Editorial Scope

EuroIntervention Journal is an international, English language, peer-reviewed journal whose aim is to create a forum for high quality research and education in the field of percutaneous and surgical cardiovascular interventions. EuroIntervention is the official journal of EuroPCR and the European Association of Percutaneous Cardiovascular Interventions (EAPCI). It is released monthly in paper and electronic formats together with annual supplements. EuroIntervention is indexed in the Science Citation Index® (ISI), SciVerse Scopus and MEDLINE®/PubMed.

Online submission

Articles can only be submitted at: https://www.editorialmanager.com/eij

Guidelines for authors

General guidelines for manuscript preparation

Please read the instructions below carefully.

**Manuscripts that do not strictly adhere to the submission guidelines will be returned to the authors.**

**ETHICAL GUIDELINES, INFORMED CONSENT AND PATIENT DETAILS**

The authors are responsible for the content of the manuscript. All of the authors must have read and approved the manuscript. Studies involving experimental animals and humans must conform to the guiding principles of the Declaration of Helsinki.

Studies must have been approved by the Institutional Committee on Human Research at the author’s institution and human subjects must have given informed consent for participation in the study. Written consents must be provided to the editorial office of EuroIntervention on request.

If such informed consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials, illustrations and videos, must be removed before submission.

Manuscript submissions should conform to the guidelines of the ICMJE: “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals,” available online at [http://www.icmje.org](http://www.icmje.org)

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**Just Accepted Articles**

As a public service to our readers, accepted articles – peer reviewed by the Editors of EuroIntervention – will be published online upon acceptance. The content of articles is the sole responsibility of the authors, and not that of the journal or its publisher. Accepted manuscripts will be published online prior to any technical editing, formatting for publication or further author proofreading.

Only after the Editors allocate the manuscript to a specific issue of the journal will the proofing process begin.

By submitting your revised manuscript to EuroIntervention, you confirm the acceptance of all 3 of the following conditions:

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- Permission for its publication by EuroIntervention on its website and in the regular edition of the journal
- The transfer of copyright of your article for its publication to Europa Digital & Publishing (EuroIntervention’s publisher).

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**Cover letter**

Manuscripts must be accompanied by a cover letter. This letter should:

1. declare that the paper is not under consideration elsewhere;
2. declare that none of the paper’s contents have been published previously;
3. declare that all authors have read and approved the manuscript;
4. make full disclosure of any potential conflict of interest for each and every one of the listed authors;
5. designate one corresponding author.

Please note that authorship and affiliation will not be changed after acceptance.

If your paper is a European Heart Journal transfer paper, please cite this together with the EHJ manuscript number.

If your manuscript has been formally reviewed by the EHJ, we would ask you to revise your paper in accordance with the reviewer comments and submit the revised paper to us with the rebuttal letter.

If your manuscript has not been formally reviewed by EHJ, please mention it in your cover letter and on the submission website.

A list of suggested objective reviewers may also be provided.
General format

Prepare your manuscript text using a Word processing package (save as .doc / .docx). Submissions in PDF format are not permitted. Oxford (UK) English style and spelling should be used. Manuscripts should be double-spaced, including text, tables, legends and references. The number of tables, figures and references should be appropriate for the manuscript content. Tables must be submitted in Word format; JPEGs are not acceptable (see below). Please be aware that if you exceed the recommended word count the Editors reserve the right to decline the manuscript for peer review.

Please enter the information in Editorial Manager exactly as it appears in your manuscript; i.e., authors names, authors academic affiliations, keywords, conflict of interest...

Title page

The title page should include the following:

(1) The title.
(2) The name(s) of the author(s) (including full first name and middle initial). Up to 12 co-authors will be accepted.
(3) The authors’ academic qualifications (e.g., MD, PhD, etc.).
(4) Department(s) and institution(s) to which the authors are affiliated. List the current affiliations of all authors and link the authors’ names and institutional affiliations by “1”, “2”, “3”, etc., after each author’s name, before the degree(s)/qualification(s) and before the list of affiliations (ensuring that the affiliations run in numerical order).
(5) Short running title (no more than 50 characters including spaces).
(6) Corresponding author - only one corresponding author will be accepted. Full name, postal address and e-mail address of the author to whom the proofs and all communications should be sent. Only one postal address will be accepted.
(7) Conflict of interest statement - all the authors of a paper must make a formal disclosure of any financial associations that might pose a conflict of interest in connection with the submitted article at the time of submission in both the Cover letter and the Conflict of interest statement. If none of the authors has a conflict of interest, please state clearly that there are no conflicts of interest, using the wording “The authors have no conflicts of interest to declare.” If only some of the authors have a declared conflict of interest, the remaining authors must state clearly that they have no conflicts of interest to declare. All authors must be covered by the Conflict of interest statement.
Examples of possible conflicts are: consultancies, corporate appointment, stock ownership or other equity interest or patent-licensing arrangements, etc.
(8) Total word count - the total word count of the manuscript (including Title page, Abstract, Text, References, Tables and Figure legends).
(9) A head and shoulders portrait of the first author (300 dpi /high resolution image) must be submitted.

Abstract

Abstracts may not contain more than 200 words. The abstract must be formatted with the following headings: (1) Aims, (2) Methods and results, (3) Conclusions.

Classifications

A maximum of six keywords from the PCR classification list on the Editorial Manager submission site may be submitted.

Abbreviations

All abbreviations and acronyms should be expanded upon first use in the text, and thereafter the abbreviation/acronym should be used.
Condensed abstract

Condensed abstracts may not contain more than 100 words.

Tables

Tables must be submitted in Word document format only. Do not use images for tables (for example: JPEGs, screenshots and other images will not be accepted). Tables must have the table number and title clearly indicated. Tables must be cited in numerical order in the text. All abbreviations used within the tables must be listed in alphabetical order in a footnote appearing beneath the table. Tables must be numbered using Arabic numerals both within the text and in the accompanying captions. Label tables carefully when submitting.

Figures, line drawings and graphs

The number of submitted figures should be appropriate to avoid redundancy and promote clarity. Figures must be saved in JPEG or TIFF format at a resolution of at least 300 dpi (dots per inch). The size of each image must be a minimum of 8 cm × 8 cm. This size is equivalent to one column width of printed text. Label figures carefully when submitting. Figures must be numbered using Arabic numerals. For figures in a panel format please use the following notation: Figure 1A, Figure 1B, Figure 1C, etc., for the different panels. All abbreviations used must be listed in alphabetical order in a footnote under the figure. All figures must have a title and a legend which should appear in your paper after the References. All figures must be referred to and cited in numerical order in the text. If one panel of a Figure is referred to, then all panels of that Figure must be referred to, and appear in alphabetical order in the text. If this is not appropriate, simply refer to the Figure number and omit mention of the panels.

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Moving images

Please note that the Editorial Board actively encourages the submission of moving images for online publication. Please use AVI, Quicktime, DivX, AVI, MP4 or WMV format for moving images. We recommend a maximum of 8 moving images. For each moving image the maximum size is 100 MB and each should be accompanied by a descriptive legend placed after the References in the manuscript, under the subtitle “Supplementary data”. Please contact the Editorial Office for moving image submission assistance at: eurointervention@eurointervention.org

Impact on daily practice

In no more than 3 sentences (i.e., 125 words=900 characters with spaces), please explain the clinical significance of your article, underlining the “take-home” message that you believe a reader should retain for their daily practice.

Acknowledgements

The contributions of individuals whom the authors would like to acknowledge should be listed in the Acknowledgements section above the Funding and/or Conflict of interest statement.

Funding

All sources of funding should be acknowledged in this section.
Conflict of interest statement

All authors must disclose their conflict of interest in relation with the manuscript by filling the ICMJE disclosure of potential conflicts of interest (COI) form available at: http://www.icmje.org/conflicts-of-interest/

Each author’s form must be submitted even if there is no conflict of interest. The corresponding author must ensure that all authors adhere to this policy prior to submission. Manuscripts will be sent back to the authors if all the forms are not submitted.

References

References in the main body of the article/text must be cited using Arabic numerals in brackets and numbered in the order cited. These should be placed before, not after, sentence punctuation.

The following will not be accepted as references:

– Personal communications
– Abstracts
– Manuscripts submitted and not accepted
– Manuscripts in press
– Oral presentations at Congresses

References listed at the end of the article/text must appear in the following format:

**Journal:**

Format: #. Author of article AA, Author of article BB, Author of article CC. Title of article. Abbreviated title of journal in italics. Year;vol:page number(s).


