

## INSTRUCTIONS FOR AUTHORS

### MANUSCRIPTS

Manuscripts containing original material are accepted for consideration if neither the article nor any part of its essential substance, tables, or figures has been or will be published or submitted elsewhere before appearing in the *Journal*. This restriction does not apply to abstracts or press reports published in connection with scientific meetings. Copies of any closely related manuscripts must be submitted along with the manuscript that is to be considered by the *Journal*. Authors of all types of articles should follow the general instructions given below. Please see Types of Articles for specific word counts and instructions.

### SUBMISSION

- Only online submission is acceptable. Please submit online at: <http://www.aryajournal.ir>
- Manuscripts should be divided into the following sections: (1) Title page, (2) Abstract and Keywords, (3) Introduction, (4) Methods, (5) Results, (6) Discussion, (7) Acknowledgements, (8) Authors contribution, (9) References, (10) Figures' legend, (11), Tables and (12) Appendices. Figures should be submitted in separate files using JPEG or TIF format.
- Prepare your manuscript text using a Word processing package (save in .doc or .rtf format NOT .docx). Submissions of text in the form of PDF files are not permitted.

### COVER LETTER

A covering letter signed by corresponding author should provide full contact details (include the address, telephone number, fax number, and Email address). Please make clear that the final manuscript has been seen and approved by all authors, and that the authors accept full responsibility for the design and conduct of the study, had access to the data, and controlled the decision to publish. There should also be a statement that the manuscript is not under submission elsewhere and has not been published before in any form.

### AUTHORSHIP

As stated in the Uniform Requirements for Manuscripts Submitted to Biomedical Journals, credit for authorship requires substantial contributions to: (a) conception and design, or analysis and interpretation of data; (b) the drafting of the article or critical revision for important intellectual content and (c) final approval of the version to be published. Authors should meet

conditions a, b and c. All authors must sign authorship form attesting that they fulfill the authorship criteria. Your submitted manuscript will not be processed unless this form is sent. There should be a statement in manuscript explaining contribution of each author to the work. Those contributors who did not fulfill authorship criteria should be listed in acknowledgments.

Any change in authorship after submission must be approved in writing by all authors.

### ASSURANCES

In appropriate places in the manuscript please provide the following items:

- If applicable, a statement that the research protocol was approved by the relevant institutional review boards or ethics committees and that all human participants gave written informed consent
- The source of funding for the study
- The identity of those who analyzed the data
- Financial disclosure or a statement indicating "None" is necessary.

### TITLE PAGE

With the manuscript, provide a page giving the title of the paper; titles should be concise and descriptive (not declarative). Title page should include an abbreviated running title of 40 characters, the names of the authors, including the complete first names and no more than two graduate degrees, the name of the department and institution in which the work was done, the institutional affiliation of each author. The name, post address, telephone number, fax number, and Email address of the corresponding author should be separately addressed. Any grant support that requires acknowledgment should be mentioned on this page. Word count of abstract and main text as well as number of tables and figures and references should be mentioned on title page. If the work was derived from a project or dissertation, its code should also be stated. For clinical trials, a registry number like Iranian Registry of Clinical Trials (IRCT) should also be provided.

**Affiliation model:** Academic Degree, Department, Institute, City, Country

**Example:** Associate Professor, Department of Cardiology, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran

## ABSTRACT

Provide on a separate page an abstract of not more than 300 words. This abstract should consist of four paragraphs, labeled **Background, Methods, Results, and Conclusion**. They should briefly describe the problem being addressed in the study, how the study was performed, the salient results, and what the authors conclude from the results, respectively. Three to 10 keywords may be included. Keywords are preferred to be in accordance with MeSH terms. Find MeSH terms: <http://www.ncbi.nlm.nih.gov/mesh>

## CONFLICT OF INTEREST

Authors of research articles should disclose at the time of submission any financial arrangement they may have with a company whose product is pertinent to the submitted manuscript or with a company making a competing product. Such information will be held in confidence while the paper is under review and will not influence the editorial decision, but if the article is accepted for publication, a disclosure will appear with the article.

Because the essence of reviews and editorials is selection and interpretation of the literature, the *Journal* expects that authors of such articles will not have any significant financial interest in a company (or its competitor) that makes a product discussed in the article.

