

BJC

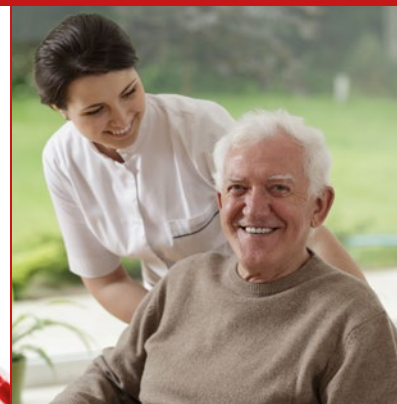
www.bjcardio.co.uk

The British Journal of Cardiology

The peer-reviewed journal linking
primary and secondary care

Advertising specifications and rate card: Digital and print 2020

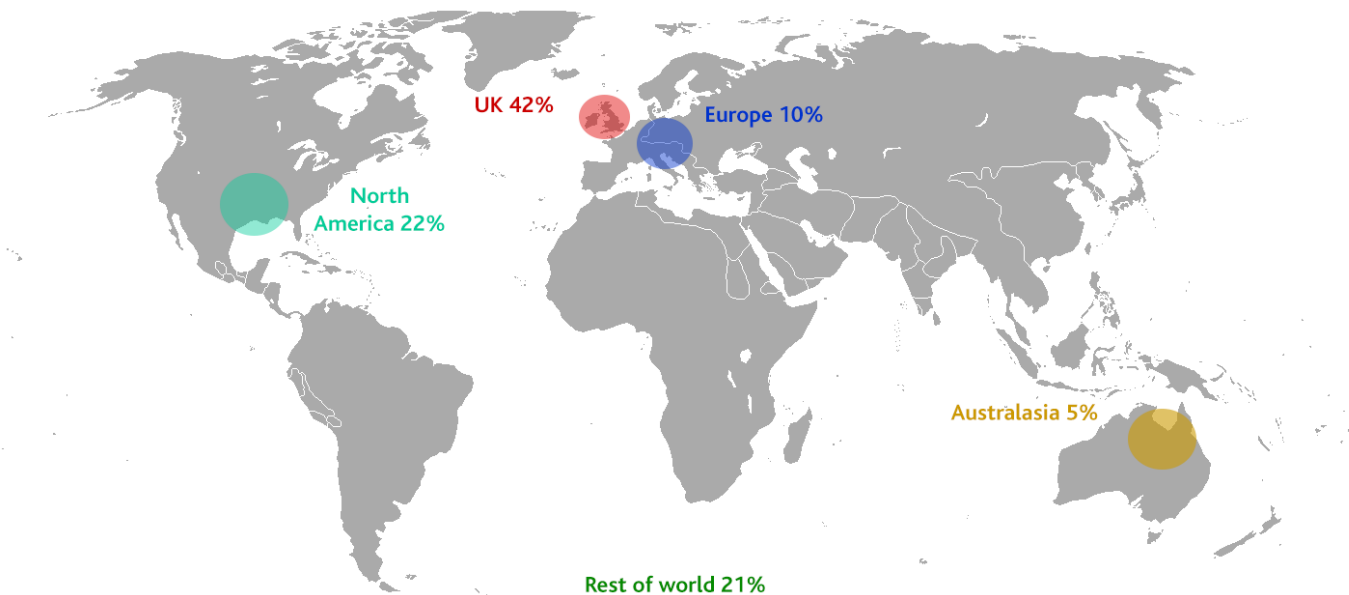
Version: January 2020



British Journal of Cardiology www.bjcardio.co.uk

The BJC uniquely links primary and secondary care doctors. Leading opinion for over 25 years, the BJC publishes quality content in cardiometabolic medicine to a UK audience in print and all over the world digitally. We publish news, views, meeting reports and peer-reviewed clinical articles, with extra content online including online first publication, podcasts, our CPD educational resource BJC Learning, and a fully searchable archive.

