

General guidelines for manuscript preparation

Thank you for considering AsiaIntervention (AIJ) as the home for your manuscript. You will find basic information, resources and guidelines to steer you through the manuscript submission, review and publication process. Learn about:

- Our **Editorial process**
- How to prepare your manuscript for **Submission**
- What to expect **After acceptance**

If you have any question, **Contact us:** editorial-office@asiaintervention.org with your request.

Publication ethics statement

AsiaIntervention follows the recommendations of the ICMJE – International Committee of Medical Journal Editors: “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals”, available online at <http://www.icmje.org> and COPE – Committee on Publication Ethics (COPE) code of conduct for editors. AsiaIntervention follows COPE’s guidelines.

The journal expects all parties involved in the publication of content in AsiaIntervention (the publisher, editors, authors, and reviewers) to follow these guidelines on best practice and publication ethics.

Please read the instructions below carefully.

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

Editorial scope

AsiaIntervention is the official journal of the Asian-Pacific Society of Interventional Cardiology ([APSIC](#)) and the Interventional Cardiology Foundation of India (ICFI). It is an international, English language, peer-reviewed journal whose aim is to create a forum of high quality research and education in the field of percutaneous and surgical cardiovascular interventions. It is released twice a year, in paper and electronic formats.

AsiaIntervention is indexed in PubMed Central and PubMed®.

Why AsiaIntervention?

Since its inception, the mission of AIJ has been to bring healthcare providers research studies that foster innovation in interventional cardiology and add value to clinical practice.

Manuscripts submitted to AIJ benefit from:

- **A high-standard, peer-review service**
- **Rapid editorial decisions** for manuscripts that do not pass the initial screening phase are typically returned to the authors in a prompt manner

Manuscripts accepted by AIJ benefit from:

- **Allocation to a print and online issue**
- **Prompt indexing** in PubMed Central and PubMed
- **Worldwide reach and visibility** through the vast media channels of AIJ, including PCRONline (website and newsletters), Facebook and Twitter, WeChat etc.

Submission options

Articles can be submitted via Editorial Manager: <https://www.editorialmanager.com/aij>

AsialIntervention article types may be unsolicited (submitted at author discretion via Editorial Manager System) or solicited (invited by the Editors).

Invited or commissioned articles – Expert reviews, editorials and viewpoints are usually solicited by the Editors prior to submission. Authors who are interested in proposing ideas for these types of articles may also send pre-submission enquiries via email to editorial-office@asiaintervention.org accompanied by a 250-word summary or synopsis of their proposal and the intended list of authors.

Article categories

When sending either a new manuscript or a pre-submission email to AsialIntervention, authors must identify the category type of their submission as described below.

All word count limits are intended for the text from the introduction to the conclusion, and they exclude abstract, figure legends, and table notes. For any text exceeding the words limit, upload of supplementary material is permitted. For some categories, a Central Illustration and/or a panel named “Impact on daily practice” is required.

AsialIntervention publishes:

- **Clinical research**
- **Research correspondence**
- **Translational research**
- **Editorial**
- **Meta-analysis**
- **Viewpoint**
- **Expert review**
- **Interventional flashlight**
- **Trial design**
- **Letter to the editor and replies**

Manuscript type	Word count (Introduction to Conclusion)	Abstract type	Maximum references	Maximum display items	Central illustration
Clinical research	Up to 3,500 words	– Structured abstract – Condensed abstract – Impact on daily practice	Up to 30	Unlimited	YES
Translational research	Up to 3,500 words	– Structured abstract – Condensed abstract – Impact on daily practice	Up to 30	Unlimited	YES
Meta-analysis	Up to 3,500 words	– Structured abstract – Condensed abstract – Impact on daily practice	Up to 40	Unlimited	YES
Expert review	Up to 3,500 words	– Unstructured abstract – Condensed abstract	Up to 40	Unlimited	YES
Trial design	Up to 2,500 words	– Unstructured abstract – Condensed abstract	Up to 30	Unlimited	NO
Research correspondence	Up to 800 words	–	Up to 5	1	NO
Editorial	Up to 1,000 words	–	Up to 10	1	NO
Viewpoint	Up to 1,250 words	–	Up to 5	1	NO
Interventional flashlight	Up to 500 words	–	Up to 5	1	NO
Letter to the editor and Replies	Up to 500 words	–	Up to 5	None	NO

