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AIM AND SCOPE

The Journal of Atherosclerosis and Dyslipidemias is the Official Journal of the Russian National Atherosclerosis Society.

The aims and scope of the Journal are in accordance with the aims and scope of the Russian National Atherosclerosis Society (RNAS): to make available for the wide range of researchers and practical clinicians the latest information about etiology, pathogenesis, diagnostics and treatment of atherosclerosis and dyslipidaemias.

The Journal of Atherosclerosis and Dyslipidemias (JAD) is an open access journal. All published papers can be accessed and downloaded for free by anyone who passed RNAS website registration process (available on Russian only). Abstracts in English are available at the English version of Journal website: <http://noatero.ru/en>.

The JAD publishes original articles and reviews on lipid metabolism and lipid disorders, inflammation and thrombosis markers, vascular biology and disease, cardiovascular risk and prognosis factors, prevention of atherosclerosis and its complications. Major criteria for acceptance of articles are new insights into mechanisms of lipid function and metabolism, genes regulating lipid metabolism and their role in pathogenesis, diagnostics, prevention and treatment of atherosclerosis and its complications. High quality reports of controlled clinical trials, focusing on such interventions as diet, drugs, apheresis, percutaneous coronary intervention and other treatment procedures concerning lipid and atherosclerosis disorders will be considered. The editors are also interested in clinical papers dealing with epidemiology and pathophysiology of atherosclerosis and related diseases.

The Journal is peer-reviewed, with multistage editing and is recommended by Higher Attestation Commission in Russia for publishing of PhD studies results. It is journal policy to publish work deemed by peer reviewers to sound addition to scientific knowledge and to constitute a useful contribution to the field.

The language of publications is Russian, with abstracts of all articles presented in English as well. The circulation is 5000 of copies, 4 issues per year and distribution is free of charge. The Journal is free distributed by mail all over the Russian Federation, including medical universities and big medical centers. An electronic version is available on the website of RNAS (www.noatero.ru) and within the Russian Science Citation Index (www.elibrary.ru).

All inquiries regarding journal policy should be directed to the Editorial Office at Journal email: **JAD_cardio@mail.ru**.

GUIDE FOR AUTHORS

INTRODUCTION

All manuscripts are to be submitted via the internet using **www.noatero.ru** website or by email to **JAD_cardio@mail.ru**. Paper submission online via website is possible only after RNAS website

registration was made (available on Russian only). Manuscript and related materials can also be emailed to **JAD_cardio@mail.ru**. Keep a backup and hard copies of the material submitted.

All manuscripts are reviewed by Editorial Board members. Initial editorial reviews usually are completed within 1 to 2 weeks of manuscript submission. Once the Editorial Board review is complete, manuscripts are either forwarded on to peer review or rejected. Before a manuscript is sent for peer review, it is processed through a text-matching software service. The Journal uses single-blind peer review model: reviewers are aware of the identity of the authors, but authors are unaware of the identity of reviewers. There are at least three or more reviewers for the total number of articles in each issue.

The date of receipt of the manuscript to the editors is the date of the return of the modified article the author after review. The time required for review of revised manuscripts varies. Decisions on acceptance or rejection are given only by email to the corresponding author.

Due to the fact that the Journal is included in the «List of the leading peer-reviewed scientific journals and publications, which should be used to publish major scientific results of research addressing PhD or other recognized medical degree theses defense», publication of such materials, if accepted, can be accelerated depending on current requirements.

SUBMISSION REQUIREMENTS

Articles should report original research not previously published or being considered for publication elsewhere. If you are submitting a paper which is similar to other papers you have published or that others have published, make sure you discuss this in the paper and fully reference the work.

Manuscripts should be written in clear and concise Russian language. Article title, authors' information and abstract should be written in both Russian and English languages. All References should be given in English with original language version (if other) in round brackets behind.

As a rule, research papers should be divided into sections, headed by a caption (e.g. Abstract, Introduction, Materials, Methods, Results, Discussion, etc.). Please include a short paragraph of conclusions (at the end of the text), indicating the relevance of the study with regard to the basics and/or clinical aspects of atherosclerosis.