Target your messages to the UK or all over the world, on our mobile-responsive website



Source: BJC user data 2018

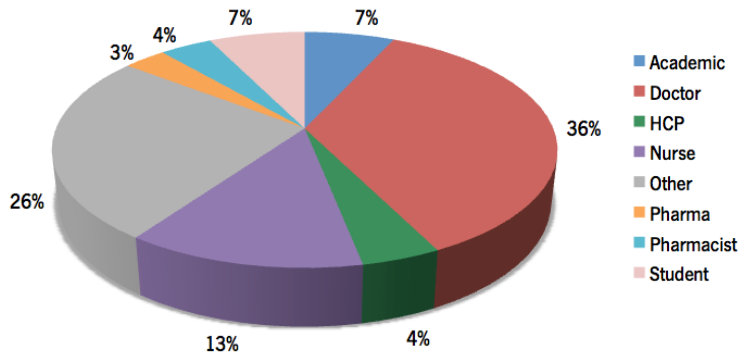
Our readers are loyal: 19% of visits to our site are return visitors and 26,300 are registered users

Contact Richard or Jack | E : ads@bjcardio.co.uk | T: 020 7731 4945 | M: 07792 339843

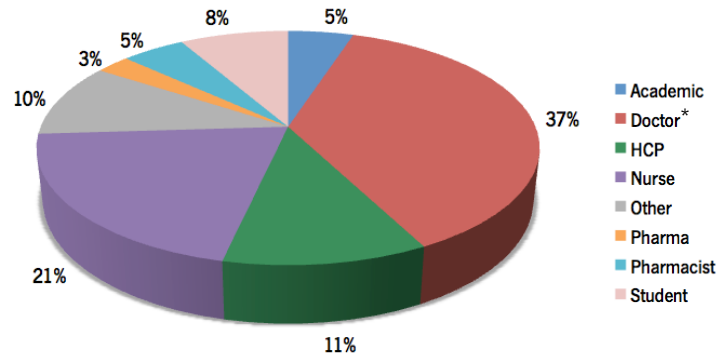
Our online audience

Hospital cardiologists (all grades) and general practitioners including GPs with a special interest in cardiovascular medicine; other healthcare professionals including specialist and practice nurses; pharmacists; and academics in relevant disciplines. Many of our visitors have registered their details with us and we have an online registrants database numbering over 26,300 with more than 12,000 UK registrants

BJC online registrants database by occupation – global



BJC online registrants database by occupation – UK cohort



*One in four of our UK doctors are based in primary care

All our online registrants have an interest in cardiology, or are practicing physicians, nurses, pharmacists and healthcare professionals whose interests include angina, anticoagulation, arrhythmias, cardiorenal medicine, congenital heart disease, coronary artery disease, diabetes, heart failure, hypertension, imaging, intervention, lipids, paediatric cardiology, pharmacology, prevention, rehabilitation, stroke, surgery and the elderly

The BJC is proud to be the official journal of many professional societies:

- Anticoagulation UK
- British Association for Cardiovascular Prevention and Rehabilitation
- British Association for Nursing in Cardiac Care
- British Heart Valve Society
- British Junior Cardiologists' Association
- Cardiorenal Forum
- HEART UK - The Cholesterol Charity
- National Obesity Forum
- Primary Care Cardiovascular Society
- Scottish Heart and Arterial Risk Prevention
- UK Stroke Forum

Digital advertising opportunities and rates

DIGITAL STATS (monthly average)

Page views	Registered users	Total impressions available globally	Impressions per position globally
41,354	26,300	120,000	40,000

Advertising options on our website (www.bjcardio.co.uk):

Website	Dimensions	CPM*	Geotargeted at UK CPM
Leaderboard	728x90 pixels	£55	£60
Skyscraper 1	160x600 pixels	£45	£50
Skyscraper 2	160x300 or 160x600 pixels	£40	£45

All website positions are sold on a non-exclusive basis

Exclusivity can only be guaranteed if files are delivered on time and the slot is paid in advance

*CPM = cost per thousand impressions. Minimum order 20,000 impressions

Agency discount 10%

Advertising options in digital newsletters to our online registrants database*:

