

**INSTRUCTIONS FOR AUTHORS**

Thank you for considering submitting your manuscript to *REC: Interventional Cardiology*. The following instructions will guarantee that we have everything necessary for your manuscript to progress without problems through the peer review, production and publication process. Please take time to read and apply them, since doing so will ensure that your manuscript complies with the journal's requirements.

**1. REC: INTERVENTIONAL CARDIOLOGY: DEFINITION AND AIMS**

*REC: Interventional Cardiology* is the official publication of the Hemodynamics and Interventional Cardiology Section (SHCI) of the Spanish Society of Cardiology, part of the [Revista Española de Cardiología](#) (REC Publications) family, devoted to the study, prevention and treatment of cardiovascular disease. It is an official journal of the Spanish Society of Cardiology.

*REC: Interventional Cardiology* is a peer-reviewed bilingual (Spanish and English) quarterly journal, published online. The journal is owned by the Spanish Society of Cardiology, and published in collaboration with Permanyer. It is funded entirely by the SHCI. All articles are open access.

*REC: Interventional Cardiology* publishes articles in the field of interventional cardiology, including both diagnostic and therapeutic aspects of cardiovascular disease related to catheter-based techniques and their multiple variants. The journal publishes peer-reviewed papers on clinical and experimental topics, approved by the editorial committee and in line with editorial policy. The topics covered include diagnostic techniques, percutaneous interventional procedures, drug therapy, laboratory findings and clinical trials, published as original articles, reviews and updates, editorials, editorial comments, case reports, interviews, images in cardiology, scientific letters and letters to the Editor.

All of the journal's processes are conducted strictly in accordance with international ethical guidelines on the publication of biomedical research and information, as are the steps taken to ensure the integrity and accuracy of the research published. The journal will investigate any ethical infraction taking all reasonable measures for its prompt resolution, acting with proportionality and if necessary, involving the institutions of origin of those concerned. The journal adheres to the standards of the [International Committee of Medical Journal Editors](#) and to the guidelines of the [Committee on Publication Ethics](#) and of the [Council of Science Editors](#).

The views and opinions expressed in this journal are exclusively those of the authors and not of the Spanish Society of Cardiology, the SHCI or the Publisher. The latter accepts no responsibility for any losses, claims, procedures, costs, expenses, damage or other responsibility of any type or any form arising directly or indirectly from the content of the publication.

The online version of *REC: Interventional Cardiology* is available in English and Spanish (<https://www.recintervcardiol.org>).

**2. EDITORIAL PROCESS**

*REC: Interventional Cardiology* follows a double-blind peer review, meaning that both reviewers and authors are anonymous throughout the process. Internal procedures guarantee that this standard is applied to all articles authored by members of the editorial team. Unsolicited original contributions undergo peer review by experts designated by the Editors before their acceptance. Submission of an article to *REC: Interventional Cardiology* implies that the work is original and has not been previously published nor is it under consideration for publication in another journal. Editorials, and debates must be solicited by the Editor. The priority of these manuscripts will be assessed mainly by the editorial team, which will submit manuscripts to external review if deemed appropriate.

Accepted manuscripts become the property of the Spanish Society of Cardiology and their complete or partial reproduction for commercial purposes must be appropriately authorized. Articles are subject to the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>). The corresponding author must complete the copyright transfer form after manuscript acceptance.

Authors seeking to publish in *REC: Interventional Cardiology* should submit their manuscripts through the online manuscript management system (<https://www.editorialmanager.com/recintvcardiol/>).

Once received, the editorial office will check that the manuscript meets the publication guidelines for the type of article submitted. Manuscripts failing to do so will be returned to the author for revision before the editorial process can begin. Manuscripts meeting the requirements are assigned to an Editor and authors are

sent a manuscript reference number by e-mail. This number allows authors to track the progress of their manuscripts through the authors' menu. Please quote this reference number in any communications with the editorial office.