## REVIEW AND ACTION

Submitted papers will be examined for the evidence of plagiarism using some automated plagiarism detection service. Manuscripts are examined by members of the editorial staff, and two thirds are sent to external reviewers. We encourage authors to suggest the names of possible reviewers, but we reserve the right of final selection. Communications about manuscripts will be sent after the review and editorial decision-making process is complete. After acceptance, editorial system makes a final language and scientific edition. No substantial change is permitted by authors after acceptance. It is the responsibility of corresponding author to answer probable questions and approve final version.

## COPYRIGHT

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use of the contribution without the Journal Office' written consent

## JOURNAL STYLE

Use normal page margins (2.5 cm), and double-space throughout.

### Tables

Double-space tables and provide a title for each.

### Figures

Figures should be no larger than 125 (height) x 180 (width) mm (5 x 7 inches) and should be submitted in a separate file from that of the manuscript. The name of images or figures files should be the same as the order that was used in manuscript (fig1, fig2, etc.). Only JPEG, TIF, GIF and EPS image formats are acceptable with CMYK model for colored image at a resolution of at least 300 dpi. Graphs must have the minimum quality: clear text, proportionate, not 3 dimensional and without disharmonic language. Electron photomicrographs should have internal scale markers.

If photographs of patients are used, either the subjects should not be identifiable or the photographs should be accompanied by written permission to use them. Permission forms are available from the Editorial Office.

Medical and scientific illustrations will be created or recreated in-house. If an outside illustrator creates the figure, the *Journal* reserves the right to modify or redraw it to meet our specifications for publication. The author must explicitly acquire all rights to the illustration from the artist in order for us to publish the illustration. Legends for figures should be an editable text as caption and should not appear on the figures.

### References

The Vancouver style of referencing should be used. References must be double-spaced and numbered as superscripts consecutively as they are cited. References first cited in a table or figure legend should be numbered so that they will be in sequence with references cited in the text at the point where the table or figure is first mentioned. List all authors when there are six or fewer; when there are seven or more, list the first six, then "et al." In the following some examples are listed:

1. McLaughlin TJ, Aupont O, Bambauer KZ, Stone P, Mullan MG, Colagiovanni J, et al. Improving psychologic adjustment to chronic illness in cardiac patients. The role of depression and anxiety. *J Gen Intern Med* 2005; 20(12): 1084-90.
2. Bonow RO, Mann DL, Zipes DP, Libby P. Braunwald's Heart Disease E-Book: A Textbook of Cardiovascular Medicine. 7<sup>th</sup> ed. Philadelphia, PA: Elsevier Health Sciences; 2007. p. 1976, 1981, 1982.

3. Gaston M. The psychological care of patients following a myocardial infarction [Online]. 2003; Available from: URL: <http://www.nursingtimes.net/the-psychological-care-of-patients-following-a-myocardialinfarction/199464.article/>

### Units of Measurement

Authors should express all measurements in conventional units, with Système International (SI) units given in parentheses throughout the text. Figures and tables should use conventional units, with conversion factors given in legends or footnotes. In accordance with the Uniform Requirements, however, manuscripts containing only SI units will not be returned for that reason.

### Abbreviations

Except for units of measurement, abbreviations are discouraged. Consult *Scientific Style and Format: The CBE Manual for Authors, Editors, and Publishers* (Sixth edition. New York: Cambridge University Press, 1994) for lists of standard abbreviations. Except for units of measurement, the first time an abbreviation appears, it should be preceded by the words for which it stands.

### Drug Names

Generic names should generally be used except for studies on comparative effects of different brands. When proprietary brands are used in research, include the brand name and the name of the manufacturer in parentheses in the Methods section.

For any more detail about the writing style for your manuscripts refer to:

<http://www.icmje.org>

Try to prepare your manuscript in accord with the scientific writing checklists available in EQUATOR Network:

<http://www.equator-network.org>

### AFTER YOUR SUBMISSION

When a manuscript arrives to ARYA office, a staff member checks it to make sure that all materials required for submission are included. If everything is present, the article is registered in office and referred to the managing editor.

