DESCRIPTION

The Canadian Journal of Cardiology (CJC) is an official journal of the Canadian Cardiovascular Society (CCS) and a companion title to CJC Open and CJC Pediatric and Congenital Heart Disease. The CJC is a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science, particularly serving as the major venue for Canadian cardiovascular medicine. The CJC publishes original reports of clinical and basic research relevant to cardiovascular medicine, as well as editorials, review articles, and case reports. Papers on health outcomes, policy research, ethics, medical history, and political issues affecting practice, as well as letters to the editor, are welcomed. The CJC accepts and publishes articles in the English language only. Manuscripts are received with the understanding that they are submitted solely to the Canadian Journal of Cardiology and that none of the material contained in the manuscript has been published previously or is under consideration for publication elsewhere, with the exception of abstracts. Redundant or duplicate publications will not be considered. All statements and opinions are the responsibility of the authors. The CCS reserves copyright on all published material, and reproduction of the material, even by the authors, requires written permission. With submission of a manuscript, a letter of transmittal must indicate that all authors have participated in the research and that they have reviewed and agree with the content of the article. You are also welcome to submit to the CJC’s open access companion titles, CJC Open and CJC Pediatric and Congenital Heart Disease.

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INTRODUCTION

CANADIAN JOURNAL OF CARDIOLOGY INSTRUCTIONS FOR AUTHORS

The Canadian Journal of Cardiology (CJC) is the official journal of the Canadian Cardiovascular Society (CCS). The CJC is a vehicle for the international dissemination of new knowledge in cardiology and cardiovascular science, particularly serving as the major venue for Canadian cardiovascular medicine. The CJC publishes original reports of clinical and basic research relevant to cardiovascular medicine, as well as editorials, review articles, and case reports. Papers on health outcomes, policy research, ethics, and political issues affecting practice, as well as letters to the editor, are also welcome. The CJC accepts and publishes articles in the English language only. Manuscripts are received with the understanding that they are submitted solely to the CJC and that none of the material contained in the manuscript has been published previously or is under consideration for publication elsewhere, with the exception of abstracts. Redundant or duplicate publications will not be considered. Duplicate submission is a significant breach of scientific ethical principles and may result in sanctions. All statements and opinions are the responsibility of the authors. The CCS reserves copyright on all published material, and reproduction of the material, even by the authors, requires written permission. With submission of a manuscript, a letter of transmittal must include the following 4 statements:

1. All authors have participated in the work and have reviewed and agree with the content of the article.
2. None of the article contents are under consideration for publication in any other journal or have been published in any journal.
3. No portion of the text has been copied from other material in the literature (unless in quotation marks, with citation).
4. I am aware that it is the author's responsibility to obtain permission for any figures or tables reproduced from any prior publications, and to cover fully any costs involved. Such permission must be obtained prior to final acceptance.

Editorial Policy

Each issue of the CJC carries the following statement, to which the authors agree when they submit a manuscript for consideration:

Statements and opinions expressed in the articles and communications herein are those of the author(s) and not necessarily those of the Editor(s), Society, or publisher, and the Editor(s), Society, and publisher disclaim any responsibility or liability for such material.

Article Classifications

Word count limits (see below) generally refer to all elements of the article, including the abstract, references, tables, and figure legends, unless stated otherwise.

Original Papers are generally limited to 6000 words, including all elements (title page, abstract, text, references, tables, and figure legends) in the principal Microsoft Word file, except for word count and short title. Rare exceptions to the word length limit may be granted by the Editor-in-Chief for specific reasons. Include a short title of 50 characters or less on your title page.

Editorials and Viewpoint Papers. Editorials are normally invited. However, unsolicited Editorials and Viewpoint articles are considered and will be submitted for peer review if appropriate. The distinction between Editorials and Viewpoints is that an Editorial will often present comments on an article (usually accompanying it in the same issue of the journal), whereas Viewpoints will present comments on a topical and/or controversial issue in clinical or basic cardiovascular medicine. Editorial comments on papers should cite the article commented on as one of the references in the paper. Length for both Editorials and Viewpoint papers should be no more than 2000 words including all elements (title page, text, references, tables, and figure legends). No abstract should be provided for Editorials. Viewpoint articles should include a 250-word unstructured abstract. Include a short title of 50 characters or less on your title page. Conflict of interest guidelines apply.
Review Articles may be invited but unsolicited articles are also welcome. Reviews should not exceed 8000 words including all elements (title page, abstract, text, references, tables, and figure legends). They should include a 250-word unstructured abstract. Include a short title of 50 characters or less on your title page.

