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Guidance on publishing in *Heart*

Scope

Heart is an international journal of cardiology. Though clinical cardiology is its central theme *Heart* also publishes basic science papers with a clear clinical application. Please see *Heart* 1997;78:97-100 for guidance on the main categories of papers and their word limits.

Ethical standards

The study must comply with the Declaration of Helsinki. The research protocol must have been approved by the locally appointed ethics committee and informed consent must have been obtained from the subjects (or their parents).

Submitting a paper

Intending authors should send four paper copies of their text (including tables) and figures and, where practicable, one electronic copy to: Editor, *Heart*, 9 Fitzroy Square, London W1P 5AH.

Papers and disks must be prepared in accordance with the guidelines printed in the July issue (*Heart* 1997;78: 97-100) and be accompanied by a covering letter that addresses the following points:

AUTHORSHIP

- A covering letter (where possible giving telephone, fax and e-mail details of the corresponding author) must be signed by all authors stating that they have read and approved the paper and that the work has not been, and will not be published elsewhere.
- We want authors to assure us that all authors included on a paper fulfil the criteria for authorship (International Committee of Medical Journal Editors. *Uniform requirements for manuscripts submitted to biomedical journals*. Philadelphia: ICMJE, 1993). In addition we need assurance that all those who fulfil the criteria have been included as authors.

CONFLICT OF INTEREST

Please inform us of any grant, business interest, or consultancy that could lead to a conflict of interest.

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- All authors will be required to transfer copyright of their articles to the journal before publication.
- You must send *Heart* written permission from publishers and authors to reproduce or adapt previously published illustrations, tables, or extensive quotations.

HELPING THE REVIEW PROCESS

- You may suggest three suitable reviewers for your paper.
- We encourage authors to send copies of any previous referees' reports on their research and indicate how these comments have helped the authors to improve the submitted paper. This may be helpful to our editors and reviewers.
- If you have papers (published or submitted elsewhere) that overlap with the present submission, send us copies of them and indicate if there are patients common to both studies.

Receipt and return of typescripts

We acknowledge receipt of all new papers. The reference number given on the acknowledgement letter should be quoted on all subsequent correspondence and in telephone inquiries. Typescripts of papers that are not accepted for publication will not be returned. We will endeavour to return original artwork and floppy disks for rejected papers.

Queries

If you have any queries about the journal's requirements please contact the editorial office:

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e-mail: 100536.2733@compuserve.com

or Internet home page:

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Instructions for preparing papers for *Heart*

Prospective authors are asked to read:

- Advice to authors on the inside front cover of any issue of *Heart*
- Instructions for preparing structured abstracts reproduced in *Heart* 1996;75:106-8 (with the permission of *JAMA*).

Categories of articles

The main categories of papers that are published in *Heart* are:

ORIGINAL SCIENTIFIC PAPERS

Authors submitting papers reporting original data (for example, controlled trials and intervention studies) should not exceed a limit of 4000 words, six figures or tables, and 40 references, and should provide a structured abstract of up to 250 words. If after removing redundancy and repetition your article exceeds these limits please consider whether you are not better served by writing two separate articles: but bear in mind the need to avoid duplicate publication. The editors may choose to use a heading for an original scientific paper such as technique, technology, or measurement.

REVIEWS, EDITORIALS, AND VIEWPOINTS

- Reviews are balanced accounts of all aspects of a particular subject including the pros and cons of any contentious or uncertain aspect. They must not be more than 3000 words long with up to 40 references.
- Editorials are shorter, 1500 words and 16 references, and give the judgment of the writer based on published data.
- Viewpoints are the same length as editorials but are designed to let the author speculate on the whys and wherefores of any subject, procedure, or treatment.

The editors of *Heart* commission nearly all the editorials, viewpoints, and reviews published in the journal. Before spontaneously writing an editorial or review, please first consult us about your ideas. This will avoid the disappointment of finding that we have already commissioned an article on a similar topic from someone else.

