BJC

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The British Journal of Cardiology

The peer-reviewed journal linking primary and secondary care

Media Pack




BJC
www.bjcardio.co.uk

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The peer-reviewed journal linking primary and secondary care

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Published quarterly 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

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 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 10,000 professional readers and in print and over 13,000 registered users online 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
- 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
- Medical humour
- Letters and diary

The British Journal of Cardiology is the official journal of

British Association for Cardiovascular Prevention and Rehabilitation

British Association for Nursing in Cardiovascular Care

British Heart Valve Society

British Hypertension Society Information Service

British Junior Cardiologists' Association

Cardiorenal Forum

CardioVascular General Practitioners

HEART UK – The Cholesterol Charity

National Obesity Forum

Scottish Heart and Arterial Risk Prevention Group

UK Stroke Forum

The Journal & Websites

Leading opinion for over 20 years, The British Journal of Cardiology publishes 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

BJC Online is a well-designed, clear and fully interactive website for our rapidly growing community of active online users who now number 162,000. Exclusive online content includes all articles published ahead of print with a 12-year archive of articles, podcasts, regular topical newsletters and BJC Learning – our educational resource for continuing professional development.

Our sister websites cater for more specialist interests. BJC Arrhythmia Watch gives the latest news and views on cardiac rhythm management. The Cardiorenal Forum targets healthcare professionals involved in the management of patients presenting with a primary cardiovascular or renal problem.

Growing community

We are delighted that our online resources are enabling the BJC to reach healthcare professionals far beyond our traditional print readership. In the past five years, unique online visitors have increased more than six-fold. Page views on our site in 2013 increased to over 400,000. Our modern design enables content to be readily accessible and easy to read by tablet and mobile phone users, who now account for a fifth of our visits.

Our highly respected content can now be reached worldwide, with increasing demand from international pharma to distribute key articles and reviews to both emerging and more developed markets.

With continuing industry partnership and support of both our print and online resources, we look forward to extending our efforts to meet the educational demands of our cardiovascular colleagues. We hope this helps in your own continued commercial success.

Henry Purcell
Terry McCormack
Kim Fox
Kate White


HEART FAILURE

Assessing the health-related quality of life in patients hospitalised for acute heart failure

Paul Swinburn, Sarah Shingler, Siew Hwa Ong, Pascal Lecomte, Andrew Lloyd

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Key words
heart failure, quality of life, utilities

First published online 23rd April 2013

doi: 10.5837/bjc.2013.013

Br J Cardiol 2013;**20**:72–6

Acute heart failure (AHF) is a common cause of hospitalisation, presenting substantial economic and humanistic burden for healthcare systems and patients. This study was designed to capture proxy UK health-related quality of life (HRQoL) data for hospitalised patients with AHF.

Proxy assessments of HRQoL for patients were obtained from 50 experienced UK cardiac nurses (formal caregivers) and from 50 UK individuals who acted as caregivers for patients who had experienced an AHF event leading to hospitalisation (informal caregivers). Data were collected retrospectively for four time points (days 1, 3, 5 and 7 post-hospital admission for AHF event) using the EQ-5D. Results show a disparity in reported HRQoL at day 1 values between caregiver types (mean single utility index 0.20 *vs.* 0.68, respectively, p<0.001). By day 7, formal caregivers rated typical patients' HRQoL as being comparable to informal caregivers' assessments (0.82 *vs.* 0.73, respectively, p=0.145).

In conclusion, collection of utility data in severe acute conditions is challenging. This study captures values through the use of proxy assessment. Data suggest that AHF hospitalisation is associated with a significant HRQoL burden and that there exists a need for development of new treatments aimed at improving hospitalisation outcomes.