Type of newsletter	Dimensions	Price	Geotargeted at UK
Skyscraper on BJC online first newsletters	160x600 pixels	£1,400	£1,600
Solus emails	–	POA	POA

*Two-thirds of our online registrants have opted in to receive our newsletters and other mailings

Website digital advertising positions

The screenshot shows the homepage of the British Journal of Cardiology. At the top, there is a red banner labeled 'LEADERBOARD'. Below this, the journal's logo and navigation menu are visible. The main content area features an article titled 'Controlled hypertension: a forgotten diagnosis'. To the right of the article, there are several ad positions: a 'SKYSCRAPER 1' ad, a 'SKYSCRAPER 2' ad, and a 'LEADERBOARD' ad. The 'SKYSCRAPER 1' ad is a vertical red banner with the text 'SKYSCRAPER 1' in white. The 'SKYSCRAPER 2' ad is a vertical red banner with the text 'SKYSCRAPER 2' in white. The 'LEADERBOARD' ad is a horizontal red banner with the text 'LEADERBOARD' in white. The article text discusses the clinical significance of controlled hypertension and includes a flowchart showing the relationship between hypertension and controlled hypertension.

LEADERBOARD

BJC The British Journal of Cardiology

Search the BJC

Logged in as [jack.laney@edpsol.com](#) | Account settings | Sign out

Controlled hypertension: a forgotten diagnosis

November 2017 | [BJC Cardio 2017;24:127](#) | doi:10.5837/bjc.2017.029 | Leave a comment
Click any page in margin

Authors: [Aaron Koshy](#), [Anet Gregory Tomis](#), [Sharon Koshy](#), [Raj Mohindra](#) | [Show details](#)

We believe that controlled systemic hypertension should be considered as an important clinical entity (Figure 1). We know that cardiovascular risks increase with rising blood pressure, each 2 mmHg increase in systolic blood pressure is associated with a 7% and 10% rise in mortality from ischaemic heart disease and stroke, respectively.¹ However, the converse proposition would also seem to be true. Meta-analyses have found significant reductions in stroke and coronary events associated with blood pressure control, even in grade 1 hypertension. Furthermore, large studies such as SPRINT (Systolic Blood Pressure Intervention Trial)² have shown that patients with tighter blood pressure control (mean systolic 121.4 mmHg) have significantly lower rates of major cardiovascular events and heart failure in addition to reduced mortality compared with the standard therapy cohort (mean systolic 138.2 mmHg). With reduction of blood pressure the associated risks are reduced.

Figure 1. Suggested model for hypertension

```
graph TD
    A[Patient in community] --> B[No evidence of hypertension]
    A --> C[Hypertension]
    C --> D[Controlled hypertension]
    C --> E[Uncontrolled hypertension]
```

Clinical significance

Controlled hypertension is likely clinically significant. Patients often receive prognostication or treatment upon the basis of a diagnosis of systemic hypertension. This is built upon the assumption that the patient risk profile is determined by a once proven diagnosis of systemic hypertension. However, if patients are successfully treated for their systemic hypertension they may in fact move from a higher risk group towards a lower risk group. This could result in some patients ultimately receiving inappropriate treatments.

For example, consider a relatively young male patient suffering from atrial fibrillation. He has a CHADS₂/WASc score of 1 based solely upon a diagnosis of systemic hypertension and is receiving formal anticoagulation. It is possible that a subsequent diagnosis of controlled hypertension might prompt withdrawal of formal anticoagulation. We read with interest that hypertension can be a common reason for cancelling surgery.⁴ The label of controlled hypertension (meaning control over the medium rather than short term), when applied to those patients in whom blood pressure is sufficiently well controlled for their intervention, might permit more operations to proceed. The key idea here is that a diagnosis of controlled hypertension should apply to those patients who respond to antihypertensive treatment. Their overall management should consider the potential marginal contribution of blood pressure to their risk profile, which may be closer to that of the general population. Further research is merited here to formalise criteria.

Conflict of interest

None declared.

