

Instructions for Authors

AIM/SCOPE

The journal publishes papers related to research and practice in the broad field of interventional cardiology (coronary, structural, congenital, peripheral, cerebrovascular and experimental), including original research articles, as well as descriptions of novel techniques or findings. Meta-analyses, clinical trials and advances in applied (translational) research will also be considered. In general, full-text case reports will not be considered for publication.

As a forum for Polish interventional cardiologists, the journal also publishes papers discussing issues related to interventional cardiology in Poland including statements and reports on new initiatives within the community. Letters to the Editor with comments on previously published papers will also be considered for publication. Papers are published exclusively in English. All original submissions are subject to peer review.

ARTICLE CATEGORIES

Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej accepts the following categories of articles:

Editorial comments

Editorials contain commentaries on current important clinical studies or scientific issues. They are written on invitation, but unsolicited topical commentaries will also be welcomed for consideration. The manuscript should not exceed 1500 words (not including tables and references). The text should be accompanied by a maximum of 15 references and 2 figures and/or tables. The number of authors should be limited to 4. An abstract and keywords are not required.

Original papers

Original (full length) papers should not exceed 4000 words not including tables and references. Each article should contain a structured abstract (200–250 words). The manuscript should be arranged as follows: Structured Abstract, Introduction, Aim, Material and Methods, Results, Discussion, Conclusions, Acknowledgments/Conflict of interests statements (if applicable), and References. Figures and tables should be limited to those necessary to highlight key data (a maximum combination of 6 figures and/or tables is allowed). No more than 40 references are accepted. Please limit the number of authors to 10; exceptions are made for multi-center trials and can be requested for other situations, provided that all authors meet the listed requirements.

Short communications

Short communications contain a brief report or preliminary results of original studies that deserve rapid publication. They can also be used to describe a novel treatment technique, or to present a step-by-step approach in the field of cardiovascular interventions. Short communications should be no more than 1500 words not including tables and references. There should be no more than 15 references, with a maximum combination of 2 figures and/or tables, and no more than 6 authors. An abstract and keywords are not required.

Review papers

Review papers should be submitted only after consultation with the Editors. The manuscript should not exceed 5000 words (not including tables and references) and up to 70 references. An unstructured abstract (200–250 words) and 3–6 key words are required for submission. A maximum combination of 6 figures and/or tables, and no more than 6 authors are accepted. Reasonable exceptions can be requested.

Images in intervention

Case reports are not accepted any longer. Interesting clinical or basic science images, illustrating novel findings or unusual clinical presentations in the field of cardiovascular interventions may be submitted as “Images in intervention”. One, high-quality figure should be accompanied by text (no more than 500 words not including references), up to 4 references and a figure legend. The figure can be divided into a maximum of 4 panels. No more than 6 authors are accepted. An abstract and keywords are not required.

Letters to the Editor

A limited number of letters will be published. They should not exceed 500 words (not including references) and should focus on a specific article that has appeared in *Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej*. Letters must be received within 6 weeks after publication of the article. The authors of the original publication will be invited to reply (if required), and their response will be published alongside the letter. No original data may be included. Up to 4 references are allowed, including the reference to the discussed paper. It may contain 1 table or figure. An abstract and keywords are not required. Letters to the Editor have a limit of 4 authors.

Manuscript type	Abstract	Key words	Word limit (main body of the manuscript)	References	Tables/figures	No. of authors
Editorial comments	No	No	1500	15	2	4
Original papers	Yes, structured, 200–250 words	3–6	4000	40	6	10
Short communications	No	No	1500	15	2	6
Review papers	Yes, unstructured, 200–250 words	3–6	5000	70	6	6
Images in intervention	No	No	500	4	1	6
Letters to the Editor	No	No	500	4	1	4

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PREPARATION OF THE MANUSCRIPT

All manuscripts should be prepared in accordance with the journal's formatting style based largely on the AMA Manual of Style and described in detail below.