CLINICAL RESEARCH

This type of article includes original randomised or large observational studies (preferably case-controlled) based on cohorts of subjects or patients. The Editors will assign higher priority to articles of high methodological quality that address original questions with direct practical implications. This includes subgroup analyses from large-scale randomised clinical trials if they are pre-specified. Conversely, they will assign lower priority to observational studies that are not case-controlled and to *post hoc* subgroup analyses from prior studies that lack novelty and do not convey significant additional information. Case studies and reports are not acceptable in this category. AIJ advises authors to follow the **guidelines for their study type** available on the website [Equator Network](#). All clinical trials should follow the [CONSORT guidelines](#) and such papers must be accompanied by a CONSORT table indicating compliance with these reporting standards and a statement on ethical approval. All trials should be registered prospectively in www.clinicaltrials.gov and such papers should include the registration number. Reporting of observational studies should follow the [STROBE guidelines](#).

TRANSLATIONAL RESEARCH

This type of article includes high-quality experimental studies (e.g., bench testing or conducted in animals, *ex vivo* or *in vivo*) with results that have direct clinical translation or implication for future research. All animal studies should follow the [ARRIVE guidelines](#).

META-ANALYSIS

This type of article includes meta-analyses of randomised clinical trials (with observational data included only if statistically adjusted) that adhere to international standards. The Editors will assign higher priority to timely individual patient data meta-analyses and meta-analyses that address meaningful and original clinical questions, summarise high-quality data and apply a number of appropriate sensitivity analyses to explore sources of heterogeneity. Submission of duplicate or overlapping meta-analyses is discouraged and, when previous meta-analyses on the topic exist, differences and improvements need to be listed in the cover letter and in the text. Submission of meta-analyses based on small-scale studies and/or low-quality data is discouraged. Submission of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) checklist (<http://www.prisma-statement.org>) is required as supplementary material. Registration in the [PROSPERO](#) database is encouraged and represents a criterion of priority. Extensions of PRISMA recommendations for network (PRISMA-NMA) and individual patient data meta-analyses (PRISMA-IPD) must be followed when these types of meta-analysis are conducted. Guidelines for Meta-Analyses and Systematic Reviews of Observational Studies (MOOSE) must be followed in meta-analyses of observational studies.

EXPERT REVIEW

An expert review is a article written by one or more key opinion leaders covering a broad topic of interest. The review state facts, discusses details, explain reasoning, and justify the experts' conclusions and opinions. The Editors will assign higher priority to timely documents that inform clinical practice and represent the consensus of multiple international scientific societies

TRIAL DESIGN

This type of article includes study designs complementing the publication of large-scale randomised trials registered in clinicaltrials.gov or similar online databases. Study protocols of small-scale and/or translational or pilot studies are not acceptable in this category. This category type must be submitted along with the correct CONSORT table.

RESEARCH CORRESPONDENCE

This type of article includes original investigation fulfilling the criteria for an original clinical or translational research paper but in a condensed format. It may occur that authors

of full length original clinical or translational research papers are asked to reshape their article in the form of a Research correspondence.

EDITORIAL

This type of article includes solicited commentaries of articles published in the Journal. The Editors encourage a critical appraisal of the commented articles and perspectives on directions for the field. Invited authors will receive specific instructions and timelines.

VIEWPOINT

This type of article includes authoritative perspectives on interventional topics in a brief, accessible style. The Editors will assign higher priority to articles of relevant and contemporary interest. These articles are usually by invitation, but proposals are admitted in the form of email. The proposal will be discussed by the Editors and, if it is considered acceptable, a formal invitation will follow. All viewpoints are subject to external peer review.