References

- National Institute for Health and Care Excellence. Hypertension in adults: diagnosis and management. London: NICE; 2011. Available from: <https://www.nice.org.uk/guidance/cg127>
- Thomopoulos C, Parati G, Zanchetti A. Effects of blood pressure lowering on outcome incidence in

Your digital campaigns can be targeted to the UK or all over the world

Your message will receive an average of 40,000 views per month globally, with over half seen by UK users

Leaderboard

Global slot appearing at the top of every page and the home page. Dimensions: 728x90 pixels

Skyscraper 1

Global slot appearing on the top right-hand side
Dimensions: 160x600 pixels

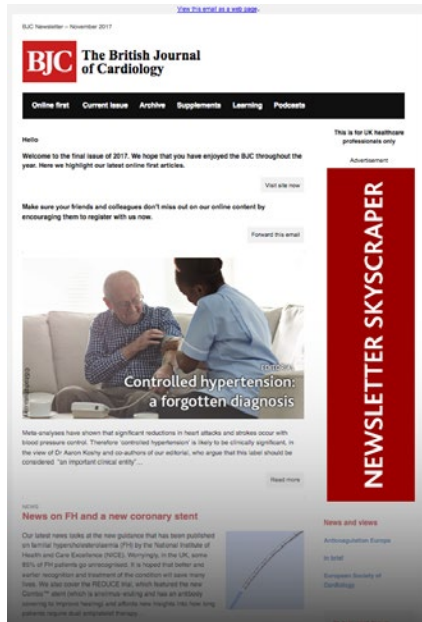
Skyscraper 2

Global slot appearing on the middle right-hand side
Dimensions: 160x600 pixels (or 160x300 pixels if preferred)

Technical details

Files should be Flash, JPG or animated gif only with a file size below 1MB. Please provide with linking urls/documents (one preferred). Correct ad coding is the responsibility of the client

Newsletter digital advertising opportunities



BJC online first newsletters: regular alerts to registered users of new online content and CPD opportunities. Well received with an average open rate of 20% and a 31% click-through rate

We have one skyscraper position available per newsletter. This will be sent to 14,000 of our 26,000 online registrants who have opted-in to receive newsletters and other mailings from ourselves and affiliates

Calendar of digital publication dates 2020 (provisional)

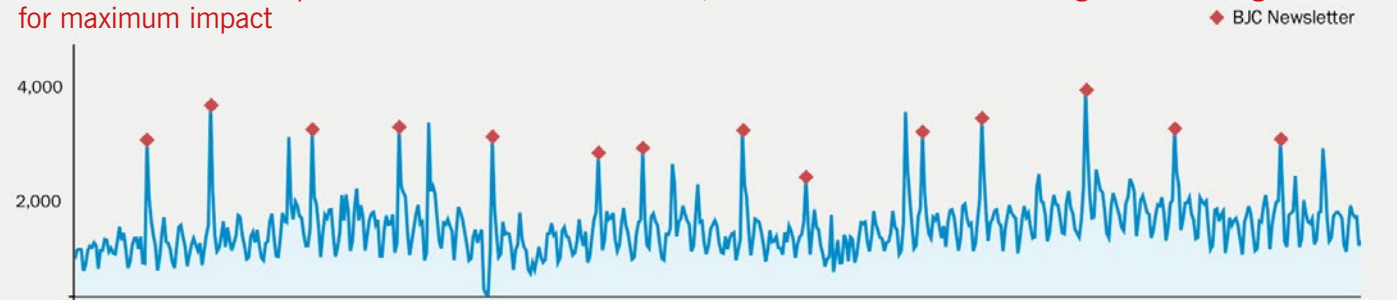
January 28th	July 21st
March 3rd	September 1st
April 21st	October 13th
June 9th	December 1st