Confidentiality. The Journal of Atherosclerosis and Dyslipidemias uses a single-blind review process. Reviewer identities are not, and should not be, disclosed to the authors or other reviewers. In addition, authors should not contact those whom they presume to be reviewers of their manuscript.

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Human Research. All human studies must contain a statement within the Material and Methods section indicating that the study has been approved by an institutional review board and that participants have signed written informed consent or that the Institutional Review Board has waived the need for

informed consent. Studies should be conducted in accordance with the ethical standards as laid down in the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards.

Experimental Research. When reporting experiments on animals, authors should indicate whether the international, national, and/or institutional guidelines for the care and use of animals have been followed, and that the studies have been approved by a research ethics committee at the institution or practice at which the studies were conducted (where such a committee exists).

Registration of Clinical Trials. Registration for clinical trials submitted for publication is highly recommended. Reporting of randomized controlled trials (RCTs) should be made using CONSORT standards (www.consort-statement.org) [Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. *Ann Int Med.* 2010;152. Epub 24 March. Moher D, Hopewell S, Schulz KF, Montori V, Gotzsche PC, Devereaux PJ, Elbourne D, Egger M, Altman DG, for the CONSORT Group. CONSORT 2010 Explanation and Elaboration: updated guidelines for reporting parallel group randomised trial. *BMJ.* 2010;340:c869.].

The publication ethics and publication malpractice statement for the title is in accordance with the Committee on Publication Ethics (COPE) (www.publicationethics.org). The research being reported should have been conducted in an ethical and responsible manner and should comply with all relevant legislation:

- Study results should be presented clearly, honestly, and without fabrication, falsification or inappropriate data manipulation. The generally accepted rules for study conduction must be followed.
- Researchers should strive to describe their methods clearly and unambiguously so that their findings can be confirmed by others.
- Researchers should adhere to publication requirements that submitted work is original, is not plagiarised, and has not been published elsewhere.
- Authors should take collective responsibility for submitted and published work.
- The authorship of research publications should accurately reflect individuals' contributions to the work and its reporting.
- Funding sources and relevant conflicts of interest should be disclosed.

Journal requirements for publications are in accordance with the ICMJE Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.ICMJE.org) and to the Committee on Publication Ethics (COPE) (www.publicationethics.org).

PREPARATION OF MANUSCRIPT

- The hard copy of manuscript should be one and half-spaced throughout, using Times New Roman 12-point font, 2.0 cm margins and page numbers, and should be arranged as follows: (1) title page, (2) abstract, (3) text with appropriate headings and conclusion, (4) acknowledgments, (5) conflict of interest, (6) references. Tables and figures (may be inserted into the manuscript document or can be saved and uploaded as separate file). The preferred electronic format for text is Microsoft Word.

- Statement of Originality and Covering Letter. The manuscript must be accompanied by an official letter from the Institution/Organization where the work was carried out.
- Make sure your co-authors all agree to submission. When you resubmit a paper after peer review comments include a detailed covering letter explaining any changes.

1. TITLE PAGE

Title should be concise and informative. Avoid abbreviations and formulae where possible.

Authors. Enter the initials and surname of each author: for example, A.A. Sidorov, V.V. Sorokin. Below the names present author affiliations: academic degrees, department, institution, city, state, country. Indicate all affiliations with a lower-case superscript Arabic numerals immediately after the author's name and in front of the appropriate address. Provide postal address of each affiliation, including the country name, and the email address of each author.

Corresponding author. Clearly indicate who will handle correspondence at all stages of refereeing and publication, also post-publication. Include name, phone (with country area code) and email.

Authors must list on the title page the number of figures and/or tables to be found in the paper.

2. ABSTRACT

For Original Articles: a structured abstract (objective, methods, results and conclusion) of no more than 300 words must be included. Please provide the Clinical Trials registration number at the end of the Abstract, if applicable.

For other contributions: abstracts should not be structured.

Spell out acronyms and abbreviations first time they appear in the abstract.