Introduction

Acute heart failure (AHF) has been defined by the European Society of Cardiology (ESC) as the rapid onset of, or change in, symptoms and signs of heart failure, and is a life-threatening condition that requires immediate medical attention.[1] These symptoms and signs include shortness of breath at rest or during exertion, fatigue, pulmonary or peripheral fluid retention, a cough, and evidence of an abnormality of the structure or function of the heart at rest.[1,2] This change in cardiac function results in an urgent need for therapy, and AHF is among the most common causes of hospitalisation.[3] AHF can, therefore, be seen to represent a huge burden on healthcare resources,[4] with the need for hospitalisation in order to stabilise the condition of patients being the single largest contributor to the costs of managing AHF.[5] The situation is further worsened in that readmission rates are high following discharge; approaching 50% within six months.[6]

As well as the substantial economic burden on healthcare services, a diagnosis of AHF is associated with a significant health-related quality of life (HRQoL) burden for patients. When making decisions about allocation of healthcare resources, many decision makers consider the impact of the intervention on both costs and health outcomes.[7] Health outcomes are commonly aggregated into quality-adjusted life years (QALYs), which is a metric that combines both survival and quality of life. AHF represents a significant challenge to quality of life for patients, due to a combination of the debilitating effects of the condition and the necessity for hospitalisation. Despite the incidence of the condition and the extent of burden experienced there is a paucity of utility data available for AHF, which could be used in economic analyses.


MEETING REPORT

SHARPening up research in Scotland

The Scottish Heart and Arterial disease Risk Prevention (SHARP) charity has aimed to reduce and prevent premature morbidity and mortality from cardiovascular disease in Scotland since its formation. The recent SHARP Annual Scientific Meeting – held on November 22nd–23rd 2012 in Dunkeld – highlighted the SHARP prize, initiated two years ago to encourage young researchers. Dr Alan Bagg reports.

Encouraging young researchers

Death rates from coronary heart disease (CHD) are falling across the UK, but the rates remain high in Scotland with a slower rate of decline than the rest of the devolved nations.[1] A recent Audit Scotland report has highlighted that although death rates of all types of heart disease have reduced by around 40% in the past 10 years, they remain the second highest cause of death after cancer.[2] Between 1991 and 1996 the SHARP mobile screening unit successfully screened 19,400 Scots between the ages of 18 and 70 years, mainly at their place of work. Currently 14,694 people remain alive on this database, all of whom are available for data linking with the information available for SHARP members to use for their own research.

One of the most popular sessions of the recent meeting was the SHARP prize presentations, where a real sense of achievement was apparent in the young researchers. The prize is intended to help them develop their work, and presenting at our annual meeting gave them the opportunity to discuss developing their project further with other researchers attending the meeting.

Their six abstracts presented are published below. Congratulations to Naveed Akbar (Ninewells Hospital, Dundee) who was the 2012 SHARP Prize winner.

The enthusiasm for the SHARP organisation remains strong and promotion of the SHARP prize is an important component of our approach in reducing the long-term burden of cardiovascular disease. Although not unique, this prize will continue in 2013 with £500 being available to the winner to attend either national or international conferences. For further details, contact SHARP@dundee.ac.uk.

Strengthening long-term links between academic medicine and healthcare delivery has been highlighted in a report from the Academy of Medical Sciences.[3] Our aim should be a clinical workforce able to utilise research for patient benefit and non-academic clinicians have an important role within their programmed activity, mentoring these aspiring researchers.

Figure 1. Annual hospital admissions in Scotland for acute coronary syndrome

2012 SHARP prize abstracts

Chronic inflammation and cardiovascular disease: a need for better cholesterol management?

Presented by Naveed Akbar, PhD Student, Vascular and Inflammatory Diseases Research Unit, Ninewells Hospital and Medical School, University of Dundee

Chronic inflammation is associated with adverse cardiovascular events. However, significant disease heterogeneity exists within disease cohorts. Thus there is an urgent need to better understand the pathophysiology owing to these differences.

We demonstrate that a single protein mutation (ABIN-1), fundamental in the normal regulation of cytokine expression through nuclear factor kappa-beta induces autoimmune disease, cardiac hypertrophy, vascular dysfunction and produces increased oxidative stress in mice; which are further exacerbated by hypercholesterolaemia.

