
Instructions for Authors

Revista Brasileira de Cardiologia Invasiva

The **Revista Brasileira de Cardiologia Invasiva (RBCI)** (Brazilian Journal of Invasive Cardiology) is a quarterly publication of Sociedade Brasileira de Hemodinâmica e Cardiologia Intervencionista (SBHCI) (Brazilian Society of Hemodynamics and Interventional Cardiology) that is directed to the publication of papers related to the percutaneous intervention in cardiac (coronary and non-coronary), peripheral and cerebrovascular diseases. Manuscripts that cover pharmacological, physiopathological and diagnostic aspects related to the percutaneous intervention in cardiovascular diseases are also considered for publication. Although other disciplines present aspects somehow related to this specialty, it is not the intent of the RBCI to publish manuscripts related to electrophysiology or cardiac surgery. Among the categories of articles accepted for publication are Original Articles, Study Designs, Review Articles, Case Reports, Images in Cardiovascular Intervention, Editorials and Letters to the Editor.

All papers sent to **RBCI** are initially submitted to editor assessment, who decides if manuscripts should be forwarded or not to peer review among members of the Editorial Board or invited specialists. In case of discrepancy between the reviewers, a new opinion may be requested for better judgment. The authors have 30 days to implement changes requested by the reviewers and resubmit the article. Non-compliance with this deadline results in withdrawal of the article from the review process. The initial expert's report is produced, whenever possible, within 4 weeks and the final expert's report in up to 12 weeks, counting from the day it was received.

Manuscripts should be submitted on-line, following the instructions contained in **RBCI** website (www.rbc.org.br). Before submitting an article, it is necessary that the author is registered, if not already registered, following the instructions contained in the mentioned website. Texts and tables should be edited in Word. Figures (illustrations, photos and/or graphics) should be sent in separate file and will only be accepted in TIFF, EPS or JPEG formats with a minimal resolution of 300 dpi. For standardization, graphics and tables should necessarily be in black and white.

The **RBCI** adopt norms established in Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (available in: www.icmje.org).

Articles may be written in Portuguese, Spanish or English (**RBCI** will provide Portuguese translation for manuscripts in foreign language) and will be available in printed and electronic versions.

Submission and Publication Policy

Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and/or have not been previously published, except in abstracts with less than 400 words. The first author of an approved article should forward to the address rbc@sbhci.org.br, before publication, the Copyright Transfer Agreement Form (available in: www.rbc.org.br), duly signed by him/her and by the other authors. The approved manuscripts can only be totally or partly reproduced with written consent of the editor of **RBCI**.

Ethics

The investigation in human beings should be submitted to the Institution Ethics Committee, according to the Declaration of Helsinki of 1975, revised in 2008 (World Medical Association, available in: <http://www.wma.net/en/30publications/10policies/b3/17c.pdf>), and the Resolution 196/96 of the Conselho Nacional de Saúde (National Health Council) (available in: <http://conselho.saude.gov.br/resolucoes/>

[reso_96.htm](#)). In experimental research involving animals, the norms established in Guide for the Care and Use of Laboratory Animals (Institute of Laboratory Animal Resources, National Academy of Sciences, Washington, D.C., USA), of 1996, and the Princípios Éticos na Experimentação Animal (Colégio Brasileiro de Experimentação Animal – COBEA/ Ethical Principles in Animal Experimentation – Brazilian College of Animal Experimentation – COBEA, available in: www.cobea.org.br), of 1991, should be respected. Randomized studies should follow the directives of CONSORT (available in: www.consort-statement.org/consort-statement).

Conflict of Interest

The first author and other authors, when submitting an article, should declare, in the submission letter as well as in the first page, eventual involvements with equipment or pharmaceutical industries in the last two years, related to the percutaneous intervention in cardiac, peripheral or cerebrovascular diseases. All work financial fundings should be mentioned in the first page. Other relationship

with industry such as paid consultancies or presentations, scientific events sponsorship, other sponsorships (to receive drugs, equipments or administrative support), fees and stock ownership, should be cleared to the editor in the submission letter. In case there are no conflicts of interest, this situation should be declared in the submission letter as well as in the article first page.

Submission Letter

In the submission letter that comes together with the manuscript, the first author should inform, in a concise way, what is the article contribution, should declare that the article is not being submitted elsewhere, that the article contents have not been previously published and that all authors read and approved the manuscript. In case there is no conflict of interest to be declared, this information should be mentioned in the submission letter.

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 the other authors should be informed about these instructions, should have participated of the manuscript preparation and should agree with its contents. Ahead are the specific instructions for each article category accepted for publication.

Original Article

In this category are included randomized studies, observational studies, registries, as well as basic research with animal experimentation.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: maximum 5,000 words (including references, figure legends and tables).
- References: 25 maximum.
- Tables and figures: 8 maximum.
- Sequence of manuscript elements: 1) first page; 2) second page; 3) text; 4) references; 5) figure legends; 6) tables; 7) figures.