INTERVENTIONAL FLASHLIGHT

The goal of this type of article is to present a memorable finding in interventional cardiology, together with an exceptional, high-quality image and description. Although often presented within the context of a case, the image is not intended to be a vehicle for case reports. The Editors will evaluate this striking and illustrative clinical image before the review process. Authors are encouraged to submit additional moving images, which will appear online.

LETTER TO THE EDITOR AND REPLIES

This type of article includes a comment on a specific manuscript that has appeared in AsiaIntervention. If the letter is accepted for publication, a reply from the authors of the original paper will be sought and the letter will be published along with the reply. Should the original authors decline to reply, the editorial board may decide to proceed with publication of the letter without a reply.

Manuscript organisation

Please bear in mind the following steps for a smoother submission process.

- **Step 1:** Choose a suitable **Article category**, read the AIJ **Editorial policies** and explore the option of a pre-submission email.
- **Step 2:** Prepare your submission by following the **Submission checklist** below and the **Formatting**
- **Step 3:** Submit your manuscript using the AsiaIntervention online submission system

Submission checklist

The following items are required for submission (see the **Manuscript contents** section for additional details).

1. **Cover letter** (not required for solicited submissions).
2. **Rebuttal letter** (required only for revisions or transfers).
3. **Title page**
 - a. Title (as short and concise as possible. The Editors may ask for edits to improve clarity and as per the Journal's house style if the manuscript is accepted).
 - b. Running title (≤ 7 words or 50 characters including spaces).
 - c. Word count (see article categories for details on the maximum word count allowed for each type of article).
 - d. Author names followed by their academic qualifications
 - e. Authors affiliations.
 - f. Author and funding disclosures.
 - g. Contact details of the corresponding author (postal address, email, and Twitter handle, if available).

4. **Abstract** (≤250 words, structured for original Clinical research articles, Translational research articles, Meta-analyses; unstructured for Expert reviews, Trial design papers; not required for Research correspondence, Editorials, Viewpoints, Interventional flashlights).
5. **Keywords** (3 to 6).
6. **Abbreviations and acronyms**
7. **Condensed abstract** (≤100 words, not required for Research correspondence, Editorials, Viewpoints, Interventional flashlights).
8. **Text**
9. **Acknowledgements**
10. **Impact on daily practice** (≤125 words, not required for Expert reviews, Trial design papers, Research correspondence, Editorials, Viewpoints, Interventional flashlights).
11. **References**
12. **Figure titles and legends**
13. **Tables** (each on a separate page).
14. **Figures** (and Central illustration, if required).
15. **Supplementary material**

Formatting

Prepare your manuscript text using a Word processing package (save as .doc / .docx). Submissions in PDF are not permitted. Oxford (UK) English style and spelling should be used. Use a Times New Roman or Calibri 12-point font with 1-inch margins. The title page, abstract(s) and keywords should be single-spaced. The remaining text should be double-spaced. Page and line numbering should begin with the title page. The number of tables, figures and references should be appropriate for the manuscript content (see **Article categories**). Tables must also be submitted in Word format (JPEG format is not acceptable). If the text exceeds the recommended word count, the Editors reserve the right to decline the submission for peer review.

Manuscript contents

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

The manuscript contents must follow the specifications below. After submission, the Editorial Office will perform a preliminary technical check and, if these instructions are not adhered to, the Authors will be asked to make appropriate corrections before the manuscript is considered for review.

Manuscript content

- | | |
|-------------------------------------|--|
| – Cover letter | – Impact on daily practice |
| – Title page | – References |
| – Abstract | – Figure legends |
| – Keywords | – Tables |
| – Condensed abstract | – Figures, line drawings and graphs |
| – Abbreviations and acronyms | – Central illustration |
| – Main text | – Supplementary material |
| – Acknowledgements | |

Prepare your submission

Cover letter. Manuscripts must be accompanied by a cover letter. A corresponding Author should be designated and specified in the cover letter. All editorial communications and submission queries will be sent to this Author. Please read the **Authorship policy** before submission and note that authorship and affiliation will not be changed after acceptance. Cover letters should specify concisely the significance of the paper, the novelty of the message, the relation to daily practice and the incremental value compared with the existing literature. The authors should briefly summarise the strengths of the article and why they feel it is relevant to AIJ and worthy of publication. Cover letters must include the following 4 ICMJE statements: 1) the paper is not under consideration elsewhere; 2) none of the paper's contents have been published previously; 3) all authors have read and approved the manuscript; 4) the full disclosure of any potential conflicts of interest or that no such relationship exists. Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.

