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DESCRIPTION

The Portuguese Journal of Cardiology, the official journal of the Portuguese Society of Cardiology, was founded in 1982 with the aim of keeping Portuguese cardiologists informed through the publication of scientific articles on areas such as arrhythmology and electrophysiology, cardiovascular surgery, intensive care, coronary artery disease, cardiovascular imaging, hypertension, heart failure and cardiovascular prevention. The Journal is a monthly publication with high standards of quality in terms of scientific content and production. Since 1999 it has been published in English as well as Portuguese, which has widened its readership abroad. It is distributed to all members of the Portuguese Societies of Cardiology, Internal Medicine, Pneumology and Cardiothoracic Surgery, as well as to leading non-Portuguese cardiologists and to virtually all cardiology societies worldwide. It has been referred in Medline since 1987.

Revista Portuguesa de Cardiologia, órgão oficial da Sociedade Portuguesa de Cardiologia, foi fundada em 1982 com o objectivo de informar e formar os cardiologistas portugueses através da publicação de artigos científicos na área da arritmologia, cirurgia cardíaca, cuidados intensivos, doença coronária, ecocardiografia, electrofisiologia, hipertensão arterial, insuficiência cardíaca, métodos de imagem entre outros. Trata-se dum revista mensal de elevada qualidade científica e gráfica, publicada em português e em inglês desde 1999 o que permitiu a sua larga projeção no estrangeiro. É distribuída a todos os sócios da Sociedade Portuguesa de Cardiologia, da Sociedade de Medicina Interna, da Sociedade de Portuguesa de Pneumologia e da Sociedade de Cirurgia Cardiotorácica, bem como a cardiologistas estrangeiros de renome internacional e a quase todas as sociedades congêneres do mundo. É referenciada desde 1987 na Medline e posteriormente no Índex Copernicus.

IMPACT FACTOR

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ABSTRACTING AND INDEXING

PubMed/Medline
Index Copernicus
EDITORIAL BOARD

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Fátima Pinto, Hospital de Santa Marta, Lisboa, Portugal
GUIDE FOR AUTHORS

INTRODUCTION
The Portuguese Journal of Cardiology, the official journal of the Portuguese Society of Cardiology, was founded in 1982 with the aim of updating cardiologists through the publication of scientific articles on areas such as arrhythmology and electrophysiology, cardiovascular surgery, intensive care, coronary artery disease, cardiovascular imaging, hypertension, heart failure and cardiovascular prevention. The Journal is a monthly publication with high standards of quality in terms of scientific content and production. Since 2021 it has been published only in English, which has widened its readership abroad. The only exception is for Clinical Recommendations / Recomendações Clinicalas, that, if the authors wish, may be submitted in Portuguese.

The abstract and the title must also be submitted in Portuguese.

The Journal accepts the following categories of articles:

Research (Original Investigation and Systematic Reviews with or without Meta-Analysis), Review and Education (Narrative Reviews, Scoping Reviews), Guidelines, Case Reports, Images in Cardiology and Snapshots, Opinion (Current Perspective), Correspondence (Editorial Comment, Letters to the Editor, Research Letter and Observation), Study Protocol, Clinical Recommendations / Recomendações Clinicalas.(see summary table)

Types of article
Manuscripts submitted for publication should be prepared in accordance with the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals" of the International Committee of Medical Journal Editors (ICMJE). This document is available at http://www.icmje.org/recommendations/.

Summary table of Revista Portuguesa de Cardiologia types of articles characteristics.

Recommended reporting guidelines:
Clinical trials: For a clinical trials, use the CONSORT checklist and also include a structured abstract that follows the CONSORT extension for abstract checklist, the CONSORT flowchart and, where applicable, the appropriate CONSORT extension statements (for example, for cluster RCTs, pragmatic trials, etc.). A completed TIDieR checklist is also helpful as this helps to ensure that trial interventions are fully described in ways that are reproducible, usable by other clinicians, and clear enough for systematic reviewers and guideline writers.
Systematic reviews and meta-analysis: For systematic reviews or meta-analysis of randomised trials and other evaluation studies, use the PRISMA checklist and flowchart and use the PRISMA structured abstract checklist when writing the structured abstract.
Diagnostic accuracy: STARD checklist and flowchart
Observational studies: For observational studies, use the STROBE checklist and any appropriate extension STROBE extensions.
Genetic risk prediction: GRIPS guidelines.
Economic evaluation studies: CHEERS guideline.
Study protocols: SPIRIT or PRISMA-P
Case reports: CARE

