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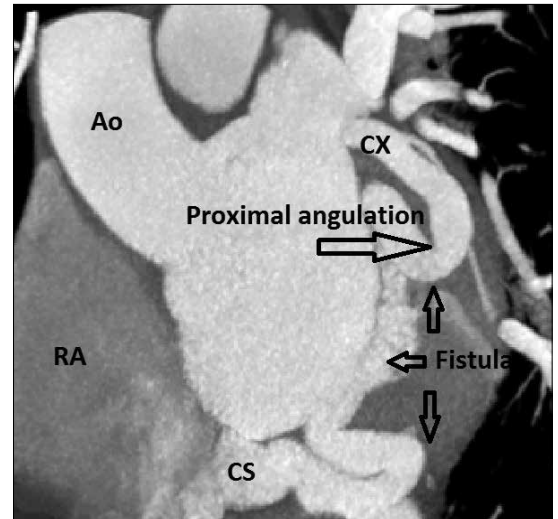
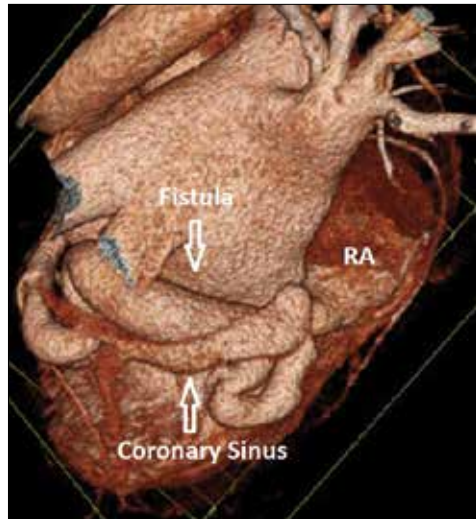
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The aim of the Anatolian Journal of Cardiology is to publish research articles on original issues of cardiology of the highest clinical and scientific quality at the international level. Along with this, it publishes reviews covering fundamental innovations and dealing with education, short editorial articles, original case reports and images, letters on experience relevant to broad cardiology issues and critiques, as well as issues on social cardiology.

The journal's audience includes cardiologists, pediatric cardiologists, cardiovascular surgeons, internal medicine specialists, practitioners and specialists of all relevant disciplines.

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The submission of a written document with institutional approval of Ethics Committee or equivalent confirming the research protocol, even some case reports, are performed in frame of general ethical rules, is mandatory.

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The priority in acceptance of manuscripts for publication is given to original research manuscripts and reviews of high scientific and academic quality, in addition limited number of case reports and original images and other types of manuscripts are accepted for publication.

Statements and suggestions published in manuscripts are under the authors responsibility and do not reflect opinions of editors and their associates.

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The retraction requests of manuscripts, being under consideration and close to the final decision, without reasonable explanation will result in "reject" decision.

The first author of the paper accepted for publication in Anatolian Journal of Cardiology should be in consent of that editors could make corrections without changing the basic meaning of the text of the manuscript written in English language.

To be accepted for publication, it is required that manuscripts should be original and of high scientific and academic quality, with probability of being cited.

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Manuscripts and accompanying letters could be submitted to the Editor in Chief office through on-line manuscript submission system www.anakardercem.com you may find information at www.anakardercem.com

Rejected manuscripts, except artwork usually are not returned. All manuscripts are reviewed by editor, editor's consultant, associate editors, statistical consultants and at least three experts/referees. Proposal of names of three independent referees, who are unaware of the study and had no relationship with authors or author's institutions, but are experts in the field of the study, by first author is important for the journal.

In case of previous submission of manuscripts for consideration to other journals, submission of manuscripts together with referee's reports is mandatory and will facilitate the consideration.

Before sending manuscript for review to referees editor checks the adherence of the manuscript's format to general guidelines. The spelling and grammar errors are required to be corrected before submission of manuscript. The revised versions of manuscripts should include incorporated revisions highlighted.

Manuscripts that do not comply with Instructions to Authors will not undergo peer-review.

Authors are required to submit the revision within 24 days, and the referee's evaluation period is limited by 21 days.

Manuscripts format should be in accordance with Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication (updated in December 2013 - <http://www.icmje.org/icmje-recommendations.pdf>).