Keywords. A keyword summary must be provided; normally 3-7 items should be included.

Abstract should be given in two languages: Russian and English.

3. TEXT of the manuscript

Text

- Use the International Systems of Units (SI) symbols and recognized abbreviations for units of measurement. While specifying numeric values in Russian text use commas (sign «,») (e.g., 4,51), in English text use dots (sign «.») (e.g., 4.51).
- Spell out acronyms and abbreviations in the first instance in the abstract and paper and each time they appear in table or figure.
- Give exact P values, even if they are nonsignificant. Round P values to 2 digits; if the first 2 or 3 numbers after the decimal point are zeroes, then round to 3 or 4 digits, respectively.
- Suppliers of drugs, equipment, and other brand-name material are credited in parentheses (company, name, city, state, country).
- If molecular sequences are used, provide a statement that the data have been deposited in a publicly accessible database, e.g. GenBank, and indicate the database accession number.
- For gene mutations, please see the HGVS website (at www.hgvs.org [use the Recommendations Including Nomenclature Guidelines link] or External link <http://www.hgvs.org/rec.html>).
- Do not use footnotes within the text.

Figures. Cite all figures in the text in the order of their appearance and number with Arabic numerals consecutively. Multi-panel figures, i.e. with parts labeled A, B, C, D, may be under the same number.

Provide a legend for each figure as part of the manuscript document. Place a title above the figure and notes with your comments and all abbreviations with definitions immediately below the figure.

For photomicrographs specify stain and original magnification. For any illustration with a recognizable patient submit a release form signed by the patient. Line art, including graphs and algorithms (flow charts), should be created in PowerPoint, 900 dpi is recommended. Images should be saved in Photoshop in .jpg, .gif, or .tiff format at 300 dpi. Graphics downloaded from Web pages are NOT acceptable.

At present, any figures submitted in color will appear in black and white equivalent in print and online. Please take this information into account, and send graphics and figures in black and white (wherever possible) to avoid misunderstanding of the image.

Tables must be self-explanatory and must not duplicate the text. Cite all tables in the text in the order of their appearance and number with Arabic numerals consecutively. Provide a legend for each table as part of the manuscript document. Place a title above the table and notes with your comments and all abbreviations with definitions immediately below the table. Do not submit tables as images.

4. ACKNOWLEDGMENTS

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chairperson who provided only general support. Authors should declare whether they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the individuals who provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

5. CONFLICT OF INTERESTS

Financial support and disclosure. List all financial and material support for the research and work described in the manuscript (e.g. grant number and funding agency for the project, an individual author, or both). List each author's affiliations or financial involvement (defined above) with any organization or entity with a financial interest in the subject matter discussed in the manuscript.

6. REFERENCES

Authors are responsible for the accuracy and completeness of their references and for their complete and accurate citation in the text.

The Journal follows the style adopted by the American Medical Association (AMA) [Iverson C, Christiansen S, Flanagan A, et al. AMA Manual of Style: A Guide for Authors and Editors. 10th ed. New York, NY: Oxford University Press; 2007] which, in turn, is based on the style developed by the International Committee of Medical Journal Editors in 1978 in Vancouver.

References must be given at the end of the paper, numbered in the order in which they appear in the text and quoted in the text at appropriate places. **In the reference list, include names and initials of all authors.** References to articles in Russian should be given in two languages, English and Russian.

Consider giving full names of journals or abbreviate if universally accepted.

Cite references sequentially in text, tables, and legends using the square brackets [1, 5-7, 12].

References should be arranged as follows: Authors (second name and initial(s) of first name(s), e.g. Kukharchuk VV, Karpov YuA), title of article (upper case only on first word or proper nouns/names),

title of journal (standard abbreviation if possible), year of publication, volume number of journal and page range (e.g. 1234-7). References to books should include: Author's and/or Editor's name(s), book title, place of publication, publisher, year, page numbers (if necessary).

The Journal of Atherosclerosis and Dyslipidemias should be cited as JAD.