CASE REPORTS

We wish to publish case reports that illustrate and discuss particular points that are relevant to clinical practice. Rarity is not a necessary component. Case reports should have no more than three authors and be up to 1500 words long with up to 10 references and three figures and/or tables. You should supply a summary (up to 150 words) of the main message of the article.

CASE STUDIES

We are willing to consider case studies that more fully discuss the concepts of a particular disease. Such extended reports may be of a small series of cases and can have more references (25 maximum) and illustrations. When submitting a case study please indicate why the disease warrants extended discussion or description. Case studies require a 150 word summary.

SHORT CASES IN CARDIOLOGY

Ideally these should fit less than one journal page—up to

600 words (with no more than two figures, five references, and three authors). Many papers in this category come to us as longer case reports, from which they differ mainly in having no summary and a much shorter discussion. The object of having this category for the journal is to report as many interesting and clinically helpful cases as possible. These short reports, particularly those that are well illustrated, are popular with readers. This is the category best suited to your rarities.

IMAGES IN CARDIOLOGY

This category is intended for beautiful, striking, or rare images or pictures—be they electrocardiograms, echocardiograms, scans, x rays, or pathology specimens. They should have no more than three authors and the message of the picture may be amplified in a 250 word legend, without references. The illustration may be in colour if this is required.

LETTERS TO THE EDITOR

We welcome letters commenting on papers published in the journal in the previous six months. Readers are more likely to take a lively interest in a letter to the editor if it appears soon after the article to which it refers.

All authors must sign the letter, which should not be more than 600 words and six references in length and must be double spaced. It may contain short tables or a small figure. Topics not related to papers published earlier in the journal may be introduced as a letter: letters reporting original data may be sent for peer review.

Covering letter

A covering letter conforming to the requirements printed on the inside front cover of *Heart* must be sent with all items submitted for publication.

Word counts

On a separate page please say what category your submission is and, as applicable, list the number of *words in the abstract*, and *words in the text* (excluding abstract, references, figures and tables). Also state the number of *references*, *figures*, and *tables*. These details must also be supplied for amended manuscripts.

General presentation

Send four paper copies (double spaced) of the text (including tables) and figures and, *where practicable*, one electronic copy of the text prepared according to *Heart* requirements. This also applies to amended manuscripts.

PAPER COPY

The paper copy of all categories of submissions must be typed double spaced on one side only on A4 opaque white bond paper with wide margins all around.

Articles should be arranged as follows (1) title page, (2) abstract (or summary for case reports and case studies), (3) text, (4) references, (5) legends, (6) tables. Pages

Title of manuscript: in bold

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Affiliations (not full postal addresses) of authors when work reported in this paper was done. Order of names does not matter here.

Initials only here

Full current postal address for corresponding author to whom proofs will be sent. Tell the editorial office if this changes after you submit the paper.

should be numbered in pencil beginning with the title page as page 1.

ELECTRONIC COPY

This should be submitted on a floppy disk, ideally 3.5 inch, PC formatted with the file written in WordPerfect 6.1 for Windows. Presentation on disk should be in the simplest form. We shall put in the correct font, type sizes, column measures, etc, later on. Avoid using the automatic formatting features of your word processor such as end-notes, footnotes, headers, footers, etc. Do not number the pages on the electronic copy.

If you are unable to provide your file in our preferred format we should be able to process it providing that you supply us with sufficient information to enable us to convert it into our format. We are able to read DOS and Windows disks in many word processing packages including Word, Wordstar, XyWrite, Ami Pro, and earlier versions of WordPerfect as well as plain ASCII. If you are a Macintosh user it helps us if you use the standard Mac facility to export your files in a DOS readable format (ideally WordPerfect) to a PC disk rather than a Macintosh disk. If you cannot send us a PC floppy disk with WordPerfect files, then provide us with one copy of your file in its "native" format and one saved as a plain text file with no formatting information added (an ASCII text file).

