Editorial Comments

1  Icosabutate, a More Potent Form of Omega 3 Fatty Acids, Shows Promise in Lowering Triglycerides
Riesen, W.F. (St. Gallen)

13  Therapeutic Coronary Reperfusion and Reperfusion Injury: An Introduction
Borer, J.S. (New York, N.Y.); Lewis, B.S. (Haifa)

Review

14  Can We Improve Myocardial Protection during Ischaemic Injury?
Ferrari, R.; Biscaglia, S; Malagù, M.; Bertini, M.; Campo, G. (Ferrara/Cotignola)

Original Research

3  Icosabutate, a Structurally Engineered Fatty Acid, Improves the Cardiovascular Risk Profile in Statin-Treated Patients with Residual Hypertriglyceridemia
Kastelein, J.J.P. (Amsterdam); Hallén, J.; Vige, R.; Fraser, D.A. (Lysaker); Zhou, R. (Cincinatti, Ohio); Hustvedt, S.O. (Lysaker); Orloff, D.G. (Cincinatti, Ohio); Bays, H.E. (Louisville, Ky.)

27  Acute Pericarditis-Associated Hospitalization in the USA: A Nationwide Analysis, 2003–2012
Kumar, N. (Cambridge, Mass.); Pandey, A. (Dallas, Tex.); Jain, P. (Cambridge, Mass.); Garg, N. (Boston, Mass.)

56  Matrix Metalloproteinase-9 as a Marker for Plaque Rupture and a Predictor of Adverse Clinical Outcome in Patients with Acute Coronary Syndrome: An Optical Coherence Tomography Study

Novel Insights from Clinical Experience

43  A Case of Survival: Myocardial Infarction and Ventricular Arrhythmia Induced by Severe Hydrogen Sulfide Poisoning
Chen, J.; Chen, S.; Mao, W. (Hangzhou)

Short Communications

36  Noninvasive Predictors of Malignant Arrhythmias
Golukhova, E.Z.; Gromova, O.; Grigoryan, M.; Merzlyakov, V.; Shumkov, K.; Bockeria, L. (Moscow); Serebruany, V.L. (Towson, Md.)

(Continued on inside front cover)
53 Development of the Mexican Heart Team: The Long and Winding Road

Letters to the Editor

48 Percutaneous Closure of Atrial Septal Defects with Deficient Rims
Krishnamoorthy, K.M.; Gopalakrishnan, A.; Sivasankaran, S.S. (Trivandrum)

50 Modulators of J-Shaped Association of HbA1c Levels with Mortality in Adults
Altay, S. (Edirne); Onat, A. (Istanbul); Kaya, A. (Suruç); Tusun, E. (Şanlıurfa)

Letter to the Editor / Reply

52 Low HbA1c Levels and Mortality: The Story Is Not Over Yet...
Havakuk, O.; Arbel, Y. (Tel Aviv)
Contents

See the journal website for contents
Submission
Cardiology publishes original reports in research and observations pertaining to cardiovascular physiology, epidemiology, pharmacology, disease, and therapy. Only original papers written in English are considered. The articles should be readily comprehensible to a reader who is fluent in English. Therefore, all manuscripts originating from non-English-speaking authors must be edited prior to submission to assure that standard English grammar and usage are observed. This may require help from a colleague or other editorial assistant. It is important to note that in order to assure that the manuscript has been reviewed, all submissions must be accompanied by a covering letter signed by all authors. Assurance should be given that the manuscript is not under simultaneous consideration by any other publication and that there are no conflicts of interest, see below. The preferred word processing package is Word for Windows®. Presentation of manuscripts should conform with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (see N Engl J Med 1997;336:309–315).

Main Sections
1. Original Research
2. Original Research – Clinical Trial Design
3. Review
4. Turning Basic Research into Clinical Success
5. Letter to the Editor
6. Novel Insights from Clinical Experience (formerly Case Reports)
7. Short Communications
8. Commentary
9. Established facts
10. Novel insights

Arrangement
Title Page: The first page of each paper should indicate the title, the author’s names, the institute where the work was conducted, and a short title for use as running head.

Copyright Transfer & Conflict of Interests Statement.

Ethics
Published research must comply with the guidelines for human studies and animal welfare regulations. Authors should state that subjects have given their informed consent and that the study protocol has been approved by the institute’s committee on human research. Further, they should also state that animal experiments conform to institutional standards.

