

CARDIOLOGY IN THE YOUNG

Submission to *Cardiology in the Young* is exclusively via the web-based peer-review system, CTY Manuscript Central.

Online submission enables rapid review and allows online manuscript tracking.

Please use the following URL: <http://mc.manuscriptcentral.com/cty>.

Social Media

Social Media Synopsis: Each author preparing a manuscript for submission should include a suggested tweet, which will be used for dissemination and promotion on social media if the manuscript is accepted.

Please limit the suggested tweet to 160 characters including spaces, which summarizes the main findings or overall take-home from the manuscript. When appropriate, please also include relevant author Twitter handles (ex. @CardiologyYoung) or relevant topical hashtags (ex. #PedsCards) - the author handles and hashtags do not count towards the 160 character limit.

Relevant media, such as an image of the first or senior authors or a graphical representation of the data should be submitted as a .jpeg file under the Social Media section of the submission process.

Clinical Trials

As a condition of consideration for publication, registration of clinical trials in a public trials registry is required. A clinical trial is defined by the International Committee of Medical Journal Editors (in accordance with the definition of the World Health Organisation) as any research project that prospectively assigns human participants or groups of humans to one or more health-related interventions to evaluate the effects on health outcomes. Trials must be registered before the start of patient enrolment. The registry must be accessible to the public at no charge. It must be open to all prospective registrants and managed by a not-for-profit organization. There must be a mechanism to ensure the validity of the registration data, and the registry should be electronically searchable. An acceptable registry must include at minimum a unique trial number, trial registration date, secondary identification information if assigned by sponsors or others, funding source(s), primary and secondary sponsor(s), responsible contact person, research contact person, official scientific title of the study, research ethics review, the medical condition being studied, intervention(s), key inclusion and exclusion criteria, study type, anticipated trial start date, target sample size, recruitment status, primary outcome, and key secondary outcomes. Registration information must be provided at the time of submission.

Trial registry name, registration identification number, and the URL for the registry should be included at the end of the abstract.

Manuscripts reporting the results of randomized controlled trials should include a "CONSORT" flow diagram to illustrate the progress of all patients in the study (See:

Schulz KF, Altman D, for the CONSORT Group. The CONSORT statement: revised recommendations for improving the quality of reports of parallel-group randomized trials. JAMA. 2001;285(15):1987–1991.) The flow diagram should be uploaded as a separate file to the manuscript.

Editorial Policies

Cardiology in the Young is devoted to cardiovascular issues affecting the young and the older patient with the sequels of cardiac disease acquired in childhood. Submission of both basic research and clinical papers is encouraged. Articles on fundamental principles will also be considered for publication. Reviews on recent developments are welcome. The Journal serves the interest of all professionals concerned with these topics. By design, the Journal is international and multidisciplinary in its approach, and the members of the Editorial Board take an active role in the Journal's mission. Prospective authors are encouraged to consult with the editors and members of the Editorial Board with any enquiries. The editors encourage the submission of articles from developing countries.

Articles should be concerned with original research not published previously and not being considered for publication elsewhere. Submission of a manuscript to the Journal gives the publisher the right to publish that paper if it is accepted. Authors sign a license to publish with the journal and retain copyright of their manuscript. Manuscripts may be edited to improve clarity and expression.

Authors must ensure that their studies comply with appropriate institutional and national guidelines for ethical matters. Specifically, by submission of a manuscript, the authors are responsible for compliance with guidelines and regulations of the authors' institution and all appropriate governmental agencies.

Articles including human subjects must include a statement that informed consent was obtained and that the study was reviewed and approved by the institution's committee on human experimentation. Articles including animal experimentation must conform to the principles of the American Physiological Society, and a statement acknowledging conformation to these standards must be included in the *Materials and methods* section of the manuscript. Authors are also requested to identify possible conflicts of interest, especially if they relate to commercial sponsorship or equity holdings.

Use of Abbreviations

Abbreviations are **not** allowed in the text except for the following **only**: NYHA, CHD, MRI, CT, ICU and units of measure such as mmHg or kg, are allowed. However, any abbreviations can be used on tables and figures.

Author Language Services

We suggest that authors whose first language is not English have their manuscripts checked by a native English speaker before submission. This is optional but will help to ensure that any submissions that reach peer review can be judged exclusively on academic merit. We offer a Cambridge service which you can find out more

about [here](#), and suggest that authors make contact as appropriate. Please note that use of language editing services is voluntary and at the author's own expense. Use of these services does not guarantee that the manuscript will be accepted for publication nor does it restrict the author to submitting to a Cambridge-published journal.