The first step the manuscript makes on its editorial journey is on the desk of the editor-in-chief, who reviews each submission (in his absence this is done by the managing editor) and decides on the basis of its general content whether it is appropriate even for consideration for publication. Each of the remaining scientific manuscripts is assigned to an associate editor with expertise in the subject area covered by the study, who makes an independent assessment of

the value and validity of the paper. If the associate editor believes that even with favorable reviews the paper would not be published because it lacks novelty or importance, or if he/she spots a major flaw in experimental design, performance or statistical analysis the manuscript is returned to the authors.

If, on the other hand, the associate editor believes that the paper may merit publication, it is sent to two of our outside **reviewers**. They are asked to provide a frank evaluation of the *scientific validity of the manuscript, insight into its freshness, clinical impact, and timeliness, and an overall opinion* of its worthiness for publication. This is the key step in manuscript evaluation. As editors, we are grateful to all our reviewers for their continued contribution to the rating process. We are careful not to refer to them as "referees," which would suggest that the decision to publish a paper rests entirely with them. It does not. The reviewers provide critiques and advice that the editorial staff uses in making decisions. But we, **ARYA editorial board**, make the decisions. When both outside reviews are returned, the associate editor then assesses the manuscript again, along with the comments of the reviewers. She may seek additional opinions from other reviewers, or may discuss the manuscript at a meeting of the entire editorial staff. At this meeting a decision is made either to reject the paper or to proceed further editorial consideration, including, if appropriate, a formal review of the statistical or experimental methods. In some cases, the editorial staff may recommend additional review by outside reviewers. On completion of this process, the manuscript is usually returned to its authors along with a letter inviting them to revise it and to respond to certain questions. When all the requested information has been received, the manuscript is reconsidered by an associate editor, and it may be discussed again with other members of the editorial staff. We then make our final decision to *accept* or *reject* the paper.

We recognize that the peer-review process is not perfect, but we earnestly believe that it is the best way to select and publish the most important medical research. Peer review is labor-intensive and sometimes *time-consuming*, but without it physicians themselves would have to assess the validity of new medical research and decide when to introduce new treatments into practice.

We do all our efforts to finalize this process in a *3 to 4 months* period for each manuscript.

We understand the importance of a submitted manuscript to its authors. **We invite you to submit your best research to us; we will treat it with respect, and you can follow it on its journey.**

## Type of Articles Considered to be Published in *ARYA Atherosclerosis Journal*

ARYA Atherosclerosis is a bimonthly peer-reviewed scientific Journal providing academically sound, clinically practical information for physicians, medical scientists and health care providers. ARYA Atherosclerosis is published by Isfahan Cardiovascular Research Institute. Journal editors review articles in fields of atherosclerosis, its risk factors and related diseases.

### ORIGINAL RESEARCH

- **Original Articles** are scientific reports of the results of original clinical research. The text is limited to 3000 words (excluding abstracts and references), with a structured abstract, a maximum of 5 tables and figures (total), and up to 30 references.
- **Special Articles** include data and generally focus on areas such as economic policy, ethics, law, or health care delivery. The text is limited to 3000 words, with an abstract, a maximum of 5 tables and figures (total), and up to 30 references.
- **Qualitative Researches** focus to clear underlying reasons, opinions, and motivations. It helps to develop ideas or hypotheses for potential quantitative research. The text is limited to 3500 words, with an abstract, a maximum of 5 tables and figures (total), and up to 30 references.
- **Short Communication Articles** are short scientific entities often dealing with methodological problems or with byproducts of larger research projects and are suitable for the presentation of research that extends previously published research. A short communication is for a concise, but independent report representing a significant contribution to cardiology. Short communication is not intended to publish preliminary results. It should be no more than 1000 words, and could include 2 figures or tables. It should have at least 15 references. Short communications are also sent to peer review.

### CLINICAL CASES

- **Brief Reports** usually describe one to three patients or a single family. The text is limited to 1000 words, a maximum of 5 tables and figures (total), and up to 15 references. It does not include an abstract.
- **Clinical Problem-Solving** manuscripts consider the step-by-step process of clinical decision making. Information about a patient is presented to an expert clinician or clinicians in stages (in the manuscript this

is indicated in **boldface** type) to simulate the way such information emerges in clinical practice.

