

Aims and scope

Cardiovascular Prevention and Pharmacotherapy (CPP) is an open access, peer-reviewed, online-only journal. CPP is the official journal of the Korean Society of Cardiovascular Disease Prevention (KSCP) and the Korean Society of Cardiovascular Pharmacotherapy Korea Chapter (KSCVP). The journal is published four times a year (on the last day of January, April, July, and October).

CPP covers all clinical and basic research on cardiovascular, cerebrovascular, and metabolic diseases including epidemiology, pathophysiology, treatments, and preventive activity. CPP publishes original research articles, review articles, editorials, and letters to the editor in English. Educational content will be published in English or Korean in various formats.

Submission

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

Editorial office contact information

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1. Editorial policy and ethical considerations

Editorial policy

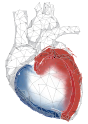
The editorial staffs assume that all authors agreed with the Cardiovascular Prevention and Pharmacotherapy policies of manuscript submission. Except for the preapproved secondary publication, all manuscripts submitted to the Journal must be previously unpublished in all languages and

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 email 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.

Conflict of interest

The corresponding author of an article is asked to inform the Editor of the authors' potential conflicts of interest possibly influencing their interpretation of data. Disclosure form shall be same with ICMJE Uniform Disclosure Form for Potential Conflicts of Interest (http://www.icmje.org/coi_disclosure.pdf). All sources of funding for a study should be explicitly stated and declared in the 'Acknowledgement' section. Once a manuscript is accepted, the corresponding author must submit Copyright Transfer and Relationship with Industry disclosure form. ALL AUTHORS ARE REQUIRED TO SIGN A RELATIONSHIP WITH INDUSTRY FORM.

Authorship

Cardiovascular Prevention and Pharmacotherapy follows the authorship criteria recommended by the ICMJE (<http://www.icmje.org/icmje-recommendations.pdf>). Authorship credits should be based on: 1) substantial contributions to conception or design, acquisition of data, or analysis and interpretation of the data; 2) drafting of the manuscript or revising it critically for important intellectual contents; 3) final approval of the version to be published; and 4) agreement to be accountable for all aspects of the work and ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. Authors must meet all of these criteria. Those who do not meet all four criteria should be acknowledged as contributors not be authors. The corresponding author is primarily responsible for all issues to the editor and audience. When a study is conducted by a large and multicenter group, the group should identify the individual authors who accept responsibility for the manuscript before submission. When submitting a manuscript authored by a group, the corresponding author should clearly indicate the preferred citation and identify all individual authors as well as group name. Contributors to the study can be listed in an acknowledgment section. Acquisition of funding, collection of data, or general supervision of the research does not meet the authorship criteria, and such parties should not be list-

ed as authors.

Redundant publication and plagiarism

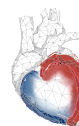
Redundant publication will not be allowed. Characteristics of reports that are substantially similar include the following: (a) Submitted manuscripts must not have been previously published or be under consideration for publication elsewhere. No part of the accepted manuscript should be duplicated in any other scientific journal without the permission of the Editorial Board. Submitted manuscripts are screened for possible plagiarism or duplicate publication upon arrival. If plagiarism or duplicate publication related to the papers of this journal is detected, the manuscripts may be rejected, the authors will be announced in the journal, and their institutions will be informed. There will also be penalties for the authors. A letter of permission is required for any and all material that has been published previously. It is the responsibility of the author to request permission from the publisher for any material that is being reproduced. This requirement applies to text, figures, and tables.

Clinical trials obligation to register

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 Register (<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

General rules

- 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 state that no sexbased or race/ethnicity-based differences were present.
- 2) Each article should be arranged in the following order: Cover letter, Title page, 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, and email 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 email address), and the article information (ethical statement, conflicts of interest, funding, acknowledgments for substantive contributions of individuals, author contributions, etc.).

4) Abstract

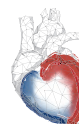
- Structured abstract ≤250 words with the following headings should be provided: Background, Methods, Results, and Conclusions.
- Use complete sentences.
- All data in the abstract also must appear in the manuscript text or tables.
- Unstructured abstract with the same words limit is appropriate for review article.
- Do not cite references in the abstract. Limit use of acronyms and abbreviations.
- Define at first use acronym or abbreviation in parenthesis.

5) Keywords

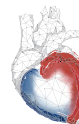
Up to 5 keywords should be provided immediately after abstract. Please refer to the keyword list in the Medical Subject Headings (MeSH; <https://www.ncbi.nlm.nih.gov/mesh>).

