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# About EuroIntervention Case Reports

EuroIntervention Case Reports is an open-access journal that gives prominence to clinical cases by publishing high-quality, educationally valuable articles. Interventional cardiologists at all stages of their career are invited to submit articles that showcase innovation, highlight technical aspects or procedural steps of interventions, and focus on complications.

Articles are peer-reviewed and published in English over the entire spectrum of diagnostics and interventions in cardiovascular medicine.

The Journal publishes the following article types:

- Case Reports
- Flashlights
- Editorials
- First-in-Human/Early Reports
- My Treatment Strategy
- Clinical Case Series
- Focused Reviews
- Letters to the Editor

If you have any questions, contact us with your request at: [journal@eijcasereports.org](mailto:journal@eijcasereports.org).

Submit your manuscript at: <https://www2.cloud.editorialmanager.com/eijcr/>

# Why publish in EuroIntervention Case Reports?

EuroIntervention Case Reports is a member of the EuroIntervention family of publications and provides a platform for early-career interventionalists and experienced experts alike to share practical lessons from real-world cases.

Manuscripts submitted to EuroIntervention Case Reports benefit from:

- **A high-standard, single-blind peer-review service** that aims for completion from submission to decision in 4 weeks (for manuscripts that are sent out for external peer review).
- **Rapid editorial decisions** for manuscripts that do not pass the initial screening phase (1 to 3 business days from submission without external peer review).

Manuscripts accepted by EuroIntervention Case Reports benefit from:

- **Open Access publication** with DOI assignment, fully proofed and formatted in the style of the Journal;
- **Worldwide reach and visibility** through media channels including PCRonline (website and newsletters), Facebook, X, LinkedIn, Instagram, and Bluesky;
- **Impact on the interventional community** with Editorial Office assistance to coordinate the timing of online publication with presentation at medical conferences;
- **Tracking of article performance** through a dedicated metrics box on the article page.

**Application pending for indexing** in PubMed Central® and Scopus

EuroIntervention Case Reports articles may be unsolicited (submitted at the author's discretion via Editorial Manager) or solicited (invited by the Editors).

## Special publication options

**Fast-track review** – Exceptionally, EuroIntervention Case Reports will consider petitions for fast-track review. In this case, authors should submit their manuscript via EuroIntervention’s Case Reports Editorial Manager, ensuring that the manuscript adheres to EuroIntervention Case Reports’ authors instructions. An accompanying cover letter should detail why the authors deem the manuscript suitable for fast-track review. The Editors will decide and communicate within 2 business days whether the manuscript is suitable for fast-track or regular review. Approval for fast-track review does not guarantee acceptance of the manuscript, nor does it guarantee expedited publication should the manuscript be accepted.

**Simultaneous publication with conferences** – EuroIntervention Case Reports considers fast-track review and simultaneous publication of research for presentation at leading international conferences. Manuscripts will be considered if submitted at least 30 days before the scheduled presentation. A response on the suitability of the manuscript for this option is normally communicated within 2 business days. Authors who are interested in this service should indicate it in their cover letter. Upon final acceptance, the manuscript will be available online as a Just Accepted Article (JAA), coinciding with the presentation and in accordance with the policy of the conference.

**Publication embargo** – A publication embargo may be requested if the authors are presenting their abstracts/results at a subsequent conference. The publication of these submissions can be delayed or fast-tracked accordingly. Should authors wish for their submissions to be published with an embargo, they should include a note in the cover letter at the time of submission. The exact date and time of the presentation should be mentioned. Please note that this remains at the discretion of the Editorial Board and is subject to final acceptance.

**Invited or commissioned articles** – Editorials are usually solicited by the Editors prior to submission.

# Article Categories

When sending a new manuscript to EuroIntervention Case Reports, authors must identify the category type of their submission, as described below.

All word count limits are intended for the main text, excluding figure legends and table notes. For any text exceeding the word limit, an addendum of supplementary material is permitted.