Manuscripts

Manuscripts should be submitted via the web-based peer-review system, *CTY* Manuscript Central and must include a complete set of Figures. Further information regarding Figure formats is outlined below.

Authorship

Authorship should be assumed only by those workers who have contributed materially to the work and its report, and who accept the responsibility for the accuracy of the concepts expressed. Colleagues who have otherwise assisted or collaborated should be recognized in the section for acknowledgements. An excellent guide to authorship is given by the Style Manual Committee of the Council of Biology Editors, and the editors encourage consultation with this source.

Style

The Journal uses the English language and as such does not use Latin terms such as 'superior vena cava'. Anatomic terms should be given in the English language. Headlines and subheadings should be liberally employed in the methods, results, and discussion sections. Use short paragraphs whenever possible. The authors should strive for clarity of expression, avoiding, in particular, the use of jargon. Authors should also avoid conventions such as Group 1, Group 2, and so on, using descriptive titles rather than alphanumeric codes. Authors should use the definite/indefinite article where required.

Title page

The manuscript should include a title page, and it should follow these rules:

1. Author qualifications (for example MD) must **not** be included on the authors' list on the title page, except in the address for correspondence.
2. Include the first names of the authors, followed by the initials of any middle names, and finally, the family name.
3. Include the affiliation address(es) for the authors, to include the department, institute, city and country.
4. Include an address for correspondence, with the full postal address, telephone and e-mail address of the author in question.

Manuscript types

Allowed manuscript types are Original Article, Article Commentaries, Brief Report, Review Article, Editorial, Images in Congenital Cardiac Disease, Letter and Guidelines. Each is described below in detail.

Original Articles

Divide the manuscript into the following sections:

Title Page (see instructions above)

Abstract

Key words (3-6)

Headings: Introduction, Materials and method, Results, Discussion, Acknowledgements, Financial support, Conflicts of interest, Ethical standards, References, Tables, Figure legends and Figures

Abstract

The Abstract should be no more than 250 words and should include statements identifying relevant methods and results justifying publication. Do not use abbreviations or symbols.

Introduction

The Introduction should be brief and set out the purposes for which the study has been performed. It should not include an extensive review of the literature.

Materials and Methods

The Materials and Methods should be sufficiently detailed so that readers and reviewers can understand precisely what has been done without studying the references directly. The description may be abbreviated when well-accepted techniques are used with appropriate reference to previously published methods. Statements confirming conformation to institutional and governmental review of the experimental protocol (see above in the Editorial policies section) should be included here.

Results

The results should be presented precisely. Reference to Tables and Figures, to the extent that they contribute substantively to help the reader understand clearly the relevant positive and negative findings, is encouraged. Keep discussion of their importance to a minimum in this section of the manuscript.

Discussion

The Discussion should relate directly to the study being reported. The Discussion should interpret the results, should describe the relevance of the results, and should include a discussion of the limitations of the study. Do not include a general review of the topic.

Acknowledgements

Acknowledgements should follow the discussion. Here you may acknowledge individuals or organisations that provided advice and/or support (non-financial). Formal financial support and funding should be listed in the following section. The Acknowledgements should be placed after the main body of the text before Financial Support. If there are no Acknowledgements, the title should be inserted followed by "None". Papers that do not include an Acknowledgements section will not be reviewed.

Financial Support

The Financial Support statement should be placed after the Acknowledgements and before the Conflicts of Interest section. Please provide details of the sources of financial support for all authors, including grant numbers. This is particularly important in the case of research that is supported by industry. Support from industry not only includes direct financial support for the study but also support in kind such as provision of medications, equipment, kits or reagents without charge or at reduced cost and provision of services such as statistical analysis. For example, "This work was supported by the Medical research Council (grant number XXXXXXXX)". Multiple grant numbers should be separated by a comma and space, and where research was funded by more than one agency the different agencies should be separated by a semi-colon, with "and" before the final funder. Grants held by different authors should be identified as belonging to individual authors by the authors' initials. For example, "This work was supported by the Wellcome Trust (A.B., grant numbers XXXX, YYYY), (C.D., grant number ZZZZ); the Natural Environment Research Council (E.F., grant number FFFF); and the National Institutes of Health (A.B., grant number GGGG), (E.F., grant number HHHH)". Where no specific funding has been provided for research, please provide the following statement: "This research received no specific grant from any funding agency, commercial or not-for-profit sectors." Papers that do not include a Financial Support statement will not be reviewed.