The manuscript should contain the following components: 1) title; 2) short title; 3) abstract (if applicable); 4) authors (names, degrees, affiliations, details of corresponding author); 5) authors' statement (cover letter); 6) key words (if applicable); 7) topics; 8) comment for reviewer (if applicable); 9) main text; 10) acknowledgments/conflict of interests statements (if applicable); 11) references; 12) tables; and 13) figures. Note that title page components, i.e. items 1 to 8, should be provided through the Editorial System. Do not include the title page in the submission to allow a blinded review process. Items 9 to 11 should be included in one file (manuscript body). Tables and figures should be submitted as separate files. Manuscripts should be in their final form when submitted.

Title page

This should contain the complete title of the manuscript, a short (running) title, an abstract, key words and authors' names. The word count should also be included in the title page.

Title and short title

The title should be concise and informative, and should not include abbreviations where possible. A running title of not more than 50 characters will be placed at the top of each page of the printed article.

Abstract

A structured abstract of 200 to 250 words is required for original papers. It should present essential data in five paragraphs: Introduction, Aim, Material and Methods, Results, and Conclusions. The objective of the study should be clearly stated in the Introduction section. No data that do not appear in the main text should be reported in the abstract. An unstructured abstract of 200 to 250 words is required for review articles. It should summarize the article, including major observations and conclusions.

Authors' names and affiliations

The list of authors should include the first name, second name, and surname of each author. Affiliation(s) for each author should be provided. The corresponding author should be clearly indicated. Details of the corresponding author, including full name, academic degrees, name and address of the institution, telephone and fax numbers with area and country codes, and an e-mail address should be provided. Only a user registered in the Editorial System may be defined as the corresponding author.

Key words

Three to 6 key words that do not appear in the title and as used in Index Medicus are required for both original and review papers. Do not use abbreviations as key words.

Text

The writing style should be clear and concise, and the manuscript should follow a classical layout. American English should be preferably used in all submissions. Original articles should adhere to the following structure: Introduction, Aim, Material and Methods, Results, Discussion, Conclusions, Acknowledgments/Conflict of interests statements (if applicable), and References. For Editorial comments, Short communications, as well as Review papers, Introduction, Methods, Results, and Discussion headings are not required. Manuscripts should be submitted in Word format and should be double-spaced. The automatic page numbering function should be used. Every reference, figure, and table should be cited in the text in numerical order according to the order of mention.

Abbreviations

Abbreviations should be defined at first mention and used consistently thereafter (this also applies to the abstract). Other than in exceptional situations, abbreviations should not be used in the title of the submission.

Acknowledgments/conflict of interests statements

All sources of funding and contributions should be listed after the main text. They may include for example the number of a research project supporting the work. Also individuals who have made some contribution to a manuscript, but who do not meet the criteria for authorship, should be listed in an acknowledgement section.

References

It is the responsibility of the authors to ensure the accuracy of the references in the submitted manuscript. References should be identified by Arabic numerals in square brackets in the order of appearance in the main body of the text. When multiple references are cited at a given place in the text, a hyphen to join the first and last numbers that are inclusive should be used. Use commas (with spaces) to separate non-inclusive numbers in a multiple citation e.g. [4, 5, 6, 8, 11] is abbreviated to [4–6, 8, 11]. Unpublished data and personal communications are not recommended in the reference list, but may be mentioned in the text. References should be listed at the end of the main body of the text. Journal names should be abbreviated according to Index Medicus. If a journal is not listed in Index Medicus, its full name should be

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given. For journal articles with more than 3 authors, only the first 3 authors should be listed, followed by “*et al.*”. Do not use periods after authors’ initials. Please provide inclusive page numbers. See below for examples:

Journal articles

Tyczyński P, Karcz MA, Kalińczuk L, et al. Early stent thrombosis. Aetiology, treatment, and prognosis. *Postep Kardiol Interw* 2014; 10: 221-5.

Montalescot G, van ‘t Hof AW, Lapostolle F, et al. Prehospital ticagrelor in ST-segment elevation myocardial infarction. *N Engl J Med* 2014; 371: 1016-27.

