Instructions to authors

Submission

All manuscript should be submitted electronically to http://submit.e-jcpp.org. Please first log in as an authorand follow the directions. Manuscripts should be submittedby the corresponding author. The corresponding author willbe the sole contact for all submission queries.

Editorial office contact information

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1. Editorial policy and ethical considerations

Editorial policy

The editorial staffs assume that all authors agreed with the Cardiovascular Prevention and Pharmacotherapy policies of manuscript submission. Except for the preapproved secondary publication, all manuscripts submitted to the Journal must be previously unpublished in all languages and not be under consideration for submission or publication in other journals. Any addition, deletion, or rearrangement of author names in the authorship list should be made before the manuscript has been accepted—and only if approved by the journal Editor. To request such a change, the Editor must receive the following from the corresponding author: (a) the reason for requesting a change in the list of authors; and (b) written confirmation (by e-mail or letter) from all authors to say that they agree with the addition, removal, or rearrangement. Cardiovascular Prevention and Pharmacotherapy has no responsibility for changes in authorship.

Research ethics

All of the manuscripts should be prepared based on strict observation of research and publication ethics guidelines recommended by the Council of Science Editors (http://www.councilscienceeditors.org), International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org), World Association of Medical Editors (WAME, http://www.wame.org), and the Korean Association of Medical Journal Editors (KAMJE, https://www.kamje.or.kr/en/main_en). Any studies involving human subject must comply with the principles 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/).

Clinical research should be approved by the Institutional Review Board, as well through patient consent. A patient's personal information cannot be published in any form. However, if it is absolutely necessary to use a patient's personal information, the consent of the patient or his/her guardian will be needed before publishing. Animal studies should be performed in compliance with all relevant guidelines, observing the standards described in the NIH Guide for the Care and Use of Laboratory Animals. (http://www.nap.edu/readingroom/books/labrats/index.html). Research investigators should obey the regulations of ethics committee of corresponding institutes. The editors of Cardiovascular Prevention and Pharmacotherapy could demand informed consent and permission of ethics committee of corresponding institute. The journal will follow the guidelines by the Committee on Publication Ethics (COPE, http://publicationethics.org) for settlement of any misconduct.

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Clinical trial should be registered to the primary registry to be prior publication. Cardiovascular Prevention and Pharmacotherapy accepts the registration in any of the primary registries that participate in the WHO International Clinical Trials Portal (http://www.who.int/ictrp/en/), NIH ClinicalTrials.gov (https://www.clinicaltrials.gov), ISRCTN Resister (http://www.ISRCTN.org), or the Clinical Research Information Service (CRIS), Korea CDC (http://cris.nih.go.kr/cris/index/index.do). The clinical trial registration number shall be published at the end of the abstract.

Data sharing statement

Cardiovascular Prevention and Pharmacotherapy accepts the ICMJE Recommendations for data sharing statement policy (http://icmje.org/icmje-recommendations.pdf). All manuscripts reporting clinical trial results should submit a data sharing statement following the ICMJE guidelines.

2. Article types

Cardiovascular Prevention and Pharmacotherapy publishes original article, review article, editorial, invited special articles (practice guideline, lectures, etc.), and letter to the editor.

Article type	Abstract	Word count[a)]	References	Tables/ Figures
Editorial	Not required	≤2,000	≤50	≤6
Review	Unstructured abstract ≤250 words	≤6,000	≤100	≤10
Original article	Structured abstract ≤250 words	≤4,500	≤50	≤6
Special articles	Unstructured abstract ≤250 words	≤6,000	≤100	≤10
Letter to the editor	Not required	≤2,000	≤10	≤6

[a)]Including references and figure legends (excluding the title page, abstract, and tables).
The editor may adjust limit in exceptional circumstances.

3. Manuscript preparation

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1) All materials must be written in English using Microsoft Word (doc, docx).
2) The manuscript must be written in Times New Roman 11-point font and be double-spaced. Leave a 2.5-cm margin on all sides.
3) Use SI units of measure. A more conventionally used measurement may follow in parentheses.

Original articles

1) The manuscript should be prepared according to "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations, formerly the Uniform Requirements for Manuscripts)" (http://www.icmje.org). Be sure that provide sex-specific and/or race/ethnicity-specific data in describing study results, or specifically stage that no sexbased or race/ethnicity-based differences were present.
2) Each article should be arranged in the following order: Cover letter, Title age, Abstract and keywords, Main text (Introduction, Methods, Results, Discussion), Acknowledgments, References, Tables, and Figure legends.
3) Title page
   It should include the title, authors' names (including the full names, academic degrees, affiliations, ORCID ID, and e-mail address), total word count (not including the title page, abstract, and tables), short title (maximum 50 characters including spaces), the contact information for correspondence and reprint (including full name, academic degree(s), complete postal address, and e-mail address), and the article information (ethical statement, conflicts of interest, funding, acknowledgments for substantive contributions of individuals, author contributions, etc.).
4) Abstract
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   - Use complete sentences.
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   - Abbreviations must be defined at first mention in the text and each table and figure.
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   - For experimental animals, state the species, strain, number used, and pertinent descriptive characteristics should be provided. When describing surgical procedures, identify the preanesthetic and anesthetic agents used and the amounts, concentrations, routes, and frequency of administration of each. Paralytic agents are not considered acceptable substitutes for anesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drugs used. If none were used, provide justification for exclusion.
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- ***DOI-based citation for an article in press***: Kim SJ, Ann SH, Kim YG, Park S. Left ventricular apical aneurysm: atypical feature of cardiac sarcoidosis diagnosed by multimodality imaging. Korean Circ J 2021 Dec 7 [Epub] https://doi.org/10.4070/kcj.2021.0305.
- ***Chapter in book***: Hinohara T, Robertson CG, Simpson JB. Directional coronary atherectomy. In: Topol EJ, editor. Textbook of interventional cardiology. 2nd ed. Philadelphia: W.B. Saunders Company; 1994. p. 645-57.
- ***Book***: Cohn PF. Silent myocardial ischemia and infarction. 3rd ed. New York, NY: Marcel Dekker; 1993.

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- The legend for each light microscopic image should indicate the stain used and the level of magnification. Electron micrographs should have an internal magnification scale marker.
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- Figures, graphs, and illustrations rendered with professional graphic programs should be provided in GIF, TIFF, EPS or JPG format. If the number of files is more than five, one PowerPoint file is acceptable for review process. Layers should be retained (ie, do not “flatten” the image).
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- Supply a scale bar with photomicrographs. For charts and graphs, color is acceptable. Do not use patterns or textures.
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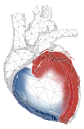

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