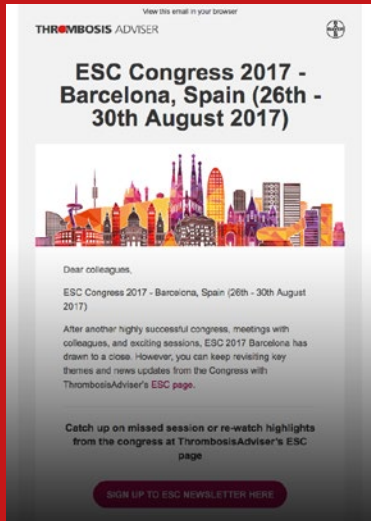
BJC Learning newsletters: February, May, August and November

Copy deadline and cancellation

Digital ad files must be supplied a minimum of one week before publication dates. Cancellation is accepted up to four weeks before publication date

Traffic to our website spikes after newsletter distribution, so consider newsletter and digital advertising online for maximum impact





Now Available: Praxbind[®], a Specific Reversal Agent for Pradaxa[®] [Learn more](#)

Praxbind[®] (idarucizumab), a reversal agent specifically designed for Pradaxa[®] (dabigatran etexilate), has been approved for use in adult patients when rapid reversal of the anticoagulant effect is required for emergency surgery/urgent procedures and in life-threatening or uncontrolled bleeding.

In an Emergency, Reversal is Immediate¹

Legend:
 - Praxidol[®] + Praxidol[®] (solid line with circles)
 - Praxidol[®] + Praxbind[®] (dashed line with squares)
 - Upper limit normal (dotted line)

Praxbind[®] specifically binds to dabigatran molecules only, neutralising their anticoagulant effect without interfering with the coagulation cascade.²

Solus emails: deliver your content to our database. Your campaign messages are sent on a date of your choice to those practitioners you most want to reach

Technical details

Please provide .html file with all pictures and links included. BJC will add an unsubscribe button (a requirement of our mailing system), a BJC footer with our contact details and a link to “view email as web page” (for subscribers whose mail browsers block images). BJC approval of content required before distribution

Copy deadlines and cancellation

Solus email files should be supplied a minimum of one week before the mailing date. Cancellation of solus emails is accepted up to four weeks before publication date

Bespoke newsletter services

BJC also offer a bespoke sponsored newsletter service. Independently written and sourced by the BJC, these newsletters carry links to the latest news and articles in a particular therapeutic area. Newsletters can also link to bespoke meeting reports, which can include coverage on satellite symposia. Please contact hpurcell@bjcardio.co.uk for more details

Print advertising opportunities in BJC

Our prestigious print journal has a circulation of 1,500 in the UK and is targeted equally to key doctors in primary and secondary care

Adverts		Technical specifications (mm)		
Size and position	Price	Trim	Type	Bleed*
Quarter page (vertical)	£650	140x108	128x98	146x108
Half page (vertical)	£1,100	280x108	257x93	286x108
Half page (horizontal)	£1,100	140x216	128x186	143x219
Whole page (run of issue)	£1,600	280x216	257x186	286x222
Whole page (IFC, contents, editorial)	£2,150	280x216	257x186	286x222
Whole page (OBC)	£2,400	280x216	257x186	286x222
Whole page + 1/2 PI	£2,200	280x216	257x186	286x222
Double-page spread (run of issue)	£2,700	280x432	257x372	286x222 (Each page)
Double-page spread (IFC, contents)	£3,000	280x432	257x372	286x222 (Each page)

Full technical specifications are given on pages 10–14

Agency discount 10%

Inserts	
Bound inserts	From £1,750 per 1,000 copies
Loose inserts (up to 30 g)	£1,000 per 1,000 copies
Finished folded size to be within the limits of the journal: 278 x 208 mm	

Calendar of artwork deadlines and print publication dates 2020 (provisional)

	Publication dates	Absolute final artwork dates	Cancellations accepted by
Issue 1	7th March	20th February	7th February
Issue 2	13th June	28th May	15th May
Issue 3	4th September	20th August	7th August
Issue 4	5th December	19th November	6th November

Attractive bundle packages can be organised for your campaign

Artwork requirements

Final artwork must be submitted to ads@bjcardio.co.uk three weeks before publication, and at the very latest by the dates above

