. J Am Coll Cardiol Intv. 2009:2:146-152.


4.5 SUPPLEMENTARY DATA

(REC: Interventional Cardiology accepts supplementary electronic data to support and improve the presentation of authors’ scientific research. Only material directly relevant to the article content will be considered for e-publication and acceptance of such material will remain at the discretion of the Editors. This material will not be translated, typeset, or proofread. The Editorial Board reserves the right to refuse electronic material not deemed appropriate.)
5. TYPES OF ARTICLE

5.1 ORIGINAL ARTICLES

Authors: There is no specific limit to the number of authors but listing more than 25 will require the assessment/approval of the editorial team.

Author participation includes each and every one of the following criteria:
1. Substantially contributing to the conception or design of the work or the acquisition, analysis, or interpretation of the data for the work.
2. Drafting the work or critically revising it
3. Granting final approval of the version to be published
4. Agreeing to be accountable for all aspects of the work

Length: These articles should not exceed 5000 words (including tables, figure legends and references) and should contain a title of no more than 120 characters and spaces.

The manuscript should be arranged in the following order:
1. Structured abstract in English (maximum 300 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 (selected from those most frequently used in the body of the text). 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. Table of abbreviations (no more than 6 of the most frequently used in the text).
3. 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 with subheadings.
4. Key points. Include the following information at the end of the article:
   - What is known about the topic?
     Summarize key points on what is known about the research topic (do not exceed 200 words).
   - What does this study add?
     Summarize the key points on the contribution of the study (do not exceed 200 words).
5. References.
6. Tables (optional). Do not include more than 4 tables (submit further tables as supplementary data).
7. Figure captions and figures (optional). Do not include more than 4 figures (submit further figures as supplementary data).
8. Videos (optional).

In addition, articles on study methodology 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
- Registration of the study with a clinical trial registry (eg, www.clinicaltrials.gov)

5.2 CASE REPORTS

These articles include clinical cases in interventional cardiology of special clinical relevance. The text should have two clearly identified parts (presentation and resolution), which will be published as two separate articles (requirements below).

If accepted, the editorial team will share the case presentation with an expert to request an article on their approach to the case.

1. Case presentation. A maximum of 500 words, up to 6 images and up to 4 videos will be accepted. Do not include references. There should be no more than 6 authors. Do not include the case resolution in this part.
2. Case resolution. A maximum of 500 words, up to 6 images and up to 4 videos will be accepted. There should be no more than 6 references. The authors should be the same as those named in the Case presentation.

These manuscripts do not require an abstract, list of abbreviations, or key words. For obvious reasons the print version will only include text and figures, with mention of videos in the online version.

5.3 IMAGES IN CARDIOLOGY

1. No more than 6 authors.
2. The title must contain less than 8 words.
3. 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.
4. No more than 3 figures.
5. Supplementary data: videos only (optional).

5.4. LETTERS TO THE EDITOR

This section includes papers including original data and describing the authors’ experience, correspondence related to editorial matters, articles published in REC: Interventional Cardiology, as well as letters which generate scientific debate. Letters in response to articles published in the journal should be submitted within 12 weeks of the publication of the article.

No more than 6 authors. Do not exceed 1000 words (including references) and include a title of less than 120 characters, including spaces. Include up to 2 figures and 1 table.

6. PROOFS OF ACCEPTED ARTICLES

The corresponding author receives the proofs of the article for revision and correction of possible discrepancies or terminology errors. Articles will already have been edited as per the journal guidelines, so no style corrections are accepted at this point. 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) (http://get.adobe.com/reader). Instructions on how to annotate PDFs will accompany the proofs. The exact system requirements are given at the Adobe site (http://helpx.adobe.com/reader/system-requirements.html).

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 by 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 e-mail; please check carefully before replying, as inclusion of any subsequent corrections cannot be guaranteed. Proof-reading is solely the author’s responsibility.

7. INQUIRIES AND APPEALS

Please contact our editorial office (rec@intervencardiology.org; +34 917 242 370) 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. 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 and within 15 days. Communication will be via e-mail, at the address supplied by the author, or by telephone, if so required by either party.