After the peer-review process, the corresponding author will be notified of the editorial decision, which can be any of the following: a) request for revision, b) rejection, or c) acceptance. a) If modifications are requested, authors are given a deadline for the return of the revised manuscript. Revised manuscripts must be accompanied by the authors' response to reviewers. The editorial office will return the manuscript for further revision if the requirements are not met. b) If the editorial decision is rejection, a new version of the manuscript cannot be submitted unless authorized by the editorial team after an appeal (7. INQUIRIES, CORRECTIONS, AND APPEALS). c) If the manuscript is accepted for publication, it will be pre-edited by the editorial office. In this phase, the authors may receive a new request to make further stylistic changes.

Once the provisional PDF of the article is ready, the corresponding author is sent the file and asked to check the proofs of the article in the original submission language. At the same time, a final review is made by the editorial office. Once the relevant changes have been incorporated, the article is published as an ahead of print version and the editing of the complementary language begins. Finally, the article is published in a specific issue of the journal, which will depend on editorial scheduling and other criteria.

**2.1. PREPRINT**

*REC: Publications* does not consider preprints as prior publication. Preprints can be sent for evaluation if on submission the authors disclose in the cover letter that the article is a preprint and confirm that it has not been peer-reviewed nor published in an indexed publication. In the same letter they should provide a link to the preprint publication. If the article is finally published, it is the authors' responsibility to include a link in the preprint version that redirects to the published version.

**3. HOW TO PREPARE AN ARTICLE FOR REC: INTERVENTIONAL CARDIOLOGY****3.1. ETHICAL CONSIDERATIONS****Ethical responsibilities**

Authors submitting a manuscript accept full responsibility for its content as defined by the International Committee of Medical Journal Editors (<http://www.icmje.org/>).

The research reported in papers submitted to *REC: Interventional Cardiology* must be carried out in accordance with internationally accepted recommendations for clinical investigation (Declaration of Helsinki [<https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>]) of the World Medical Association, revised October 2013).

Studies reporting animal experiments must comply with the ARRIVE guidelines (<http://www.nc3rs.org.uk/arrive-guidelines>) and be performed in accordance with the United Kingdom Animal (Scientific Procedures) Act 1986 and current national legislation (Royal Decree 53/2013 of 1 February, on basic standards for the protection of experimental animals), and the European Union Directive 2010/63/EU for animals used for scientific purposes ([http://ec.europa.eu/environment/chemicals/lab\\_animals/legislation\\_en.htm](http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm)), or the guidelines on the care and use of laboratory animals of the National Institutes of Health (NIH Publications, revised 2011: <https://grants.nih.gov/grants/olaw/guide-for-the-care-and-use-of-laboratory-animals.pdf>). Authors must clearly state in their manuscripts that they have followed these guidelines.

Systematic reviews and meta-analyses should follow the PRISMA statement criteria (<https://doi.org/10.1136/bmj.n71>), and patient cases should follow the CARE case report guidelines (<https://www.care-statement.org>).

**Declaration of generative AI in scientific writing**

The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or biased. AI and AI-assisted technologies should not be listed as an author or co-author, or

be cited as an author. Authorship implies responsibilities and tasks that can only be attributed to and performed by humans, according to the [International Committee of Medical Journal Editors \(ICMJE\)](#).

Authors should disclose in their manuscript the use of AI and AI-assisted technologies in the writing process by following the instructions below. A statement will appear in the published work. Please note that authors are ultimately responsible and accountable for the contents of the work.

#### Disclosure instructions

Authors must disclose the use of generative AI and AI-assisted technologies in the writing process by adding a statement at the end of their manuscript in the core manuscript file, before the References list. The statement should be placed in a new section entitled 'Statement on the use of artificial intelligence'.

Statement: During the preparation of this work the author(s) used [NAME TOOL / SERVICE] in order to [REASON]. After using this tool/service, the author(s) reviewed and edited the content as needed and take(s) full responsibility for the content of the publication.

This declaration does not apply to the use of basic tools for checking grammar, spelling, references etc.

