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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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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 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:

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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 4,500 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.

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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.

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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); 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.

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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.

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