Our data provides a novel insight into cellular signalling in chronic inflammation and subsequent cardiovascular health, suggesting a need for more stringent management of cholesterol in inflammatory diseases.

Changing patterns in the diagnosis of ACS in Scotland since 2000

Presented by SJ Wilson (Royal Infirmary of Edinburgh) on behalf of NHS Information and Statistics Division

We assessed the impact of the publication of the European/American Universal Definition of Myocardial Infarction (2000 and 2007), the Scottish Cardiac Society vote (2008) to support this and the introduction of sensitive troponin assays (2007) on the epidemiology of acute coronary syndrome (ACS) in Scotland since 2000.

Figure 1 shows that between 2000–2011 the incidence of myocardial infarction (MI) increased by 38% and unstable angina

Print & Online Readership

The print circulation includes:

- 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

Thousands more readers access the journal online

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

– **CardioVascular General Practitioners:** formerly the National GPSI Cardiology Forum, and now renamed CVGP (CardioVascular General Practitioners: the Society for GPs with an interest in Cardiovascular Medicine), it provides specific clinical education, continuing professional development, support and representation at policy level to all GPs involved in cardiovascular care.

– **HEART 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.

– **UK Stroke Forum:** hosted by the Stroke Association, the UKSF is a coalition of over 30 organisations committed to improving stroke care in the UK. It aims to bring together healthcare professionals to meet and share ideas, and also enables patients to meet stroke professionals and help shape future services.

– **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.

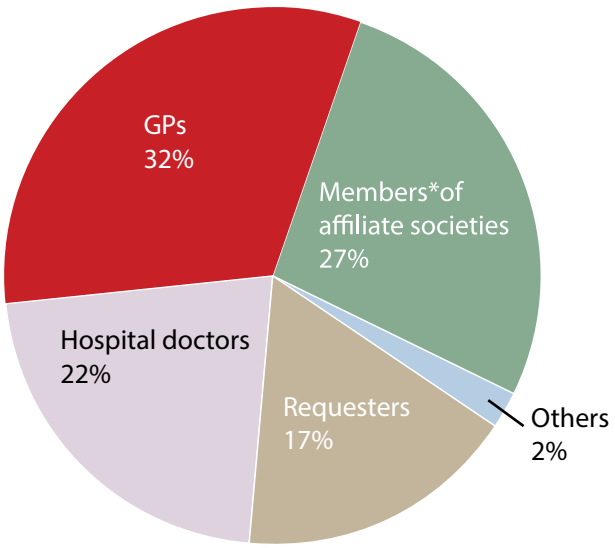
– **British Hypertension Association Information Service:** a provider of information to doctors, nurses and other healthcare professionals who work in the field of hypertension and cardiovascular diseases.

– **British Association for Cardiovascular Prevention and 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.

– **British Heart Valve Society:** A specialist group which draws on all disciplines relevant to valve disease, examining both the wider issues and those immediately related to clinical practice.

– **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



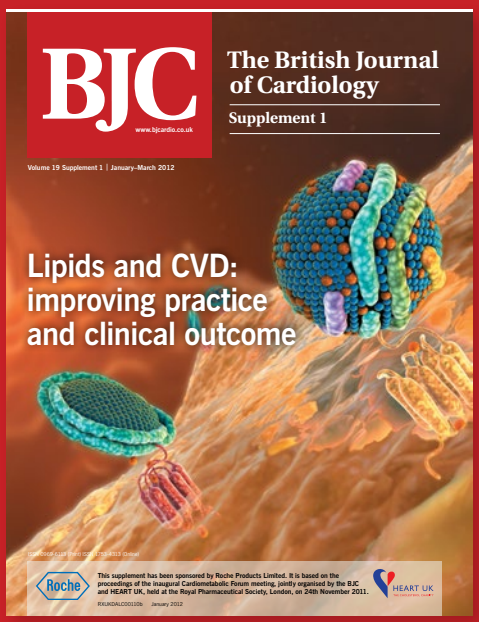
*Members are either hospital doctors, GPs or nurses with an interest in cardiology

Supplement & 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 a 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 supplement are published online and sent out with the journal. Additional copies can be made available for sponsored distribution by sales forces or for exhibition booth display.



