

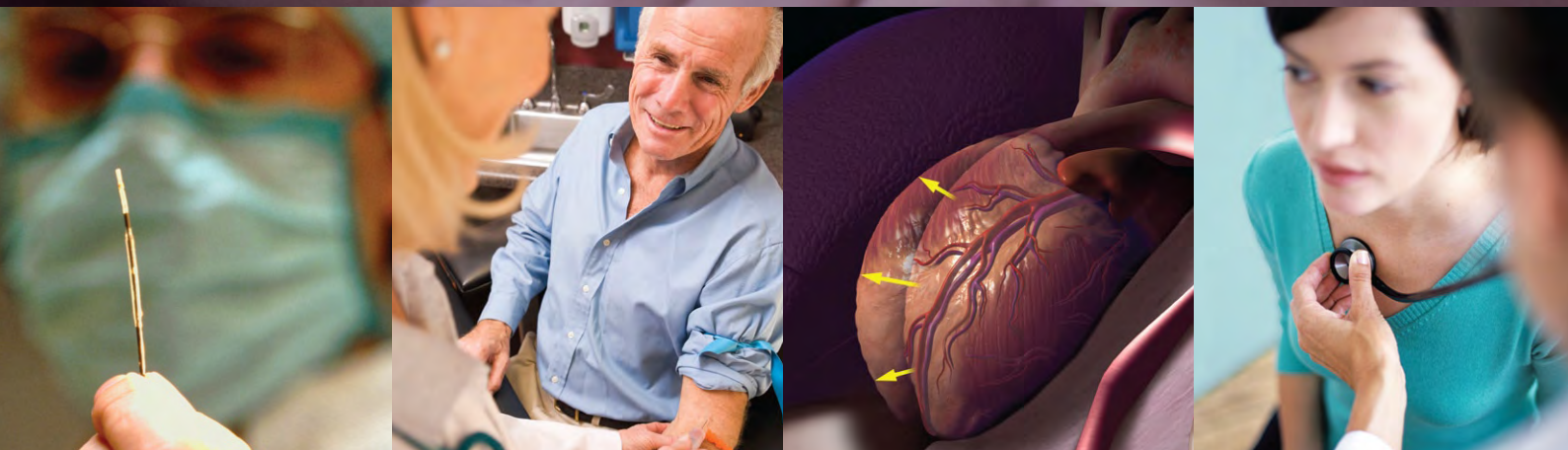
# BJC

[www.bjcardio.co.uk](http://www.bjcardio.co.uk)

## The British Journal of Cardiology

The peer-reviewed journal linking  
primary and secondary care

### Media Pack 2010



## The British Journal of Cardiology

The peer-reviewed journal linking primary and secondary care

### Editors

Kim Fox  
Terry McCormack  
Henry Purcell

### Associate Editor

Katharine White

### Supplement Editor

Rachel Arthur

### Editorial Assistant

Lucy Purcell

### Editorial Office and Publishers

MediNews (Cardiology) Limited  
9 Langton Street,  
London, SW10 0JL  
(production@bjcardio.co.uk)  
Tel: +44 (0)20 7823 3315

### Design and Layout

Consultants in Design

### Authors instructions

Can be obtained from the editorial office or from the website. See contact details above.

### Advertising and sales enquiries:

Nik Screen  
Versatility Consultants Ltd,  
35 Castle Road, Isleworth,  
Middlesex, TW7 6QR.  
(nscreen@bjcardio.co.uk)  
Tel: +44 (0)7710 442911  
Messages: +44 (0)20 3255 3154

### Annual subscriptions for 2010

UK & Europe:  
Individual GBP 105.00  
Institution GBP 155.00  
Elsewhere:  
Individual GBP 165.00  
Institution GBP 225.00

Published bi-monthly and distributed on a controlled circulation to general practitioners with an interest in cardiology, hospital cardiologists, diabetologists, vascular and cardiothoracic surgeons. The Journal may be provided, free, on request to other registered medical practitioners and GP trainees.

ISSN 0969-6113 (Print)  
ISSN 1753-4313 (Online)