Conflicts of Interest

The Conflicts of Interest section should be placed after Financial Support. Conflict of interest exists when an author has interests that might inappropriately influence his or her judgement, even if that judgement is not influenced. Because of this, authors must disclose potentially conflicting interests so that others can make judgements about such effects. At the time of submission authors should disclose any financial arrangements or connections they may have that are pertinent to the submitted manuscript and that may be perceived as potentially biasing their paper. Non-financial interests that could be relevant in this context should also be disclosed. If no relevant interests exist, this should be stated. This requirement applies to all the authors of a

paper and to all categories of papers including letters to the editor. If there are no interests to declare, the title should be inserted followed by “None”. Papers that do not include a Conflicts of Interest section will not be reviewed.

Ethical Standards

The Ethical Standards statement, if required, should be placed after the Conflict of Interest section before the References. Where research involves human and/or animal experimentation, the following statements should be included (as applicable): “The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national guidelines on human experimentation (please name) and with the Helsinki Declaration of 1975, as revised in 2008, and has been approved by the institutional committees (please name) .” and “The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national guides on the care and use of laboratory animals (please name) and has been approved by the institutional committee (please name).” If the research does not involve human and/or animal experimentation, this statement should be omitted. Papers reporting the results of human and/or animal experimentation that do not contain an Ethical Standards statement will not be reviewed. For more information on the ethical standards and procedures of Cambridge Core, please visit <https://www.cambridge.org/core/services/authors/publishing-ethics>.

Article Commentaries

Article Commentaries are responses to a previously published paper. The previously published paper must form the first reference of the Commentary. The authors of the previously published paper will be invited to respond, but further responses will not be accepted.

Review Articles

Reviews of recent developments are welcome. Authors are encouraged to contact the editor to determine the appropriateness for inclusion. The format is the same as for Original Articles (above). In particular, please see the note on Abbreviations, above.

Case Reports / Brief Reports

Case Reports which add important new information will be published as Brief Reports, and must conform to the following requirements:

- o Abbreviations are **not** allowed in the text except for the following **only**: NYHA, CHD, MRI, CT, ICU and units of measure such as mmHg or kg, are allowed. However, any abbreviations can be used on tables and figures.

- o Headings before the References: Financial Support, Conflicts of Interest, Ethical Standards

(Please see under *Original Article* above for the exact wording).

- o A title page (see instructions above)

- o A maximum of three authors
- o An abstract (of about 60 words)
- o A maximum of 1,000 words
- o 3-6 key words
- o 2 Figures **OR** 2 Tables only
- o A maximum of 2 supplementary material files
- o A maximum of 10 references.

Editorials and Letters to the Editor

Readers are encouraged to write about any topic that relates to cardiology in the young. Such letters will appear in *Letters to the Editor*. They should be no longer than 500 words. Please include a title page (see instructions above).

Editorials are written on invitation but unsolicited articles of approximately 1,500 words which may have particular topical interest will be welcomed for consideration. Please include a title page (see instructions above). For Editorials and Letters please also see the note on abbreviations under Images, below.

Images in Congenital Cardiac Disease

Definitive, unique, or extraordinary pictures of any aspect of congenital cardiac disease will be presented and must conform to the following requirements:

- Abbreviations are **not** allowed in the text except for the following **only**: NYHA, CHD, MRI, CT, ICU and units of measure such as mmHg or kg, are allowed. However, any abbreviations can be used on tables and figures.
- Headings before the References: Financial Support, Conflicts of Interest, Ethical Standards (Please see under *Original Article* above for the exact wording).
- A title page (see instructions above)
- A maximum of three authors
- An abstract (of about 30 words)
- A maximum of 250 words
- 3-6 key words
- A maximum of 4 images
- Only 1 reference.

Instructional value and artistic merit will be considered in addition to scientific import and clinical relevance.

Guidelines

CTY welcomes papers that consist of clear, concise guidelines in any technique or methodology that relates to the practice of cardiology and cardiac surgery in the young. Guidelines should be evidence based and should reflect professional consensus of best practice. Generally they will be expected to be endorsed by professional societies and associations. These papers do not follow any specific format, and may include figures and tables. Guidelines may be subject to peer review before acceptance for publication. Please include a title page (see instructions above) and please see the note on Abbreviations under Images.