### Sex and gender reporting

#### Reporting guidance

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the [Sex and Gender Equity in Research guidelines \(SAGER\)](#) and the [SAGER guide-lines checklist](#). These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

#### Definitions

Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used.

### Informed consent (if required)

If the work involves the use of human subjects or animals, authors must include a statement that the procedures performed were carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>) for experiments involving humans and the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (<http://www.icmje.org/icmje-recommendations.pdf>). The authors must have obtained and filed the informed consent of all the individuals studied and declare in the manuscript that consents are available. The privacy rights of human subjects must always be observed and all information/images must be anonymized to guarantee the protection of personal data.

### Data protection

To facilitate article publication, personal data will be entered into an automatic database belonging to the Spanish Society of Cardiology. Unless otherwise indicated, by submitting their articles, authors expressly authorize that their first name, second name(s), contact address, and e-mail address will be published in *REC: Interventional Cardiology* in order to acknowledge authorship of the article and to assist readers in contacting them.

### Data sharing policy

To ensure the transparency and reproducibility of research, and whenever ethically possible, *REC: Interventional Cardiology* strongly recommends that authors make their research data publicly available through a data repository. This information should be stated in the cover letter. If data disclosure is not possible, the authors should justify the reasons.

*REC: Interventional Cardiology* might ask authors for their research data at any point during the editorial process.

## 3.2. MANDATORY DECLARATIONS

### Originality and authorization

Submission of a manuscript implies a) that it has not been previously published (except in the form of an abstract, conference proceeding, academic thesis, or online first publication); b) is not currently submitted for publication elsewhere; c) that its publication has been approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out; and d) that, if accepted, it will not be published for commercial purposes elsewhere in the same form, in English or in any other language, including electronically, without the written consent of the copyright-holder.

In line with the position of the International Committee of Medical Journal Editors, the journal will not consider as prior publication results that are posted in the same clinical trials registry as the primary registration if the results posted are presented in the form of a brief structured abstract or table (less than 500 words). However, dissemination of results in other circumstances (eg, investors' meetings) is discouraged and may jeopardize consideration of the manuscript. Authors should fully disclose all inclusion in registries of results of the same or closely related work.

To verify originality (see 3.5. MISCONDUCT IN SCIENTIFIC PUBLICATION), the manuscript may be checked by the originality detection service *Similarity-Check*, (<https://www.crossref.org/services/similarity-check/>).

This service is available to the publisher as a member of *Crossref*, through access to the powerful plagiarism detection software Turnitin, iThenticate ([www.ithenticate.com](http://www.ithenticate.com)).

When including excerpts from other copyrighted works (including figures and tables), the author(s) must obtain written permission from the copyright owners, credit the source(s) in the article and include it in the references section. Permission is to be obtained both for the English and the Spanish version of the article, both in print and electronic format. The journal will not assume any cost or payment related to this.

When an author submits an article to *REC: Interventional Cardiology*, the journal will send an e-mail to all authors to ensure that they are aware of being named as authors of the manuscript.

### Conflicts of interest

All authors must complete the International Committee of Medical Journal Editors conflict of interest form (<http://www.icmje.org/disclosure-of-interest/>). Declaration of individual conflicts of interest is mandatory at submission of the revised version of the manuscript. During the manuscript submission process, the corresponding author will be responsible for declaring all conflicts of interest related to the article in a specific section for this purpose. If the manuscript is accepted, this information will be included in the final article in a new section entitled Conflicts of interest.

### Funding source(s)

Authors must identify institutions that have provided financial support for the performance of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in data collection, analysis, and interpretation; in drafting the manuscript; and in the decision to submit the article for publication. If the funding source(s) had no such involvement, then this should be stated.

### Randomized clinical trials: description and registration

Randomized clinical trials should be presented according to the CONSORT guidelines. At manuscript submission, authors must provide the CONSORT checklist accompanied by a flow diagram illustrating patients' progress through the trial, ie, recruitment, enrollment, randomization, withdrawal, and completion, as well as a detailed description of the randomization procedure. The CONSORT checklist and template flow diagram are available from the CONSORT website (<http://www.consort-statement.org/>).