**EuroIntervention Case Reports publishes the following types of articles:**

- **Case Reports**
- **Flashlights**
- **Editorials**
- **First-in-Human/Early Reports**
- **My Treatment Strategy**
- **Clinical Case Series**
- **Focused Reviews**
- **Letters to the Editor**

Manuscript type	Maximum word count (excluding title page, tables and references)	Authors	Maximum display items (tables and/or figures)	Maximum references
Case Report	1,500 words	10	5	10
Flashlight	500 words	5	1	5
Editorial	1,000 words	2	1	5
First-in-Human/Early Report	1,500 words	10	7	10
My Treatment Strategy	1,500 words	10	7	10
Clinical Case Series	2,000 words	10	7	15
Focused Review	2,000 words	10	7	20
Letters to the Editor	500 words	3	0	5

**Case Report:** This article type highlights novel information and demonstrates how a case contributes to practitioners' understanding of interventional cardiology. It may present new approaches to the diagnosis or management of a disease or condition in a clinical context and should have clear educational value.

*Structure: Learning objectives, Visual Summary, Keywords, Abbreviations, Introduction, Case summary (including patient presentation, medical history, diagnosis, management, and outcomes), Discussion, Conclusions, Impact on daily practice, Consent, Conflicts of interest, Funding, and References*

**Flashlight:** The goal of this type of article is to present a memorable finding in interventional cardiology, such as an exceptional, high-quality image, paired with a 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 the striking, illustrative clinical image before the review process. They will decide if the manuscript should be published as a Flashlight or will propose publication on the PCROnline website. Only submissions accepted as Flashlights will be published in EuroIntervention Case Reports, allocated a DOI, and be submitted for PubMed listing. Submissions selected to be on the PCROnline website will not be allocated a DOI and will not be indexed on PubMed. If the authors exceed the word count, the Editors will not consider the manuscript for peer review, and the manuscript will be returned unread. Authors are encouraged to submit additional moving images, which will appear online.

*Structure: Narrative paragraphs with no headings, Consent, Conflicts of interest, Funding, and References*

**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.

*Structure: Invitation only. Narrative paragraphs with no headings, Conflicts of interest, and References*

**First-in-Human/Early Reports:** This article category focuses on first-in-human (FIH) experiences with diagnostic or therapeutic breakthroughs. Completion of 30-day follow-up is required for the submission to be considered. Articles centred on participants currently enrolled in pivotal clinical trials will not be considered. The Journal can consider articles involving patients in early feasibility or compassionate-use studies with the consent of the subjects and study sponsor. The manuscript must include a caveat that the experience is the first reported *to the best of the authors' knowledge*.

*Structure: Learning objectives, Visual Summary, Keywords, Abbreviations, Introduction, Case Summary (including patient presentation, medical history, diagnosis, management, and*

*outcomes), Discussion, Conclusions, Impact on daily practice, Consent, Conflicts of interest, Funding, and References*

**My Treatment Strategy:** The aim of this article type is to describe how to perform a diagnostic or therapeutic procedure step-by-step. With this educational approach, readers should be able to easily follow and reproduce the technique without prior experience.

*Structure: Learning objectives, Visual Summary, Keywords, Abbreviations, Introduction, Case Summary, Procedure, Potential Complications, Conclusions, Conflicts of interest, Consent, Funding, and References.*

**Clinical Case Series:** This article type consists of 2 to 10 clinical cases presenting the same condition. Each patient's presentation, diagnosis, interventions, and outcomes should be described, with commentary to educate readers about different factors to consider during diagnosis and intervention. Illustrative images should be included.

