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 duma 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 congéneres do mundo. É referenciada desde 1987 na Medline e posteriormente no Índex Copernicus.

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INTRODUCTION
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.

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

The Journal accepts the following categories of articles:

Research (Original Investigation and Meta-Analysis), Review and Education (Narrative Reviews, Systematic Reviews -without meta-analysis, Guidelines, Case Reports, Images in Cardiology and Snapshots), Opinion (Current Perspective), Correspondence (Editorial Comment, Letters to the Editor, Research Letter and Observation)

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

Original Investigation
Original Investigation articles cover areas of clinical or basic research: Clinical trial, 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 5000 words, with a total of up to 15 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); Acknowledgements, if any; References (up to 75); and figure legends, if any. Follow EQUATOR Reporting Guidelines.

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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 100); and figure legends, if any. Systematic Reviews should 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.

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
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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.

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Authors should use the CARE guidelines as a guiding framework. Case reports should not exceed 1500 words of body text, with up to 15 references and four tables or figures. They must include an abstract (unstructured, maximum 250 words) and bulleted statements (maximum 70 words) in answer to the following questions: What's already known about this topic? and What does this study add?

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Images in Cardiology should have a maximum of 250 words, without Abstract, keywords, tables, or division into sections and up to 5 references may be included.

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This section is intended for the publication of rare or educational cases or novel techniques in cardiology. The text should not exceed 500 words and up to 3 figures with brief captions and up to 5 references may be included. Snapshots must have no more than 3 authors.

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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.

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Editorials are submitted at the invitation of the Editor. They should not exceed 1500 words and can contain up to 20 references and 1 table and 1 figure. They do not have an Abstract or keywords.

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This journal is published in Portuguese and in English language.
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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.

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3. final approval of the version to be published; and
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