Some commonly used SAMPLE REFERENCES follow

1. Standard journal article:

Safarova MS, Ezhov MV, Afanasieva OI, Matchin YG, Atanesyan RV, Adamova IY, Utkina EA, Konovalov GA, Pokrovsky SN. Effect of specific lipoprotein(a) apheresis on coronary atherosclerosis regression assessed by quantitative coronary angiography. *Atheroscler Suppl.* 2013;14(1):93-9.

2. Organization as author:

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension.* 2002;40(5):679-86.

3. Both personal authors and an organization as author:

Jairam PM, de Jong PA, Mali WP, Gondrie MJ, Jacobs PC, van der Graaf Y; PROVIDI Study-Group. Age and sex based reference values for incidental coronary artery and thoracic aorta calcifications on routine clinical chest CT: A powerful tool to appreciate available imaging findings. *Atherosclerosis.* 2014 Aug;235(2):546-53. doi: 10.1016/j.atherosclerosis.2014.05.949. Epub 2014 Jun 9.

4. Article published electronically ahead of the print:

Yu WM, Hawley TS, Hawley RG, Qu CK. Immortalization of yolk sac-derived precursor cells. *Blood.* 2002 Nov 15;100(10):3828-31. Epub 2002 Jul 5.

5. Chapter

Bithell TC. Hereditary coagulation disorders. In: Lee GR, Bithell TC, Foerster J, Athens JW, Lukens JN, eds. *Wintrobe's Clinical Hematology.* Vol 2. 9th ed. Philadelphia, PA: Lea & Febiger; 1993:1422-72.

6. Book

Guyton AC. *Textbook of Medical Physiology.* 8th ed. Philadelphia, PA: WB Saunders Co; 1991:255-62.

7. Web

International Society for Infectious Diseases. ProMED-mail website. www.promedmail.org. Accessed April 29, 2004.

8. Article in Russian

Safarova MS, Sergienko IV, Ezhov MV, Semenova AE, Kachkovskiy MA, Shaposhnik II, Gurevich VS, Voevoda MI, Nikitin YP, Kuharchuk VV, Karpov YuA; on behalf of the RuFH investigators. Russian research program for early diagnosis and treatment of familial hypercholesterolaemia: Rationale and Design of the Russian FH Registry (RuFH). *Journal of atherosclerosis and dyslipidaemias.* 2014;3(16):7-15. Russian (Сафарова МС, Сергиенко ИВ, Ежов МВ, Семенова АЕ, Качковский МА, Шапошник ИИ, Гуревич ВС, Воевода МИ, Никитин ЮП, Кухарчук ВВ, Карпов ЮА; от имени коллектива исследователей. Российская научно-исследовательская программа по своевременной диагностике и лечению больных семейной гиперхолестеринемией: обоснование и дизайн

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The Journal of Atherosclerosis and Dyslipidemias publishes the following ARTICLE TYPES:

1. Original Articles

These include prospective clinical trials, basic research papers, laboratory research, retrospective clinical analyses (e.g. case series), meta-analyses, and related research. Priority for publication is given to those manuscripts with original and novel findings, particularly related to the clinical care of patients. In addition to peer review, original manuscripts will undergo statistical review by either a master's or doctorate degree statistician.

Papers should not exceed 2500 words (including legends to figures and tables) and no more than 20 references. Flexibility on word count may be offered after discussion with the Editor. Papers must have no more than 5 figures and tables in total (e.g. 1 figure consisting of panels A and B, and 4 tables). Authors are encouraged to include additional figures and tables as supplementary appendixes.

2. Review Articles and Mini-Reviews

These consist of a critical assessment of literature and existing data. Priority for publication is given to topics with relevance to the clinical care of patients, the advancement of medical science, or improvements in health care delivery and economics. Authors are strongly encouraged to describe within the abstract and manuscript text the methods used to focus their search of the literature (e.g., PubMed, MEDLINE), the search terms used, and the date limitations of the search. Also, please indicate how studies were selected for inclusion in the review. The manuscripts most competitive for publication will introduce novel ideas or refreshing speculative syntheses and will address topics of importance to large numbers of patients, evolving medical issues, or mechanistically important topics. The Journal is not interested in publishing material that can be readily obtained from existing book chapters or topics that have recently been published in other large-circulation medical journals.