6) Main text

- Main heading should be INTRODUCTION, METHODS, RESULTS, and DISCUSSION.
- Subheadings can be used in each section.
- Abbreviations must be defined at first mention in the text and each table and figure.
- Every reference, figure, and table should be cited in the text according to order of mention.
- 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 fre-



- quency 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.
- In human studies, indicate that the study was approved by an institutional review board along with the name of the IRB, and that the participants gave written informed consent (or that no informed consent was required).
 - Reporting guidelines for specific studies types should be followed (<http://www.equator-network.org/library/>). For reporting of randomized controlled trials, Cardiovascular Prevention and Pharmacotherapy requires compliance with the statement of CONSORT (<http://www.consort-statement.org>) and the ICMJE Statement on Data Sharing (<http://icmje.org/icmje-recommendations.pdf>).
 - For the studies of medications, biologics, and devices, generic rather than trademark names of all therapeutics should be used, and the complete name of the manufacturer must be supplied.
 - Unless inappropriate, report the sex or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex or gender. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., prostate cancer). Authors should define how they determined race or ethnicity and justify their relevance.
 - Statistics should be provide a subsection detailing the statistical in the METHODS sections, provide a subsection detailing the statistical methods. When using statistical methods beyond t-tests, chi-square, and simple linear regression, specify the statistical package, version number, and non-default options used.
- 7) References
- Accuracy of reference data is the responsibility of the author. Please verify all references against original sources.
 - The reference list should be typed double-spaced on pages separate from the text.
 - References must be numbered consecutively in the order in which they are mentioned in the text.
 - List names of all authors when six or fewer. When seven or more, list only the first six names and add et al.
 - Names of journals should be abbreviated in the style used in NLM Catalog: Journals referenced in the NCBI Databases (<https://www.ncbi.nlm.nih.gov/nlmcatalog/journals/>).
 - EndNote output styles for Journal of Cardiovascular Prevention and Pharmacotherapy is available at: <https://e-jcpp.org>.
 - **Journal:** Ettehad D, Emdin CA, Kiran A, Anderson SG, Callender T, Emberson J, et al. Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis. *Lancet* 2016;387:957–67.
 - **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. W.B. Saunders Company; 1994. p. 645–57.
 - **Book:** Cohn PF. *Silent myocardial ischemia and infarction*. 3rd ed. Marcel Dekker; 1993.
- 8) Figure legends
- Figure Legends should be typed double-spaced on pages separate from the text.
 - All figures must have a number, title, and caption.
 - Figures should be labeled sequentially, numbered (Fig. 1, Fig. 2, etc.), and cited in the text.
 - 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.
 - All symbols or arrows used should be explained.
 - All abbreviations should be identified in alphabetical order at the end of each legend.
- 9) Figures, graphs, and illustrations
- 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).

- Color and gray scale images should be at least 300 DPI. Line art (black and white or color) should be at least 1,200 DPI and combinations of gray scale images and line art should be at least 600 DPI.
- Line art should not contain hair lines, which are hard to reproduce. Avoid headings on the figure. Heading information should appear in the figure legend.
- Supply a scale bar with photomicrographs. For charts and graphs, color is acceptable. Do not use patterns or textures.
- Three-dimensional graphs are NOT recommended unless all three axes are needed to depict data.
- Figures should be no smaller than 13 cm x 18 cm (5" x 7"). Please do not reduce figures to fit publication layout.
- Limit white space between the panel and panel label.
- All types of figure can be reduced, enlarged, or trimmed for publication by the editor.
- If previously published materials are used, authors must obtain written permission to reproduce the material from the copyright owner and submit it with the manuscript. The original source should be cited.
- There is no fee for the publication of color figures.

10) Tables

- Begin each table on a separate page, double-spaced using same size type as in text. Tables prepared with Excel are not accepted unless embedded within your text document.
- All tables should have a number (Table 1, Table 2, etc.) and title. Table numbers should correspond with the order cited in the text.
- Abbreviations should be listed in a footnote under the table in alphabetical order. Use footnote symbols in the following order: a), b), c)....
- Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures.
- If previously published tables are used, authors must obtain written permission to reproduce the material from the copyright owner and submit it with the manuscript. The original source should be cited in the footnote.

11) Movie

- Inclusion of movies in the published article is at the

discretion of the Editors. The formats for clips of moving images should be Audio Video Interleave (.avi), Window Media Video (.wmv), MPEG (.mpg), or Quick Time (.mov). AVI, WMV, MPEG files can be displayed via Windows Media Player (<https://support.microsoft.com/en-us/help/18612/windows-media-player>). Quick Time files require Quick Time software (free) from Apple (<https://support.apple.com/downloads/quicktime>).

4. Peer-review process

All manuscripts are considered confidential during peer-review process by at least two anonymous reviewers designated by the editor. An initial decision will normally be made within 4 weeks of receipt of a manuscript to the corresponding author by email. When submitting the revised manuscript, authors should include a Response Letter, which describes how the manuscript has been revised. A point-by-point response to the editor should be included with the revised manuscript. Authors who plan to resubmit but cannot meet this deadline should contact the Editorial Office. Manuscripts held for revision will be retained for a maximum of 30 days. The revised manuscript and the author's comments will be reviewed again. If a manuscript is completely acceptable, it is scheduled for publication in the next available issue. We neither guarantee the acceptance without review nor very short peer review times for unsolicited manuscripts. Commissioned manuscripts also are reviewed before publication. We adopt double-blind peer review in which case, not only authors but also reviewers do not know each other.

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