www.bjcardio.co.uk

## Editorial Board

### SECTION EDITORS

#### BOOK REVIEWS

**Paul Kalra**  
Portsmouth Hospitals NHS Trust

#### BACR

**Lip-Bun Tan**  
Leeds University, Leeds

#### Malcom Walker

University College Hospital, London

#### BANCC

**Ian Jones**  
University of Salford

#### BHS INFORMATION SERVICE

**Bryan Williams**  
Leicester Royal Infirmary

#### BJCA

**Tushar Raina**  
Northern General Hospital, Sheffield

#### CARDIAC ELECTROPHYSIOLOGY

**Nicholas Peters**  
St Mary's Hospital, London

#### CARDIAC IMAGING

**Constantinos Anagnostopoulos**  
Barts and The London NHS Trust, London

#### CARDIAC SURGERY

**John Pepper**  
Royal Brompton Hospital, London

#### CARDIOLOGY IN THE ELDERLY

**Andrew Owen**  
Kent and Canterbury Hospital, Canterbury

#### CLINICAL NUTRITION

**Colin Waine**  
University of Sunderland, Sunderland

#### DIABETOLOGY

**Ian Campbell**  
Victoria Hospital, Kirkcaldy

#### ECHOCARDIOGRAPHY

**John Chambers**  
British Society of Echocardiography

#### ELECTROCARDIOGRAPHY

**Han Xiao**  
Homerton University Hospital, London

#### HEALTH POLICY

**James Raftery**  
University of Southampton

#### HEART UK

**Jonathan Morrell**  
Hastings, East Sussex

#### Gill Stokes

Maidenhead

#### NEPHROLOGY

**Peter Andrews**  
St Helier Hospital and Frimley Park Hospital, Surrey

#### NHA

**Naomi Stetson**  
London

#### NOF

**David Haslam**  
Nottingham

#### PATHOLOGY

**Mary Sheppard**  
Royal Brompton Hospital, London

#### PATIENT REPRESENTATIVE

**Eve Knight**  
London

#### PERINATAL CARDIOLOGY

**Helena Gardiner**  
Royal Brompton Hospital, London

#### PCCS

**Fran Sivers**  
Chiswick, London

#### SHARP

**Alan Begg**  
Ninewells Hospital, Dundee

#### Jennifer Adgey

Royal Victoria Hospital, Belfast

#### Kevin Barraclough

Painswick, Gloucestershire

#### Richard Best

Burnley Health Care NHS Trust, Burnley

#### John Betteridge

University College and Middlesex School of Medicine, London

#### John Camm

St George's Hospital Medical School, London

#### Douglas Chamberlain

Royal Sussex County Hospital, Brighton

#### Stuart Cobbe

University of Glasgow, Glasgow

#### Mick Colquhoun

Wales College of Medicine, Cardiff

#### Nick Curzen

Southampton University Hospitals NHS Trust, Southampton

#### Mark Davis

Leeds, Yorkshire

#### Patricia Donald

Edinburgh

#### Simon Dubrey

Hillingdon and Mount Vernon Hospital, Middlesex

#### Gavin Ewan

Aylesbury, Buckinghamshire

#### David Fitzmaurice

University of Birmingham, Birmingham

#### Marcus Flather

Royal Brompton Hospital, London

#### Godfrey Fowler

Institute of Health Sciences, Oxford University, Oxford

#### Keith Fox

The University of Edinburgh, Edinburgh

#### Ahmet Fuat

Darlington, Co. Durham

#### Michael Gatzoulis

Royal Brompton Hospital, London

#### Kathryn Griffith

York University, York

#### Stewart Hillis

Western Infirmary, Glasgow

#### Richard Hobbs

University of Birmingham, Birmingham

#### John Inman

Syston, Leicestershire

#### Hirosho Ito

Sakurabashi Watanabe Hospital, Osaka, Japan

#### Graham Jackson

Guy's Hospital, London

#### Sarah Jarvis

The Grove Medical Practice, London

#### Desmond Julian

University of Newcastle-upon-Tyne, Newcastle-upon-Tyne

#### George Kassianos

Bracknell, Berkshire

#### Richard Katz

University of Washington Medical Center, Washington DC, USA

#### Anne Kehely

Eli Lilly & Co, London

#### Mike Knapton

British Heart Foundation, London

#### Mike Kirby

Letchworth, Herts

#### David Lindsay

Gloucestershire Royal Hospital, Gloucester

#### Gregory Lip

City Hospital, Birmingham

#### Hugh McIntyre

Conquest Hospital, Hastings

#### John McMurray

Western Infirmary, Glasgow

#### David McVerry

Kidsgrove Health Centre, Stoke-on-Trent

#### Mike Mead

Leicester

#### Rubin Minhas

Rochester, Kent

#### Peter Mitchell-Heggs

Epsom General Hospital, Surrey

#### David Mulcahy

Tallaght Hospital, Dublin, Eire

#### Neal Munro

Surrey

#### Jaideep Pandit

John Radcliffe Hospital, Oxford

#### Bippin Patel

Hilltops Medical Centre, Milton Keynes

#### John Pittard

Staines, Middlesex

#### Tom Quinn

University of Surrey

#### Kausik Kumar Ray

University of Cambridge, Cambridge

#### Nina Rehnqvist

Danderyd Hospital, Sweden

#### Mike Schachter

St Mary's Hospital, London

#### Andrew Sears

Witley, Surrey

#### Peter Sever

St Mary's Hospital, London

#### Peter Stott

Tadworth Farm Surgery, Tadworth

#### Venkitasubramony Suresh

Hôpital Albert Schweitzer, Port-au-Prince, Haiti

#### Derek Waller

Royal South Hants Hospital, Southampton

#### Stuart Webb

St Charles's Hospital, London

#### Anthony Wierzbicki

St Thomas' Hospital, London

#### Derek Yellon

University College Hospital, London

The opinions, data and statements that appear in any articles published in the BJC are those of the contributors. The publisher, editors, and members of the editorial board do not necessarily share the views expressed herein. Although every effort is made to ensure accuracy and avoid mistakes, no liability on the part of the publisher, editors, the editorial board or their agents or employees is accepted for the consequences of any inaccurate or misleading information. © 2010 British Journal of Cardiology and MediNews (Cardiology) Limited. All rights reserved. The reproduction, or storage and transmission by means electronic or mechanical will be considered a breach of copyright unless the prior written permission of the publisher has been sought.

Front Cover Images: © Science Photo Library, iStockphoto



# Introduction

On behalf of the *British Journal of Cardiology* (BJC) Editorial Board, thank you for your interest and continuing marketing investment.

Such support helps strengthen our position as the leading UK peer-reviewed bi-monthly cardiometabolic medicine journal and we are proud that we have been asked to be the official journal for the associations listed opposite.