Plagiarism
Authors should not appropriate the ideas, language or other elements of the work of others without providing appropriate attribution (i.e. “plagiarism”). Plagiarism includes, but is not limited to, verbatim copying without quotation marks, close paraphrasing or summarization of sentences or narrative passages without citing source, and duplication of figures, graphs, images or data without acknowledgement of their origins. Authors also should not submit a previously published manuscript or a section of a previously published manuscript, even when re-titled, otherwise re-worded or augmented, without clearly identifying its relation to the author’s earlier work (duplicate publication or “self-plagiarism”). For additional guidance, see Roig, M.: Plagiarism and self-plagiarism: What every author should know. Biochemia Medica 2010;20:295–300.

Conditions
All manuscripts are subject to editorial review. Manuscripts are received with the explicit understanding that they are not under simultaneous consideration by any other publication. Submission of an article for publication implies the transfer of the copyright from the author to the publisher upon acceptance. Accepted papers become the permanent property of Cardiology and may not be reproduced by any means, in whole or in part, without the written consent of the publisher. It is the author’s responsibility to obtain permission to reproduce illustrations, tables, etc. from other publications.

Conflict of Interest in Cardiovascular Publications
Declaration of potential conflict of interest should be part of each publication or presentation and be designated as one of more of four categories: (1) no relationship. (2) Relationship with a For Profit Organization. (3) Research relationship with a For Profit or Not For Profit Organization, which should be named. (4) Employee of a For Profit or Not For Profit Organization. For legal reasons, all authors are required during submission of their manuscript to completely and sign a Copyright Transfer & Conflicts of Interest Statement. The corresponding author must ensure that all authors have been asked to sign this form and to disclose any conflicts of interest.

Guidelines for Authors

If you have any problems with submission, please contact:
S. Karger AG
Editorial Office ‘Cardiology’
P.O. Box
CH–4009 Basel (Switzerland)
Tel. +41 61 306 1356
Fax +41 61 306 1434
E-Mail crd@karger.com

All manuscripts must be accompanied by a covering letter signed by all authors. Assurance should be given that the manuscript is not under simultaneous consideration by any other publication and that there are no conflicts of interest, see below. The preferred word processing package is Word for Windows®. Presentation of manuscripts should conform with the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (see N Engl J Med 1997;336:309–315).

Main Sections
1. Original Research
2. Original Research – Clinical Trial Design
3. Review
4. Turning Basic Research into Clinical Success
5. Letter to the Editor
6. Novel Insights from Clinical Experience (formerly Case Reports)
7. Short Communications
8. Commentary
9. Established facts
10. Novel insights

Arrangement
Title Page: The first page of each paper should indicate the title, the author’s names, the institute where the work was conducted, and a short title for use as running head.

Full address: The exact postal address of the corresponding author complete with postal code must be given at the bottom of the title page. Please also supply phone and fax numbers, as well as e-mail address.

Key words: Please supply 3–10 key words in English that reflect the content of the paper.

For submissions to Main Sections 1, 2 and 3:
Original Research, Original Research – Clinical Trial Design, and Review Papers
Abstract: The abstract is an essential and must read part of the paper. It should be printed on a separate page, up to 200 words, factual, free of abbreviations (except as specifically defined within the abstract text at first use) and should be structured as follows:

Objectives: Should describe the purpose of the study and the problem addressed; should include at least one sentence providing the rationale or justification for the study.

Methods: Should explain how the study was performed (samples and/or population, procedures, analytical methods).

Results: Should describe the main findings with specific statistical significance, if possible.

Conclusions: Should contain a succinct interpretation of the inferences to be drawn from results.
Digital Object Identifier (DOI)
S. Karger Publishers supports DOIs as unique identifiers for articles. A DOI number will be printed on the title page of each article. DOIs can be useful in the future for identifying and citing articles published online without volume or issue information. More information can be found at www.doi.org.

Supplementary Material
Multimedia files and other supplementary files, directly relevant but not essential to the conclusions of a paper, enhance the online version of a publication and increase its visibility on the web. These files will undergo editorial review. The Editors reserve the right to limit the scope and length of the supplementary material. Multimedia and supplementary material should meet production quality standards for publication without the need for any modification or editing. Files should not exceed 10 MB in size. Figures and tables need to have titles and legends, and all files should be supplied separately and labeled clearly. All supplementary material should be referred to in the main text. A DOI number will be assigned to supplementary material and it will be hosted online at https://karger.figshare.com under a CC BY license. Authors will be charged a processing fee of CHF 250.00 for supplementary material.