Systematic Review/Meta-analysis papers follow the same length and structure guidelines as Review articles, except that their abstract should be structured (Background, Methods, Results, Conclusions), and they are executed according to standards for the appropriate article type.

Methods in Cardiovascular Research and Practice. This category will include reviews of important current methods as well as newly developed techniques and approaches. The focus will be mostly on new and evolving methods in clinical research and/or practice (eg, new forms of trial design, biostatistical approaches, etc) but may also include fundamental work.

The guidelines will follow those for original articles if the manuscript describes the development of a specific new technique or method (see Original Articles in Article Classifications section). If the article is a literature review of a method(s) used, it will follow guidelines for review articles (see Review Articles in Article Classifications section). These articles are generally invited, but the editors will also consider author-initiated submissions.

Study Design. CJC publishes Study Design papers that deal with studies incorporating novel design or organization elements, or that examine questions of major importance and/or clinical impact. These papers are limited to 6000 words including Abstract, Main Text, References, Figure legends, and Tables. They should include a 250-word unstructured abstract. Rare exceptions to the word length limit may be granted by the Editor-in-Chief for specific reasons.

CCS Guidelines are papers arising from definitive best-practice recommendation exercises undertaken by CCS-mandated committees on areas of clinical importance for which there is a need of guidance on diagnostic and therapeutic management. The word limit is generally 12,000 words, including all elements (title page, abstract, text, references, tables, and figure legends). However, for particularly extensive areas the word count limits may need to be liberalized and this is certainly possible. For any questions, contact the Editor-in-Chief. Additional materials can be included as Online Supplementary Materials (see below). All CCS Guidelines published in the CJC should have an unstructured 250-word abstract and a short title of 50 characters or less on the title page. Because of the extensive review that CCS Guidelines and Position Statements undergo at the level of the Secondary Review Panel and the CCS Guidelines Committee, these papers will often be reviewed by the Editor-in-Chief and his/her designate rather than being sent to external peer-reviewers.

Guidelines and Position Statements from other societies and groups. These must deal with an issue of interest in cardiovascular medicine and can be considered for publication in the CJC based on scientific merit and pertinence to the mission of the CJC. The word limit is 8000 words including all elements (title page, abstract, text, references, tables, and figure legends). If the organizers of the document need to produce a larger document, they should consult with the Editor-in-Chief. Additional materials can be included as Online Supplementary Materials (see below). Additional options for publication of more extensive documents that must be approved prior to submission are: 1) publication of the Executive Summary in the journal with the full document available as an externally funded journal supplement, which will generally be industry-sponsored (see guidelines for CJC supplements at www.onlinecjc.ca); 2) publication of the full article with costs (established by the CJC publisher Elsevier in consultation with CCS) defrayed by the submitting society or body. All Guidelines and Position Statements published in the CJC should have an unstructured 250-word abstract and a short title of 50 characters or less on the title page. Depending on the internal review process that these Guidelines and Position Statements undergo (eg, Secondary Review Panel, etc), these papers may be reviewed by the Editor-in-Chief and his/her designate rather than being sent to external peer-reviewers. The final decision on review process will be made by the Editor-in-Chief, based on information provided at submission.

Co-publication with other journals of Guidelines and Position Statements. In general, the CJC does not favour co-publication. In instances in which another society or organization is involved intimately and officially with CCS in elaboration of the Guidelines or Position Statements, co-
publication will be considered. In such instances, agreements regarding co-publication should be made by the parties concerned (CCS, CJC, and other participating societies/journals) at the onset of Guidelines/Position Statement Committee deliberation.