**The BJC uniquely links primary and secondary care by providing:**

- High quality peer-reviewed clinical reviews and original clinical research articles
- Educational support, professional development and patient care guidelines
- Editorial features, opinions and commentaries
- International and domestic conference news
- Professional best practice discussions

**By utilising any of our cost-effective, multi-media opportunities, you help to provide our circulation of 15,000 professional readers and over 20,000 unique online users with quality content including:**

- Editorials – frank and free ranging UK and European perspectives
- Clinical papers – audit, practice reviews, clinical studies, imaging techniques, rehabilitation and primary care
- Drug reviews – new and established compounds assessed by key opinion leaders
- 10 steps before referral - management advice for the primary care team
- Case reports
- Medical images
- News – clinical trial data, guidelines and topical issues
- Global congress clinical trial reports
- Meeting reports from our associate organisations
- Medical humour
- Letters and Diary



The British Journal  
of Cardiology is  
the official journal of



British Association for  
Cardiac Rehabilitation



British Association  
for Nursing in  
Cardiovascular Care

British Association for Nursing  
in Cardiovascular Care



British Hypertension  
Society Information Service



British Junior  
Cardiologists' Association



Cardiorenal Forum



Hyperlipidaemia Education  
& Atherosclerosis Research Trust



National GPSI Forum



National Obesity Forum



Nurses Hypertension  
Association



Primary Care  
Cardiovascular Society



Scottish Heart and Arterial  
Risk Prevention Group

# The Journal

We continue to publish medical, interventional and therapeutic development content of interest to the community that includes:

- Arrhythmias
- Heart failure
- Coronary artery disease
- Hypertension and stroke
- Coronary intervention and surgery
- Prevention and rehabilitation
- Dyslipidaemia
- Paediatric cardiology / adult congenital heart disease
- Diabetes and cardiorenal medicine
- Imaging

We recently upgraded the *British Journal of Cardiology* website to become a more interactive resource for our growing community of active online users. With continuing industry partnership and support of both print and online resources, we look forward to extending our efforts to meet the educational demands of our CV colleagues.

May we wish you continued success in your own commercial endeavours throughout 2010.

Henry Purcell  
Terry McCormack  
Kim Fox  
Kate White

## Hospital Readership Survey Data

The most recent Hospital Readership Survey (HRS) underlines the success of the BJC. We scored a high 55% average readership per issue figures amongst senior doctors in cardiology in the 2009 survey.

## Gaining international ground

As well as the well established UK edition of the BJC, the journal is also developing distribution in other countries – to date, India and the Middle East. Our highly respected reprints are circulated worldwide with increasing demand from international pharma to distribute key articles and reviews to both emerging and more developed markets.



### CARDIAC REHABILITATION

## Predicting adherence to phase III cardiac rehabilitation: should we be more optimistic?

Lesley A O'Brien, Morag K Thow, Danny Rafferty

#### Authors

Lesley A O'Brien  
Senior Physiotherapist Cardiac Rehabilitation  
Willem Gansel Hospital,  
50 Newton Street, Willem,  
ML2 0DP

Morag K Thow  
Lecturer in Physiotherapy  
Danny Rafferty  
Technical Research Officer  
Glasgow Caledonian University,  
Division of Physiotherapy, School  
of Health and Social Care,  
Caledonian Road, Glasgow,  
G4 0BA

Correspondence to:  
Dr M K Thow  
(M.Thow@cu.ac.uk)

Key words  
cardiac rehabilitation, optimism,  
prediction, uptake

Br J Cardiol 2009;16:250-53

Predicting uptake and adherence to cardiac rehabilitation (CR) continues to challenge providers of the service in the UK. This study included optimism with the more traditional predictors of adherence. The study included 61 eligible patients (37 men, 24 women) referred to an eight-week phase III CR programme. Socio-demographic data were collected including age, gender, diagnosis, employment, marital status and deprivation. Depression was measured using the Hospital Anxiety and Depression (HAD) scale. Dispositional optimism was measured using the Revised Life Orientation Test (LOT-R). Stages of change (SOC) for exercise were assessed. Attendance and completion of the eight-week CR programme were recorded for all patients. There was adherence to CR by 46 (75%; 27 men and 19 women) and non-adherence by 15 (25%; 10 men and 5 women). Dispositional optimism and SOC were found to be significant predictors of adherence ( $p=0.001$  and  $p=0.038$ , respectively), with depression trending towards significance ( $p=0.0614$ ). Socio-demographic variables were not significant. Greater optimism is associated with attendance at phase III CR. In addition, being in a higher stage of the SOC model is also associated with adherence. These findings can enable CR staff to identify patients at risk of failing to adhere, facilitating focused interventions to encourage adherence.

#### Introduction

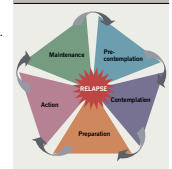
Exercise-based cardiac rehabilitation (CR) is embedded in cardiac care and can reduce cardiovascular mortality by 30% and death from

all causes by 20–25%.<sup>1,2</sup> Phase III CR is the stage of the patient journey in the UK that is primarily delivered in a hospital setting.<sup>3</sup> It is acknowledged that strategies to increase adherence and participation are needed to maximise health gains from participation in CR.<sup>4</sup> Predicting uptake and adherence has, to date, focused on traditional measures, e.g. age.<sup>5</sup> New aspects are receiving some attention, these include dispositional optimism and stages of change (SOC).

#### Optimism

Optimists expect events to go their way, more good things will happen to them than bad, whereas pessimists expect the opposite.<sup>6</sup> Carver and Scheier<sup>7</sup> suggest that optimists cope better with adversity, are more successful at achieving goals, less likely to suffer depression and have better physical health. In addition, being optimistic can be predictive of lower cardiovascular and all-cause mortality.<sup>8,9</sup>

Figure 1. The five stages of the transtheoretical model (adapted from ref. 8)



250 | The British Journal of Cardiology | September/October 2009 | Volume 16 Issue 5

### 10 STEPS

## Before you refer for: Lipids

#### Authors

Jonathan Mount  
General Practitioner and  
Hospital Practitioner  
21 Beaconsfield Road, Hastings,  
East Sussex, TN36 3TW  
(jmount@nhs.uk)

Tony Worzicki  
Senior Lecturer in Chemical Pathology  
St Thomas' Hospital, Lambeth Palace  
Road, London, SE1 7EH  
(Anthony.Worzicki@nhs.uk)

#### Introduction

The impetus of national initiatives highlighting the importance of lipid modification, the sheer number of people involved, and the continuous nature of therapy, mean that lipid management has become an everyday primary care discipline.<sup>1</sup> Most patients with dyslipidaemia can be investigated and treated effectively in primary care without referral to a specialist but, paradoxically, the increasing patient burden means an enhanced role for the specialist lipidologist as well.