Self-Archiving/Green Open Access
Karger permits authors to archive their preprints (i.e. pre-peer review) or postprints (i.e. accepted manuscript after peer review but before production) on their personal or their institution's internal website. In addition, authors may post their accepted manuscripts in public Open Access repositories and scientific networks (e.g. ResearchGate or Mendeley) no earlier than 12 months following publication of the final version of their article. For all self-archiving, the posted manuscripts must:

- Be used for noncommercial purposes only
- Be linked to the final version on www.karger.com

The final, published version of this article is available at http://www.karger.com/?doi=[insert DOI number].

It is the author's responsibility to fulfill these requirements.

For papers published online first with a DOI number only, full citation details must be added as soon as the paper is published in its final version. This is important to ensure that citations can be credited to the article.

Funding Organizations (NIH etc.)
The U.S. National Institutes of Health (NIH) Public Access Policy mandates that accepted, peer-reviewed manuscripts are archived in its digital database, PubMed Central (PMC), within 12 months of the official publication date. As a service to authors, Karger submits NIH-funded articles to PMC on behalf of the authors immediately upon publication. The NIH assigns a PMID within approximately 1 month and the manuscript will appear in PMC after a 12-month embargo. For authors making their paper Open Access through Author's Choice™, the embargo will be overridden, thereby accelerating the accessibility of the article. Karger also complies with other funders' requirements (including Wellcome Trust and RCUK) for submission to PMC. Authors should include information on their grants in the Acknowledgements section of their papers.

Page Charges
There are no page charges for papers of 6 or fewer print pages (including tables, illustrations and references). Each additional complete or partial page is charged to the author at CHF 325.00. The allotted size of a paper is equal to approx. 18 manuscript pages (including tables, illustrations and references).

Proofs
Unless indicated otherwise, proofs are sent to the corresponding author and should be returned with the least possible delay. Alterations made in proofs, other than the correction of printer's errors, are charged to the author.

Reprints
In accordance with the relevant Creative Commons licence. Reprints of the article will be submitted by Karger on the author's behalf [see Funding Organizations (NIH etc.)].
The 20th Annual Meeting will cover a broad range of subjects relevant to cardiovascular disease including hypertension, vascular biology, platelets and thrombosis, diabetes and the metabolic syndrome, renal biology and dysfunction, cardiac biology and disease and cardiovascular genetics as well as modern strategies of prevention and therapy in cardiovascular disease. Particular emphasis is placed on the participation of young clinicians and scientists to facilitate discussion with key opinion leaders, and to promote rapid dissemination of best clinical practice. This is reflected by ECCR’s history of collaborations with various European educational networks.

The Scientific Programme will include:
- Keynote ‘state-of-the-art’ lectures and debates
- Plenty of networking opportunities
- Research workshops on current topics
- Oral sessions comprised of free communications from refereed abstracts
- Chaired poster discussion session (approximately 50-80 posters)
- Young Investigator Competition

New for 2016: Meet The Expert - These intimate sessions will give students the opportunity to discuss specific issues and cases with their chosen expert amongst a small group.

Registration and abstract submission are now open, please visit www.eccr.org to find out more.

The registration fees are as follows:
ECRR Member - €700   ECCR Non-Member - €900   Student* - €600

Note: To qualify for the ECCR Member rate you should have completed a Membership Application Form; please note, although this is free, your application must be approved by the Committee. *All students will be required to share a twin room.

Registration includes:
Access to all scientific sessions and conference materials, hotel accommodation from Thursday through to Sunday in a single (students in twin) ensuite room (3 nights) and meals from Friday breakfast through to Sunday lunch.

For further information please contact the conference secretariat:
ECRR Secretariat
Rapier House, 4-6 Crane Mead
Ware, Hertfordshire, SG12 9PW

Website: www.eccr.org
Email: eccr@hamptonmedical.com
Contact Number: +44 (0)1920 885 164
The Tobacco Epidemic
2nd, revised and extended edition

Editors
Robert Loddenkemper
Michael Kreuter

This completely revised and enlarged 2nd edition of The Tobacco Epidemic provides a comprehensive update of the clinical, public health and political aspects of tobacco smoking. Since its 1st edition in 1997, knowledge on the health hazards of tobacco and nicotine addiction has increased considerably, but recent data has shown that the global problem has become more aggravated in low- and middle-income countries: if current trends continue, tobacco smoking will be responsible for the deaths of 1 billion people in the 21st century.