Original Investigation

Original Investigation articles (original articles) cover areas of clinical or basic research: Clinical trial, Systematic Reviews with or without Meta-Analysis, Intervention study, Cohort study, Case-control study, Epidemiologic assessment, Survey with high response rate, Cost-effectiveness analysis, Decision analysis, Study of screening and diagnostic tests, Other observational studies. They should have a maximum of 4000 words, with a total of up to 10 tables and/or Figures, and should be structured as follows: Abstract (maximum 250 words; divided into Introduction and Objectives, Methods, Results, and Conclusion(s)); 3-10 keywords; Introduction; Objectives; Methods; Results; Discussion; Conclusion(s); Learning points/Take home messages with bullet points (maximum 100 words) Acknowledgements, if any; References (up to 50); and figure legends, if any. Follow EQUATOR Reporting Guidelines.
Regarding figures, the original articles should include the Central Picture. See the rules below:

Authors should submit a Central Picture, to appear as a small thumbnail on the first page of the manuscript, in electronic tables of contents, and in our promotional material for the paper. This can be a new image or a repeat of a figure (or portion of a figure) already in the paper. The Central Picture should illustrate an important component of the manuscript and its purpose is to provide a memorable visual snapshot of the paper.

The Central Picture must meet the following criteria:
Colour is required. The size is approximately 5 cm high x 3.8 cm wide. Select only a single frame or panel from a multi-frame image. Author photo(s) are not acceptable as Central Picture. Central Picture Legend: The Central Picture must be accompanied by an abbreviated legend not exceeding 90 characters including spaces. Please provide the abbreviated legend in the body of the manuscript (in addition to the text box in the submission process).

Central Message: The Central Message of 200 characters including spaces containing the essence of the manuscript—the main message of the paper. It is not a brief summary of results. Rather, for clinical manuscripts, it is the inference(s) that will be supported by the results. It is often identical to the conclusions of the abstract. The Central Message will be included immediately beneath the title of the paper in the table of contents and on the first page of accepted manuscripts.

Optional, but encouraged, if these add educational value to the article:
Graphical abstract: - a concise, visual summary of the main findings of the article, helping readers to quickly understand the findings of the paper and its relevance to them. Video abstract - a short video summary of the article (2-3 minutes total). Please provide a transcript of your video script, ideally prior to filming, so this can be peer reviewed alongside the article. Tweetable abstract - a tweetable abstract for the Journal Editor to use when sharing the article via social media, summarizing the key message of the article and including any relevant hashtags. Tweets can be up to a maximum of 280 characters, however ~200 characters is recommendable.

Systematic Reviews with or without Meta-Analysis: must be structured as Introduction, Methods, Results, Discussion and Conclusion(s). The subject should be clearly defined. The objective of a systematic review should be to produce an evidence-based conclusion. The Methods should give a clear indication of the literature search strategy, data extraction, grading of evidence and analysis. Systematic Reviews should not normally exceed 4000 words, with a total of up to 6 tables and/or figures and up to 100 references. Authors are strongly recommended to consult the PRISMA statement (http://www.prisma-statement.org/), which is intended to help improve the reporting of systematic reviews and meta-analyses. We encourage authors to develop a systematic review protocol (e.g. following PRISMA-P) and register with PROSPERO.

Review Articles and Scoping Reviews
Review Articles should have a maximum of 5000 words, with a total of up to 15 tables and/or figures, and should be structured as follows: Abstract (maximum 250 words; unstructured); 3-10 keywords; Introduction; thematic sections at the discretion of the authors; Conclusion(s); Acknowledgements, if any; References (up to 75); and figure legends, if any. These articles should also have a Central Picture. The rules are referred above in the section of the Original Articles.