*Structure: Learning objectives, Visual Summary, Keywords, Abbreviations, Introduction, Case summary (including patient presentation, medical history, diagnosis, management, and outcomes), Discussion, Conclusions, Impact on daily practice, Consent, Conflicts of interest, Funding, and References*

**Focused Review:** This type of article includes practical reviews on interventional topics (e.g., devices, techniques, procedures) intended for a specialised audience. The Editors will assign higher priority to articles of relevant and contemporary interest, with high-quality display materials. Authors may contact the Editor-in-Chief or Deputy Editors to propose a topic they are considering for this section and to confirm interest from the Journal's readership.

*Structure: Learning objectives, Visual Summary, Keywords, Abbreviations, Narrative abstract, Introduction, Main text, Conclusions, Conflicts of interest, and References.*

## **Fellows' Corner**

Eurolntervention Case Reports offers a Fellows' Corner section aimed at supporting early-career interventional cardiologists and fellows in training.

Authors may request consideration for the Fellows' Corner at the time of submission by confirming and documenting the current fellow status of the first or corresponding author. Acceptable documentation includes an official letter or appointment certificate from the training institution or programme director, or an equivalent institutional confirmation. Fellow status must be valid at the time of submission.

All manuscript types are eligible for consideration; eligibility is not restricted by article category.

Requests for inclusion in the Fellows' Corner, including waiver of the article processing charge (APC), are reviewed on a case-by-case basis. The final decision rests with the Editorial Board.

Manuscripts accepted within the Fellows' Corner will be accompanied by an editorial commentary from an invited expert, providing contextualisation and educational perspective. Inclusion in the Fellows' Corner does not modify the Journal's standard peer-review process or editorial standards.

# Manuscript Organisation

## Preparing your submission

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

- **Step 1** – Choose a suitable article category and read the EuroIntervention Case Reports editorial policies.
- **Step 2** – Prepare your submission by following the **Submission Checklist** below and the **formatting** requirements.
- **Step 3** – Submit your manuscript using the EuroIntervention Case Reports online submission system (Editorial manager).

## Submission checklist

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

1. Cover letter
2. Rebuttal letter (required only for revisions or transfers from other journals)
3. Title page
  - a. Title (as short and concise as possible. The Editors may ask for edits to improve clarity and per the Journal's house style if the manuscript is accepted)
  - b. Running title ( $\leq 7$  words or maximum 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. Author affiliations
  - f. A conflict of interest statement covering all authors
  - g. Contact details of the corresponding author (postal address, email, and Twitter handle, if available)
4. Learning objectives (3 short sentences summarising the main learning objectives are required in Case Reports, Clinical Case Series, First-in-Human/Early Reports, My Treatment Strategy, and Focused Reviews)
5. Visual summary (an illustrative figure or graphical abstract, which may include a multipanel central figure from the case, a timeline of key events, key diagnostic findings, or other relevant content highlighting the main learning points). We encourage authors to submit a high-value visual summary.
6. Keywords (3 to 6)
7. Abbreviations and acronyms
8. Introduction

9. Case presentation
10. Discussion
11. Conclusions
12. Impact on daily practice ( $\leq 125$  words, if applicable).
13. Consent
14. Conflicts of interest
15. Acknowledgements (if applicable)
16. Funding
17. References. Please ensure that your references include the full list of author names (no 'et al')
18. Figure titles and legends
19. Tables (each on a separate page)
20. Figures
21. Supplementary data

## **Formatting**

Prepare your manuscript text using a Word processing package (save as .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 (2.54-cm) margins. The title page, abstract, 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 content and structure

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. The authors will be asked to refine the manuscript until it fully adheres to the author instructions.