Registration in a public trials registry is a condition for publication of clinical trials in this journal, in accordance with International Committee of Medical Journal Editors recommendations (<http://www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html>). Trials must be registered at or before the start of patient enrollment. The clinical trial registration number should be included at the end of the abstract of the article. A clinical trial is defined as any research study that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Health-related interventions include any intervention used to modify a biomedical or health-related outcome (eg, drugs, surgical procedures, devices, behavioral treatments, dietary interventions, and process-of-care

changes). Health outcomes include any biomedical or health-related measures obtained in patients or participants, including pharmacokinetic measures and adverse events. Purely observational studies (those in which the assignment of the medical intervention is not at the discretion of the investigator) will not require registration.

### 3.3. AUTHORSHIP

#### Authors

*REC: Interventional Cardiology* ascribes to the authorship criteria for scientific articles defined by the International Committee of Medical Journal Editors (<http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>). Consequently, each person designated as an author must meet all of the following requirements:

- Have substantially contributed to the conception or design of the work or the acquisition, analysis, or interpretation of the data for the work
- Have drafted the work or critically revised it for intellectual content
- Have granted final approval of the version to be published
- Have agreed 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

Authors are advised to carefully review the list and order of authors before submitting their manuscript at the time of the original submission. Any addition, deletion, or rearrangement of authors' names in the authorship list should be made through the [authorship modification form](#), providing: a) the reason for the change in author list, and b) written confirmation from all authors that they agree with the addition, removal, or rearrangement. Addition or removal of authors must include confirmation from the author being added or removed. The completed form must be sent through the manuscript management system together with the new version of the article using the Cover letter menu item. The editor assigned to the manuscript will individually review each case.

If the manuscript has already been accepted, the editor will consider the addition, deletion, or rearrangement of authors only in exceptional circumstances. While the editor considers the request, publication of the manuscript will be suspended.

#### Copyright and authors' rights

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### 3.5. MISCONDUCT IN SCIENTIFIC PUBLICATION

#### Redundant publication

This happens when an article coincides substantially with another previously published by the same authors. This usually happens when articles are simultaneously sent for evaluation to several journals.

#### Plagiarism

Plagiarism is substantially copying the content of someone else's or one's own work and presenting it as previously unpublished.

#### Fabrication or data omission

It is considered misconduct to fabricate or omit relevant data in an investigation with the intention of altering the conclusions of the work. This includes the manipulation or edition of images.

#### Salami slicing

It is the division of a research report into multiple components or pieces and publishing these individual components as separate research articles.

#### Ghost, guest, or gift authorship

This consists of including in the authorship people who have not participated in the project or who do not meet the requirements of the International Committee of Medical Journal Editors to be considered as an author. This practice usually responds to personal interests or professional ties.

#### Omission of conflicts of interest or funding

The intentional omission of declare conflicts of interest or funding in order not to compromise the publication of an article.

#### Publication of studies without informed consent

Patient research always requires the explicit consent of patients or their guardians for the publication of their case, even if the data is completely anonymized. Using patients' medical information without their consent is considered misconduct in the investigation.

## 4. INSTRUCTIONS FOR AUTHORS

### 4.1. MANUSCRIPT SUBMISSION

Manuscripts should be submitted for evaluation by *REC: Interventional Cardiology* via an online manuscript management system: <https://www.editorialmanager.com/recintvcardiol/>. Any queries should be addressed to our editorial office: [recpublications@secardiologia.es](mailto:recpublications@secardiologia.es); +34 917 242 370.

Our online submission system guides authors step-by-step through the process of entering details related to their articles and uploading their files. The system converts article files to a single PDF used in the blind peer-review process. Authors will receive information on manuscript review by e-mail.

### 4.2. LANGUAGE AND ONLINE PUBLICATION

This journal is published in Spanish and in English and accepts articles submitted in either of the two languages, but not both. Authors with articles in both languages should submit only one.

