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DESCRIPTION

Progress in Pediatric Cardiology (PPC) provides a rich mix of original research, reviews, experienced opinion, and debate for academics, clinicians, healthcare managers, policymakers and patients on all aspects of the understanding, management, and improvement of pediatric and congenital cardiovascular diseases.

PPC focuses on all aspects of complex cardiovascular issues in children and patients with congenital heart disease, merging pathophysiology, prevention, treatment, nursing, outcomes, quality improvement, medical education, adult congenital heart disease, genetics, and advocacy. PPC addresses a critical void by combining a commitment to publish works of scrupulous, scientific merit across wide-ranging domains, recognizing the central questions and values uniting the professions involved in the care of pediatric and congenital heart disease.

Please see the Guide for Authors for further details.

AUDIENCE

Pediatricians, surgeons, cardiologists.

ABSTRACTING AND INDEXING

Current Contents - Clinical Medicine
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GUIDE FOR AUTHORS

INTRODUCTION

*Progress in Pediatric Cardiology* seeks to publish manuscripts that 1) describe significant and novel findings and 2) advance knowledge in the field via original research articles, reviews of medical progress in pediatric and congenital cardiology and related fields, novel case reports, commentaries, editorials, and invited special issues articles.

Manuscripts should adhere to the American Medical Association's (AMA) Manual of Style and conform to the guidelines outlined in the "Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)."

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Please choose the appropriate Article Type when creating your submission. See the Manuscript Content below for specific requirements of the various article sections.

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2. Reviews: PPC publishes Systematic Reviews/Meta-Analyses (SR/MA) and Narrative Reviews. Special attention will be paid to the educational value of Review articles as well as the perceived interest to PPC readership. See Manuscript Content section below for specific submission criteria.

3. Case Reports: Case Reports provide a concise description of a particular condition that offers insights into diagnosis or clinical management. Case reports must make a distinct, novel contribution to the understanding of the etiologic agents, its clinical manifestations, and/or its diagnosis and treatment. See Manuscript Content section below for specific submission criteria.

4. Commentary: Commentaries are occasionally published regarding manuscripts published in PPC or recent reports of activities the Board believes will be of interest to readers. Commentaries are typically solicited by the Editorial Board from specific authors, often Key Opinion Leaders; but unsolicited Commentaries will be considered. See Manuscript Content section below for specific submission criteria.

5. Editorial: Editorials comprise topical, position papers of interest relating to any aspect of pediatric and congenital cardiology. Authors must effectively document the evidence that corroborates their position. See Manuscript Content section below for specific submission criteria.

6. Special Issue Articles: PPC periodically publishes special thematic issues devoted to areas of current interest to the pediatric and congenital cardiology community. These Special Issue articles are by invitation. Guest Editors with expertise in the specific content area lead the development of these Special Issues from planning to completion. This includes, but is not limited to, inviting international leaders in the field to contribute, providing guidance and oversight for authors, reviewing articles, and working closely with the managing editor to ensure deliverables are met. Special Issue articles should follow the instructions for the specific article type being submitted e.g., reviews, research, etc. See Manuscript Content section below for specific submission criteria.
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A structured abstract is required for Original Research and Review Articles (see below). Nonstructured abstracts are required for case reports and commentaries. Complete sentences should be used for all abstract types; abbreviations (other than units of measurement) should not be used. All data in the abstract should also appear in the text, tables, or figures.
Structured Abstracts for Original Research Articles
Abstracts should present essential data and are limited to 300 words. Abstracts must be written in complete sentences. All data in the abstract must also appear in the manuscript text and/or tables. Abstracts must be structured with the following headings:
Background: Describe the topic’s mechanisms, history, and/or how it relates to a problem.
Objectives: Explain the purpose. What does the study try to demonstrate?
Methods: Briefly describe the experimental design.
Results: Report your findings.
Conclusion: Analyze your results and link them back to the purpose.

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Background
Aim of Review
Key Scientific Concepts of Review

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The Editorial Board strives for appropriate ethical considerations for the publication of Case Reports. Authors should include one of the two following statements if the report involves human subjects, human-derived materials, or human medical records: "Institutional Review Board (IRB)/Ethics Committee approval was obtained" or "Institutional Review Board (IRB)/Ethics Committee ruled that approval was not required for this report." If the institution's IRB does not require approval for Case Reports, authors are requested to provide an exemption letter or public URL confirming the policy that approval is not needed.

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**PREPARATION**

**General**

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The manuscript is arranged as follows: The manuscript is arranged as follows: (1) title page, (2) structured abstract, (3) key words, (4) introduction, (5) text, (6) acknowledgments (if any), (7) Declarations of interest (8) references, (9) figures/legends, (10) tables/legends. Pages are numbered consecutively, beginning with the title page 1.

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