Guidelines
It is recommended to consult the AGREE II instrument for which items should be reported that highlighted particular quality aspects of guideline development. In general, published statements intended to guide clinical care (e.g., guidelines, practice parameters, recommendations, consensus statements and position papers) should describe the clinical problem to be addressed, the mechanism by which the statement was generated, a review of the evidence for the statement (if available), and the statement on practice itself. To minimize confusion and to enhance transparency, such statements should begin with the following questions, followed by brief comments addressing each question:
What other guideline statements are available on this topic? Why was this guideline developed? How does this statement differ from existing guidelines? Why does this statement differ from existing guidelines?

The statement should have an unstructured abstract of up to 350 words, 3 to 10 keywords and can include up to 4000 words, a total of up to 6 tables and/or figures and up to 100 references.

**Case Reports**
The Portuguese Journal of Cardiology no longer publishes Case Reports.

**Images in Cardiology**
Images in Cardiology should have a maximum of 250 words, without Abstract, keywords, up to 2 figures and no tables, or division into sections and up to 5 references may be included.

**Current Perspectives**
This type of manuscript is submitted upon invitation by the Editorial Board. It may cover a broad diversity of themes focusing on cardiology and healthcare: current or emerging problems, management and health policies, history of medicine, society issues and epidemiology, among others. An author who wishes to propose a manuscript in this section is requested to send an abstract to the Editor-in-Chief including the title and Author list for evaluation. The text should not exceed 1200 words, and up to 10 references, two tables or two figures are allowed. An abstract is not required.

**Editorial Comments**
Editorials are submitted at the invitation of the Editor. They should not exceed 1000 words and can contain up to 20 references and 1 table and 1 figure. They do not have an Abstract or keywords. A photo of the author is required.

**Letters to the Editor**
A Letter to the Editor generally takes one of the following forms:
A substantial re-analysis of a previously published article in the Journal will be considered up to 8 weeks after the publication of the article in question
An article that raises issues of general interest to the broad readership of Revista Portuguese Cardiology
A brief report of cases adequate for the journal's scope and of particular interest to the community.
They should not exceed 600 words and can contain up to 5 references and two figures but without Abstract, keywords or tables. They should have no more than 3 authors.

**Research or Observation Letter**
Research Letters are concise, focused reports of original research or observations consisting of short reports of 1 or 2 complicated, unique cases. These should not exceed 600 words of text and 6 references and may include up to 2 tables or figures. Online supplementary material is not allowed. Research Letters may have no more than 7 authors.

If the patient(s) described in these manuscripts is identifiable, a Patient Permission form must be completed and signed by the patient(s) and submitted with the manuscript. Omitting data or making data less specific to unidentify patients is acceptable but changing any such data is not acceptable.

**Study Protocols**
A study protocol ("methodology manuscript") describes in detail the plan for conducting a specific clinical study and explains the purpose and function of the study as well as how to carry it out. Study protocols will be published without peer review if the study receives ethics approval and a grant from a major funding body. Any protocols that do not meet both these criteria will be sent for open external peer review. Protocol manuscripts should report planned or ongoing research studies. If data collection is complete, we will not consider the manuscript. We encourage the submission of protocol manuscripts at an early stage of the study. Study Protocols must abide by the following criteria in order to be considered for publication:

Papers must be for proposed or ongoing research and dates must be included in the manuscript. Articles that report work previously completed will not be considered. Study protocols must have ethics approval (if applicable) All considerations must adhere to the following EQUATOR guidelines:
PRISMA-P (Preferred Reporting Items for Systematic review and Meta-Analysis Protocols); SPIRIT (Standard Protocol Items for Randomized Trials) Registration is mandatory for any clinical trial as well as for any systematic review and meta-analysis protocols. Approved registries for clinical trials need to meet all of the ICMJE Clinical Trial Registration guidelines. Trial Registration numbers will need to be included in the abstract.

Word Count: 4000 words of text and up to 30 references and up to 3 tables or figures.

Contact details for submission
You can send your manuscript at https://www.editorialmanager.com/repc

Language
This journal is published in Portuguese and in English language. The title (and abstract and key words if applicable) must be submitted in both English and Portuguese. Articles submitted to the Journal should be clearly written in Portuguese (from Portugal) and/or English of a good standard. Text may be edited to maintain linguistic quality and to conform with standard American English.

