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Authors should include at the beginning of the methods section of their manuscript a statement clearly indicating that patients have given their informed consent for participation in the research study.

Every precaution must be taken to protect the privacy of patients. Authors should obtain permission from the patients for the publication of photographs or other material that might identify them. If necessary, a copy of such permission may be requested.

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associated with the paper will be available in the [NAME] repository following an embargo period). Such data will not be published as Supplementary Digital Material.

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**Editorials.** Commissioned by the Editor in Chief or the Managing Editor, editorials deal with a subject of topical interest about which the author expresses his/her personal opinion. The text must not be subdivided. No more than 1000 words (3 typed, double-spaced pages) and up to 15 references will be accepted.

**Original articles.** These should be original contributions to the subject. The text should be 3000-5500 words (8 to 16 typed, double-spaced pages) not including references, tables, figures. No more than 50 references will be accepted. The article must be subdivided into the following sections: introduction, materials (patients) and methods, results, discussion, conclusions. The introduction should describe the theoretical background, the aim of the study and the hypothesis to be tested. The materials and methods section should describe in a logical sequence how the study was designed and carried out, how the data were analyzed (what hypothesis was tested, what type of study was carried out, how randomization was done, how the subjects were recruited and chosen, provide accurate details of the main features of treatment, of the materials used, of drug dosages, of unusual equipments, of the statistical method ...). In the results section the answers to the questions posed in the introduction should be given. The results should be reported fully, clearly and concisely supported, if necessary, by figures, graphs and tables. The discussion section should sum up the main results, critically analyze the methods used, compare the results obtained with other published data and discuss the implications of the results. The conclusions should briefly sum up the significance of the study and its future implications. For randomised controlled trials it is suggested to the authors to conform the structure of their paper to the checklist requirements of the following guidelines reported by the CONSORT statement: <http://www.consort-statement.org>.

**Review articles.** These articles are commissioned by the Editor in Chief or the Managing Editor. They should discuss a topic of current interest, outline current knowledge of the subject, analyze different opinions regarding the problem discussed, be up-to-date on the latest data in the literature. Systematic reviews and meta-analyses must be subdivided into the following sections: introduction, evidence acquisition, evidence synthesis, conclusions. For systematic reviews and meta-analyses it is suggested to the authors to conform the structure of their paper to the checklist requirements of the following guidelines reported by the PRISMA statement: <http://www.prisma-statement.org>. The text should be 6000-12000 words (17 to 34 typed, double-spaced pages) not including references, tables, figures. No more than 100 references will be accepted.

**Special articles.** These are articles on the history of medicine, health care delivery, ethics, economic policy and law concerning angiology. The text should be 3000-7000

words (8 to 20 typed, double-spaced pages) not including references, tables, figures. No more than 50 references will be accepted.

**Letters to the Editor.** These may refer to articles already published in the journal or to particularly interesting observations or scientific data that the authors wish to present to readers in a concise form. The text must not be subdivided and should be 500-1000 words (1 to 3 typed, double-spaced pages) not including references, tables, figures. No more than 5 references will be accepted..

**Guidelines and Consensus.** These are documents drawn up by special committees or authoritative sources.

The number of figures and tables should be appropriate for the type and length of the paper.

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### Title and authors' details

Title: short title, with no abbreviations (no more than 100 characters). Running title: a shortened version of the title (no more than 40 characters) which will be placed in a header at the top of the published version. First name in full, middle name's initial, surname of the authors. Collective name, if any, as last author. Corresponding author marked with an asterisk. Affiliation (section, department and institution) of each author. Name, address, e-mail of the corresponding author.

### Abstract and key words

Articles should include an abstract of between 200 and 250 words. For original articles, the abstract should be structured as follows: background (what is already known about the subject and what the study intends to examine), methods (experimental design, patients and interventions), results (what was found), conclusions (meaning of the study). For systematic reviews and meta-analyses, the abstract should be structured as follows: introduction, evidence acquisition, evidence synthesis, conclusions. Key words should refer to the terms from Medical Subject Headings (MeSH) of MEDLINE/PubMed. No abstracts are required for editorials or letters to the Editor. Abbreviations and references are not permitted in the abstract.