Because *REC: Interventional Cardiology* is a bilingual journal, its editorial processes are complex. To expedite publication time, articles are first published in their original submission language. The process of article production in the complementary language will begin once the first version of the article has been published online (ahead of print).

While the translation of the submitted article is under preparation, it will be available in its original language at ScienceDirect and in the *ahead of print* section of our website, depending on the language (<https://www.recintvcardiol.org/en>). Accepted Spanish articles will have to wait for the English version before inclusion in this database.

### 4.3. GENERAL POINTS

- To facilitate the submission of high-quality articles, we offer the authors a [revision checklist](#) that can be of help.
- Articles must be submitted in the following format: double-spaced, with 2.5-cm margins, and numbered pages.
- The maximum length of the article encompasses the manuscript word count, including the references, abstract, key points, figure legends, and tables.
- A cover letter should be included with relevant information about the manuscript (eg, originality, authorship, importance of the topic).
- The article submitted for review must comprise at least 2 documents: title page and manuscript.
- To guarantee double-blind review, any information that could identify the authors must be omitted from all files, except the title page and cover letter.
- The title page must include the title, first name(s) and second name(s) of the author(s), authors' affiliations (department, institution, city, and country), e-mail address of the corresponding author, personal or institutional Twitter account if the authors so wish, conflicts of interests, and funding source(s), as follows:

**1. Title.** Concise and informative. Titles are often used in information retrieval systems (indexes). Avoid abbreviations and formulae where possible.

**2. Author names and affiliations.** Please clearly indicate the given name(s) and family name(s) of each author and check that all names are accurately spelled. Provide the authors' affiliations (where the work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after each author's name and before the corresponding address. The same letter must precede the institutional information (department, institution, city, and country).

**3. Corresponding author.** Clearly indicate the corresponding author, and ensure that the e-mail address given is correct and kept up-to-date during the editorial process. It is understood that the corresponding author takes responsibility for following these guidelines and that all coauthors are aware of them, have participated in preparing the manuscript, and fully agree on its content. We recommend maintaining the same corresponding author throughout all editorial stages and publication, as well as in postpublication. If the corresponding author of a published article differs from the one who submitted the article via Editorial Manager, both authors will assume all responsibilities related to the corresponding authorship.

**4. Funding sources.** List funding sources in the following standard format required by funding bodies:

*"Funding: This work was supported by X [grant number zzzz]. Indicate all funding sources."*

It is not necessary to include detailed descriptions on the program or type of grants and awards. When funding is from a regional or national grant, or resources available to a university, college, or other research institution, submit the name of the institute or organization that provided the funding.

**5. Acknowledgments.** To ensure anonymity during the manuscript review process, place the acknowledgments section on the title page of the manuscript. Do not acknowledge support elsewhere in the manuscript. List those individuals who provided help during the research (eg, language help or translation). Written permission must be sent to REC: *Interventional Cardiology* (form) from those individuals mentioned in this section using the Cover letter menu item. After article acceptance, this information will be placed after the *Conflicts of interest* section.

**6. Figures.** Figures should preferably be sent in TIFF or JPG format, with a resolution higher than 300 dpi (free services are available on the Internet to adjust this parameter) and using black for lines and text. Number figures using Arabic numerals in the order of their first appearance in the text. Figures, symbols, and letters, etc, must be large enough to be clearly identified when the figure is reduced. Details must be highlighted with arrows, using high-contrast marking. Define abbreviations in alphabetical order and the meaning of any symbols used in the figure legend. Figures must not include any information that would allow a patient or hospital to be identified. Patient photographs must be taken in such a way that ensures anonymity, or the consent of that patient must also be sent.

**7. Videos.** Videos should preferably be submitted in MP4 format, although AVI is also accepted, with a maximum size of 10 MB. Acceptance of videos submitted in other formats will depend on whether they can be converted to the online publication format.

