



# CANADIAN JOURNAL OF CARDIOLOGY

Journal of the [Canadian Cardiovascular Society](#)

## AUTHOR INFORMATION PACK

### TABLE OF CONTENTS

●	<b>Description</b>	<b>p.1</b>
●	<b>Impact Factor</b>	<b>p.1</b>
●	<b>Abstracting and Indexing</b>	<b>p.1</b>
●	<b>Editorial Board</b>	<b>p.2</b>
●	<b>Guide for Authors</b>	<b>p.5</b>



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### DESCRIPTION

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, 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.

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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**

At the discretion of the Editor-in-Chief, submissions may be accepted for either print or online publication. Case Reports and Images in Cardiology papers are generally published online only. Word-count limits (see below) generally refer to all elements of the article, including the abstract, acknowledgements, references, tables, and figure legends.

**Original Papers** are generally limited to 5,000 words, including all elements (title page, abstract, text, references, tables, and figure legends) in the principal Microsoft Word file, except for brief summary, word count, and short title. Rare exceptions to the word length limit may be granted by the Editor-in-Chief for specific reasons.

**Editorials and Viewpoint Papers.** Editorials are normally invited. However, unsolicited Editorials and Viewpoint articles are welcomed and will be submitted for peer review. The distinction between Editorials and Viewpoints is that an Editorial will generally 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. Editorials should cite the paper commented on as one of the references in the paper. Length for both Editorials and Viewpoint papers should be no more than 2,000 words including all elements (title page, text, references, tables and figure legends). No abstract or brief summary should be provided for Editorials. Viewpoint articles should include a 250-word unstructured abstract as well as a 60-word summary for online listing. Conflict of interest guidelines apply.

**Cardiovascular Controversies - Point/Counterpoint.** These are short articles presenting opposite positions of an area of controversy in cardiovascular medicine. They are usually invited, with 2 articles (1 for each side of the argument) invited at the same time, to be published together in the same issue of the journal. Length should be no more than 3,000 words including all elements (title page, abstract, text, references, tables, and figure legends). The abstract should be under 100 words and unstructured. A brief summary (< 60 words) for electronic TOCs should be provided, but is not included in word count. Conflict of interest guidelines apply.

**Review Articles** may be invited but unsolicited articles are also welcome. Reviews should not exceed 7,000 words including all elements (title page, abstract, text, references, tables, and figure legends). They should include a 250-word unstructured abstract as well as a 75-word summary should be provided for online listing.

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**New 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 (e.g. 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 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.

**CCS Guidelines and Position Statements** are definitive positions taken 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 10,000 words for CCS Guidelines and 6,000 words for Position Statements, including all elements (title page, abstract, text, references, tables, and figure legends). 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 print 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](http://www.onlinecjc.ca)); 2) exceptionally, a series of papers in a theme issue of the Journal. If funds available are sufficient for typesetting but not printing, the full document can be published online. In some instances for which the size and focus of a series of guidelines papers can be accommodated in a specific appropriate theme issue of the *CJC*, option 2) may apply. In case of doubt, the authors should consult directly with the Editor-in-Chief. All CCS Guidelines and Position Statements published in *CJC* should have an unstructured 250-word abstract. 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 generally 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 *CJC* based on scientific merit and pertinence to the mission of *CJC*. The word limit is 6,000 words including all elements (title page, abstract, text, references, tables, and figure legends). 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 print 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](http://www.onlinecjc.ca)); 2) publication of the full article in print with printing costs (established by the *CJC* publisher Elsevier in consultation with CCS) defrayed by the submitting society or body. In case of doubt, the authors should consult directly with the Editor-in-Chief. All Guidelines and Position Statements published in *CJC* should have an unstructured 250-word abstract. Depending on the internal review process that these Guidelines and Position Statements undergo (e.g., 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, *CJC* does not favor 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.

**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 provide sufficient literature review to place the report into context. No more than 5 references and 2 figures will be accepted, and the length should not exceed 1,000 words including all elements (title page, abstract, text, references, tables, and figure legends). An abstract of no more than 100 words should accompany the article and a 60-word summary should be provided for online listing. **For all Case Reports, conclude the Abstract and 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 figures will be accepted. No abstract should be included, but a 60-word summary (not included in word-count limit) should be provided for online listing. **For all Images in Cardiology manuscript, conclude the text with a concise statement of the novel element(s) or teaching point(s) that the image report adds to the literature.**

In general, both Case Reports and Images in Cardiology are published online only. If the authors cannot include all materials they would like to make available within the word count/figure limits, additional figures, tables, text, etc. can be provided in a Supplementary Material section (see below).

**Journal News and Commentary** papers are short non-scholarly papers that comment on the state of the journal or an issue. For example, this would include brief Forewords to supplement issues or comments by the editor about progress of the journal, new features being planned, changes to policies, etc. Such papers are limited to a maximum of 1,200 words and 5 references. They do not normally have display items, but a maximum of 1 figure or table can be included in exceptional cases to make specific points in a clearer fashion. No abstract or summary are to be included.

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**Translational Medicine** articles are generally invited, but unsolicited articles are also welcome. This section is intended to present reviews or meta-analyses dealing with novel scientific findings or concepts with important clinical relevance or application. Areas of potential application include (but are not limited to) physiology, pharmacology, molecular biology, genetics, genomics, pharmacogenomics, population science, etc. Word length and other guidelines are the same as for Review articles.



**Brief Rapid Reports** 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 print publication in the next available issue. Papers submitted for this section will be accepted with at most minor revision. If major revision is needed, the paper will subsequently fall into the Original Papers category. The submission cover letter should explain why the article is considered appropriate for this category. Maximum length is 3,000 words (including title page, abstract, text, references, tables, and figure legends; but excluding Brief summary), with a 100-word abstract and a maximum of 3 illustration items (figures plus tables). A 60-word Brief Summary should be provided for online listing.

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