Title page. Include the full title (preferably no more than 15 words), authors' names (first name, middle initial, and surname) with qualifications (e.g., MD, PhD), total word count, and a running title of no more than 7 words or 50 characters including spaces. List the departments and institutions to which the authors are affiliated, and indicate the specific affiliations if the work is generated from more than one institution (use superscript numbers 1, 2, 3, 4, and so on, after each author's name, before the degree(s)/qualification(s) and before the list of affiliations).

Conflict of interest statement – All 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. The Corresponding Author should collect and upload an [ICMJE form](#) for each author and will be asked to upload them with the manuscript after the first round of revision, if applicable. The corresponding author is responsible for making sure that in the paper itself the “Conflict of interest statement” corresponds to the information provided on the individual [ICMJE forms](#) submitted by the authors. If none of the authors has a conflict of interest, please state this clearly. If one or more of the authors have declared a conflict of interest, the remaining authors must state clearly that they have no conflicts of interest to declare. Examples of possible conflicts are: consultancies, corporate appointment, stock ownership or other equity interest or patent-licensing arrangements. The manuscript will be sent back to the authors if the conflict of interest statement of each author is not indicated in the original submission. The manuscript will be sent back to the authors if one or more of the [ICMJE forms](#) are missing at the second round of review of the manuscript.

Address for correspondence – Under the heading “Address for correspondence”, give the full name and complete postal address of the author to whom communications, galley proofs and reprint requests should be sent. Also provide telephone number(s), an email address and a Twitter handle (if available) for the corresponding author.

Abstract. If you are submitting original Clinical or Translational Research articles, or Meta-Analyses, provide a structured abstract of no more than 250 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Aims, Methods, Results, and Conclusions. All data in the abstract must also appear in the manuscript text or tables. If you are submitting an Expert Review or a Trial Design paper, provide an unstructured abstract of no more than 250 words. An abstract is not required for Research Correspondence, Editorials, Viewpoints, Interventional Flashlights and Letters to the Editor.

Keywords. Please provide 3 to 6 keywords for indexing purposes. These keywords must be an exact match to those you have entered in editorial manager.

Condensed abstract. A condensed abstract is required only for submission of original Clinical Research articles, Translational Research articles and Meta-Analyses to stress the main implications. The condensed, unstructured abstract should be no more than 100 words long. All data in the condensed abstract must also appear in the manuscript text or tables.

Abbreviations and acronyms. Please provide a list of selected abbreviations that recur at least 5 times in the text along with their definitions. Please define in the text itself each abbreviation and/or acronym once at their first appearance in the text.

Text. All text from the Introduction to the end of the manuscript should be double-spaced. Page numbering should start with the Title page. The text for original Clinical Research, Translational Research, Meta-Analyses and Research Correspondence should be structured as Introduction, Methods, Results, Discussion, Conclusions. Use of headings and subheadings (e.g., patient population, study endpoints, statistical analysis, limitations, etc.) is encouraged. Every reference, figure, and table should be numbered in the text according to order of mention.

Acknowledgements. This section is intended to acknowledge briefly the contributions of individuals who do not qualify for Authorship but provided significant help in the conduct of the study or the writing of the article.

Impact on daily practice. This section is required only for submission of original Clinical Articles, Translational Research articles and Meta-analyses. In a short paragraph of no more than three short sentences (i.e., no more than 125 words or 900 characters including spaces), the Authors are asked to explain the clinical significance or translation of their article, underlying the take-home message that they believe the reader should retain.