- We require the advert to be saved as a .pdf
- Ensure all pictures/logos are high resolution and CYMK format
- All fonts must be embedded
- See technical specifications (pages 11–15) for dimensions

The PDF can be supplied via email, on a CD or sent via email to ads@bjcardio.co.uk

Cancellation notice

Cancellation of print advertising is accepted up until the dates in the table above. Ads will be charged in full if cancellation is not received by the date specified

Terms & payments for digital and print advertising

Net 30 days subject to credit references. See pages 16–17 for full terms and conditions

Special projects

The BJC has a wealth of experience and expertise in delivering bespoke projects in partnership with industry and professional bodies. These are covered in more detail in a separate brochure and include:

Supplements and highlight reports

A unique opportunity for sponsors to reach key opinion leaders and prescribers with the latest research, guidance, and best practice in a particular area

Learning programmes for CPD

Comprehensive e-learning courses on key clinical areas, written by experts and supported by educational grants from pharma

Digital newsletters

Newsletters rounding up new data, guidelines and news in a particular therapeutic area

Podcasts

Showcasing best practice, new trial data and news from international meetings

Meetings

Organisation and management of high calibre and highly successful educational meetings

Reprints

Copies of our peer-reviewed work can be made available for sponsored distribution by sales forces and at exhibitions



For special projects, contact Henry Purcell | E: hpurcell@bjcardio.co.uk | T: 020 8785 4656

BJC Print Technical Specifications: The Journal

Double page spread (Full page x 2)