## Manuscript content

- Cover letter
- Title page
  - 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)
  - Running title ( $\leq 7$  words or maximum 50 characters including spaces)
  - Word count (see article categories for details on the maximum word count allowed for each type of article)
  - Author names followed by their academic qualifications
  - Author affiliations
  - A conflict of interest statement covering all authors
  - Contact details of the corresponding author (postal address, email, and Twitter handle, if available)
- Learning objectives (3 short sentences summarising the main learning objectives are required for Case Reports, Clinical Case Series, First-in-Human/Early Reports, My Treatment Strategy and Focused Reviews)
- Visual summary (an illustrative figure or graphical abstract, which may include a multipanel central figure from the case, a timeline of key events, key diagnostic findings, or other relevant content highlighting the main learning points)
- Keywords (3 to 6)
- Abbreviations and acronyms
- Introduction
- Case presentation
- Discussion
- Conclusions
- Impact on daily practice ( $\leq 125$  words, if applicable).
- Consent
- Conflicts of interest

- Acknowledgements (if applicable)
- Funding
- References. Please ensure that your references include the full list of author names (no 'et al')
- Figure titles and legends
- Tables (each on a separate page)
- Figures
- Supplementary data

## 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 neither the authorship nor affiliation can be changed after acceptance. Cover letters should concisely specify the significance of the paper, the novelty of its message, its relevance to daily practice, and the incremental value compared with existing literature. Authors should briefly summarise the strengths of the article and why they feel it is relevant to EuroIntervention Case Reports and suitable for publication. Cover letters must include the following 4 ICMJE elements: statements that 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, along with 4) the full disclosure of any potential conflicts of interest or that no such relationship exists. Exceptions must be explained. If there are no conflicts of interest, this should also be stated in the cover letter. For case reports involving patients, authors must confirm that written informed consent for publication has been obtained from the patient (or legal representative). For first-in-human reports, authors must also confirm that the procedure or intervention received the appropriate approval from the relevant ethics committee or institutional review board and was conducted in accordance with applicable ethical standards and regulations. Submissions submitted without a cover letter will be returned to the authors.

**Title page.** Include the full article title (preferably no more than 15 words) and authors' full names (first name, middle initial, and surname) with qualifications (e.g., MD, PhD). 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). Ex: Jane Doe<sup>1</sup>, MD, PhD;

Please note that a maximum of 2 first authors and 1 corresponding author will be permitted.

Please also include a running title of no more than 7 words or a maximum of 50 characters including spaces.

*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 an [ICMJE form](#) for

each author and will be asked to upload them with the manuscript after the first round of review, 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, and patent-licensing arrangements. 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 and galley proofs should be sent. Also provide telephone number(s), one email address, and a Twitter handle (if available) for the corresponding author.

**Learning objectives.** Authors must provide three short learning objectives. The learning objectives should state what the reader is expected to learn or gain from the case or procedural description and should reflect the article's clinical relevance and educational value.

This section is mandatory for Case Reports, Clinical Case Series, First-in-Human/Early Reports, and My Treatment Strategy articles and will be used by the Editors to assess the educational impact of the submission.

**Visual summary.** Provide a Visual Summary in the form of an illustrative figure or graphical abstract that highlights the key learning points of the article. This may include, but is not limited to: a multipanel central figure derived from the case, a timeline of key clinical events, key diagnostic or procedural findings, or other visual elements that facilitate understanding of the case and its educational message. We encourage the authors to provide a high-impact Visual Summary.

The Visual Summary should be clear, self-explanatory, and suitable for standalone interpretation. It is not required for the following article types: Editorials and Flashlights.

**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.

**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. Please do not include trial names in this list.

**Introduction.** The Introduction should briefly present the clinical context and relevance of the case and explain why it is important for the interventional community. It should set the rationale for the case or procedure described.

**Case presentation.** All text from the introduction to the end of the manuscript should be double-spaced. Page numbering should start with the title page. Use of headings and subheadings (e.g., patient population, study endpoints, statistical analysis, limitations, etc.)

is encouraged, except for in Flashlights and Editorials, which may not have headings. Every reference, figure, and table should be numbered in the text according to the order of mention.

**Impact on daily practice.** In a short paragraph of no more than 3 short sentences (i.e., no more than 125 words or 900 characters including spaces), the authors are asked to explain the clinical significance or translational value of their article, underlining the take-home message that they believe the reader should retain. Please refer to Article Categories to see which papers require Impact statements.