ADVANCE NOTICE FOR AUTHORS
Please, take into account that as of January 2021, Revista Portuguesa de Cardiologia will require new article submissions to be written in English language.

Submission checklist
You can use this list to carry out a final check of your submission before you send it to the journal for review. Please check the relevant section in this Guide for Authors for more details.

Ensure that the following items are present:

One author has been designated as the corresponding author with contact details:
• E-mail address
• Full postal address

All necessary files have been uploaded:
Manuscript:
• Include keywords
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• All tables (including titles, description, footnotes)
• Ensure all figure and table citations in the text match the files provided
• Indicate clearly if color should be used for any figures in print
Graphical Abstracts / Highlights files (where applicable)
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Further considerations
• Manuscript has been 'spell checked' and 'grammar checked'
• All references mentioned in the Reference List are cited in the text, and vice versa
• Permission has been obtained for use of copyrighted material from other sources (including the Internet)
• A competing interests statement is provided, even if the authors have no competing interests to declare
• Journal policies detailed in this guide have been reviewed
• Referee suggestions and contact details provided, based on journal requirements

For further information, visit our Support Center.

BEFORE YOU BEGIN

Ethics in publishing
Please see our information on Ethics in publishing.

Studies in humans and animals
If the work involves the use of human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans. The manuscript should be in line with the
Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals and aim for the inclusion of representative human populations (sex, age and ethnicity) as per those recommendations. The terms sex and gender should be used correctly.

The privacy rights of human subjects must always be observed. A statement must be included to the effect that the study was conducted in accordance with the amended Declaration of Helsinki, that the local institutional review board or independent ethics committee approved the protocol, and that written informed consent was obtained from all patients. The name of the committee, the name of the chairperson of the committee (or the person who approved the protocol), the date of approval and the approval number should follow this statement in the Methods section. For multicenter studies, a list of the relevant approvals may be provided in a separate document to be published as supplementary material.

All animal experiments should comply with the ARRIVE guidelines and should be carried out in accordance with the U.K. Animals (Scientific Procedures) Act, 1986 and associated guidelines, EU Directive 2010/63/EU for animal experiments, or the National Institutes of Health guide for the care and use of Laboratory animals (NIH Publications No. 8023, revised 1978) and the authors should clearly indicate in the manuscript that such guidelines have been followed. The sex of animals must be indicated, and where appropriate, the influence (or association) of sex on the results of the study.

Informed consent and patient details
Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in the paper. Appropriate consents, permissions and releases must be obtained where an author wishes to include patient descriptions, photographs, video, and pedigrees of patients and any other individuals (parents or legal guardians for minors) who can be identified (including by the patients themselves) in such patient descriptions, photographs, video, and pedigrees. Written consents must be retained by the author but copies should not be provided to the journal. Only if specifically requested by the journal in exceptional circumstances (for example if a legal issue arises) the author must provide copies of the consents or evidence that such consents have been obtained. For more information, please review the Elsevier Policy on the Use of Images or Personal Information of Patients or other Individuals. Unless you have written permission from the patient (or, where applicable, the next of kin), the personal details of any patient included in any part of the article and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Patient Identification
Omitting data or making data less specific to deidentify patients is acceptable, but changing any such data is not acceptable. Only those details essential for understanding and interpreting a specific case report or case series should be provided. Although the degree of specificity needed will depend on the context of what is being reported, specific ages, race/ethnicity, and other sociodemographic details should be presented only if clinically or scientifically relevant and important. Cropping of photographs to remove identifiable personal features that are not essential to the clinical message may be permitted as long as the photographs are not otherwise altered. Please do not submit masked photographs of patients. Patients' initials or other personal identifiers must not appear in an image.

Conflicts of Interest and Financial Disclosures
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. A conflict of interest may exist when an author (or the author’s institution or employer) has financial or personal relationships or affiliations that could influence (or bias) the author’s decisions, work, or manuscript. All authors are required to report potential conflicts of interest including specific financial interests relevant to the subject of their manuscript.

Authors must disclose any interests in two places:
1. A summary declaration of interest statement in the title page file (if double-blind) or the manuscript file (if single-blind). If there are no interests to declare then please state this: 'Declarations of interest: none'. This summary statement will be ultimately published if the article is accepted.
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.