References. References in the main body of the article/text must be cited using superscript Arabic numerals and numbered consecutively in the order in which they are cited in the text. References should be placed after and not before sentence punctuation. The reference list should be typed double-spaced on pages separate from the text. Do not cite personal communications, abstracts, oral presentations, manuscripts in preparation, or other unpublished data in the references; however, these may be included in the text in parentheses.

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

Citation type	Format	Example	Notes
Periodical	#. Author of article AA, Author of article BB, Author of article CC. Article title. Journal's abbreviated title in italics. Year;vol:page number(s)	1. Milasinovic D, Stankovic G. Towards a common pathway for the treatment of left main disease: contemporary evidence and future directions. <i>AsiaIntervention</i> . 2021;7:85-95.	No <i>et al</i> citations will be accepted – please list authors names in full.
Chapter in a book	#. Author of article 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	2. Ford. HL, Sdafani RA, Degregori J. Cell cycle regulatory cascades in: Stein GS, Pardee AB, editors. Cell cycle and growth control: bio-molecular regulation and cancer. 2 nd ed. Hoboken, NJ, USA: Wiley-Liss; 2004. p.42-67.	
Book	#. Author (s) AA, Title: subtitle. Edition (if not the first). Vol. (if not a multi-volume work). Place of publication: Publisher; Year.p.page number(s) (if appropriate)	3. Lawhead JB, Baker MC. Introduction to veterinary science. Clifton Park, NY, USA: Thomson Delmar Learning; 2005.	
Online media/ webpage citation	#. Author (s) AA, Title of webpage. Title of website. Publisher. URL address (last access date)	4. Lopez-Jimenez F. Healthy heart for life: Avoiding heart disease. Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/heart-disease/expert-answers/healthy-heart/faq-20057842 (accessed July 12,2020).	

Figure legends. Figure legends should be typed double-spaced on pages separate from the text. Figures must correspond with the order in which they are mentioned in the text. A Figure legend is made of the Figure title (in bold) and the subsequent description or explanation. If the Figure is composed of panels, each panel should be described in the legend. All abbreviations used in the Figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used must be explained. If previously published figures are used, written permission from the original publisher is required.

Tables. Tables must be submitted in Word document format only. Do not use images for tables (for example: .jpeg format, screenshots and other image formats). Tables must have the Table number and title clearly indicated. Explanatory notes below the Table are encouraged. Tables must be cited in numerical order in the text. Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. 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. If previously published Tables are used, written permission from the original publisher is required.

Figures, line drawings and graphs. The number of submitted figures should be appropriate to avoid redundancy and promote clarity. There is no fee for the publication of colour figures. Lettering should be of sufficient size to be legible after reduction for publication (optimal size 12 points). Decimals, lines, and other details must be strong enough for reproduction. The size of each image must preferably 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 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 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. It is the author's responsibility to obtain permission from the copyright holders: copyright applies to photographs and original artwork for diagrams and it is courteous to seek permission for extensive use of factual matter in a Table or box. Journals, not authors, usually retain copyright for articles.

Figures should be uploaded in Jpeg or TIFF with a resolution of 300 dpi (dots per inch) or more.

Central illustration. A Central Illustration is permitted in certain article categories to summarise in a visual or conceptual manner the key message of the paper and allow the reader to understand the essence of the study even when it is disseminated outside the context of the article. A call to the central illustration should be included in the text. If one of the Figures already provided in your manuscript is a key Figure summarising the major findings, you may designate that Figure as the Central illustration in the legend. The Figure may incorporate multiple panels including key figures (numbers, percentages) or graphics, or short text lists summarising key points or variables. This illustration should be accompanied by a legend (title and legend) directly underneath the figure. The Central Illustration should be an original image.

Supplementary material. Authors are encouraged to enhance their manuscript with media files, additional images, web-based calculators, and other material that does not fit into the usual format of an article but that helps to communicate results and/or educate the reader. The Editors actively encourage the submission of moving images relating to the online publication. Please use AVI, MP4 or WMV format for moving images. We recommend a maximum of 8 moving images. For each moving image the maximum

size is 1 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 at editorial-office@asiaintervention.org for moving image submission assistance. References are not permitted in Supplementary material.