Please note:

– No “et al” citations will be accepted – please list all author names.
– Use the Index Medicus abbreviations for journal names (in italics followed by a full stop), e.g., *N Engl J Med.* (not NEJM).

**Chapter in a book:**

Format: #. Author of part, AA. Title of chapter or part. In: Editor A, Editor B, editors. Title: subtitle of book. Edition (if not the first). Place of publication: Publisher; Year. p. page numbers.


**Book:**

Format: #. Author(s) AA. Title: subtitle. Edition (if not the first). Vol. (if a multivolume work). Place of publication: Publisher; Year. p. page number(s) (if appropriate).


Enquiries

Submission enquiries should be directed to:

eurointervention@eurointervention.org
Aims: To assess the impact of bifurcation target lesions (BTL) on angiographic, electrocardiographic, and clinical outcomes in patients with ST-segment elevation myocardial infarction (STEMI) undergoing percutaneous coronary intervention (PCI).

Methods and results: There were no differences in baseline characteristics between the groups, except for lower left ventricular ejection fraction and more frequent left anterior descending infarct artery in the BTL group. BTLs required longer procedural and outcomes compared to patients without BTLs. Although the PCI procedure involving BTL was more complex, the acute results and late outcomes were comparable to those in patients without BTLs.

CONCLUSION

A provisional approach has no prognostic impact on the outcome of patients treated in the setting of an acute myocardial infarction. From a more “technical/clinical” point of view, our colleagues from Japan discuss a new technique for side branch wiring in bifurcated vessels, with the goal of addressing the question of stenting strategy in bifurcation lesions.
SPECIAL REPORTS / FIRST IN MAN

Generally a special report is on an “invitation only” basis. However, incidental special reports are welcome. A special report is a paper based on a new technology applied in patient treatment and therefore is considered as the reporting of a “first-in-man” case. The special report is published in the print and electronic versions of EuroIntervention and should always contain accompanying moving images for the online publication of the paper. Special reports should not exceed 1,500 words (including references, figure legends and tables). An “Impact on daily practice” paragraph is required. If the authors exceed the word count, the Editors will not consider the manuscript for peer review.

NEW INNOVATION

The goal of the new innovation section is to describe an innovation as it develops from its first appearance in the blueprints, through bench testing and animal models, leading to final use on patients. We are particularly interested in technical descriptions of devices, since a common complaint from interventionalists is that devices often have poor or incomprehensible technical reports. Articles submitted under “New innovation” must not exceed 1,500 words (including a maximum of 5 references, figure and/or moving image legends and tables). An “Impact on daily practice” paragraph is required. If the authors exceed the word count, the Editors will not consider the manuscript for peer review.

SHORT REPORT

In some cases, a short report might be considered for peer review. Short reports are generally updates of previously published trials. Short reports must not exceed 1,500 words (including references, 2 tables and/or 2 figures). A three-part abstract is required for these short reports. An “Impact on daily practice” paragraph is required. If the authors exceed the word count, the Editors will not consider the manuscript for peer review.

TOOLS AND TECHNIQUES

This is a series of educational articles, in line with conventional European practice, covering basic and advanced interventional and diagnostic techniques. The series is allied to the educational arm of EuroPCR and will have interactive, online learning and communication content.

The chapters are written with the intention of providing a clear, practical, step-by-step teaching source and reference for cardiovascular intervention. The emphasis is very much on a practical approach and the complete work will encompass all the major cardiovascular procedures: coronary and peripheral intervention, structural heart disease and invasive imaging.

Generally a Tools and Techniques Clinical or Tools and Techniques Statistics article is published on an “invitation only” basis.
INTERVENTIONAL FLASHLIGHT

The goal of this section is to present memorable findings in interventional cardiology, with an exceptional, high-quality image and description that illustrates them. The paper may be presented by up to 4 authors, with a text description of no more than 400 words, accompanied by a single image and up to 4 references.

Although often presented within the context of a case, the image in this section is not intended as a vehicle for case reports.

The Editors will evaluate this striking and illustrative clinical image before the review process and they will decide if the manuscript should be published as an Interventional Flashlight or if it should be published online only on the PCRonline website.

Only the submissions accepted as Interventional Flashlights will be published in EuroIntervention, allocated a DOI and be submitted to the National Library of Medicine for PubMed listing.

Submissions selected to be on the PCRonline website will not be allocated a DOI and will not be submitted to the National Library of Medicine for PubMed listing.

