

Instructions for Authors

Revista Brasileira de Cardiologia Invasiva

The Revista Brasileira de Cardiologia Invasiva (RBCI) is a quarterly publication of the Sociedade Brasileira de Hemodinâmica e Cardiologia Intervencionista (SBHCI) (Brazilian Society of Hemodynamics and Interventional Cardiology) and is focused on publishing articles related to percutaneous intervention in cardiovascular (coronary and non-coronary), peripheral and cerebrovascular diseases. RBCI is indexed in Scopus, SciELO and Lilacs.

Manuscripts that explore pharmacological, pathophysiological and diagnostic features related to percutaneous intervention for cardiovascular disease are also considered for publication. While other disciplines present features somehow related to the specialty, is not the intention of RBCI to publish manuscripts related to electrophysiology or cardiac surgery. Among the categories of articles accepted for publication, Original Articles, Study Designs, Review Articles, Case Reports, Images in Cardiovascular Intervention, Editorials and Letters to the Editor are included.

All manuscripts sent to RBCI are initially submitted to Editors' scrutiny, who decide on sending or not the manuscript for peer reviewing. In the case of discrepancy among reviewers, a new opinion can be requested for a better judgment.

Manuscripts should be submitted online, by following the instructions included on the website of RBCI (www.rbc.org.br). Texts and tables should be edited in Word. Submissions in PDF format are not allowed. If the number of words exceeds the recommended limit (see below), the editors reserve the right to reject the manuscript.

RBCI adopts the standards for publication set out in *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication* (available at: www.icmje.org).

Articles can be written in Portuguese or English and are available in printed and electronic versions.

Submission and publication policy

Manuscripts will only be considered for review if their data are not being reviewed by other periodic publication and/or that have not been previously published, except in abstracts with less than 400 words. Prior to publication, the first author of an approved article should email (rbc@sbhci.org.br) the *Declaration of Copyright Transfer* (available at: www.rbc.org.br), signed by him/herself and by all other co-authors. Manuscripts approved may only be reproduced, as a whole or in part, with express consent of the Editor of RBCI.

Ethics

Research on human subjects must be submitted to the Ethics Committee of the institution, maintaining the principles embodied in the Helsinki Declaration of 1975 and revised in 2008 (World Medical Association, available at: <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>), and in Resolution 466/2012 of the *National Health Council* (available at: <http://conselho.saude.gov.br/resolucoes/2012/Reso466.pdf>).

With respect to experimental work involving animals, the rules laid down in the *Guide for the Care and Use of Laboratory Animals* (Institute of Laboratory Animal Resources, National Academy of Sciences, Washington, DC, USA), 1996, and in *Ethical Principles in Animal Experimentation* (Brazilian College of Animal Experimentation COBEA, available at: www.cobea.org.br), 1991, should be followed. Randomized trials should follow the guidelines of *Consolidated Standards of Reporting Trials* (CONSORT, available at: www.consort-statement.org/consort-statement).

Conflicts of interest

At the time of article submission, the first author and other co-authors must declare, both in their cover letter as in the front page, any possible involvement with equipment or pharmaceutical industry for past two years, related to percutaneous intervention in heart, peripheral and cerebrovascular diseases.

All funding sources for the study should be cited on the front page. Other relationships with industry, such as consultancies or paid lectures, sponsorship for scientific events, other sponsorships (receiving drugs, equipment, or administrative support), fees and equity shares, should be clarified to the Editor in the cover letter. If there are no conflicts of interest, this must be clearly stated in the cover letter and in the front page.

Cover letter

In the cover letter accompanying the manuscript, the first author must inform concisely what is the work contribution, declaring that the article is not being submitted to another journal, that its content has not been previously published, and that all authors read and approved the manuscript. On the other hand, the first author should clarify whether there are conflicts of interest.

Instructions for submission

All manuscripts should follow the style adopted by RBCI. It is understood that the first author is responsible for following the instructions for submission, although other authors should be aware of such instructions, must have participated in the drafting of the manuscript, and comply with its contents.

Specific instructions for each of the categories of articles accepted for publication are described below.

Original Article

In this category, randomized trials, observational studies and registries, as well as basic research with laboratory animals, are included.

Manuscript structure

- Page Setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript format: limited to 5,000 words (including references, figure legends, and tables) with a maximum of 12 authors and 35 references.
- Presentation sequencing of manuscript elements: (1) front page; (2) second page; (3) text; (4) references; (5) figure legends; (6) tables.

Manuscript elements

1) Front page

- Full title of the manuscript in Portuguese and English.
- Authors' names in full, institution (naming just the main institution), city and state (or city and country, in case of foreign authors), founding sources, if any, and conflict of interests' statement (see "Conflict of Interests").
- Contact details (name of the corresponding author and of the author responsible by proofs' approval in PDF, full address, phone and email address).
- Total number of manuscript words (including references, figure legends and tables).
- Short Title in Portuguese and English (maximum of 50 characters, including spaces).