Should authors wish to include a supplementary document we ask that it is formatted in the following order:

- Supplementary Main text
- Supplementary Tables
- Supplementary Figure legends
- Supplementary Figures

All supplementary tables should be labelled “Supplementary Table 1” etc. and all Supplementary Figures should be labelled “Supplementary Figure 1” etc. These figures and tables should be called for in chronological order in the main manuscript.

Resources

Guidelines for reporting

AsiaIntervention asks the Authors to follow the guidelines for their study type available on the [Equator Network website](#).

Study type	Guideline for reporting
Randomised trial	CONSORT
Observational studies	STROBE
Translational research	ARRIVE
Meta-analysis	PRISMA, PRISMA-NMA, PRISMA-IPD, MOSSE
Study protocol	SPIRIT, PRISMA-P

The tables should be uploaded to Editorial manager (in a separate document) at the time of submission. These tables are for review purposes only and will not be published.

[ICMJE form](#)

Editorial process

After your manuscript has been sent to AIJ, the Editorial Process begins. The [editorial Board](#) comprises of several Editors, including the Editor-in-Chief, 6 Deputy Editors, a Guest Editor and a number of Advisory, Section, Consultant and Statistical Editors. The Editors adhere to the Committee on Publication Ethics (COPE) code of conduct and are responsible for maintaining the high standards of the Journal and providing the Authors with appropriate feedback.

Technical pre-screening

Each submitted manuscript undergoes an initial quality check by the Editorial Office. Should the **Instructions for submission** not be adequately adhered to, the manuscript will be returned to the Authors in order for them to address any pending issues. If the manuscript successfully passes through the editorial office pre-screening, it will move to the screening phase.

Screening phase

In the screening phase, the manuscript is read by one or more Editors and internally checked for focus, content, interest, impact and priority in competition with other submissions. The Editors require a **Cover letter** that specifies concisely the significance of the paper, the novelty of the message, the relation to daily practice and the incremental value compared with the existing literature, as well as the strengths of the article and why the Authors feel it is relevant to AsiaIntervention and worthy of publication.

The screening phase is primarily focused on the match between your manuscript and AIJ rather than a judgement on the merits of your work. General reasons for the decision to reject upfront typically include i) circumstances where AIJ has other papers already accepted or recently published in a given subject area and therefore the Editors wish to reserve more of the limited journal pages for other subject areas; ii) circumstances where some papers are focused outside the scope of what the Editors feel is appropriate for AIJ; iii) circumstances where it is the Editors' judgement that the paper does not offer enough novelty or a strong enough confirmation of prior findings to assign publishable priority.

If the manuscript successfully passes through the screening phase, it moves to the peer-review phase. Alternatively, a decision letter of rapid reject (Reject-up-Front) is sent, normally in less than one week.

Transfers from EuroIntervention

Papers that have been offered the option of transfer from EuroIntervention to Asialntervention and have already undergone review, should be submitted with a full rebuttal answering to the reviewers comments along with a revised version of the manuscript and a cover letter explaining that it is a 'transfer from EuroIntervention'.

This submission will be viewed by the editorial board or selected specialist editors and will either be accepted based on the revised version (with rebuttal) or will be entered back into the review phase.

Review phase

When your manuscript is flagged for review, the manuscript moves to one or more Editors with expertise in the topic area. This is a second screening stage during which the handling Editor(s) may feel that the manuscript does not meet the Journal's standards and recommend a reject. Should an Editor wish to decline a manuscript without peer review, the manuscript will move to another Editor upstream in the process for a second opinion. If the manuscript is considered to be of sufficient potential interest and quality to enter the external review phase, external Reviewers who are experts in the field are invited. Typically, AIJ invites 2 Reviewers, but additional Reviewers may be invited at the discretion of the handling Editor if it is felt that the existing reviews are insufficient. External Reviewers are normally given 2 weeks (after accepting the invitation) to provide their written report. During peer review, all manuscripts are considered privileged communications. Reviewers are also asked to refrain from accepting the review task if they have personal, professional, or financial conflicts of interest with authors, institutions or related to a paper's topic. When the comments and recommendations of the external Reviewer are returned to the Office, all handling Editors are asked to formulate a recommendation. The manuscript is then allocated for further discussion in the agenda of the Editorial Board meeting with Deputy Editors and handling Section Editors.