Put text, references, and figure legends in one file and tables in another separate file.

Label your disk with the title of your paper, the name of the first author, the computer type (PC or Mac), the word processor program (and version) used, and the filename(s) to be found on the disk.

Check the final copy carefully. If there are differences between the paper copy and the disk version the disk version will be used as the master.

Title page

When you choose a title bear in mind that others will have to find your work using bibliographic searches. Check that it represents the content of the paper and is not misleading. Also suggest a short running head.

The title and authors' names should be typed on the title page in the journal style. Inconsistency in the number of forenames or initials given for an individual author will mean that several versions of an author's name will appear in the index. Authors' degrees etc are not printed in *Heart*. The arrangement of the title page is shown opposite.

Abstract

Authors of **original scientific papers** must supply a structured abstract of no more than 250 words under the following headings:

Objective, Design, Setting, Patients, Interventions, Main outcome measures, Results (give numerical data rather than vague statements that drug x produced a better response than drug y. Favour confidence intervals over P values, and give the numerical data on which any P value is based), and **Conclusions** (do not make any claims that are not supported by data in the paper). Fuller guidance is given in *Heart* 1996;75:106-8 (reprinted with permission from *JAMA*).

For **case reports** and **case studies** provide an unstructured abstract summarising the main points in 150 words.

Keywords

Supply up to four keywords or phrases suitable for inclusion in the index. For advice see *Br Heart J* 1994;71:212.

Text

GENERAL

All paper copies of submitted items must be double spaced. Provide appropriate headings and subheadings using the hierarchy of headings **Bold**, **SMALL CAPS**, and *Italic*, as in the journal. Cite illustrations and tables in numerical order (fig 1, fig 2 etc) as they are first mentioned in the text.

For drugs use the British approved name (with trade name at first mention). Give sufficient information for reagents and equipment to be identified and obtained by readers (that is, trade name, manufacturer, and town. If the town is unfamiliar also give the country).

Patients must be identified by numbers (for example, patient 6) not their initials.

Put acknowledgements and details of support in the form of grants, equipment, or drugs at the end of the text, before the references.

MEASUREMENTS AND ABBREVIATIONS

- Restrict the use of abbreviations (apart from conventional units of measurement) to two or three per paper.
- Spell out each abbreviation at first mention in the abstract and paper.
- All acronyms of trials referred to in a paper should be listed alphabetically and explained in a separate glossary.
- Measurements must be given in SI units. Blood pressure should be given in mm Hg. (Authors working in the United States may use non-SI units if they give conversion factors for each unit.)

STATISTICS

- Please see earlier recommendations on P values and confidence intervals in the **Results** section of **Abstracts**.
- When quoting percentages, please also give the actual numerators and denominators.
- Confidence intervals should be given as "95% CI 1.02 to -3.2".
- If the same variable is measured by two different methods the agreement between the methods should be assessed according to the Bland and Altman method (*Lancet* 1986;i:307-10).
- Statistical measures of variation, such as SD or SEM, must be specified and given in parentheses—for example, mean (SD) 103 (0.5) mmol/l—not as \pm .
- Comparisons between results should be shown as italic *v* (for versus).
- Probability values are expressed as p (not P).
- Spell out numbers of patients and procedures up to and including nine.

Illustrations

LEGENDS

Figure legends should be typed double spaced on sheets separate from the text.

All abbreviations appearing on the figures must be spelled out at the end of each legend.

Authors must obtain written permission from the publisher and author to reproduce or amend any previously published figures.

FIGURES

Four sets of illustrations should be supplied, submitted in four separate envelopes.

Illustrations in many shades of grey—that is half tones (such as radiographs and echocardiograms) and physiological tracings (such as electrocardiograms)—should be supplied as unmounted glossy prints (not originals). Black and white illustrations (line drawings) that contain no shades of grey may be supplied as laser prints with extra sets as photocopies.