**Consent.** A dedicated Consent statement must be included in the manuscript confirming that written informed consent for publication was obtained. Patients (or, in the case of deceased patients, their legal representative or next of kin) must be informed about the scope of publication and dissemination. Consent forms should be retained by the treating institution and made available to the Editor upon request; exceptions may be considered only in rare cases where consent cannot be obtained, provided the case is sufficiently anonymised and the ethical justification is robust, at the discretion of the Editorial Board.

**Acknowledgements.** This section is intended to briefly acknowledge the contributions of individuals who do not qualify for authorship but provided significant help, e.g., in the conduct of the study or the writing of the article. It is optional.

**Funding.** All sources of funding supporting the work must be clearly disclosed in this section. If the study or case report received no specific funding, authors should explicitly state this.

**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 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.

Should the authors choose to cite guidelines, please ensure that they are the most up-to-date versions.

EuroIntervention is changing the format of author names in the references listed at the end of the article. We therefore ask that when there are 6 or fewer authors, all citation authors are listed and that when there are 7 more, the first 3 authors are listed, followed by et al.

**Figure legends.** Figure legends should be typed double-spaced on pages separate from the text. The figures must correspond with the order in which they are mentioned in the text. A figure legend consists of the figure number, title (in bold), and the subsequent description or explanation. If the figure is composed of panels, each panel should be described in the legend and panels should be labelled clockwise. 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 and the legend should state that permission has been obtained. Ensure that all figures are labelled and called for correctly, i.e. Figure 1, Figure 2, etc.

**Tables.** Tables should be included at the end of the main manuscript and should not exceed 1 page in length in Microsoft Word with font size 12. Authors will be asked to reduce any tables exceeding this length after the first round of review; any tables that are not subsequently reduced must be placed in Supplementary Data. They should be laid out in portrait (not landscape) format. Images cannot be used in tables and tables should not be saved in image format (for example: .jpeg, screenshots and other image formats). Tables must not contain colours, images or bullet points. 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. Ensure that all tables are labelled and called for correctly, i.e., Table 1, Table 2, etc. Please use both column and row dividers when preparing tables. Any articles cited in tables must also be included in the references list. If mentioning clinical trials in a table, please include a reference (if the trial has been published) or trial registration number (if the trial is not yet published) for each trial.

**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 x 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 and label in a clockwise fashion. 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.

During the original submission, figures should be uploaded as part of the main manuscript after the text and tables.

Before acceptance, authors will be requested to upload the figures as editable source files in a format such as .pptx or .eps.

Please ensure that the figures and the accompanying text are editable and of high resolution.

**Supplementary data.** 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.

**Moving images.** 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 in the Supplementary Data manuscript, under the subtitle “Moving images”. Please contact the Editorial Office at [journal@eijcasereports.org](mailto:journal@eijcasereports.org) for moving image submission assistance. The Editorial Office kindly asks that the authors upload moving images in a condensed format.

**Supplementary Appendices/Tables/Figures.** Should authors wish to include supplementary documentation, we ask that it be submitted in a separate Supplementary data manuscript, in the following order:

- **Supplementary Appendices**
- **Supplementary Tables**, each with a complete legend
- **Supplementary Figures**, each with a complete legend

All supplementary appendices, tables, figures, and any moving images must be called for in consecutive order in the main manuscript.

Please include a list in the main document, after the references, entitled Supplementary data, with a complete list and full titles of any appendix, table, figure, or moving image (e.g., Supplementary Table 1. Inclusion and exclusion criteria).

If you use references in the Supplementary data, these need to be added to the reference list in the main paper; there cannot be a separate reference list in the SD.