Editorial Board meeting

The Editorial Board, including the Editor-in-Chief, the Deputy Editors and the handling Section Editors meet digitally on a regular basis to discuss all pending manuscripts that are 'decision-ready'.

During the meeting, the discussion is around the scientific merit of the papers and the standards and priorities of the Journal. The discussion is informed by the comments of the external Reviewers and the handling Editors to reach a final agreement and collegial decision. Frequent decisions at this stage are to reject the paper, request re-submission on a de-novo basis or ask the Authors to revise. If the discussion does not reach a consensus, extra reviews, statistical reviewers and/or opinions from field experts may be requested, and the manuscript is re-discussed at a later stage. Finally, all decisions must be seconded by the majority of the Editors.

Decision letter

At the end of the review process and after the Editorial Board discussion, the Corresponding Author receives a decision letter. This process normally takes less than 5 weeks from initial submission.

Revised manuscripts

If the Authors are asked to revise their manuscript, instructions for resubmission are provided and a timeline is indicated by the Editorial Office. The Authors are asked to respond with a revised manuscript and a rebuttal letter detailing their changes.

By submitting their revised manuscript to AIJ, the Authors confirm the acceptance of all 3 of the following conditions:

- Their total responsibility for the content of the article
- Permission for its publication by AIJ on its website and in the regular edition of the Journal
- Transfer of copyright for the publication of the manuscript to the Published.

After the review process has been completed, if the manuscript is finally accepted, the production process begins.

Competing interests

A Guest Editor is designated to handle the Editorial Process in case of potential conflicts of interest (e.g., when a submission comes from the Institution of the Editor-in-Chief or the Deputy Editors). Editors who have a potential conflict of interest with a given submission do not handle it, and recuse themselves from the discussion of the paper during the Editorial Board meeting to avoid influencing the discussion and the final decision.

Editorial and publishing policies

Authorship

The authors are responsible for the content of the manuscript. All of the authors should have participated in a meaningful way to the design, performance, analysis and/or reporting of the work and agree to be accountable for all its aspects. All of the authors must have read and approved the manuscript.

Authors included in the manuscript should meet all of the following conditions:

- Substantial contribution to the design and conception or analysis and interpretation of data, or both
- Drafting of the article or revising it critically for important intellectual content
- Final approval of the manuscript submitted to the Journal
- 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 article are appropriately investigated and resolved

Any other contributors to the work who do not qualify for Authorship (e.g., those of Authors who participated solely in the collection of data) should be listed in the acknowledgements section.

Please refer to the [ICMJE guidelines on authorship criteria](#) for more information. A limit to the number of authors that can be submitted is set only for Interventional flashlights (maximum of five [5] authors) and letters to the Editor (maximum of three [3] authors).

Informed consent

Studies involving experimental animals and humans must conform to the guiding principles of the Declaration of Helsinki. The 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 and signed consent to publish patient descriptions, illustrations or videos should be obtained from all persons who can be identified and sent to the editorial office of AIJ. 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. Please also refer to the [ICMJE recommendation](#) on this subject.

Conflict of interest and financial disclosures

AIJ is committed to publishing articles that are free from commercial influence. To that purpose, any study sponsorship must be fully disclosed, and 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.

The Corresponding Author should collect and upload the [ICMJE form](#) of each author and will be asked to upload them with the manuscript after the first round of revision, if applicable. The corresponding author is responsible for making sure that in the paper itself the “Conflict of interest statement” corresponds to the information provided on the individual ICMJE forms submitted by the Authors. The manuscript will be sent back to the Authors if one or more of the [ICMJE forms](#) are missing at the second round of review of the manuscript.

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