BJC Reprints

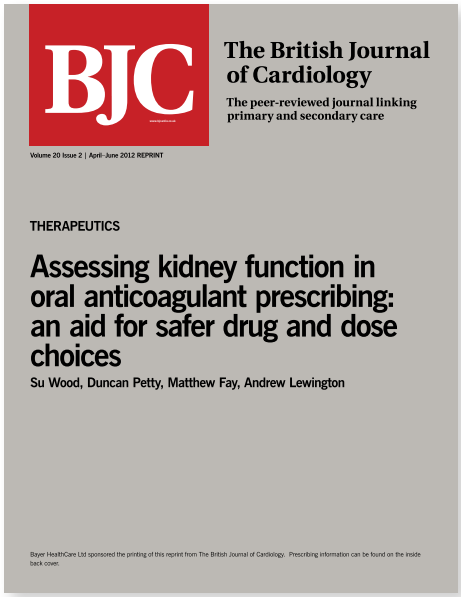
Reprints of peer-reviewed articles under the auspices of the BJC provide a highly effective opportunity for dissemination of key messages.

Supplement and reprint enquiries should be directed to:

Henry Purcell
hpurcell@bjcardio.co.uk

Katharine White
kwhite@bjcardio.co.uk

T: +44 (0)20 7731 4945



Meetings

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. We organise the Annual Scientific Meeting of the Cardiorenal Forum, meetings for the Cardiometabolic Forum and smaller postgraduate meetings throughout the year.

As well as pre-event promotion within the journal and online, we offer a rapid and skilled dissemination of information through publication of highlight reports, supplements, podcasts and e-newsletters, amongst other post-meeting opportunities.

The BJC has an excellent reputation with leading pharmaceutical companies for the publication of hiqh-quality review supplements, meeting reports and podcasts on therapeutic areas.

Meeting enquiries should be directed to:

Henry Purcell
hpurcell@bjcardio.co.uk
T: +44 (0)20 7731 4945

Our past clients include:

Daiichi-Sankyo, Lilly, A. Menarini Pharma U.K. S.R.L., Takeda, Abbott A Promise for Life, Pfizer, sanofi aventis Because health matters, Roche, Bayer, MSD, Boehringer Ingelheim, gsk GlaxoSmithKline, Medtronic, Novartis

BJC Learning

Our great free educational resource BJC Learning is fast becoming a popular solution for the continuing professional development requirements of today's healthcare professionals. Offering comprehensive elearning programmes on key clinical areas and written by experts, programmes include angina, anticoagulation, heart valve disease and pulmonary hypertension, with heart failure coming soon. Individual modules on more niche topics can also be supported.

This has all been made possible with the support of pharma, who have provided educational grants for these independent programmes ensuring delivery of best practice.

BJC Learning offers:

- Partners the opportunity to support educational initiatives
- Best practice guidance from expert writers
- Endorsement by professional bodies
- CPD points for users where and when they want
- Certificates for revalidation

For further details about sponsorship of BJC Learning, contact:

Henry Purcell
hpurcell@bjcardio.co.uk

Katharine White
kwhite@bjcardio.co.uk

T: +44 (0)20 7731 4945

Comments from past users include

"Well written, clear and useful information"

"Will recommend as a training module for the Trust"

"Very relevant to current practice"

"It has given me great confidence"

"Informative and concise"

"Relevant, instructive, succinct and practice-based"

"Comprehensive and up-to-date information"

"Great for CPD and revalidation"

"Thank you for this great free resource"

"A good overview with relevant links to other literature"

www.bjcardio.co.uk/learning

Digital Opportunities

BJC online, **www.bjcardio.co.uk**, which incorporates BJC Learning, **www.bjcardio.co.uk/learning**, is a fully interactive resource for our rapidly expanding community of over 13,000 registered profiled professional users and over 160,000 unique visitors per year. Our sister websites, BJC Arrhythmia Watch, **www.arwatch.co.uk** and the Cardiorenal Forum, **www.cardiorenalforum.com**, attract more specialist visitors to their sites.