The filled authorship contributions form must be submitted along with manuscript. The journal's rules on authorship contributions are in compliance with CSE (<http://www.councilscienceeditors.org>) and ICMJE (<http://www.icmje.org>) recommendations.

Original Investigations and Reviews should be presented according to the guidelines: randomized study - CONSORT, observational study - STROBE, study on diagnostic accuracy - STARD, systematic reviews and meta-analysis PRISMA, animal experimental studies - ARRIVE, nonrandomized behavioural and public health intervention studies - TREND.

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1. Original research articles: Manuscript should not exceed 5000 words and should be accompanied by necessary number of tables and figures. Fifty references seem to be enough for confidence.

1.1 Title page is the first page of the manuscript, which should be uploaded as separate WinWord file and include: full names of authors with their last academic degrees and manuscript title consisted of no more than 50 characters. These should be followed by complete descriptions of the department, institutions and city, country where the work was done. If the study was performed at different institutions it should be noted by symbols. Full address for correspondence contains full name of the first author or responsible authors, postal and e-mail addresses, phone and fax numbers. If manuscripts content has been presented before, time and place of the conference should be denoted.

1.2 Structured abstract, in Turkish language should not exceed 250 words and consists of the Objective, Methods, Results and Conclusion sections. No more than 6 key words concordant with NLM MeSH vocabulary terms (available at <http://www.nlm.nih.gov>) must follow the structured abstract.

1.3 Structured abstract in English language written due to the above mentioned in part 1.2 rules.

1.4 Main text includes Introduction, Methods, Results, Discussion, Study Limitations, Conclusions and References sections. It would be useful to present Methods, Results and Discussion parts with subsections and subtitles. Main text should not exceed 5000 words and should be written in Times New Roman 12 font style. Finally, acknowledgement to persons who significantly contributed to the study or assisted in preparing article should be done appropriately. The letter note should be sent by e-mail or uploaded to the system in form of separate "Acknowledgement" WinWord file.

1.5 Statistical analysis should be performed in accordance with guidelines on reporting statistics in medical journals (Altman DG, Gore SM, Gardner MJ, Pocock SJ. Statistical guidelines for contributors to medical journals. *Br Med J* 1983; 7: 1489-93). Describe software used for analysis. For parametric tests present continuous variables as Mean±Standard Deviation, while for nonparametric tests represent data as Median and range (Minimum- Maximum) or Median and interquartile range (25th and 75th percentiles). Whenever complex analyses are used support the relative risk, odds or hazard ratios values by providing confidence intervals and p values.

1.6 References are numbered in order of citation in the main text and are typed on separate page in double space fashion. Personal communications, unpublished data, manuscripts under publication processing are cited in the main text in parenthesis, but not in list of references. Those abstracts that had been published more than 2 years ago are not accepted as references.

Publications in kind of abstracts are noted in parenthesis (abstr.). Authors are responsible for accuracy of references.

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Standard journal article: Abbreviations of journal titles should be done in accordance with journal abbreviations used in Index Medicus for journal abbreviations consult List of Journals indexed for MEDLINE published annually by NLM at <http://www.nlm.nih.gov/bsd/serials/ij.html>. In case of six or less authors numbers list of all authors is required. If number of authors exceeds seven, list first 6 authors followed by et al. A list of authors should be followed by the full title of the article, journal title, year, volume and page numbers.

Example: Muller C, Buttner HJ, Peterson J, Roskomun H. A randomized comparison of diltiazem and aspirin versus diltiazem and aspirin after placement of coronary artery stents. *Circulation* 2000; 101: 590-3.

Books:

Chapter in a book: Sherry S. Detection of thrombi. In: Strauss HE, Pitt B, James AE, editors. *Cardiovascular Medicine*. St Louis: Mosby; 1974. p. 273-85.

Personal author(s): Cohn PEF. Silent myocardial ischemia and infarction. 3rd ed. New York: Marcel Dekker; 1993.

Editor (s), compiler(s) as author: Norman LJ, Redfern SJ, editors. *Mental health care for elderly people*. New York: Churchill Livingstone; 1996.

Conference paper:

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Scientific or technical report:

Smith P, Golladay K. Payment for durable medical equipment billed during skilled nursing facility stays. Final Report: Dallas (TX) Dept. of Health and Human Services (US). Office of Evaluation and Inspections: 1994 Oct. Report No: HHSIGOE 169200860.