Journal articles in press

Please provide the ahead-of-print date (if known) and DOI

De Luca G, Van’t Hof AW, Gibson CM, et al. Impact of time from symptom onset to drug administration on outcome in patients undergoing glycoprotein IIb/IIIa facilitated primary angioplasty (from the EGYPT Cooperation). *Am J Cardiol* 2015 Jan 6 [Epub ahead of print]; doi: 10.1016/j.amjcard.2014.12.030.

Chapter in book

Provide author(s), chapter title, editor(s), book title, publisher location and name, year, and inclusive page numbers.

Ochała A, Kasprzak JD. Ultrasonografia wewnątrznaczyniowa i inwazyjne badania czynnościowe tętnic wieńcowych. In: Szczeklik A, Tendera M, editors. *Kardiologia – podręcznik oparty na zasadach EBM*. Kraków: Medycyna Praktyczna, 2009; 185-9.

Online media/document

Provide specific URL address and date information was accessed.

Barbato E. A fractional flow reserve-guided PCl is a valid alternative. Available at: <http://congress365.escardio.org/Presentation/92304#.VNdDrvmG-Sp>. Assessed February 10, 2015.

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Tables

Tables should be submitted separately and must be submitted as editable text (not as images). They should be numbered using Arabic numerals according to their sequence in the text. References to all tables should be given in the text in parentheses, e.g. (Table 1). Each table should be on a separate page and it requires a brief but descriptive title. Vertical rules should be avoided, but the major divisions of the table should be indicated by horizontal rules. Any explanation essential to the understanding of the table, including the presentation of data and list of abbreviations (in alphabetical order), should be given as a footnote at the bottom of the table. Tables should not duplicate data presented in the text or in figures.

Figures

Figures should be submitted separately. Figure legends should not be included in the manuscript file, as they should be provided in dedicated fields in the Editorial System during the submission process. Legends should be brief and describe the key messages of a figure – avoid abbreviations and lengthy descriptions of methods. Figures should be numbered using Arabic numerals according to their sequence in the text. The text should include references to all figures (in parentheses). When possible, several figures (illustrations) can be grouped in one block for reproduction, but figure panels should be clearly marked with capital letters, i.e. A, B, C, etc. All figures should be high-resolution and should be provided in one of the following formats: .cdr, .tif, .jpg, .ai, .bmp or .eps. Photographs in electronic formats should have a resolution of 300 dpi, and should be saved as .tif or .jpg files. For figures (photographs) that have been published previously, the source should be given, and written permission to use them should be obtained from the copyright owner. Except for clinical images, color figures are not recommended, and in the printed version of the article they may be changed to black and white at the discretion of the editors. However, color figures may be used in the online version.

SUBMISSION PROCESS

All manuscripts should be submitted to the Editorial Office by the electronic Editorial System of the *Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej* at the following URL: <http://panel2.termedia.pl/pwki> (the link to the Editorial System is also given on the main web page of the journal). All articles should be submitted in English.

Cover letter

The submission should be accompanied by a cover letter stating that the manuscript has not been published previously, that it has not been submitted for publication in another journal, that all the authors have participated in the preparation of the manuscript, and that they are familiar with its content and endorse it. Cover letter can be also used to provide a short paragraph explaining why the paper merits publication. In addition, potential reviewers may be suggested, as well as reviewers to avoid.

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Authors also should agree, if and when the manuscript is accepted for publication, to automatic and free transfer of copyright to the Publisher allowing for the publication and distribution of the material submitted in all available forms and fields of exploitation. Appropriate Publishing Contract/Transfer of Copyright Agreement form is available online and will be also sent with page proof to corresponding author.

Topics

During the submission process the authors will be asked to define the manuscript domains (topics) to simplify assigning the reviewers.

Comment for reviewer

In general, this field should be used to submit a response to reviewers/rebuttal letter accompanying the revised version of the manuscript. A response to each comment should be provided. All substantive changes in the manuscript should be clearly described (what was done and where). Additionally, a marked-up version of the revision with the changes highlighted should be uploaded.

During the initial submission, this field can be used to provide a short paragraph explaining why the paper merits publication. Also, potential reviewers may be suggested, as well as reviewers to avoid.