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Identify methodologies, equipment (give name and address of manufacturer in brackets) and procedures in sufficient detail to allow other researchers to reproduce results. Specify well-known methods including statistical procedures; mention and provide a brief description of published methods which are not yet well known; describe new or modified methods at length; justify their use and evaluate their limits. For each drug generic name, dosage and administration routes should be given. Brand names for drugs should be given in brackets. Units of measurement, symbols and abbreviations must conform to international standards. Measurements of length, height, weight and volume should be given in metric units (meter, kilogram, liter) or their decimal multiples. Temperatures must be expressed in degrees Celsius. Blood pressure must be expressed in millimeters of mercury. All clinical chemistry measurements should be expressed in metric units using the International System of

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### References

It is expected that all cited references will have been read by the authors. The references must contain only the authors cited in the text, be numbered in Arabic numerals and consecutively as they are cited. Bibliographical entries in the text should be quoted using superscripted Arabic numerals. References must be set out in the standard format approved by the International Committee of Medical Journal Editors (<http://www.icmje.org>).

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Each entry must specify the author's surname and initials (list all authors when there are six or fewer; when there are seven or more, list only the first six and then "et al."), the article's original title, the name of the Journal (according to the abbreviations used by MEDLINE/PubMed), the year of publication, the volume number and the number of the first and last pages. When citing references, please follow the rules for international standard punctuation carefully.

- Standard article.

Liu H, Li J, Du L, Yang M, Yang D, Li J, et al. Short-term effects of core stability training on the balance and ambulation function of individuals with chronic spinal cord injury: a pilot randomized controlled trial. *Minerva Med* 2019;110:216-223

- Organization as author

International Committee of Medical Journal Editors. Uniform requirements for manuscripts submitted to biomedical journals. *Ann Int Med* 1988;108:258-65.

- Both individual authors and organization as author

Castelli E, Fazzi E; SIMFER-SINPIA Intersociety Commission. Recommendations for the rehabilitation of children with cerebral palsy. *Eur J Phys Rehabil Med*. 2016;52:691-703.

- Issue with supplement

Lacarrubba F, Musumeci Ml, Martorell A, Palmucci S, Petrillo G, Micali G. Role of the Imaging Techniques in the Diagnosis and Staging of Hidradenitis Suppurativa. *G Ital Dermatol Venereol* 2018;153 (3 Suppl 2), 20-5.

### *Books and monographs*

For occasional publications, the names of authors, title, edition, place, publisher and year of publication must be given.

- Books by one or more authors

Rossi G. *Manual of Otorhinolaryngology*. Turin: Edizioni Minerva Medica; 1987.

- Chapter from book

Donas K, Torsello G. Management of Restenosis after Carotid Artery Stenting and Carotid Endarterectomy. In: Jacobs M (editor). *Prevention and management of vascular complications*. Turin: Edizioni Minerva Medica; 2011. p.17-20.

- Congress proceedings

Novo S, Angelides N, Fletcher J, Roztocil K, editors. *A multidisciplinary approach to cardiovascular diseases. Proceedings of the 1st Meeting of the Multidisciplinary Chapter of the International Union of Angiology (IUA); 2014 Oct 2-5; Palermo, Italy*. Turin: Edizioni Minerva Medica; 2016.

### *Electronic material*

- Standard journal article on the Internet

Williams JS, Brown SM, Conlin PR. Videos in clinical medicine. Blood-pressure measurement. *N Engl J Med*. 2009 Jan 29;360(5):e6.

- Article published electronically ahead of the print version

Di Pierro F, Bertuccioli A, Cavecchia I, Possible therapeutic role of a highly standardized mixture of active compounds derived from cultured *Lentinula edodes* mycelia (AHCC) in patients infected with 2019 novel coronavirus. *Minerva Gastroenterol Dietol* 2020. [Epub ahead of print]

- Standard citation to a book on CD-ROM or DVD

Boglione L, Cariti G, Di Perri G. Interferon-free treatment of hepatitis C patients [CD-ROM]. Torino: Edizioni Minerva Medica; ©2017

- Standard citation to a homepage

AMA: helping doctors help patients [Internet]. Chicago: American Medical Association; ©1995-2007 [cited 2007 Feb 22]. Available from: <http://www.ama-assn.org/>.

Footnotes and endnotes of Word must not be used in the preparation of references.

References first cited in a table or figure legend should be numbered so that they will be in sequence with references cited in the text taking into consideration the point where the table or figure is first mentioned. Therefore, those references should not be listed at the end of the reference section but consecutively as they are cited.

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One or more files of supplementary material may be attached to the article. Such files must be submitted separately and cited in consecutive order in the text. There are no restrictions on the content of a file (it may include a text and a table, a single table, a figure and a table, two figures, a video, etc.).

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