**CCS Clinical Practice Updates** (CPUs) are the results of reflections undertaken by writing groups mandated by the Canadian Cardiovascular Society in areas of clinical importance for which there is a need for guidance on diagnostic and/or therapeutic management, but for which the evidence base is less developed and/or is insufficient for a formal Guidelines reflection. In many instances, these will be rapidly emerging areas for which clinical guidance is needed but for which extensive randomized trials are lacking. CPUs are evidence-based but are more narrowly focused and more concise than guidelines, do not have formally-voted recommendations and may have time sensitive elements that warrant "fast track" translation into clinical practice. In some cases, they may be documents presenting an approach to a particular clinical problem, based on the expert opinion of the writing group, in situations where either the evidence base is extensive and well-known but summary clinical guidance would be useful, or where there is no clear evidence (generally for very new approaches and/or techniques) and expert opinion is needed.

All CPUs must be approved and guided by the CCS Guidelines committee, but CPUs do not include formally voted guideline recommendations or the use of the GRADE system. CPUs should be carefully evidence based, and the evidence base should be clear in the published document in the *CJC*. Rather than having formal recommendations, CPUs will have expert advisory suggestions for clinical practice.

Depending on the nature of the material covered, CPUs will be published in one of 3 general formats: 1) General CPUs, covering a specific area, will have a word count limit of 10,000 words, including all elements (title page, abstract, text, references, boxes, tables, and figure legends); 2) Focused CPUs, dealing with more focused/better circumscribed areas, will have a word count limit of 8000 words, including all elements (title page, abstract, text, references, tables, boxes, and figure legends); 3) Practical CPUs, with an overall maximum of 4000 words, including all elements (title page, text, references, boxes, tables, and figure legends; strict maximum of 5 references and 2 display items (figures, tables, and/or boxes)), providing practical instruction in well recognized and documented areas for which expert guidance would be helpful, are submitted as Contemporary Issues in Cardiology Practice or Health Promotion and Policy papers. The latter are described in detail elsewhere in the Instructions for Authors, but in brief have a maximum of 1500 words of text in the main section, 5 references and 2 display items (figures, tables, and/or boxes). The specific format appropriate for a given CPU will be defined early in the process for each CPU, based on discussions between the chair(s) of the specific CPU committee and the chair of the CCS Guidelines Committee.

General and Focused CPUs should have an unstructured 250-word abstract. Practical CPUs no longer include a formal abstract. The first paragraph of the text should provide a summary of the background and key observations (not included in word count restrictions). This paragraph should not exceed 100 words in length and should be in bold. CPUs should include a short title of 50 characters or less on the title page. CPUs will generally be sent for evaluation by external peer reviewers, like virtually all other *CJC* papers.

**Case Reports** must be informative to those in clinical practice. Case Reports should address uncommon presentations and/or treatments of common conditions, provide new insights into pathogenesis, or represent a newly recognized condition. The author(s) should explicitly provide the key teaching point(s) in the concluding paragraph. The author(s) should provide sufficient literature review to place the report into context. No more than 5 references and 2 display items (figures, tables, and/or boxes) will be accepted, and the length should not exceed 1000 words including text, references, boxes, tables, and figure legends. **Case Reports no longer include a formal abstract. Rather, the first paragraph of the text should provide a summary of the background and key observations. This paragraph should not exceed 100 words in length and should be in bold (not included in word count restrictions).** Include a short title of 50 characters or less on the title page. For all Case Reports, conclude the Discussion with a concise statement of the Novel Teaching Point(s) emerging from the case.

**Images in Cardiology** papers demonstrate particularly insightful images used in the detection of cardiovascular disease. The imaging modality may be old or new. The text of submissions for this section should be limited to that necessary to describe the context and importance of the image(s) and should not exceed 500 words including all elements (title page, text, references, and figure legends).
No more than 5 references and 2 display items (figures, tables, and/or boxes) will be accepted. No abstract should be included. Include a short title of 50 characters or less on the title page. **For all Images in Cardiology manuscripts, conclude the text with a concise statement of the novel element(s) or teaching point(s) that the image report adds to the literature.**

For both Case Reports and Images in Cardiology articles, if the authors would like to make available materials that they cannot include within the word count/figure limits (additional figures, tables, text, etc), these can be provided in a Supplementary Material section (see below).

**Journal News and Commentary** papers are short non-scholarly papers that comment on a topical aspect related to cardiovascular medicine, the state of the journal, or an issue. For example, this would include comments on major new studies or developments relating to cardiology, brief Forewords to supplement issues or comments by the editor about progress of the journal, new features being planned, changes to policies, etc. In addition to this, they may comment on health policy issues or important new findings in the literature. Such papers are limited to a maximum of 1200 words of text and 5 references. A maximum of 1 display item (figure, table, or box) can be included. No abstract is to be included. Include a short title of 50 characters or less on the title page. Journal News and Commentary papers also have a subsection, Trainee Matters, for CCS Trainees only.