Rapid publication decision

The Editor of *Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej* offers a separate rapid publication decision for original studies related to interventional cardiology previously submitted for publication in a journal with an impact factor of 1.0 or greater and rejected after review. For an original study submitted with a copy of an Editor's rejection letter, at least two peer reviews and a response to a review, a "rapid publication decision" will be guaranteed within 10 days. A highlighted copy of the paper indicating where the changes were made according to the reviewer's concerns, and a non-highlighted copy of the paper should be attached. Authors who wish to have manuscripts considered for a "rapid publication decision" should send all above-mentioned documents and a request letter to editor.pki@termedia.pl. Authors will be notified promptly whether the manuscript is approved for rapid peer review.

Authors may send queries concerning the submission process to editor.pki@termedia.pl. For enquiries about the review process and journal procedures, the editorial office can be contacted at editor.pki@termedia.pl.

REVIEW PROCESS

All correctly submitted manuscripts will be first reviewed by the Editors. Should a manuscript fail either to meet the submission requirements or to show sufficiently high quality, it will be judged inappropriate for publication in *Advances in Interventional Cardiology/Postępy w Kardiologii Interwencyjnej* and promptly returned to the authors. Manuscripts considered suitable by the Editors will proceed to the stage of peer review by at least two reviewers.

The editorial office selects reviewers whose competence in the field is supported by scientific achievements. Reviewers are independent, not related to the author of the manuscript to be reviewed or the editors of the journal.

The reviewer may refuse to review the manuscript if:

- according to him, the topic is outside his professional knowledge,
- he does not have time necessary to review the article,
- there is a conflict of interest with the editors of the journal or the author of the manuscript.

The review should contain a detailed assessment of the article in comparison to other articles published on the same topic and include information whether the manuscript meets ethical requirements.

The following features are assessed:

- original nature of the manuscript
- significance of results obtained
- methodology and quality of data
- method of presenting results
- clarity of discussion
- choice of references.

Recommendations of reviewers are provided to the author in writing on a confidential basis.

When submitting the revised manuscript, the authors must also submit a cover letter that lists in detail what changes have been made to the manuscript and on what pages they may be found.

ETHICAL CONSIDERATIONS

Studies involving experimental animals and humans must be carried out according to the guiding principles of the Declaration of Helsinki. Studies must have been approved by the Institutional Ethical Committee on Human Research at the authors' institution, and subjects must have given informed consent for participation in the study. All patient personal data must be kept confidential, and all images should be anonymized.

AUTHORSHIP

An effort from the contributors to meet the following ICMJE criteria is recommended:

The ICMJE recommends that authorship be based on the following 4 criteria:

- Substantial contribution to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; and
- Drafting the work or revising it critically for important intellectual content; and

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- Final approval of the version to be published; and
- 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.

In addition to being accountable for the parts of the work he or she has done, an author should be able to identify which co-authors are responsible for other specific parts of the work. In addition, authors should have confidence in the integrity of the contributions of their co-authors.

All those designated as authors should meet all four criteria for authorship, and all who meet the four criteria should be identified as authors. Those who do not meet all four criteria should be acknowledged. Examples of activities that alone (without other contributions) do not qualify a contributor for authorship are acquisition of funding; general supervision of a research group or general administrative support; and writing assistance, technical editing, language editing, and proofreading. The authors are responsible for the contents of the manuscript. All of the authors must have read and approved the manuscript. The authors are also responsible for obtaining permission from the copyright holders: copyright applies to photographs, figures, diagrams, etc. used in the manuscript and previously published or presented elsewhere.

CONFLICT OF INTEREST

All sources of funding should be listed in this part of the manuscript. All the authors must provide a formal disclosure of any financial association that may pose a conflict of interest in connection with the submitted article (consultant fees, clinical trial fees, stock ownership, patent-licensing arrangements, etc.). If any author has declared a conflict of interest, the remaining authors must state clearly that they have no conflicts of interest to declare. It should also be included in the cover letter at the time of submission.