Sponsorship options of these independent peer-reviewed digital resources include:

- Leaderboard and skyscraper banner advertising on the websites
- Skyscraper banner advertising on monthly newsletters alerting new online content
- Sponsorship of our 'Focus' newsletters in particular therapeutic areas
- Custom delivered podcasts
- Custom educational CME/CPD modules and supplements

Features include:

- Regular issue content that can be searched, browsed and read online
- Breaking international cardiovascular news
- Digital supplements and linked cardiovascular resources

Benefits to our online registered users:

- Newsletter alert to new content
- Print and download all content
- Historical archive
- Topical 'Focus' newsletters
- Modular programmes for CPD activity
- Access to podcasts reviewing major meetings

BJC Learning

www.bjcardio.co.uk/learning

CARDIORENAL FORUM

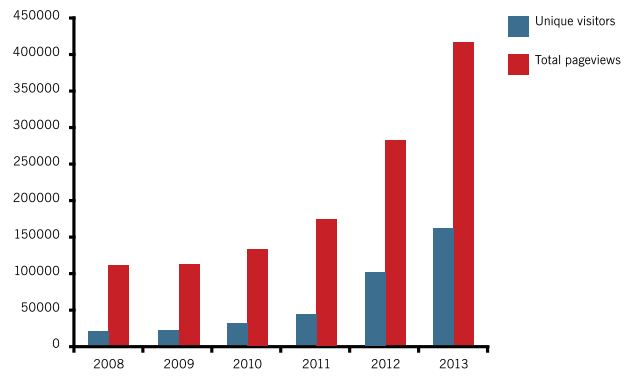
www.cardiorenalforum.com

arrhythmiawatch

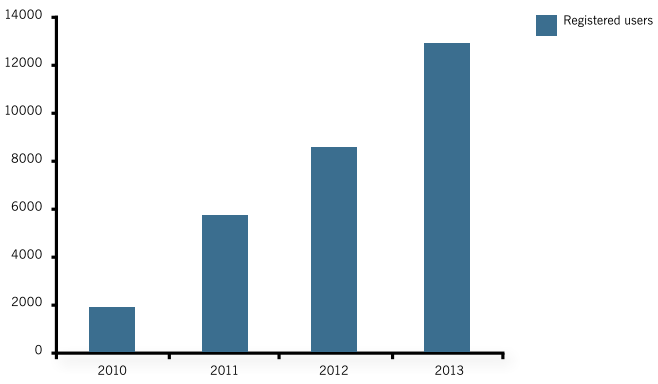
www.arwatch.co.uk

BJC online is a rapidly growing community

Unique visitors and page views

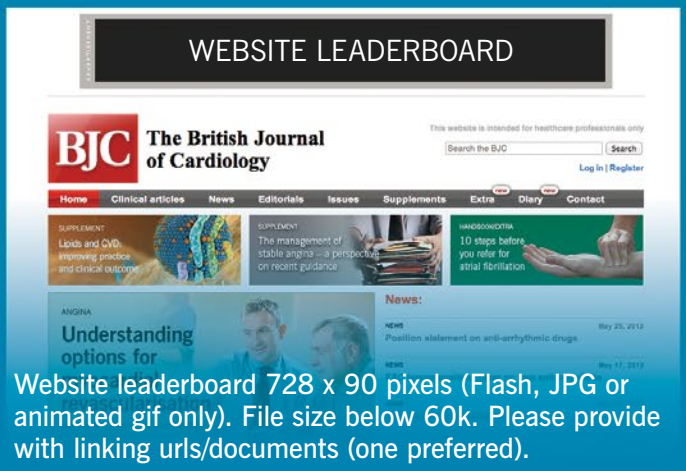


Registered users



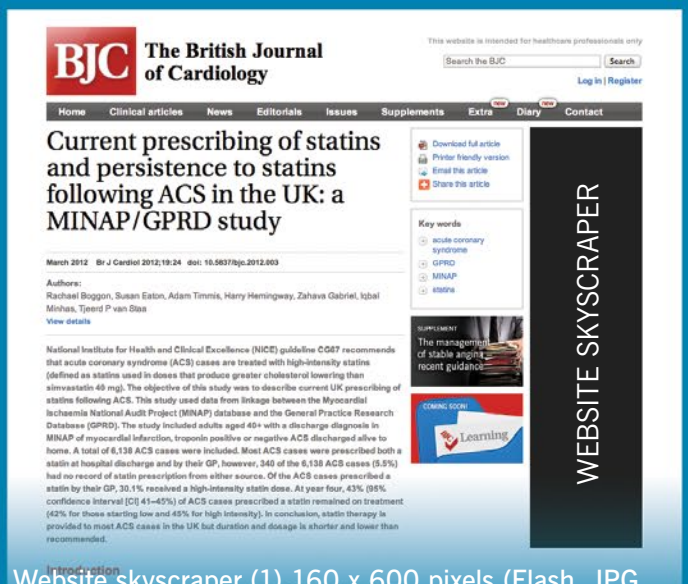
BJC Digital Advertising Rates

Online advertising (£ per number of days/rotating tenancy)						Dimensions
Website	**Tenancy period/location**	**30 day**	**60 day**	**180 day**		
Leaderboard	Home page only (shared)	£350	£650	£1,850		728x90 pixels
Leaderboard	Exclusive sponsor	14 days only – add £200 to regular space rate				728x90 pixels
Skyscraper 1	Run-of site (shared)	£450	£850	£2,350		160x600 pixels
Skyscraper 2	Run-of site (shared)	£300	£550	£1,550		160x300 pixels
Digital sponsorship (email newsletter)						
BJC newsletter skyscraper		£950 each		160 x 600 pixels		
BJC sponsored newsletter skyscraper		From £2500		160 x 600 pixels		
Custom digital sponsorship – please ask for a quote						