Patients who should be referred to a specialist lipid clinic include:  
• Those with extreme values (primary care practitioners often feel less secure with mixed hyperlipidaemia and hypertriglyceridaemia than with pure hypercholesterolaemia). Generally, these can be defined as total cholesterol (TC) >7.5 mmol/L and/or fasting triglycerides (TG) >7.5 mmol/L. All patients with TG >20 mmol/L need to be referred given the risk of pancreatitis.  
• Those who fail to show an effective response to treatment (whether by virtue of the type and severity of their dyslipidaemia or their intolerance of first-line agents).

• Those with familial dyslipidaemia (e.g. familial hypercholesterolaemia, familial combined hypercholesterolaemia and Fredrickson Types I or V (TG >20 mmol/L), or type III (TG-TC and >7 mmol/L)) should be managed by specialists as family tracking may be easier to co-ordinate, drug doses used are higher and combination therapies are more common.

• Special cases (such as those requiring the help of paediatric, nephrology, neurology, vascular surgery and HIV clinics) or those requiring special investigations such as apolipoproteins, enzyme testing, DNA genotyping, or more detailed vascular assessment.



#### 1 Repeat the measurement

A number of biological influences mean that cholesterol levels vary with time, often by 10%. Triglycerides can vary by 20%. For example, after an acute illness such as a myocardial infarction (MI), cholesterol levels drop by up to 30% as part of the acute stress response and may not return to pre-morbid levels for several months. As if this were not enough, sampling errors and analytical variation compound interpretation. As with high blood pressure, taking repeated measurements increases the precision of diagnosis. Repeat samples should follow a 12-hour fast to stabilise triglyceride levels and facilitate interpretation of the full lipid profile.

242 | The British Journal of Cardiology | September/October 2009 | Volume 16 Issue 5

# Print & Online Readership

The print circulation includes almost 15,000 readers who are:

- Hospital cardiologists (all grades) and allied disciplines, e.g. cardiothoracic and vascular surgeons, consultants in diabetology, renal medicine and care of the elderly, and nurse consultants
- General practitioners including GPs with a special interest in cardiovascular medicine, all CHD clinics, CHD leads, diabetes leads, renal leads, high prescribers, and selected nurses working in primary care CHD clinics

Many more readers access the journal online

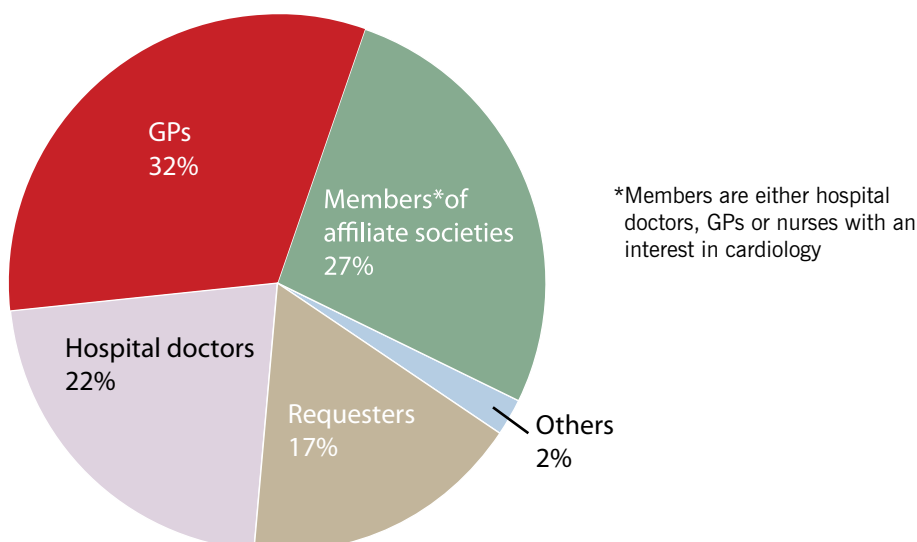
The BJC is the official journal and circulated to the membership of the:

- **Primary Care Cardiovascular Society:** a charity set up to improve the care and outcome of patients with cardiovascular disease in the primary care setting.
- **National GPSI Forum:** set up under the auspices of the PCCS to provide specific clinical education and continuing professional development to the specialist GP. The Forum enables GPSIs in cardiology to share information.
- **H·E·A·R·T UK:** a charity set up to support all those at risk of inherited high cholesterol and cardiovascular disease, with a professional division for health professionals who care for people with lipid abnormalities.
- **Scottish Heart and Arterial Risk Prevention Group:** a charity providing education and research for doctors and nurses concerned with tackling the problem of premature illness and death due to cardiovascular disease.
- **National Obesity Forum:** a charity established to raise awareness of the growing impact of obesity and overweight on patients and the NHS.
- **British Junior Cardiologists' Association:** the national body representing the interests of junior cardiologists for training, education and research issues.
- **Cardiorenal Forum:** an independent group set up to highlight the important clinical overlap that exists between patients presenting with a primary cardiovascular or renal problem.
- **British Hypertension Association Information Service:** a provider of information to doctors, nurses and other healthcare professionals who work in the field of hypertension and cardiovascular diseases.
- **British Association for Cardiac Rehabilitation:** an association concerned with the practice and philosophy of cardiac rehabilitation. It produces national guidelines and develops educational programmes and professional training systems in this field.

and members of key nursing groups:

- **Nurses Hypertension Association:** a group set up to provide an international forum for education, communication and research development amongst nurses in primary and secondary care taking an active interest in hypertension.
- **British Association for Nursing in Cardiac Care:** a forum for communication, professional development and national representation for all nurses in Britain who are involved in the care of cardiovascular patients.