**8. Tables.** Tables should be numbered in Arabic numerals in the order of their appearance in the text. Provide each table on a separate page. Place the title at the top of the page and abbreviations in alphabetical order at the bottom. Content must be self-explanatory and do not repeat information in the text or in figures.

- If the figures or tables mention a published work, the article should be cited consecutively with the other references, that is, according to its order of appearance in the text, tables, and figures. If the material has been obtained from another publication, it is the authors' responsibility to obtain the required permission for its translation, reproduction, or adaptation. REC: *Interventional Cardiology* will not be held responsible for any costs associated with this process.
- Any references contained in the material must adhere to the instructions provided in the References section of these guidelines.
- Any supplementary data must adhere to the guidelines indicated in the Supplementary Data section of these instructions.
- Use of word processing software. It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced during article processing. In particular, do not use the word processor's options to justify text or to hyphenate words. Any subsections should be clearly identified by using a hierarchy. When preparing tables with a word processor, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. Electronic text should be prepared in a way very similar to that of conventional manuscripts. Note that source files of figures, tables, and text graphics will be required. To avoid unnecessary errors, authors are strongly advised to use the "spell-check" and "grammar-check" functions of their word processor.

**9. Central illustration.** It is optional to send a central illustration in the original articles. If the authors wish to include a central illustration, it should be referenced in the text and numbered in sequence with the rest of the figures in the manuscript. The corresponding figure legend should specify that it is the central illustration of the article and provide a description of the figure. The central illustration should follow the abovementioned guidelines for figures included in these instructions.

#### 4.4. REFERENCES

- References must follow the format used by the American Medical Association.
- List references numerically, in superscript format, in the order they first appear in the text.

- Do not include mention of personal communications or unpublished data. Such references, however, may be included within parentheses in the text.
- When abstracts are cited, they should be less than 2 years old and should be identified as [abstract] within square brackets after the title.
- In references to medical journals, use the standard abbreviation of the journal title.
- References should be sent as standard text, never as footnotes. The field codes of reference management programs are not acceptable; if the authors have worked with reference management software, the file must be converted to plain text before it is submitted.

**Journal article.** List all authors. If there are more than 6 authors, list only the first 3, followed by the Latin abbreviation "et al". Example: Lim HS, Farouque O, Andrianopoulos N, et al. Survival of elderly patients undergoing percutaneous coronary intervention for acute myocardial infarction complicated by cardiogenic shock. *J Am Coll Cardiol Intv*. 2009;2:146-152.

**Ahead of print article.** Authors, title, journal, year, web page. Example: Biswas S, Lefkowitz J, Liew D, Gale CP, Reid CM, Stub D. Characteristics of national and major regional percutaneous coronary intervention registries: A structured literature review. *EuroIntervention*. 2018. <http://dx.doi.org/10.4244/EIJ-D-18-00434>.

**Preprints.** Authors, title, year, link, and date of last access. Example: Ingino C. Innovación e inteligencia artificial en medicina. OSF Preprints [preprint]. 2019. Available at: <https://doi.org/10.31219/osf.io/37fn2>. Accessed 5 Jul 2021.

**Electronic book.** Authors, title [Internet], city, publisher, year, web page. Example: Sobieraj DM, White CM, Kluger J, et al. Adjunctive Devices for Patients With Acute Coronary Syndrome Undergoing Percutaneous Coronary Intervention [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2011. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK83532/>.

**Book chapter.** Authors, chapter title, editors, book title, city, publisher, year, and page numbers.

Example: Josephson ME. Intraventricular conduction disturbances. En: Josephson ME, ed. *Clinical cardiac electrophysiology. Techniques and interpretations*. 3rd ed. Philadelphia: Lippincott Williams & Wilkins; 2002. p. 110-139.

**Book.** Cite the specific pages. Example: Rothman K, Greenland S. *Modern epidemiology. Measures of effect and measures of association*. Philadelphia: Lippincott-Raven; 1998. p. 51-70.

**Web page.** Example: National Institute for Health and Clinical Excellence. Chronic heart failure in adults: management. 2010. Available at: <http://www.nice.org.uk/Guidance/cg108>. Accessed 6 Dec 2011.