Podcast / webinar BJC e-issue / tablet version BJC e-learning CPD module sponsorship		Have a digital idea not listed? Contact Richard Bazneh (ads@bjcardio.co.uk) for a confidential discussion around your needs				



Website leaderboard 728 x 90 pixels (Flash, JPG or animated gif only). File size below 60k. Please provide with linking urls/documents (one preferred).

Newsletter skyscraper 160 x 600 pixels (JPG or GIF. Animated gifs* are only accepted if the first frame can act as the whole advert). File size below 60k. Please provide with linking urls/documents (one preferred).



Website skyscraper (1) 160 x 600 pixels (Flash, JPG or animated gif only). File size below 60k. Please provide with linking urls/documents (one preferred).

Sponsored newsletter skyscraper (2) 160 x 300 pixels (Flash, JPG or animated gif only). File size below 60k. Please provide with linking urls/documents (one preferred).

*WARNING: Microsoft Office Outlook 2007 does not display animated GIF files in the body of e-mail messages. Only the first frame of the animation appears. Recipients using Outlook 2007 will see ONLY THE FIRST FRAME of your animated GIF. It is suggested that you supply a non-animated ad for emails, or make sure all pertinent information is displayed in the first frame.

BJC Print Advertising Rates

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 2014 (excluding VAT)

		Insertions			Technical specifications (mm)		
Advertising (£ per issue)	**Best position**	**1x**	**3x**	**6x**	**Trim**	**Type**	**Bleed***
Quarter page (vertical)	Run of issue	£900	£700	£600	140x108	128x98	146x108
Half page (vertical)		£1,250	£1,150	£1,050	280x108	257x93	286x108
Half page (horizontal)		£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	286x222 (Each page)
2-page spread: Premium	IFC, Contents 1-2	£2,750	£2,550	£2,450	280x432	257x372	286x222 (Each page)
2-page: Half pages	Run of Issue	£1,850	£1,750	£1,650	140x432	128x372	143x222 (Each page)
Agency discount		5%	10%	10%			