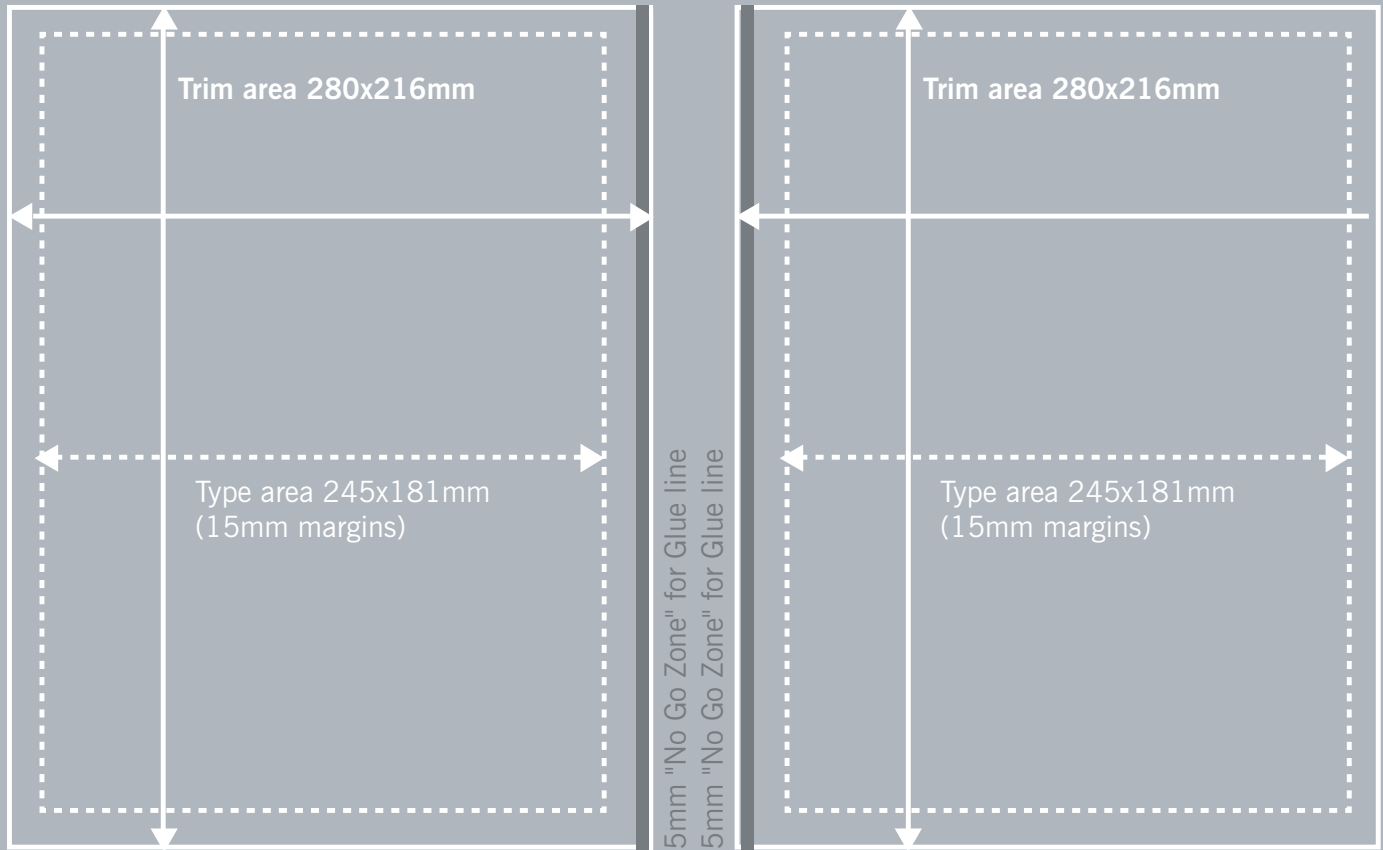


Bleed each page 286x222mm (includes 3mm bleed all sides)

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

BJC Print Technical Specifications: The Journal

Inside Front/Back Cover Double page spread (Full page x 2)



Bleed each page 286x222mm (includes 3mm bleed all sides)

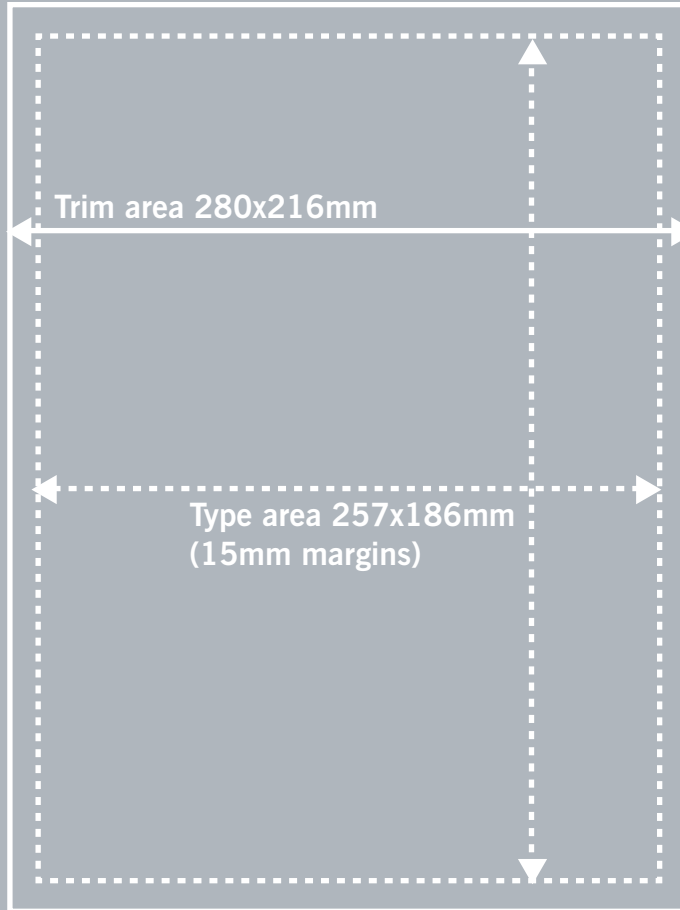
It is preferable to have double page spreads supplied as 2 x single pages

Begin artwork 5mm either side of gutter to allow for covers glue line

For full images crossing the spine split the graphic and move out 5mm from the gutter

BJC Print Technical Specifications: The Journal

Full page



Bleed 286x222mm (includes 3mm bleed all sides)
IFC position please contact production office

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