**Trainee Matters papers**, following the format guidelines of regular Journal News and Commentary papers and dealing with aspects specifically related to trainee life issues, training opportunity and job market discussions, etc. Trainees interested in submitting to the Trainee Matters section need to email a topic proposal to the editorial office at cjc.editorialoffice@icm-mhi.org.

**Training/Practice** papers present information of interest to practitioners, such as practical technical and patient management instruction or matters relating to health policy and promotion, or guidelines for Canadian cardiovascular training programs. These papers are primarily intended for guidance in practice, health promotion, and/or training and are not detailed scholarly items—scholarly analyses should be submitted in the appropriate category (Clinical Research, Systematic Review/Meta-analysis, Review, or Viewpoint). The text of submissions for this section should be no more than 1500 words (excluding the introductory paragraph). No more than 5 references and 2 display items (figures, tables, and/or boxes) will be accepted. **Training/Practice articles have no formal abstract, rather, the first paragraph of the text should provide a summary of the background and key observations.** This paragraph should not exceed 100 words in length and should be in bold (it is not included in the 1500 word limit for the main text). Include a short title of 50 characters or less on the title page. Submissions are divided into 3 subsections: 1) Contemporary Issues in Cardiology Practice, which will highlight issues of relevance to clinical practice in the face of rapidly-advancing technologies and new medical knowledge, 2) Training in Cardiovascular Medicine and Research, which deal aspects relevant to cardiovascular clinical and research training programs, and 3) Health Policy and Promotion, which deal with matters relating to health policy and promotion.

**Training Program Initiative** papers are invited articles for CCS Trainees only. These papers follow the same guidelines as regular Training/Practice papers, and submissions are divided into the same 3 subsections: i) Contemporary Issues in Cardiology Practice, ii) Training in Cardiovascular Medicine and Research, and iii) Health Policy and Promotion. The Training Program Initiative is limited to CCS Trainee members. Registration as a CCS Trainee follows the process delineated at the link below, and is free of charge.

**How to become a CCS Trainee:** Please find more information here: [https://ccs.ca/become-a-ccs-member-today/](https://ccs.ca/become-a-ccs-member-today/).

**The Brief Rapid Reports** section is being replaced by **Research Letters**. These are brief papers reporting the results of clinical or basic research that is limited in scope but time-sensitive and of unusual interest. Articles for this section will receive rapid editorial attention, with a decision generally provided within 2 weeks of submission, rapid (within 6 weeks of acceptance) online publication, and publication in the next available issue. The submission cover letter should explain why the article is considered appropriate for this category. Maximum length is 800 words in the main text, with no abstract, up to 5 references and single display item (figure, table, or box). Include a short title of 50 characters or less on the title page.
Letters to the Editor may deal with any subject of current interest to cardiovascular medicine. If the subject concerns a recent publication in the CJC, the letter will normally be forwarded to the authors for comment. Both the letter and the response may be edited for clarity or brevity. Letters should not exceed 400 words of text, with no more than 4 references and 1 display item (figure, table, or box). Conflict of interest guidelines apply. At most, one institutional affiliation should be listed on Letters to the Editor or none at all.

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Experimental studies in humans and animals
If experimental animals are used, provide a statement in the text to indicate that all procedures followed were approved by an institutional animal research ethical review board, and provide the name of the board. (This is a requirement for such studies to be published in the CJC). If human subjects are involved, the text must indicate that all gave informed consent and that the protocol was approved by the institutional human research ethics review committee (while providing the name of the committee). Any prospective trial should be registered with an appropriate registration body and the study registration number (eg, NCT number) provided in the Methods section of the manuscript.
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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. Authors must disclose any interests in two places: 1. A summary declaration of interest statement in the title page file (if double anonymized) or the manuscript file (if single anonymized). If there are no interests to declare then please state this: 'Declarations of interest: none'. 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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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.

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Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' 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 compliance, your article may be checked by Crossref Similarity Check and other originality or duplicate checking software.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend
to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**
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