***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 (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	Full circulation or split-run	Phone	n/a	n/a	Phone for specifications
Loose inserts (up to 30g)	Primary care	£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	£2,240	n/a	n/a	
Loose inserts (up to 30g)	Full	£2,950	n/a	n/a	
Supplements	Full or split-run + run-on copies	For a custom quote, please email your project needs to ads@bjcardio.co.uk			4 colour throughout on 150gsm matt silk stock with inclusive 150gsm BJC branded cover or customised design
Reprinted articles	250 – 50,000 copies				

Delivery

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

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

For all advertising opportunities, contact ads@bjcardio.co.uk

Topic coverage	Arrhythmias, heart failure, coronary artery disease, hypertension and stroke, coronary intervention, heart valves and surgery, prevention and rehabilitation, dyslipidaemia, paediatric cardiology / adult congenital heart disease, diabetes and cardiorenal medicine, imaging
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
News	Latest clinical trial data, guideline and topical issues
10 steps before… referral	Management advice for the primary care team on Lipids, PAH, Angina, Diabetes, Obesity
Case reports	Interesting observations from the wards/GP surgeries
Medical images	Clinicians capture unusual clinical features
Trial reports	Latest updates from global congresses
Meeting reports	Summaries of leading association and society events
The Oblique View	A humourous view on life in the cath lab and beyond
Letters and Diary	Contemporary commentary from your community
Diary	Forthcoming essential calendar of activities
Conference Podcasts	From key conferences such as ESC

Contact

Richard Bazneh
ads@bjcardio.co.uk

Terms & payments:

Net 30 days subject to credit references
Publication date: Jan–Mar; April–June; July–Sept; Oct–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**

Copy date

Three weeks prior to publication date
Agency commission: 10%

Editorial calendar

Please contact editorial@bjcardio.co.uk

For all advertising opportunities, contact ads@bjcardio.co.uk

BJC Print Technical Specifications: The Journal

Double page spread (Full page x 2)

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**

Final copy date

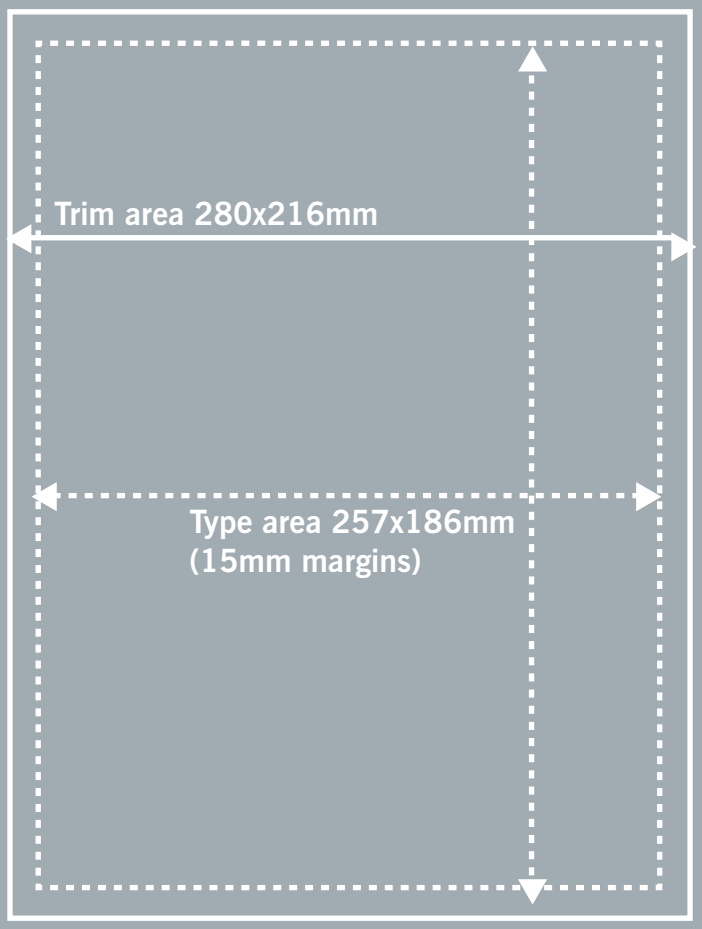
Three weeks prior to publication date.