Manuscript elements:

1) First page

- Full title of the manuscript, in Portuguese and in English.
- Author's full name and respective institutions they are affiliated to (specifying city, State and Country), funding sources, if any, and Conflict-of-Interest Statement (see item "Conflict of Interest").
- Contact information (name of the author responsible for correspondence and approval of the PDF proofs, complete address, telephone/fax and e-mail address).
- Total number of words of the manuscript (including references, figure legends and tables).
- Short title (45 characters maximum).

2) Second page

- Abstract (direct translation of the Portuguese version of the abstract into English) following the same structure, divided into four sections: "background", "Methods", "Results" and "Conclusions".

- Three to five descriptors should be included at the end of Portuguese and English version of the abstract (DESCRITORES in Portuguese and DESCRIPTORS in English), which are to be taken from Descritores em Ciências da Saúde (Health Sciences Descriptors, DeCS, prepared by Rede BVS, available at: <http://decs.bvs.br>) and/or 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 in the following sections: "Background", "Methods", "Results", "Discussion", "Conclusions" and "Acknowledgments" (optional).
- Figures, tables and references should be numbered in sequence, respecting the order of citation in the text.
- Abbreviations may be used (6 maximum), since the respective complete forms are present in the first instance they are mentioned.
- Acknowledgments (50 words maximum) may be made to persons that collaborated intellectually with the work, once they do not fulfill the requisites to participate as an author, as well as to institutions that offered financial and/or logistic support. Persons mentioned should send a letter authorizing the inclusion of their name in this section (because of eventual implication in supporting data and conclusions). It is not necessary a written consent if the acknowledgments are made to members of the working team.

4) References

- References of printed and electronic documents should be made according to the Vancouver style, prepared by the International Committee of Medical Journal Editors (ICMJE, available in: <http://www.icmje.org>).
- The accuracy of references is the author's responsibility.
- The references should be identified, in the body of the text, by Arabic numbers superscript, in accordance with the order of citation in the text.
- In case of sequential citation, only the first and the last references should be mentioned, separated by hyphen (i.e. ³⁻⁶). In case of alternate citation, all references should be mentioned, separated by a coma (i.e. ^{4,6,8}).
- Abstracts may be cited if they are the only source of information, and should be identified as [abstract] after the title. Abstracts more than two years after publication should not be cited.
- In publications with up to 6 authors, all of them should be cited; in publications with more than 6 authors, the first 6 should be cited, followed by the Latin expression "et al."
- Journal titles should be abbreviated in accordance with the List of Journals Indexed for MEDLINE (available in: <http://www.nlm.gov/tsd/serials/lji.html>).
- Only indexed journal citations, as well as books that have International Standard Book Number (ISBN) will be accepted.

Reference models

a) Journals

- Standard article

Kehat I, Molkentin JD. Molecular pathways underlying cardiac remodeling during pathophysiological stimulation. *Circulation*. 2010;122(25):2727-35.

- Article with more than 6 authors

Freitas LZ, Feres F, Costa JR Jr, Abizaid A, Staico R, Costa R, et al. Tratamento de reestenose intrastent com o novo stent farmacológico Firebird™, liberador de sirolimus – resultados angiográficos e ultrassonográficos de um ano de evolução. *Rev Bras Cardiol Invasiva*. 2010;18(4): 379-86.

- Articles 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.

– *Articles in which the name of the author has a family designation*

Adams HP Jr. Ischemic cerebrovascular complications of cardiac procedures. *Circulation*. 2010;121(7):846-7.

Santos ECM, França Junior I, Lopes F. Qualidade de vida de pessoas vivendo com HIV/AIDS em São Paulo. *Rev Saúde Pública*. 2007;41 Supl 2:64-71.

– *Articles published electronically before the printed version ("ahead of print")*

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

b) Books

– *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 (National Health Council). Resolution n. 196, of October 10, 1996. Establishes guidelines and regulations for research work involving humans. *Bioética*. 1996;4 (2 Supl):15-25.

c) Electronic documents

– *Article of Internet journal*

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-coronary-perforation>
Collet CA, Costa JR Jr, Gama FFG, Costa R, Sanchez A, Siqueira D, et al. Stent com liberação de everolimus vs. stent com liberação de zotarolimus na prática clínica do mundo real. *Rev Bras Cardiol Invasiva [Internet]*. 2010 [citado 2011 jan. 12];18(4):400-6. Available from: http://www.rbci.org.br/detalhe_artigo.asp?id=511

– *Entire books (ebooks)*

Kasper DL, Braunwald E, Fauci AS. Harrison's online [Internet]. 16th ed. Columbus (OH): McGraw-Hill; c2006 [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; 2007 [citado 2010 jul. 16]. Available from: <http://www2.datasus.gov.br/DATASUS/index.php>

5) Figure legends

- Figure legends should be sent in a separate sheet.
- The abbreviations used in the figures should be mentioned in alphabetical order at the end of each legend, with their respective full forms.