Submission declaration and verification
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.

Authorship
Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content. One or more authors should take responsibility for the integrity of the work as a whole, from inception to published article. According to the guidelines of the International Committee of Medical Journal Editors (ICMJE), authorship credit should be based on the following 4 criteria:
1. substantial contributions to conception or design of the work, or the acquisition, analysis, or interpretation of data for the work; and
2. drafting of the work or revising it critically for important intellectual content; and
3. final approval of the version to be published; and
4. agreement 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.

Changes to authorship. Role of the corresponding author
A single corresponding author (or coauthor designee in the event that the corresponding author is unavailable) will serve on behalf of all coauthors as the primary correspondent with the editorial office during the submission and review process. If the manuscript is accepted, the corresponding author will review an edited manuscript and proof, make decisions regarding release of information in the manuscript to the news media or federal agencies, handle all postpublication communications and inquiries, and will be identified as the corresponding author in the published article. The corresponding author also is responsible for ensuring that the Acknowledgment section of the manuscript is complete and that the conflict of interest disclosures reported of the manuscript are accurate, up-to-date, and consistent with the information provided in each author's potential conflicts of interest section in the Authorship Form.

Authors are expected to consider carefully the list and order of authors before submitting their manuscript and provide the definitive list of authors at the time of the original submission. Any addition, deletion or rearrangement of author names in the authorship list should be made only before the manuscript has been accepted and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for the change in author list and (b) written confirmation (e-mail, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed.

Only in exceptional circumstances will the Editor consider the addition, deletion or rearrangement of authors after the manuscript has been accepted. While the Editor considers the request, publication of the manuscript will be suspended. If the manuscript has already been published in an online issue, any requests approved by the Editor will result in a corrigendum.

Clinical trial results
In line with the position of the International Committee of Medical Journal Editors, the journal will not consider results posted in the same clinical trials registry in which primary registration resides to be prior publication if the results posted are presented in the form of a brief structured (less than 500 words) abstract or table. However, divulging results in other circumstances (e.g., investors' meetings) is discouraged and may jeopardise consideration of the manuscript. Authors should fully disclose all posting in registries of results of the same or closely related work.
Reporting clinical trials

The ICMJE defines a clinical trial as any research project that prospectively assigns human participants to intervention or comparison groups to study the cause-and-effect relationship between an intervention and a health outcome. Interventions include but are not limited to drugs, surgical procedures, devices, behavioral treatments, educational programs, dietary interventions, quality improvement interventions, process-of-care changes, and the like.

All manuscripts reporting clinical trials, including those limited to secondary exploratory or post hoc analysis of trial outcomes, must include the following:

- CONSORT flow diagram
- Completed trial checklist
- Registry at an appropriate online public clinical trial registry
- A Data Sharing Statement to indicate if data will be shared or not. Specific questions regarding the sharing of data are included in the manuscript submission system.

Trial Registration

In concert with the ICMJE, our journal requires, as a condition of consideration for publication, registration of all trials in a public trials registry that is acceptable to the ICMJE (ie, the registry must be owned by a not-for-profit entity, be publicly accessible, and require the minimum registration data set as described by ICMJE).

Acceptable trial registries include the following and others listed at http://www.icmje.org:
- anzctr.org.au
- clinicaltrials.gov
- isrctn.org
- trialregister.nl
- umin.ac.jp/ctr

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Language (usage and editing services)

Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the English Language Editing service available from Elsevier’s Author Services.
Submission
Our online submission system guides you stepwise through the process of entering your article details and uploading your files. The system converts your article files to a single PDF file used in the peer-review process. Editable files (e.g., Word, LaTeX) are required to typeset your article for final publication. All correspondence, including notification of the Editor's decision and requests for revision, is sent by e-mail.

Submit your article
Please submit your article via https://www.editorialmanager.com/repc

Suggesting reviewers
Please submit the names and institutional e-mail addresses of several potential reviewers.