References

References should be numbered consecutively (in superscript) as they appear in the text. Type the reference list with double-spacing on a separate page. References (using Index Medicus abbreviations) should appear in the style as demonstrated below. Please note that if more than six authors, the **first three** authors should be listed and then 'et al.'. Examples:

1. Redington AN, Rigby ML, Oldershaw P, Gibson DG, Shinebourne EA. Right ventricular function 10 years after the Mustard operation for transposition of the great arteries: analysis of size, shape, and wall motion. *Br Heart J* 1989; 62: 455-461.
2. Smith VR, Jones AL, Miller W et al. Left ventricular myocardial velocities in children. *Eur Heart J* 2000; 21: 104-112.
3. Zuberbuhler JR. *Clinical Diagnosis in Pediatric Cardiology*. Churchill Livingstone, New York, 1981.
4. Frantz EG. Adult respiratory distress syndrome in children. In: Harried HS, Jr (ed.) *Pediatric Pulmonary Heart Disease*. Little, Brown, Boston, 1990, pp 315-324.

Tables

Tables should follow the style as demonstrated in issues to date, and be essential to the understanding of the text. Tables should have short descriptive titles and should be numbered (1,2, 3 etc.) as they appear sequentially in the text. If only one Table is included, it should be referred to as Table. Submit each Table on a separate sheet of paper. All abbreviations and symbols should be defined in a footnote below the Table.

Figures

Please ensure that all graphs are exclusively submitted as 2D images.

To ensure that your figures are reproduced to the highest possible standards, Cambridge Core recommends the following formats and resolutions for supplying electronic figures.

Please ensure that your figures are saved at final publication size and are in our recommended file formats. Following these guidelines will result in high quality images being reproduced.

Line artwork

Format: tif or eps

Colour mode: black and white (also known as 1-bit)

Resolution: 1200 dpi

Combination artwork (line/tone)

Format: tif or eps

Colour mode: grayscale (also known as 8-bit)

Resolution: 800 dpi

Black and white halftone artwork

Format: tif

Colour mode: grayscale (also known as 8-bit) Resolution: 300 dpi

Colour halftone artwork

Format: tif

Colour mode: CMYK colour

Resolution: 300 dpi

If you require any further guidance on creating suitable electronic figures, please visit www.cambridge.org/core/services/authors/journals/journals-artwork-guide

Supplementary Material

Data that would be impractical to include in an article itself can be added to an article as Supplementary Material. Authors may include tables and figures as well as data such as videos, 3-D structures/images, and extensive datasets. All supplementary material must be submitted with the original manuscript as separate files. Supplementary data should be referred to in the text with the prefix "S" (e.g. Supplementary Table S1, Supplementary Figure S1). Supplementary files will not be copy-edited or typeset, and will be published as supplied.

Reprints

Article reprints (hard copy and ePrints) are available from special_sales@cambridge.org. A minimum reprint order of 100 copies is required.

Permission

Requests for permission to reproduce any material originally published in *Cardiology in the Young* should be sent to ctyedoffice@cambridge.org.

Open Access

Cardiology in the Young offers authors the option to publish their work under a Gold Open Access model. For details of our policy and pricing, please see www.cambridge.org/core/services/open-access-policies.

Announcements and Advertising

Meetings and courses will be announced in each issue. Please email all details to:

ctyedoffice@cambridge.org

The Journals homepage, <https://www.cambridge.org/core/journals/cardiology-in-the-young>, offers paying advertisers the opportunity to promote conferences / courses and recruitment vacancies (subject to editorial approval). For rate details please email: ad_sales@cambridge.org.

Copyright

The Journal recommends that copyrighted, trademarked, or otherwise registered products be qualified in all instances by the appropriate superscript symbol (i.e. ©,™ or other). In the first instance only of product citation, the name of the product should be followed in parentheses by the name of the manufacturer, city, state, and country. If you do not yet have the copyright, then please say something along the lines of <copyright> pending, etc.

ORCID

Cardiology in the Young now requires that all corresponding authors identify themselves using their ORCID iD when submitting a manuscript to the journal. ORCID provides a unique identifier for researchers and, through integration in key research workflows such as manuscript submission and grant applications, provides the following benefits:

- Discoverability: ORCID increases the discoverability of your publications, by enabling smarter publisher systems and by helping readers to reliably find work that you've authored.
- Convenience: As more organisations use ORCID, providing your iD or using it to register for services will automatically link activities to your ORCID record, and

will enable you to share this information with other systems and platforms you use, saving you re-keying information multiple times.

- Keeping track: Your ORCID record is a neat place to store and (if you choose) share validated information about your research activities and affiliations.

If you don't already have an iD, you'll need to create one if you decide to submit a manuscript to *Cardiology in the Young*. You can register for one directly from your user account on Scholar One or via <https://ORCID.org/register>.

If you already have an iD, please use this when submitting, either by linking it to your Scholar One account or supplying it during submission by using the "Associate your existing ORCID ID" button.

Last Updated 29 July 2020