## Print readership data



# BJC Reprints

Reprints of peer-reviewed articles under the auspices of the BJC provide a highly effective opportunity for dissemination of key messages. Reprint enquiries should be directed to:

Kate White  
MediNews (Cardiology) Ltd  
9 Langton Street, London SW10 0JL  
E: [kwhite@bjcardio.co.uk](mailto:kwhite@bjcardio.co.uk)  
T: +44 (0)20 8785 4656





# Supplements & Highlight Reports

Regular supplements and highlight reports to the main journal are published providing sponsors with the opportunity to have their name affiliated with BJC material. Whilst editorially independent, presentation and delivery can be tailored to company's specific needs.

These supplements provide a unique marketing opportunity to reach key opinion leaders and prescribers and will emphasise a sponsor's interest in progressing research in the field of cardiology.

The BJC supplements are sent out bi-monthly with the journal and additional copies can be made available for sponsored distribution by sales forces or for exhibition booth display. For further details about supplement sponsorship contact:

Kate White  
MediNews (Cardiology) Ltd  
9 Langton Street, London SW10 0JL  
E: [kwhite@bjcardio.co.uk](mailto:kwhite@bjcardio.co.uk)  
T: +44 (0)20 8785 4656



The BJC has a wealth of experience in running high calibre and highly successful educational meetings. The BJC is uniquely placed, with its prestigious editorial board, to organise innovative educational initiatives including round table meetings and symposia. We can organise the recruitment of faculty, moderator, and delegates from our extensive readership database. As well as pre-event promotion within the journal, we offer a rapid and skilled highlight report and supplement publication service, amongst other publication opportunities, after the meeting.

**We are currently planning series of meetings on topics such as:**

- Hypertension control and stroke prevention
- Modern approaches to angina management
- Enhanced service delivery and QoF Plus
- Cardiorenal medicine for primary care

The BJC has an excellent reputation with leading pharmaceutical companies for the publication of high-quality review supplements and meeting reports on therapeutic areas. Recent clients include:



A. MENARINI PHARMA U.K. S.R.L.



# Website Developments

BJC online, [www.bjcardio.co.uk](http://www.bjcardio.co.uk), has been developed as a fully interactive resource for 2010. Its sister website Arrhythmia Watch [www.arwatch.co.uk](http://www.arwatch.co.uk), an educational resource for cardiac rhythm management, was launched in 2009. Both are available online without charge.

Advertising is available on both websites and plans are being developed to use the sites for CME/CPD as well as for sponsored educational projects (e-learning and podcasts)

For online advertising opportunities, contact [nscreen@bjcardio.co.uk](mailto:nscreen@bjcardio.co.uk)

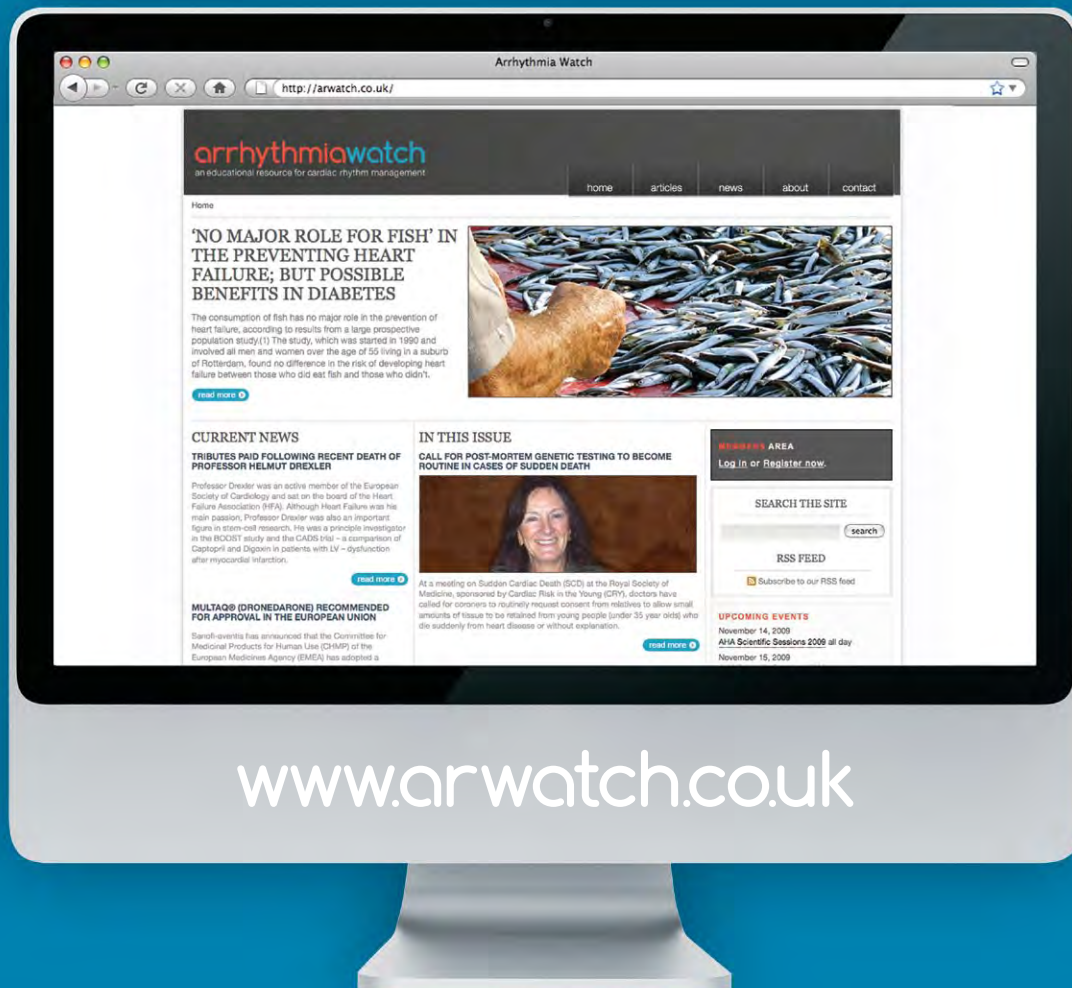
## Features include:

- Regular issue content that can be searched, browsed and read online
- Breaking international cardiovascular news
- Polls: to contribute, comment and debate
- Digital supplements and linked cardiovascular resources

## Registrant benefits to include:

- e-table of contents
- Print and download all content
- Historical archive
- Topical e-newsletters\*
- Verifiable CPD activity\*
- CV jobs board\*

\* planned development

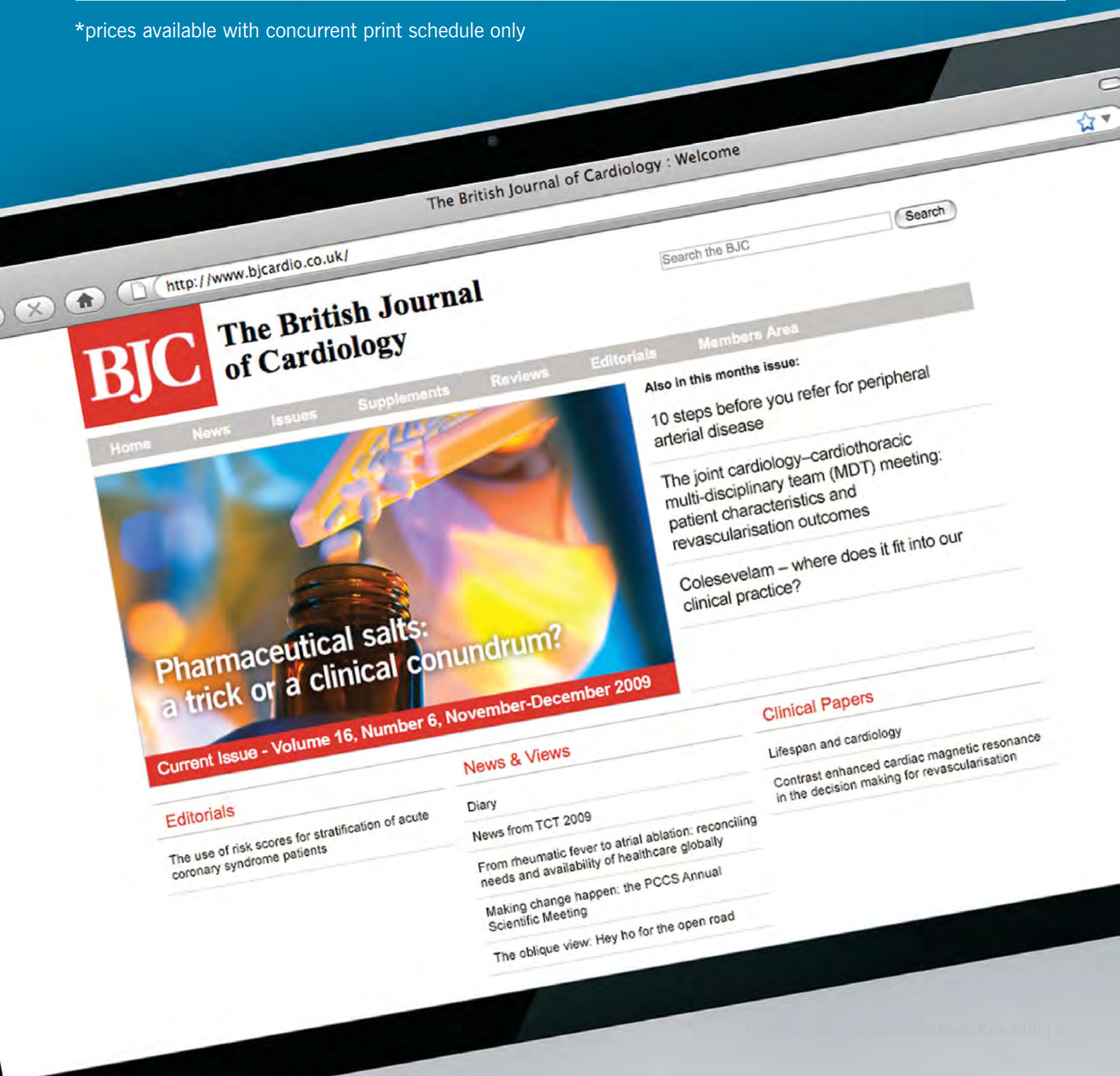




# Online Advertising

Online advertising (£ per number of days/rotating tenancy*)						Dimensions
	Tenancy period/location	30 day	60 day	180 day	360 day	
Leaderboard	Home page only (shared)	£450	£875	£2,575	n/a	728x90 pixels
Leaderboard	Exclusive sponsor	n/a	n/a	n/a	£5,000	728x90 pixels
Skyscraper 1	Run-of site (shared)	£600	£1,100	£3,100	£5,900	160x600 pixels
Skyscraper 2	Run-of site (shared)	£400	£1,175	£2,250	£4,500	160x300 pixels
Future online options						
Solus e-TOC	Exclusive issue sponsor	New options under development – phone for more details				
Solus e-newsletter						
Rich media						

\*prices available with concurrent print schedule only



# BJC Print Advertising Rates: The Journal

The BJC is an excellent platform for advertisers to reach cardiologists, doctors and nurses in both primary and secondary care. Our advertising rates are competitive and provide sales and marketing teams with exceptional value.

Your advertisement has greater exposure through the high editorial to advertisement ratio – increasing the impact of your product. The BJC has attractive series advertising and special positions that can be booked in advance – ensuring the journal reaches your target market to your best advantage.