2) Second page

- Abstract (maximum 250 words) structured in four sections: "Background" (containing study rationale and objectives), "Methods" (short presentation of methodology used), "Results" (presentation of key results) and "Conclusions" (brief interpretation of data).
- At the end of the section Abstract, 3-5 descriptors are to be given and extracted from *Medical Subject Headings* (MeSH, prepared by the National Library of Medicine NLM, available at: <http://www.ncbi.nlm.nih.gov/mesh>).

3) Text

- The body of the manuscript should be subdivided into the following sections: "Introduction", "Methods", "Results", "Discussions", "Conclusions" and "Acknowledgements" (optional).
- Figures and tables should be sequentially numbered with Arabic numerals, respecting the order of citation in the text.
- Abbreviations may be used (maximum of six), provided that the respective forms are presented in full the first time they are cited.
- Acknowledgements (maximum 50 words) may be made to people who have contributed intellectually to the work, provided that they do not meet the requirements to participate in the authorship, as well as to institutions that have provided financial and/or logistical support. Each individual mentioned should send a letter authorizing the inclusion of his/her name in this section (considering the possible implication about data and conclusion endorsement). If acknowledgments are made to members of the study team, there is no need to obtain the written consent.

4) References

- References of printed and electronic documents should be standardized according to the Vancouver style, prepared by the *International Committee of Medical Journal Editors* (ICMJE, available at: <http://www.icmje.org>).

- The accuracy of references is the responsibility of the author.
- References must be identified in the text with superscript Arabic numerals, according to the citation order in the text.
- In case of sequential citation, only the first and last references should be mentioned, separated by a hyphen (e.g.: 3-6). In case of alternate citation, all references should be mentioned, separated by commas (e.g.: 4,6,8).
- Quotes "et al." are not accepted. All authors' names should be listed.
- Titles of periodicals should be abbreviated according to the *List of Journals Indexed for MEDLINE* (available at: <http://www.nlm.gov/tsd/serials/lji.html>).
- Only quotes from indexed journals or from books with an *International Standard Book Number* (ISBN) will be accepted.
- Personal communications, abstracts, manuscripts in press and oral presentations for conferences are not accepted as references.

Reference models

a) Journals

Standard article

Fossati MAM, Arndt ME. Razões para utilização da via femoral em centro que prioriza técnica radia em procedimentos cardiovasculares invasivos. *Rev Bras Cardiol Invasiva*. 2014;22(4):339-42. Monteiro GP, Costa JR Jr., Collet C, Silhessarenko J, Feress F, Costa R, Chaves AJ, Centemero M, Sousa AGMR, Abizaid A. Relação balão/artéria e volume de obstrução neointimal após implante de stent eluidor de zotarolimus. *Rev Bras Cardiol Invasiva*. 2014;22(3):252-7.

Article whose author is an organization

National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. Tissue plasminogen activator for acute ischemic stroke. *N Engl J Med*. 1995;333(24):1581-7.

Article in which the author's name has a familial designation

Adams HP Jr. Ischemic cerebrovascular complications of cardiac procedures. *Circulation*. 2010;121(7):846-7. Santos ECM, França I Jr., Lopes F. Qualidade de vida de pessoas vivendo com HIV/AIDS em São Paulo. *Rev Saúde Pública*. 2007;41 Supl 2:64-71.

Article published electronically ahead of print version

Leira EC, Kaldjian LC, Ludwig BR, Torner JC, Olalde HM, Hacke W, Adams HP Jr. Lack of International Consensus on Ethical Aspects of Acute Stroke Trials. *J Stroke Cerebrovasc Dis*. 2010 Aug 17. Epub ahead of print.

b) Book

Standard book

Braunwald E, Zipes DP, Libby P, Bonow R. A textbook of cardiovascular medicine. 8th ed. Philadelphia: Saunders Elsevier; 2008.

Book chapter

Nabel EG, Nabel GJ. Gene therapy for cardiovascular disease. In: Harber E, editor. *Molecular cardiovascular medicine*. New York: Scientific American; 1995. p. 79-96.

Legislation

Conselho Nacional de Saúde (CNS). Resolução n. 196, de 10 de outubro de 1996. Dispõe sobre diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. *Bioética*. 1996;4(2 Supl):15-25.

c) Electronic documents

Journal article on the Internet

Habara M, Kinoshita Y, Suzuki T. Novel use of a local drug delivery catheter for coronary perforation. *J Invasive Cardiol* [Internet]. 2011 [cited 2011 Feb 6];23(1):E236-9. Available from: <http://www.invasivecardiology.com/articles/novel-use-local-drug-delivery-catheter-oronary-perforation>
Collet CA, Costa JR Jr., Feres F, Gama G, Costa R, Sanchez A, Siqueira D, Chamié D, Borghi T, Staico R, Tanajura LF, Sousa AGMR, Abizaid A, Sousa JE. Stent com liberação de everolimus vs. stent com liberação de zotarolimus na prática clínica do mundo real. *Rev Bras Cardiol Invasiva* [Internet]. 2010 [cited 2011 Jan 12];18(4):400-6. Available from: http://www.rbc.org.br/detalhe_artigo.asp?id=511

Book published in full (ebooks)

Kasper DL, Braunwald E, Fauci AS. *Harrison's online* [Internet]. 16th ed. Columbus (OH): McGraw-Hill; 2006 [cited 2006 Nov 20]. Available from: <http://www.accessmedicine.com/resourceTOC.aspx?resourceID=4>

Website

Brasil. Ministério da Saúde. DATASUS. Mortalidade para causas selecionadas 2006 [Internet]. Brasília, DF; 2007 [cited 2010 Jul 16]. Available from: <http://www2.datasus.gov.br/DATASUS/index.php>

5) Figure legends

- This material must be sent in a separated page from the text body.
- The abbreviations used in the figures should be mentioned according to the order of appearance in the figure at the end of each legend, with their forms in full.