# Policy on the Use of Artificial Intelligence (AI) and AI-Assisted Technologies

At EuroIntervention Case Reports, we place a high value on scientific integrity, transparency, and accountability. We recognise that artificial intelligence (AI) and AI-assisted tools are now widely used and can be helpful in supporting research and manuscript preparation. At the same time, responsibility for the scientific content of any submission always rests with people, not tools. Safeguarding the integrity of the scientific record remains a shared priority for the authors, reviewers, and Editors.

**For authors.** While AI tools may be used in the manuscript writing process (e.g. language editing, stylistic improvement, translation, structural organisation), PCR Publishing is not supportive of the use of AI to generate original scientific content, data, analyses, interpretations, conclusions, recommendations, images, or references without appropriate human oversight. As part of the submission process, we ask that authors declare the use of AI or AI-assisted technologies in their cover letter, indicating the specific technology used and its purpose in the manuscript. This information will be available to the peer reviewers and Editors, and a declaration will appear in the final version of the paper if accepted for publication.

**For reviewers and Editors.** The assessment of manuscripts and editorial decision-making rely on independent scientific judgement and professional expertise. Reviews, recommendations, and editorial decisions should be produced by the reviewer or the Editor themselves and not generated by AI tools. Any use of AI must not compromise confidentiality, originality of judgement, or responsibility for the content of peer review. Therefore, uploading the manuscript or any of its contents into an AI tool is forbidden. This approach helps maintain trust in the peer review process and in the Journal.

EuroIntervention Case Reports follows the COPE and ICMJE recommendations that you can find here:

<https://publicationethics.org/guidance/cope-position/authorship-and-ai-tools>

<https://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html>

# Ethics and Patient Consent

Manuscripts submitted to *EuroIntervention Case Reports* must comply with the **ICMJE Recommendations** and the principles of the **Committee on Publication Ethics (COPE)**. Case reports should be prepared in accordance with the **CARE Guidelines**.

## Ethics approval

Individual case reports and small case series do not generally constitute research requiring formal approval by an institutional ethics committee or institutional review board, in accordance with national and institutional regulations. Where ethics committee approval was required, or where a waiver or exemption was granted, this must be clearly stated in the manuscript.

If ionising radiation was used as part of a research or investigational procedure, radiation exposure should be reported in the Methods section.

Research involving animals must have received prior approval from the appropriate institutional animal care committee and must comply with applicable national and international regulations governing animal welfare.

## Patient consent

Written informed consent for publication is mandatory for all case reports. Consent to undergo a medical procedure or to participate in clinical care does not constitute consent for publication, even when data are anonymised.

Patients must be informed about the nature and scope of the publication, including the use of clinical data, images, and videos, and about dissemination in print, online, and on social media platforms. For deceased patients, consent must be obtained from the legal representative or next of kin, in accordance with applicable law.

A dedicated consent statement must be included in the manuscript confirming that written informed consent for publication was obtained.

Completed consent forms must **not** be submitted with the manuscript but must be retained by the treating institution according to locally approved procedures and must be made available to the Editor upon request. Use of a standardised patient consent form is recommended.

If informed consent cannot be obtained despite reasonable efforts (e.g. deceased patient with no traceable relatives), publication may be considered only if the case is sufficiently

anonymised and the ethical justification is robust. The final decision rests with the Editorial Board.

## **Patient privacy and confidentiality**

Patient privacy is paramount. Identifying information, including names, initials, dates of birth, hospital numbers, or recognisable images, must not be included unless essential for scientific purposes and explicitly covered by the patient's written consent. Even where consent has been obtained, only the minimum necessary identifiable information should be disclosed.

Data should be anonymised wherever possible. Patient information must not be altered or falsified to achieve anonymity. Authors should recognise that complete anonymity cannot always be guaranteed, particularly in rare or highly distinctive cases.

## **Editorial oversight**

The Editorial Board reserves the right to reject manuscripts in which ethical standards, consent procedures, or patient privacy protections are considered insufficient, unclear, or inconsistent with best practice.