The clinician responds (regular type) as new information is presented, sharing his or her reasoning with the reader. The text should not exceed 2500 words, and there should be no more than 20 references. The use of clinical illustrative materials, such as x-ray films, is encouraged.

### REVIEW ARTICLES

All review articles undergo the same peer-review and editorial process as original research reports. The text is limited to 7000 words, with unlimited number of figures, tables, and references.

- **Conflicts of Interest:** Because the essence of review articles is selection and interpretation of the literature, the **ARYA Atherosclerosis Journal** expects that the authors of such articles will not have a significant financial association with a company (or its competitor) that makes a product discussed in the article.
- **Clinical Practice** articles are evidence-based reviews of topics relevant to practicing physicians, both primary care providers and specialists. Articles in this series should include the following sections: clinical context, strategies and evidence, areas of uncertainty, guidelines from professional societies, and recommendations from the authors. The text does not include an abstract.
- **Current Concepts** articles focus on clinical topics, including those in specialty areas but of wide interest.
- **Drug Therapy** articles detail the pharmacology and use of specific drugs or classes of drugs, or the various drugs used to treat particular diseases.
- **Mechanisms of Disease** articles discuss the cellular and molecular mechanisms of diseases or categories of diseases.
- **Medical Progress** articles provide scholarly, comprehensive overviews of important clinical subjects, with the principal (but not exclusive) focus on developments during the past five years. Each

article details how the perception of a disease, disease category, diagnostic approach, or therapeutic intervention has evolved in recent years.

## OTHER SUBMISSIONS

- **Editorials** usually provide commentary and analysis concerning an article in the issue of the *Journal* in which they appear. They may include an illustration or table. They are nearly always solicited, although occasionally, unsolicited editorials may be considered. Editorials are limited to 1200 words, with up to 15 references.
- **Perspectives** are also nearly always solicited, but we are willing to consider unsolicited proposals. Perspectives provide background and context for an article in the issue in which they appear. Perspectives are limited to 800 words and usually include an illustration. There are no reference citations.
- **Sounding Board** articles are opinion essays. They are similar to editorials but not tied to a particular article. They often present opinions on health policy issues and are normally unsolicited. The text is limited to 2000 words.
- **Clinical Implications of Basic Research** articles discuss single papers from preclinical journals. The purpose is to explain the findings and comment on their possible clinical applications in fewer than 1000 words. There may be one figure and up to four references. We do not consider unsolicited manuscripts in this category.
- **Images in Clinical Medicine** are classic images of common medical conditions. Visual images are

an important part of much of what we do and learn in medicine. This feature is intended to capture the sense of visual discovery and variety that physicians experience. Images in Clinical Medicine are not intended as a vehicle for case reports.

- **Special Reports** are miscellaneous articles of special interest to the medical community. They are limited to 2700 words.
- **Legal Issues in Medicine** are nearly always solicited, but *Journal* is willing to consider unsolicited manuscripts or proposals for manuscripts.
- **Health Policy Reports** are nearly always solicited, but *Journal* is willing to consider unsolicited manuscripts or proposals for manuscripts.
- **Occasional Notes** are accounts of personal experiences or descriptions of material from outside the usual areas of medical research and analysis.
- **Book Reviews** are generally solicited.
- **Letters to the Editor:** Letters to the Editor are considered for publication (subject to editing and abridgment) provided they do not contain material that has been submitted or published elsewhere. The text, not including references, must not exceed 250 words if it is in reference to a recent *Journal* article, or 500 words in all other cases. A letter must have no more than 5 references and 1 figure or table. It must not be signed by more than three authors. Letters referring to a recent *Journal* article must be received within three weeks of its publication.

The publication fees of ARYA Atherosclerosis Journal

Type of the article	Permitted word count*	The payment fee in Iranian Rial (IRR)	The payment fee for each 500 excess words (IRR)
Letter to the Editor	500	-	-
Clinical Case	1000	2,000,000	1,000,000
Short Communication	1000	2,000,000	1,000,000
Original Article	3000	3,500,000	1,000,000
Qualitative Research	3500	3,500,000	1,000,000
Review Article	7000	3,500,000	1,000,000

\* All the words of the article containing the references; each table is considered as 300 words.

There will be a 50% discount of publication fee if both the first and the corresponding author are affiliated to Isfahan University of Medical Sciences (IUMS).