Cancellation notice

Cancellation is accepted up to six weeks prior to publication.

BJC Print Technical Specifications: The Journal

Full page



Bleed 286x222mm (includes 3mm bleed 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**

Final copy date

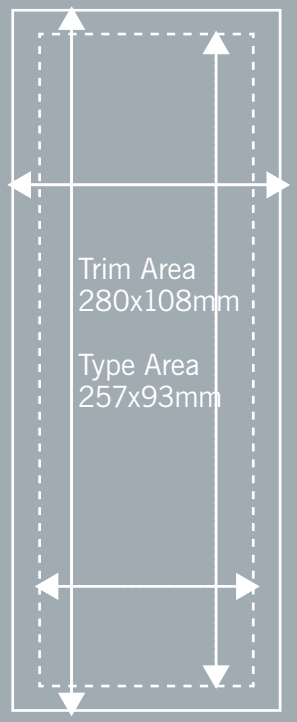
Three weeks prior to publication date.

Cancellation notice

Cancellation is accepted up to six weeks prior to publication.

BJC Print Technical Specifications: The Journal

Half Page Vertical

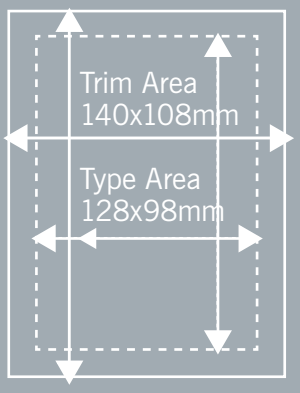


Bleed 286x108mm
Add on extra 3mm left hand side if bled into spine or right hand if bled on fore-edge

Half Page Horizontal

Bleed 143x219mm
Add on extra 3mm left hand side if bled into spine

Quarter Page



Bleed 146x108mm
Add on extra 3mm left hand side if bled into spine or right hand if bled on fore-edge

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**

Final copy date

Three weeks prior to publication date.

Cancellation notice

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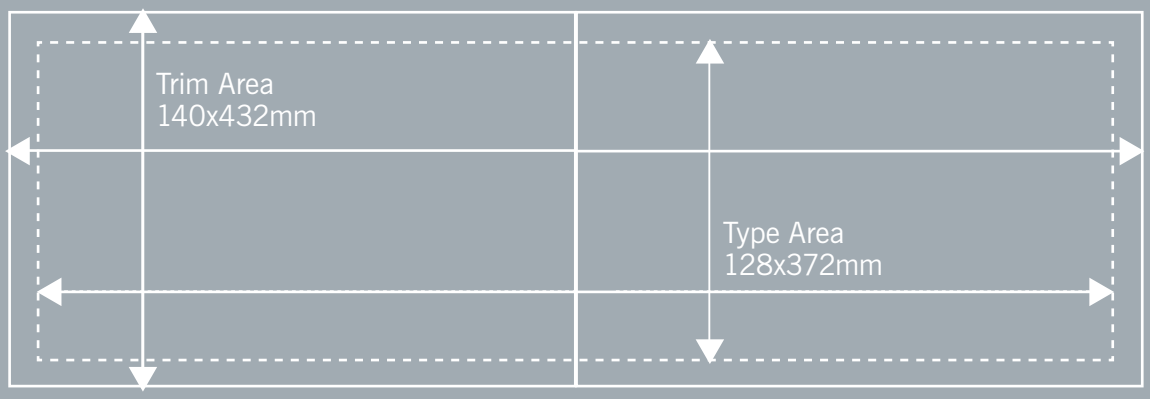
BJC Print Technical Specifications: The Journal

Half Page Horizontal (Double Page)



Gutter bleed 3mm all sides.
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**

Final copy date

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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 relavant 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.