Written by outstanding international experts, the book covers the history of tobacco production and use, the economics of tobacco use and control, as well as the health consequences of active and passive smoking in both adults and children. Special chapters discuss the impact of media, movies and TV on tobacco consumption in young people, the patterns and predictors of smoking cessation in the general population and in different social subgroups, and initiatives supported by the WHO Framework Convention on Tobacco Control. Readers will find the latest information on how nicotine dependence is treated with nicotine replacement products, what role health care professionals play in helping smokers to quit and what effects smoke-free environments, advertising bans and price increases have on smoking prevalence. The potential harms and benefits of smokeless tobacco, waterpipe tobacco smoking and electronic cigarettes are also evaluated.

This book is a must-read for anyone in the medical profession who treats patients with smoking-related diseases and for those engaged in tobacco control. It will also be appreciated by interested nonmedical readers like journalists and legislators.

Dear Librarian

I have reviewed this publication and would like to recommend it for our library.

Recommended by:

__________________________
Department:

__________________________
Date:

__________________________
Signature:

Orders may be placed with any bookshop, subscription agency, directly with the publisher or through a Karger distributor.

The easiest way to order: www.karger.com/prrer

Karger – Medical and Scientific Publishers
CH-4009 Basel, Switzerland
orders@karger.com, f +41 61 306 12 34
www.karger.com

Contents

• Foreword/Preface
• History of Tobacco Production and Use: Hanafin, J.; Clancy, L.
• Global Tobacco Epidemic: Mackay, J.; Schluger, N.
• The Tobacco Epidemic and the Commercial Sector: Tobacco Industry Strategy to Increase Profits and Prevent Regulation: Weishaar, H.
• Chemistry and Primary Toxicity of Tobacco and Tobacco Smoke: Wielbel, F.J.
• Nicotine Dependence: Zaveri, N.T.; Røløma, H.; Swan, G.E.
• The Psychology of the Smoker: Gilbert, D.G.; Pergadia, M.L.
• Respiratory Disorders Related to Smoking Tobacco: Murray, J.F.; Buist, A.S.
• Cardiovascular and Other (Except Respiratory) Disorders Related to Smoking Tobacco: Barnoya, J.; Monzon, J.C.
• Health Effects of Passive Smoking in Children: Bush, A.
• Health Effects of Passive Smoking in Adults: Clancy, L.; Kabir, Z.
• Economics of Tobacco Use and Control: Townsend, J.
• Legislation and Smoking Prevention: Latt, E.; Warner, V.
• The WHO Framework Convention on Tobacco Control: Pötschke-Langer, M.; Schotte, K.; Szilagyi, T.
• Youth and Tobacco: Bauer, C.; Kreuter, M.
• Impact of Media, Movies and TV on Tobacco Use in the Youth: Sargent, J.D.; Hanewinkel, R.
• Social Determinants of Cigarette Smoking: Upson, D.
• Smoking and Mental Health Problems: Caillé, S.; Baker, A.L.; Todd, J.; Turner, A.; Dayas, C.V.
• Patterns and Predictors of Smoking Cessation: Ditre, J.W.; Zale, E.L.; Brandon, T.H.
• Examining the Role of the Health Care Professional in Controlling the Tobacco Epidemic: Individual, Organizational and Institutional Responsibilities: Leone, F.T.; Evers-Carney, S.
• Pharmacotherapy: Nicotine Replacement Therapy and Other Drugs in Smoking Cessation (Including Vaccination): Tønnesen, P.
• Smokeless Tobacco – Health Hazards or Less Harm?: Bolinder, G.; Gilljam, H.
• Waterpipe Tobacco Smoking: A Less Harmful Alternative?: Jawad, M.
• Electronic Cigarettes: The Issues behind the Moral Quandary: Vardavas, C.I.; Agaku, I.T.

Author Index / Subject Index

www.karger.com/prrer
The fifth revised edition of this highly successful book presents the most extensive enhancement since Using and Understanding Medical Statistics was first published 30 years ago. Without question, the single greatest change has been the inclusion of source code, together with selected output, for the award-winning, open-source, statistical package known as R. This innovation has enabled the authors to de-emphasize formulae and calculations, and let software do all of the ‘heavy lifting’. This edition also introduces readers to several graphical statistical tools, such as Q-Q plots to check normality, residual plots for multiple regression models, funnel plots to detect publication bias in a meta-analysis, and Bland-Altman plots for assessing agreement in clinical measurements. New examples that better serve the expository goals have been added to a half-dozen chapters. In addition, there are new sections describing exact confidence bands for the Kaplan-Meier estimator, as well as negative binomial and zero-inflated Poisson regression models for over-dispersed count data. The end result is not only an excellent introduction to medical statistics, but also an invaluable reference for every discerning reader of medical research literature.