## **Editorial Process**

After your manuscript has been sent to EuroIntervention Case Reports, the editorial process begins. The Editorial Board comprises several editors, including the Editor-in-Chief, Deputy Editors, a Guest Editor, and a number of Associate Editors, Consultant Senior Consultant 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 specific comments.

### **Technical prescreening**

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 the editorial office prescreening, 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 quality, originality, 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 its message, its relevance to daily practice, and the incremental value compared with existing literature, as well as the strengths of the article and why the authors feel it is relevant to EuroIntervention Case Reports and worthy of publication.

The screening phase is primarily focused on the match between your manuscript and EuroIntervention Case Reports rather than a judgement on the merits of your work. In fact, general EuroIntervention Case Reports criteria must be fulfilled to warrant further consideration and peer review. General reasons for the decision to reject up-front typically include i) circumstances where EuroIntervention Case Reports has other papers already accepted or recently published in a given subject area; ii) circumstances where some papers are focused outside the scope of what the Editors feel is appropriate for EuroIntervention Case Reports; 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 the screening phase, it moves to the peer-review phase. Alternatively, a decision letter of rapid reject (Reject up-front) is sent.

### **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 rejection. 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, EuroIntervention Case Reports invites 3 to 4 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 the single-blind 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, with 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 further discussed during the Editorial Board meeting in which all deputies and handling section Editors are present.

### Editorial Board meeting

The Editorial Board, including the Editor-in-Chief, the Deputy Editors, and the Associate Editors meet digitally regularly 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 resubmission on a *de novo* basis, or ask the authors to revise. If the discussion does not reach a consensus, extra reviews or field experts may be requested, and the manuscript is rediscussed 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.

### 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 EuroIntervention Case Reports, the authors confirm acceptance of both of the following conditions:

- Their total responsibility for the content of the article

- Permission for its publication by EuroIntervention Case Reports on its website and in the regular edition of the Journal

## **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.

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Requests for APC waivers or discounts may be considered in specific circumstances, including for eligible submissions to the Fellows' Corner or for corresponding authors based in low- and middle-income countries, in accordance with the Journal's policies. All waiver requests are reviewed on a case-by-case basis by the Editorial Board.

## After Acceptance

**Final acceptance and publication.** After completion of the peer-review process, a final acceptance decision by the Editorial Board is communicated to the corresponding author, together with instructions for payment of the Article Processing Charges (APC) via the Copyright Clearance Center (CCC). Upon receipt of the APC, the manuscript enters the production process and, following author validation of the proofs, is published online. EuroIntervention Case Reports publishes 3 online-only issues per year.

**Article production.** Accepted manuscripts are sent to the production department for grammar and clarity checks and proof preparation. Galley proofs are sent to the corresponding author, who is responsible, on behalf of all co-authors, for carefully reviewing the proofs, addressing all queries, and returning the corrected proofs promptly. For articles accepted for fast-track publication, the same steps apply within a condensed timeline requiring a shorter response time. After acceptance, the manuscript will not be modified, except for grammar, spelling, or typographic corrections. Substantial changes to the text, tables, or figures will require the manuscript to re-enter the review process.

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## Retraction and Editorial Expression of Concern

If scientific misconduct is alleged, or concerns are otherwise raised about the conduct or integrity of work described in submitted or published papers, the Editorial Board of EuroIntervention Case Reports will follow the recommendations of Committee on Publication Ethics (COPE) and International Committee of Medical Journal Editors (ICMJE) and will conduct an investigation.

The Editorial Board of EuroIntervention Case Reports will consult the members of the relevant Ethics Committee and contact the authors with their concerns. Should the Journal find evidence of misconduct, the article will be retracted, or an editorial expression of

## ***Authors instructions***

concern will be published. The authors and their superiors will be contacted along with their institution, and the reviewers and the readers will be informed.