## Standard advertising rates 2010 (excluding VAT)

		Insertions			Technical specifications (mm)		
Advertising (£ per issue)	Best position	1x	3x	6x	Trim	Type	Bleed
Quarter page (v)	Run of issue	£900	£700	£600	140x108	128x98	143x108
Half page (v)		£1,250	£1,150	£1,050	280x216	257x93	286x108
Half page (h)		£1,250	£1,150	£1,050	140x216	128x186	143x219
Whole page		£1,850	£1,750	£1,650	280x216	257x186	286x222
Whole page + 1/2 PI		£2,250	£2,150	£2,000	280x216	257x186	286x222
Whole page: Premium	IFC, Contents, Editorial	£2,250	£2,150	£2,000	280x216	257x186	286x222
Whole page: Premium	Outside Back Cover	£2,500	£2,300	£2,200	280x216	257x186	286x222
2-page spread	Run of Issue	£2,500	£2,300	£2,200	280x432	257x372	286x444
2-page spread: Premium	IFC, Contents 1-2	£2,750	£2,550	£2,450	280x432	257x372	286x444

### Artwork notes

Quarter and half page adverts: add on extra 3mm left hand side if bled into spine or right hand if bled on fore-edge.

Whole and double page adverts: Gutter bleed 3mm all sides. Supply as separate pages.

## Inserts, supplements and reprints

Individual promotional literature can be delivered to our readership by adding inserts into the journal most relevant to your product.

Accepted loose or bound in by arrangement. Specifications on page 14 or please call for additional information.

		Insertions			Technical specifications (mm)
Inserts	Circulation profile	1x	3x	6x	
2-4 page bound inserts	15,000 circulation or split-run	Phone	n/a	n/a	Phone for specifications
Loose inserts (up to 30g)	Primary care (6,300)	£1,775	n/a	n/a	Finished folded size to be within the limits of the journal 278mm x 208mm
Loose inserts (up to 30g)	Secondary care (8700)	£2,240	n/a	n/a	
Loose inserts (up to 30g)	Full (15,000)	£2,950	n/a	n/a	
<b>Supplements</b>	Full or split-run + run-on copies	For a custom quote, please email your project needs to <a href="mailto:nscreen@bjcardio.co.uk">nscreen@bjcardio.co.uk</a>			4 colour throughout on 150gsm matt silk stock with inclusive 150gsm BJC branded cover or customised design
<b>Reprinted articles</b>	250 – 50,000 copies				

### Delivery

Supplements: 10–16 weeks dependant on peer-review process.

Reprinted articles: 10–14 days from order confirmation subject to location.

**For all advertising opportunities, contact [nscreen@bjcardio.co.uk](mailto:nscreen@bjcardio.co.uk)**

# BJC Calendar

	Jan/Feb	Mar/Apr	May/June	Jul/Aug	Sept/Oct	Nov/Dec
	Vol 17/Iss 1	Vol 17/Iss 2	Vol 17/Iss 3	Vol 17/Iss 4	Vol 17/Iss 5	Vol 17/Iss 6
<b>Print Advertising/Insert Bookings</b>	21-Jan	01-Mar	01-May	01-Jul	01-Sep	01-Nov
<b>Advertising Copy</b>	29-Jan	05-Mar	07-May	09-Jul	10-Sep	05-Nov
<b>Online artwork</b>	01-Feb	01-Mar	01-May	01-Jul	01-Sep	01-Nov
<b>Insert Copy</b>	10-Feb	20-Mar	20-May	20-Jul	20-Sep	20-Nov
<b>Mailed</b>	12-Feb	26-Mar	28-May	30-Jul	01-Oct	26-Nov

<b>Topic coverage</b>	Arrhythmias, heart failure, coronary artery disease, hypertension and stroke, coronary intervention and surgery, prevention and rehabilitation, dyslipidaemia, paediatric cardiology / adult congenital heart disease, diabetes and cardiorenal medicine, imaging
<b>Editorials</b>	Frank and free-ranging UK and European perspectives
<b>Clinical papers</b>	Audit, practice reviews, clinical studies, imaging techniques, rehabilitation and primary care
<b>Drug reviews</b>	New and established compounds assessed by key opinion leaders
<b>News</b>	Latest clinical trial data, guideline and topical issues
<b>10 steps before... referral</b>	Management advice for the primary care team on Lipids, PAH, Angina, Diabetes, Obesity
<b>Case reports</b>	Interesting observations from the wards/GP surgeries
<b>Medical images</b>	Clinicians capture unusual clinical features
<b>Trial reports</b>	Latest updates from global congresses
<b>Meeting reports</b>	Summaries of leading association and society events
<b>The Oblique View</b>	A humorous view on life in the cath lab and beyond
<b>Letters and Diary</b>	Contemporary commentary from your community
<b>Diary</b>	Forthcoming essential calendar of activities

## Contact

Nik Screen  
Business Development Manager  
c/o Versatility Consultants Ltd  
35 Castle Road, Isleworth, Middlesex TW7 6QR  
T: +44 (0)77 1044 2911  
F: +44 (0)20 7823 3381  
E: [nscreen@bjcardio.co.uk](mailto:nscreen@bjcardio.co.uk)  
Messages: +44 (0)20 3255 3154

## Terms & payments:

Net 30 days subject to credit references  
Publication date: Jan/Feb; Mar/Apr; May/June;  
July/Aug; Sept/Oct; Nov/Dec.

Cancellation is accepted up to six weeks  
prior to publication.