Estimates for illustrations in colour will be provided when a paper is accepted for publication. Some of the cost of colour printing will be charged to the author(s).

Figures, particularly half tones and electrocardiographic tracings, should be submitted with the following guidelines in mind: the detail of the figure must be sufficiently clear to withstand reduction to one of the journal's standard widths and special features should be designated by arrows. The standard widths are: 67 mm, 103 mm, 139 mm, or 175 mm. Photographs should be "cropped" to cut off unnecessary material.

Put the first author's surname, figure number and indicate "top" on the back of each illustration in light black pencil, preferably on a gummed label.

Include the figure title and caption material in the legend. They must not appear on the figure.

Figures should be limited to the number necessary for clarity and must not duplicate data given in tables or in the text.

Tables

Table should be self-explanatory, and the data they contain must not be duplicated in the text or figures.

Tables should be typed double spaced on separate sheets with the table number and title above the table and explanatory notes below. The table numbers should be arabic and correspond with the order in which the table is first mentioned in the text.

All abbreviations used in the table must be explained in a footnote to the table.

The author(s) should obtain written permission from the publisher and author to reproduce any previously published tables.

Do not use any vertical rules in tables.

References

Authors are responsible for the accuracy of references cited: these should be checked against the original documents before the paper is submitted.

IN THE TEXT

- References must be numbered sequentially as they appear in the text. References cited in figures or tables (or in their legends and footnotes) should be numbered according to the place in the text where that table or figure is first cited.
- Reference numbers in the text must be given in square brackets immediately after punctuation (with no word spacing)—for example, [6] not [6]. Use genuine superscripts not vertical advance codes. Where more than one reference is cited, use a space—for example, [1] [4] [39] not a comma. For sequences of consecutive numbers give all numbers without spaces—for example, [22][23][24][25].
- The category of the submission (for example, original scientific paper, review, editorial, letter, etc) determines the recommended maximum number of references you may cite (see Categories).

IN THE REFERENCE LIST

- References must be typed double spaced on sheets separate from the text (*numbered consecutively in the order in which they are mentioned in the text*) in the Vancouver style. Only papers published or in press should be included in the reference list. (Personal communications or unpublished data must be cited in parentheses **in the text** with the name(s) of the source(s) and years. Authors should get permission from the source to cite unpublished data.)
- Punctuation and spacing within references must follow the Vancouver style exactly.

12 Surname AB, Surname CD. Article title. *Journal title* 1994;2:297-301.

Use one space only between words up to the year and then no spaces. The journal title should be in *italic* and abbreviated according to the style of *Index Medicus*. If the journal is not listed in *Index Medicus* then it should be written out in full. The volume number should be in **bold**.

List the names and initials of *all* authors if there are six or less; otherwise list the first six and add *et al*.

Example references are given on the next page:

Journal

- 13 Facchin L, Vescovo G, Levedianos G, Zannini L, Nordio M, Lorenzi S, *et al.* Left ventricular morphology and diastolic function in uraemia: echocardiographic evidence of a specific cardiomyopathy. *Br Heart J* 1995;74:174-9.

Chapter in book

- 14 Brenner JI, Berg KA, Boughman JA. Risk factors for congenital cardiac malformations: back to the future. In: Gewitz MH, ed. *Primary paediatric cardiology*. Armonk, NY: Futura, 1995:1-24.

Book (personal author or authors): (all book references should have specific page numbers)

- 15 Feigenbaum H. *Echocardiography*. 3rd ed. Philadelphia: Lea and Febiger, 1981:549-63.

Abstract/supplement

- 16 Roxburgh J, Cooke RA, Deverall P, Chambers J. Haemodynamic function of the carbomedics bileaflet prosthesis [abstract]. *Br Heart J* 1995;73 suppl 2:37.

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