6) Tables

- The tables must be in a double-spaced, PB-, Word format, and presented on separate pages with respect to body text.
- Numbering of tables should be with Arabic numerals, and must obey the order of citation in the text.
- Numbering of the table should be followed by a brief title.
- Footnotes must be identified by alphabets letter in superscript.
- The abbreviations used in tables should be mentioned according to the order of appearance in the table, after the footnotes, with their respective forms in full.

7) Figures

- Figures should be sent in a separate file.
- Only images in TIFF or JPEG formats with a minimum resolution of 300 dpi for both PB and color images will be accepted. Each figure should have a minimum size of 8 cm × 8 cm. The GIF format, typically used in publications on the Internet, it is not recommended for offset printing.
- For standardization purposes, the graphics should be obligatorily in PB.
- The Arabic numbering of figures must obey the order of citation in the text.
- The symbols used on the images (arrows, circles etc.) should be explained in the legends.
- Letters, numbers and symbols should follow the same visual identity (suggestion: use a 9-point font).

- Patients must not be identified in the figures.
- If the figure has been previously published, one should declare the source in its respective legend.

Study Design

In this category, detailed descriptions of randomized trials, protocols or multicenter registries are included, including hypothesis, rationale and methods. Drawings of doctoral theses are also considered. Studies planned or underway that have not yet completed the recruitment of patients can be submitted. The status of the study at the time of submission must be confirmed. Study protocols without the approval of the Ethics Committee are not considered. The copyright remains with the authors.

Manuscript structure

- Page Setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 5,000 words (including references, figure legends, and tables) with a maximum of 6 authors and 35 references.
- Presentation sequence: (1) front page; (2) second page (abstract structured in “Introduction”, “Methods” and “Conclusions”); (3) text; (4) references; (5) figure legends; (6) tables.

Review Article

In this category, critical and ordered evaluations of the literature on topics of contemporary interest to readers are included. Professionals of recognized experience in their field are invited to write reviews. In addition to these ordered papers, RBCI also accepts revision articles sent spontaneously by the scientific community. References should be current and preferably published in the last five years.

Manuscript structure

- Page setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 5,000 words (including references, figure legends, and tables) with a maximum of 3 authors and 50 references.
- Presentation sequence of manuscript elements: (1) front page; (2) second page (unstructured abstract, with a maximum of 250 words each); (3) text; (4) references; (5) figure legends; (6) tables.

Case Report

It contains a description of patients or special situations, mainly rare diseases, as well as of innovative modes of diagnosis or treatment. The text consists of the following sections: “Introduction” (contextualizing the reader about the importance of the subject and presenting the objectives of reports in question), “Case Report” and “Discussion” (addressing the relevant aspects and comparing to the data available in the literature).

Manuscript structure

- Page setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 2,500 words (including references, figure legends, and tables) with a maximum of 6 authors and 15 references.

- Presentation sequence of manuscript elements: (1) front page; (2) second page (unstructured abstract, with a maximum of 100 words each); (3) text; (4) references; (5) figure legends; (6) tables.

Image on Cardiovascular Intervention

Publication of images including angiography, computed tomography, magnetic resonance imaging, intravascular ultrasound and optical coherence tomography, besides the publication of new or unusual techniques employed in specialty treatments. This text does not allow discussion by the authors, nor inclusion of references.

Manuscript structure

- Page setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 300 words (including figure legends) with a maximum of 6 authors.
- Figures: limited to 3.
- Presentation sequence of manuscript elements: (1) front page; (2) text; (3) figure legends.

Editorial

Text prepared upon RBCI Editor's invitation; spontaneously sent editorials are not accepted.

Manuscript structure

- Page setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 1,500 words (including figure legends, tables, and references) with a maximum of 3 authors and 10 references.
- Presentation sequence of manuscript elements: (1) front page; (2) text; (3) references; (4) figure legends; (5) tables.

Letter to the Editor

Correspondence with scientific content related to articles published in RBCI in the last 3 months will be evaluated for publication. The authors of the quoted article will be invited to respond. The editors have the prerogative to accept or reject the letter for publication.

Manuscript structure

- Page setup: 1.5-line spacing, 2.5-cm margins and page numbering.
- Manuscript: limited to 500 words (including references), with a maximum of 3 authors and 5 references.
- Tables and figures: not permitted.
- Presentation sequence of manuscript elements: (1) front page; (2) text; (3) references.