**Unpublished conference abstract.** Veronesi F, Korfiati A, Buffat R, Raubal M. Assessing accuracy and geographical transferability of machine learning algorithms for environmental modelling (8). In: Agile 2017. 20th Conference on Geo-Information Science; 2017 May 9-12; Wageningen, The Netherlands. Available at: <https://agile-online.org/conference/proceedings/proceedings-2017>. Accessed 17 Apr 2023.

**Supplement.** Example: Malecka-Tendera E, Mazur A. Childhood obesity: a pandemic of the twenty-first century. *Int J Obes (Lond)*. 2006;30(Suppl 2):S1-3.

**Database.** Example: Base de Datos Clínicos de Atención Primaria (BDCAP). Morbilidad registrada en Atención Primaria. Madrid: Ministerio de Sanidad, Servicios Sociales e Igualdad; 2020. <https://www.sanidad.gob.es/en/estadEstudios/estadisticas/estadisticas/estMinisterio/SIAP/home.htm>. Accessed 1 Jun 2022.

#### 4.5. SUPPLEMENTARY DATA

REC: *Interventional Cardiology* accepts supplementary electronic data to support and improve the presentation of authors' scientific research. Only material directly relevant to the article content will be considered for e-publication and acceptance of such material will remain at the discretion of the Editors. This material will not be translated, typeset, or proofread. The Editorial Board reserves the right to refuse electronic material not deemed appropriate.

To ensure that submitted material is in the correct format, we recommend the following: text (Word document, maximum 300 kb); images (JPG format, maximum 10 MB); audio (MP3 format, maximum 10 MB); videos (MP4 or AVI format, maximum 10 MB). Authors should submit supplementary data in electronic format through the online manuscript management system as a multimedia file along with the article. Each file should have a concise and descriptive title. This material must also meet all requirements and general ethical responsibilities described in these guidelines.

#### 5. TYPES OF ARTICLE

##### 5.1. ORIGINAL ARTICLES

**Authors:** There is no specific limit to the number of authors but listing more than 25 will require the assessment/approval of the editorial team.

The inclusion of a central illustration is optional. Please check the "Central illustration" section for details.

Author participation includes each and every one of the following criteria:

1. Substantially contributing to the conception or design of the work or the acquisition, analysis, or interpretation of the data for the work.
2. Drafting the work or critically revising it
3. Granting final approval of the version to be published
4. Agreeing to be accountable for all aspects of the work

**Length:** These articles should not exceed 5000 words (including abstract, tables, figure legends and references) and should contain a title of no more than 120 characters and spaces.

The manuscript should be arranged in the following order:

1. Structured abstract in English (maximum 300 words) and key words (from 3 to 10). The abstract should be structured in 4 sections: a) Introduction and objectives; b) Methods; c) Results; and d) Conclusions. The abstract should be self-explanatory and should not contain references. Up to 3 abbreviations will be accepted (selected from those most frequently used in the body of the text). Define all abbreviations on first mention in the text, except commonly used units of measure (apart from effect units). Acronyms for the names of studies, trials, registries, and scales can be used without definition on first mention, as long as they are widely used in the literature.
2. Table of abbreviations (no more than 6 of the most frequently used in the text).
3. Text. The body of the article should consist of the following sections: a) Introduction; b) Methods; c) Results; d) Discussion; and e) Conclusions. Sections should be appropriately subdivided with subheadings.
4. Key points. Include the following information at the end of the article:
  - What is known about the topic?  
Summarize key points on what is known about the research topic (do not exceed 200 words).
  - What does this study add?  
Summarize the key points on the contribution of the study (do not exceed 200 words).
5. References.
6. Tables (optional). Do not include more than 4 tables (submit further tables as supplementary data).
7. Figure captions and figures (optional). Do not include more than 4 figures (submit further figures as supplementary data).
8. Videos (optional).