## Artwork requirements

- We require the advert to be saved as a PDF
- Ensure all pictures/logos are high resolution and CMYK format
- All fonts must be embedded

The PDF can be supplied via email, on a CD or sent via email to [ads@bjcardio.co.uk](mailto:ads@bjcardio.co.uk)

## Copy date

Three weeks prior to publication date  
Agency commission: 10%

For all advertising opportunities, contact [nscreen@bjcardio.co.uk](mailto:nscreen@bjcardio.co.uk)



# BJC Print Technical Specifications: The Journal

## Double page spread (Full page x 2)



Bleed 286x444mm Gutter bleed 3mm all sides

IFC position please contact production office

It is preferable to have double page spreads supplied as 2 x single pages

### Artwork Requirements

- We require the advert to be saved as a PDF
- Ensure all pictures/logos are high resolution and CMYK format
- All fonts must be embedded

The PDF can be supplied via email, on a CD or sent via email to [ads@bjcardio.co.uk](mailto:ads@bjcardio.co.uk)

### Final copy date

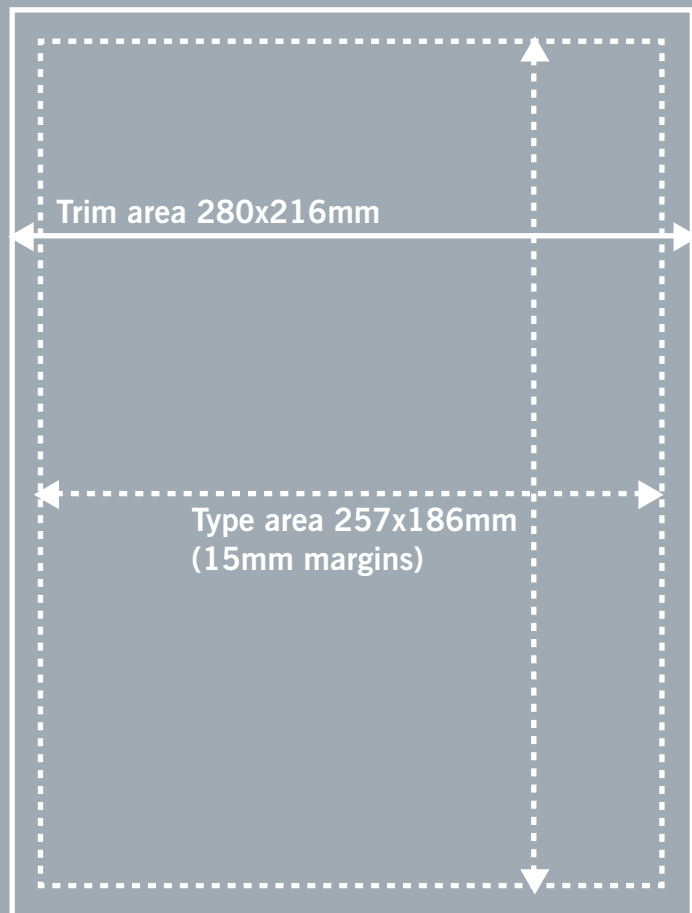
Three weeks prior to publication date.

### Cancellation notice

Cancellation is accepted up to six weeks prior to publication.

# BJC Print Technical Specifications: The Journal

## Full page



Bleed 286x222mm Gutter bleed 3mm all sides  
IFC position please contact production office

## Artwork Requirements

- We require the advert to be saved as a PDF
- Ensure all pictures/logos are high resolution and CMYK format
- All fonts must be embedded

The PDF can be supplied via email, on a CD or sent via email to [ads@bjcardio.co.uk](mailto:ads@bjcardio.co.uk)

## Final copy date

Three weeks prior to publication date.

## Cancellation notice

Cancellation is accepted up to six weeks prior to publication.





# The British Journal of Cardiology (BJC)

## Terms & Conditions

The following are the terms and conditions of the agreement between the 'Publisher', MediNews (Cardiology) Ltd and the 'Advertiser' – the party who has booked the space within the journal or any supplements, reprints or associated print material.

1. All adverts are subject to the Publisher's approval. The Publisher reserves the right to decline to publish or to change the position of an advert at its discretion and without explanation.
2. Should the Publisher change the position, size or prominence of an advert without prior agreement with the advertiser then the advertiser will have the right to cancel the contract. The Publisher does not accept liability for any errors created by third party suppliers, printers or contractors or any inaccurate instructions from the Advertiser.
3. All adverts must comply to the technical requirements of the Publisher. Should any advert not appear or be withdrawn, omitted or be suspended due to the Advertiser, then the cost of the space for the advert will be paid for in full. - even though the advert will not appear.
4. All adverts must comply with the provisions and regulations made in the Medicines Act 1968 (as amended), or any Acts of the UK Parliament and the European Union and EEC regulations and laws that are applicable in the United Kingdom.
5. It is a material term of this contract that all adverts must comply with the British Code of Advertising Practice or, where appropriate, the ABPI Code of Practice and any other relevant codes of the Advertising Standards Authority.
6. The Publisher reserves the right to increase the advertising rates at any time or to amend the terms and conditions as necessary without warning and prior consent. In such an event the Advertiser will have the right to cancel the remainder of their contract without further charge.
7. The Advertiser will ensure that the publication of their advertisement does not breach or infringe, any contract, any trade mark, any copyright or render the publication, or the Publisher liable in any way whatsoever. The Advertiser will ensure that any information relating to the advert to appear in the publication will be accurate and true and that any pictorial reference – photographic or otherwise – will have the full consent of any living person, Company or Organisation with the reproduction rights, in order that the Publisher may reproduce the picture, photograph or copy in the publication.
8. The advertiser will fully compensate the Publisher with regard to any claim, proceedings or demand as a result of the publication of the advert.
9. Advertiser payment invoices are subject to payment within 30 days. The Publisher will be entitled to charge interest on late payments at 3% above the current base rate of interest. All remittance must be made payable to MediNews (Cardiology) Ltd.
10. Neither party will be liable to other for any act of terrorism, strike, flood or other act of God that may result in the delay or cancellation of the publication and termination of the agreed contract between the two parties.