Dissertation:

Kaplan SL. Post-hospital home health care: the elderly access and utilization (dissertation). St. Louis (MO): Washington Univ. 1995.

Article in electronic format:

Morse SS. Factors in the emergence of infectious diseases. *Emerg Infect Dis* (serial online) 1995 Jan-Mar [cited 1996 June 5]; 1(1): (24 screens). Available from: <http://www.cdc.gov/ncidod/eid/cid.htm>.

1.7. Diagrams, Tables and Figures: The figures and pictures should not contain the names of patients, doctors or institutions. Figures and pictures should be sent to the Editor in Chief office. They should be printed in separate from main text pages and numbered in order of citation in the text. The comments for tables, diagrams and figures are explained in a separate page with brief title. The sufficiently thick lines could be used while preparing of graphics, thus preventing the losses in the quality of graphics while decreasing their size. The largest appropriate and acceptable size of graphics is 8-9 cm or 16-17 cm in width. Figures should be done professionally and no gray colors be used. Used abbreviations should be explained in alphabetic order in the footnote of the table or figure's legend. Do not use Roman numbers in the numeration of tables and figures within text and their titles. The decimal numbers in the text, tables and figures should be separated by period. Especially, the text of tables should be easily understandable and explanatory and should not repeat the data presented in the main text.

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The rules for title page, references, figures and tables are applicable for all types of manuscripts.

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2. Reviews: are prepared by authors or by invited authors. This manuscript should contain the evaluation, discussion, analysis and synthesis of the newest and updated knowledge on topic, intended to be used in clinic, and should define the perspectives for further research. The author should be an expert and have cited published works in the area of interest.

2.1 Unstructured abstract limited to 250 words is required. No more than 6 key words concordant with NLM MeSH vocabulary terms (available at <http://www.nlm.nih.gov/mesh/MBrowser.html>) must follow the unstructured abstract. Word count is limited by 5000 and references number is limited by 50.

3. Editorials: This type of article is a brief evaluation of published manuscripts by authority in the field of investigation other than referees of the journal. At the end of editorial usually a summary on clinical significance of the study is required.

4. Case reports: Interesting from diagnostic and educational point of view case reports concerning seldom, rare seen even by authorities, those one that usually diagnosed and managed with difficulties, and those cases which description is usually missing in clinical practice applications are published. Limited number of case reports is published. Articles accompanied by video/movie images have high priority for publishing. Case reports consist of introduction, case report, discussion and conclusion parts. Reference and word count numbers are limited (no more than 10 and 700 words), and no abstract is required.

5. Scientific letter: The articles in form of preliminary report aimed to announce the new scientific thoughts and data are accepted for publication as scientific letters. The content of the scientific letter should not contain subheadings and is limited by 900 words. The number of references is limited by 10, and number of figures and tables should not exceed 2.

6. Letter to the Editor: Letter to the Editor is one of the main reasons for publication of this journal. It discusses the importance of the published manuscripts, their missing and deficient sites and usually is limited by 5 references and do not exceed 500 words.

7. Education: Knowledge utilized in clinical applications, included in education curriculum of academic level and confirmed by recent research results should be represented.

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8. Original image: The impressive and rare images reflecting important findings based on clinical science, shedding light on fundamental mechanisms of cardiovascular diseases, emphasizing anomalies, enlightening new treatment methods are accepted for publication. Articles with accompanying video/movie images have high priority for publishing. The article including the title, text and figure legends (without references) should not exceed 250 words. Original images are prepared according with the above-mentioned rules and are published in electronic only version.

9. Historical notes: The articles describing important historical events in cardiology (particularly for Turkey) and relevant disciplines, revealing new information on history of disease's diagnosis and treatment. The new historical findings should be the result of a proper research work on the topic.

The content of the historical notes should not contain subheadings and is limited by 900 words. The number of references is limited by 10.

10. Publication Ethics: The material published in this section of the journal includes articles providing the contemporary information on publication ethics and cases of ethics misconduct. The articles are limited by 900 words and the number of references is limited by 10. You can find COPE charts on publication ethics at: www.publicationethics.org

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