In addition, articles on study methodology will be considered for publication if they comply with the following:

- Randomized clinical trial
- Approval of the institutional review board or local ethics committee
- Identification of funding source
- Registration of the study with a clinical trial registry (eg, [www.clinicaltrials.gov](http://www.clinicaltrials.gov))

## 5.2. REVIEW ARTICLES

**Length:** These articles should not exceed 7000 words (including abstract, tables, figure legends and references) and should contain a title of no more than 120 characters and spaces.

The manuscript should be arranged in the following order:

1. Non-structured abstract in English (maximum 200 words) and key words (3-4).
2. Table of abbreviations (no more than 8 of the most frequently used in the text).
3. Text.
4. References.
5. Tables (optional).
6. Figure captions and figures (optional).
7. Videos (optional).

## 5.3. IMAGES IN CARDIOLOGY

**Note:** Due to the volume of images in cardiology pending publication, REC: Interv Cardiol is not currently accepting articles in this category.

1. No more than 6 authors.
2. The title must contain less than 8 words.

3. The accompanying text should not exceed 250 words and should contain information of clear relevance, with no bibliographic references or figure captions. All symbols evident in the images should be adequately explained in the accompanying text.

4. No more than 3 figures.

5. Supplementary data: videos only (optional).

## 5.4. SCIENTIFIC LETTERS

Articles that include original data and describe the experience of the authors will be included in this typology. Since June 2023 letters with clinical cases are not accepted for evaluation. Case articles with iconographic relevance can be submitted under the image typology in cardiology.

1. Maximum 6 authors.

2. Title in Spanish and English (maximum of 120 characters, including spaces).

3. The maximum length is 1500 words, including text, bibliography (maximum 6 bibliographic citations), figure legend (if it contains this element) and excluding only the table (if it contains this element).

4. Maximum of 2 elements (figures or tables). In the case that the authors send figures, these may have the characteristics of a central figure (summary of the contents of the article in a concise illustrated form). The figure should follow the same guidelines indicated above in these rules.

5. Supplementary data.

## 5.5. LETTERS TO THE EDITOR

This section refers to correspondence related to editorial matters, articles published in *REC: Interventional Cardiology*, as well as letters which generate scientific debate. Letters in response to articles published in the journal should be submitted within 12 weeks of the publication of the article. They will be a maximum of 800 words long, including the text, the references list, and the figure legend.

1. Title (fewer than 120 characters, including spaces).

2. Maximum of 4 authors.

3. Maximum 1 figure and 1 table.

## 6. PROOFS OF ACCEPTED ARTICLES

The corresponding author receives the proofs of the article for revision and correction of possible discrepancies or terminology errors. Articles will already have been edited as per the journal guidelines, so no style corrections are accepted at this point. Page proofs will be sent electronically to the corresponding author in PDF format, which can be annotated. To do this, you will need to download the free Adobe Reader, version 9 (or higher) (<http://get.adobe.com/reader>). Instructions on how to annotate PDFs will accompany the proofs. The exact system requirements are given at the Adobe site (<http://helpx.adobe.com/reader/system-requirements.html>).

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## 7. INQUIRIES, CORRECTIONS, AND APPEALS

Please contact our editorial office ([recpublications@secardiologia.es](mailto:recpublications@secardiologia.es); +34 917 242 370) if you have any questions. For any inquiry or appeal related to the editorial process of your article or the final editorial decision, send an e-mail to the Editor-in-Chief. The Editor-in-Chief will personally review all complaints and appeals, consulting, if necessary, other members of the Editorial Team. We will try to answer any appeals as quickly as possible and within 15 days. Communication will be via e-mail, at the address supplied by the author, or by telephone, if so required by either party.

The journal will use the necessary means to correct the literature and ensure the integrity of the published content. To do so, it shall use the appropriate means (corrections, expressions of concern, retractions) depending on the problem detected and its impact, as soon as possible after the identification of the problem. For retractions, *REC: Interventional Cardiology* follows the COPE guidelines, available at <https://doi.org/10.24318/cope.2019.1.4>.