Mini-Reviews should normally consist of current short reviews of topical information. Limits: 1500 words, 20 references, and up to 3 tables and/or figures.

Full reviews may contain up to 6 tables and/or figures, authors are encouraged to include a «mechanism/overview» figure. Limits: 3500 words and 50 references.

Exceptions to these limits should be discussed with the Reviews Editor before submission.

3. Letters to the Editor

The Editor welcomes letters and comments, particularly pertaining to recently published articles in JAD, as well as letters reporting original observations and research. Letters pertaining to a recently published proceedings article should be received no later than 1 month after the article's publication. It is assumed

that appropriate letters submitted to the Editor will be published, at the Editor's discretion, unless the writer indicates otherwise. Priority is given for the importance of the message, novelty of thought, and clarity of presentation. The Editor reserves the right to edit letters in accordance with proceedings style and to abridge them if necessary.

Letters should not exceed 1000 words, and the inclusion of novel data (up to 2 figures or tables) will increase the chance of acceptance. The original Author(s) will have the opportunity to respond to your comments in the same issue of the journal. All letters to the Editor are to be considered by the Editor-in-Chief V.V. Kukharchuk.

4. Clinical Case Reports

Clinical Case Reports should not exceed 1000 words. Case reports must include an unstructured abstract. The number of references, tables, and figures should be appropriate for the overall length of the paper. In general, no more than 3 tables or figures are necessary. Case reports must first demonstrate relevance to the interest of JAD readership and importance of the message before they are sent for further review.

Publication priority will be given to case reports that identify: a new disease or syndrome, a previously unknown or important manifestation of a common disease, a new understanding of the pathophysiology of a common disease, a new or first observation of an important adverse effect of a commonly used drug, a new therapeutic activity of a new treatment, including drug and non-drug therapies.

5. Medical Images

A Medical Image consisting of a publication-appropriate photograph, photomicrograph, radiograph, or other type of image, accompanied by a paragraph or 2 of descriptive text will be accepted. This type of publications is available in the Journal Electronic version only.

6. Key Article

Designation as a Key Article is at the discretion of the Editorial Board. In general, Key Articles address important, evolving, highly visible, and often controversial topics. Individual articles may contain an amalgam of literature review, new original data, and speculative synthesis, with injecting of the authors' opinions. The article content may be related to the observation of important scientific events and congresses.

7. Videos

We have the capacity to link a video with your article on our website. Articles with a video tend to have higher online readership. Videos should have an educational, not commercial, purpose. Interviews, a presentation of the highlights of the article, and an illustration of a given procedure would all be appropriate subjects for videos. Videos are considered to be part of the article and should not have been previously published (posted on another journal's website) or permission must be obtained for reuse.

Files should be in .wmv or .avi format. Typically, they should be no larger than 10 MB and no longer than 5 minutes. Minimum dimensions for the video should be 320 pixels wide by 240 pixels deep. Please verify that videos are viewable in Windows MediaPlayer.

Please submit the video file separately offline to the Editorial Office at email: JAD_cardio@mail.ru.

AUTHORSHIP CREDIT should be based on:

- 1) Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
- 2) Drafting the article or revising it critically for important intellectual content.
- 3) Final approval of the version to be published.
- 4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

All persons designated as authors should qualify for authorship, and all those who qualify should be listed. Names of individuals and collaborators, participating in the research, but not meeting criteria for authorship, should be identified in the Acknowledgments.

When a large, multicenter group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript. These individuals should fully meet the criteria for authorship defined above, and editors will ask these individuals to complete journal-specific author and conflict-of-interest disclosure forms. 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 the group name. Journals generally list other members of the group in the Acknowledgments.

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The group should jointly make decisions about contributors/authors before submitting the manuscript for publication. The corresponding author/guarantor should be prepared to explain the presence and order of these individuals. It is not the role of editors to make authorship/contributorship decisions or to arbitrate conflicts related to authorship.

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Updated September 2016.