If the authors exceed the word count, the Editors will not consider the manuscript for peer review. However, authors are encouraged to submit additional moving images, which will appear online.

HOW SHOULD I TREAT? in partnership with PCR online

Published only on the PCRonline website.

This type of article will be now be published only on the PCRonline website, for learning purposes. These challenging cases will have 3 parts; presentation of the case by the authors, the opinions of guest experts invited by the Editor to share their preferred treatment plan and finally, the presentation of the actual treatment performed by the authors.

These cases will be submitted to the EuroIntervention platform, for evaluation by the Editors of EuroIntervention, and if approved will be published in PCRonline only.

They will not be allocated a DOI and will not be submitted to the National Library of Medicine for PubMed listing.

Please see detailed instructions on the following page.
**HOW SHOULD I TREAT? in partnership with PCR online**

*Published only on the PCRonline website.*

This type of article contains three parts:

**Part 1 - How should I treat?** Authors present a challenging case without discussing the different potential clinical management plans.

**Part 2 - How would I treat?** Guest experts will be invited by the Editor to share their opinions regarding their preferred treatment plan.

**Part 3 - How did I treat?** The submitting authors will present the actual treatment.

**The rules for this type of article:**
The guest experts will be blinded to the actual treatment and the submitting authors will be blinded to the experts’ opinions.

**INSTRUCTIONS FOR AUTHORS PRESENTING THE CASE**

**Part 1 - How should I treat?**

1. **Title**
   Should always include the prefix: “How should I treat?”
   Example: How should I treat an unusual referral for heart transplantation?

2. **Title page**
   *(Please note that all 9 fields for the “Title page” listed on page 3 of this PDF are required).*

3. **Case summary**
   The Case summary section is broken down into 5 sections: Background, Investigation, Diagnosis, Management and Keywords.
   No more than 2 sentences (40 words max.) for any one of the first 4 parts, plus no more than 6 keywords.

4. **Presentation of the case**
   The presentation of the case must not exceed 1,000 words, including references and figure legends. The presentation should conclude with your treatment dilemma and may be formulated as a question.

**Part 3 - How did I treat?**

1. **Title**
   The title of this section will be “How did I treat? Actual treatment and management of the case”.

2. **Actual treatment and management of the case**
   The “Actual treatment and management of the case” part must not exceed 1,000 words, including references and figure and moving image legends.

3. References, if applicable.

4. Figures and Figure legends, if applicable.

5. Moving images and Moving image legends, if applicable. Please note that the Editorial Board actively encourages the submission of moving images for the website publication.

**INSTRUCTIONS FOR THE INVITED GUEST EXPERTS**

**Part 2 - The invited experts’ opinion**

1. **Title.** The title of this section will be “How would I treat? The Invited Experts’ Opinion”.

2. **Title page.** The title page should include the following:
   (1) The **title**.
   (2) The **name(s) of the author(s)** (including full first name and middle initial). Up to 12 co-authors will be accepted.
   (3) The **authors’ academic qualifications** (e.g., MD, PhD, etc.).
(4) Departments and institution(s) to which the authors are affiliated. List the current affiliations of all authors and link the authors’ names and affiliations by “1”, “2”, “3”, etc., after each author’s name, before the degree(s) and before the list of affiliations.

(5) Short running title (no more than 50 characters including spaces).

(6) Corresponding author - only 1 corresponding author will be accepted. Full name, postal address, telephone number, fax number and e-mail address of the author to whom communication and printer’s proofs should be sent.

(7) Conflict of interest statement - all the authors of a paper must make a formal disclosure of any financial associations that might pose a conflict of interest in connection with the submitted article at the time of submission in the Covering letter as well as in the Conflict of interest statement. If one or more of the authors has declared a conflict of interest, the remaining authors must state clearly that they have no conflicts of interest to declare. All authors must be covered by the Conflict of interest statement.

Examples of possible conflicts are: consultancies, corporate appointment, stock ownership or other equity interest or patent-licensing arrangements, etc… If none of the authors has a conflict of interest, please state clearly that there are no conflicts of interest, using the wording “The authors have no conflicts of interest to declare.”

(8) Total word count: The total word count of the manuscript (including Title Page, Abstract, Text, References, Tables and Figures Legends).

3. References, if applicable.

4. Figures and Figure legends, if applicable.