6) Tables

- Tables should be formatted in Word, with double space, black and white and presented in separate sheets.

- The table number and the title should be centered above the page and explanatory notes below the table. Arabic number should be used. Table numbers must correspond with the order cited in the text.
- The table numbers should be followed by a brief title.
- Footnotes should be identified by symbols, in the following order: *, †, ‡, §, ¶, ||, #, **, ††, etc.
- The abbreviations used in the tables should be mentioned in alphabetical order after the footnotes, with their respective full forms.

7) Figures

- Figures should be sent in separate file.
- Images will only be accepted in TIFF, EPS or JPEG formats with a minimal resolution of 300 dpi, for black and white as well as for colored images. The GIF format, normally used in Internet publications, is not recommended for off-set printing.
- For standardization purposes, graphics should only be presented in black and white.
- Figure numbering with Arabic numbers should follow the order in which they are cited in the text.
- Figures should be 8 cm or 17 cm large for images that occupy one column or two columns, respectively.
- Symbols used in the images (arrows, circles, etc.) should be explained in the legends.
- Letters, numbers and symbols should follow the same visual identity (suggested size: 9 points).
- Patients should not be identified in the figures.
- In case a figure was previously published, the source should be mentioned in the respective legend.

Study Design

In this category are included detailed descriptions of randomized study protocols or multicenter registries, including hypothesis, rationale and methods. Designs of PhD dissertations will also be considered for publication. Planned or ongoing studies, whose patient inclusion is not concluded, may also be submitted. The status of the study must be informed at the time of submission. Study protocols without approval of the Ethics Committee will not be considered for publication. Copyrights are retained by the authors.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: 5,000 words maximum (including references, figure legends and tables).
- References: 25 maximum.
- Tables and figures: 8 maximum.
- Presentation sequence of manuscript elements: 1) first page; 2) second page (abstract in English and Portuguese, divided into "Background", "Methods", and "Conclusions"); 3) text; 4) references; 5) figure legends; 6) tables; 7) figures.

Review Article

In this category are included critical and orderly literature evaluations on themes of contemporaneous interest for the readers. Professionals of acknowledged experience are invited to write the reviews. Besides these requested articles, RBCI also accepts review articles spontaneously sent by the scientific community. The references should be up to date, preferably published within the last 5 years.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.

- Manuscript: 5,000 words maximum (including references, figure legends and tables).
- Authors: 4 maximum.
- References: 50 maximum.
- Tables and figures: 8 maximum.
- Presentation sequence of manuscript elements: 1) first page; 2) second page (non structured abstract in Portuguese and English, with 250 words maximum each); 3) text; 4) references; 5) figure legends; 6) tables; 7) figures.

Case Report

Description of patients or special situations, especially rare diseases, as well as new forms of diagnosis or treatment. The text should contain the following sections: “Background” (contextualizes the reader as to the importance of the subject and introduces the objectives of the case report), “Case Report” and “Discussion” (approaching the relevant aspects and comparison with data available in the literature).

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: 2,000 words maximum (including references, figure legends and tables).
- Authors: 6 maximum.
- References: 10 maximum.
- Tables and figures: 3 maximum.
- Presentation sequence of manuscript elements: 1) first page; 2) second page (non structured abstract in Portuguese and English, with 100 words maximum each); 3) text; 4) references; 5) figure legends; 6) tables; 7) figures.

Image in Cardiovascular Intervention

Image publication, including angiography, CT scan, nuclear magnetic resonance, intravascular ultrasound and optical coherence tomography, besides publication of new techniques used or unusual treatments in this specialty. This text does not allow discussion by the authors, as well as references.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: 300 words maximum (including figure legends).
- Authors: 4 maximum.
- Figures: 3 maximum.
- Presentation sequence of manuscript elements: 1) first page; 2) text; 3) figure legends; 4) figures.

Editorial

Texts prepared upon invitation of the Editor of the **RBCI**. Spontaneous texts will not be accepted.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: 1,000 words maximum (including figure legends, tables and references).
- Authors: 3 maximum.
- References: 10 maximum.
- Tables and figures: 2 maximum.
- Presentation sequence of manuscript elements: 1) first page; 2) text; 3) references; 4) figure legends; 5) tables; 6) figures.

Letter to the Editor

Correspondence of scientific content related to published articles in **RBCI** maximum 3 months ago will be evaluated for publication. The authors of the cited article will be invited to respond.

Manuscript structure:

- Page configuration: 1.5 line spacing, with 2.5 cm margins and numbered pages.
- Manuscript: 400 words maximum (including references).
- Authors: 3 maximum.
- References: 5 maximum.
- Tables and figures: are not allowed.
- Presentation sequence of manuscript elements: 1) first page; 2) text; 3) references.