You should not suggest reviewers who are colleagues, or who have co-authored or collaborated with you during the last three years. Editors do not invite reviewers who have potential competing interests with the authors. Further, in order to provide a broad and balanced assessment of the work, and ensure scientific rigor, please suggest diverse candidate reviewers who are located in different countries/regions from the author group. Also consider other diversity attributes e.g. gender, race and ethnicity, career stage, etc. Finally, you should not include existing members of the journal's editorial team, of whom the journal are already aware.

Note: the editor decides whether or not to invite your suggested reviewers.

PREPARATION

Peer review
This journal operates a rigorous single blind peer review process, in which manuscripts are sent to external reviewers selected from an extensive database. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. More information on types of peer review.

Peer reviewers will respond to the Editor within 30 days recommending acceptance, revision or rejection. The Editor will decide within 10 days whether to accept the manuscript without modification, to send the reviewers' comments to the authors for modification, or to reject it. When modifications are proposed, the authors have 30 days (which can be extended on request) to submit a revised version of the manuscript, incorporating the comments of the reviewers and the Editor. Any amendments should be highlighted in a different colour. The Editor will decide within 10 days whether to accept the new version, reject it, or send it for further review by one or more reviewers.

Letters to the Editor and Editorials will be reviewed by the Editorial Board, but external peer review may also be requested.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required whether or not you embed your figures in the text. See also the section on Electronic artwork.

To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

Article structure
Subdivision
Divide your article into clearly defined sections. Each subsection is given a brief heading. Each heading should appear on its own separate line. Subsections should be used as much as possible when cross-referencing text: refer to the subsection by heading as opposed to simply 'the text'. Use generic names of drugs (first letter: lowercase) whenever possible. Registered trade names (first letter: uppercase) should be marked with the superscript registration symbol ? or ? when they are first mentioned.

The Journal recommends the guidelines for publication of the EQUATOR network (http://www.equator-network.org), including the CONSORT statement and its extensions for randomized trials (http://www.consort-statement.org/), STROBE for observational (cohort, case-control and cross-sectional) studies (http://www.strobe-statement.org/), STARD for diagnostic accuracy studies (http://www.stard-statement.org/), PRISMA for systematic reviews and meta-analyses (http://www.prisma-statement.org/), SQUIRE for quality improvement studies (http://www.squire-statement.org/) and CARE for case reports (http://www.care-statement.org/). Reporting of the statistical aspects of studies should be in accordance with the Statistical Analyses and Methods in the Published Literature (SAMPL) guidelines (http://www.equator-network.org/reporting-guidelines/sampi/).

Introduction
State the objectives of the work and provide an adequate background, avoiding a detailed literature survey or a summary of the results.

Material and methods
Provide sufficient details to allow the work to be reproduced by an independent researcher. Methods that are already published should be summarized, and indicated by a reference. If quoting directly from a previously published method, use quotation marks and also cite the source. Any modifications to existing methods should also be described.

Results
Results should be clear and concise.

Discussion
This should explore the significance of the results of the work, not repeat them. A combined Results and Discussion section is often appropriate. Avoid extensive citations and discussion of published literature.

Conclusions
The main conclusions of the study may be presented in a short Conclusions section, which may stand alone or form a subsection of a Discussion or Results and Discussion section.

Cover letter and Essential title page information
Submission of an article must include a cover letter with the following information: a brief description of the article's significance and/or interest; a declaration of originality, specifying that none of the paper's contents have been published or are under consideration elsewhere; a declaration that all authors have read and approved the manuscript; a full disclosure of any potential conflict of interest for any of the authors; and which manuscript type is being submitted for publication. Title page must contain the following information:

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible. Preferably not exceed 12 words. It may also include a subtitle of up to 4 words. All nouns, adjectives and verbs in the title and subtitle must begin with a capital letter.

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. You can add your name between parentheses in your own script behind the English transliteration. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lowercase superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name and, if available, the e-mail address of each author.
**Corresponding author.** Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. This responsibility includes answering any future queries about Methodology and Materials. Ensure that the e-mail address is given and that contact details are kept up to date by the corresponding author.

**Present/permanent address.** If an author has moved since the work described in the article was done, or was visiting at the time, a ‘Present address’ (or ‘Permanent address’) may be indicated as a footnote to that author’s name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

**Word count** of the manuscript text.

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