

Publishing your research in the best journals

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The South African Medical Research Council

recognises the catastrophic and persisting consequences of colonialism and apartheid, including land dispossession and the intentional imposition of educational and health inequities.

Acknowledging the SAMRC's historical role and silence during apartheid, we commit our capacities and resources to the continued promotion of justice and dignity in health research in South Africa.



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Disclosures

No conflicts of interest

Acknowledge funding support from:

National Research Foundation, UK Medical Research Council, UK National Institutes of Health Research, Bill and Melinda Gates Foundation, Wellcome Trust, US National Institutes of Health, Fogarty International Centre, Technology Innovation Agency, Lily and Ernst Hausmann Trust, Mauerberger Foundation Trust



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Disclosures

Previous Editor in Chief: *South African Heart Journal*

Associate Editor: *Circulation*

Associate Editor: *BMC Medical Imaging*

Editorial Board Member: *Circulation Research, Cardiovascular Research, European Medical Journal, South African Medical Journal*

Guest Editor for Special Issues for many (>10) journals



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viruses

an Open Access Journal by MDPI

IMPACT FACTOR 3.8

Indexed in PubMed

CITESCORE 7.6

Special Issue: Cardiometabolic Complications in People with HIV

Guest Editor
Dr. Ntobeko Ntusi
 President and Chief Executive Officer,
 South African Medical Research Council
 Professor of Medicine,
 University of Cape Town

Deadline for manuscript submissions:
30 April 2027

https://www.mdpi.com/journal/viruses/special_issues/PI4U6E00RP


www.mdpi.com

Short Information about the Special Issue:

This Special Issue will welcome manuscripts on the epidemiology, natural history, pathophysiological mechanisms, clinical burden, and outcome of cardiometabolic complications and multimorbidity (e.g., cardiovascular disease, stroke, dyslipidemia, and insulin resistance) in people living with HIV. In addition, articles focusing on integrative analyses of chronic inflammation, immune activation, and antiretroviral therapy-related metabolic disturbances to identify biomarkers and therapeutic interventions will form part of the scope of this Special Issue.

Author Benefits

-  **Open Access** Unlimited and free access for readers
-  **No Copyright Constraints** Retain copyright of your work and free use of your article
-  **Thorough Peer-Review**
-  **No Space Constraints, No Extra Space or Color Charges** No restriction on the maximum length of the papers, number of figures, or use of colors
-  **Rapid Publication** A first decision is provided to authors approximately 17.2 days after submission; acceptance to publication is undertaken in 2.7 days (median values for papers published in this journal in the second half of 2025)

Special Issue


 advancing life

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What do Editors look for?

- Scientific validity
- Impact
- Innovation (particularly in design)
- Studies that answer an important, clinically relevant question
- Novelty (observation, mechanism, outcome)
- Relevance to readership
- Adequately powered studies
- Well characterised patients
- Efforts to minimize confounding (reduced validity)
- Accessibility (readability)


 advancing life

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What do Editors look for?

- Convincing robust science
- In vivo* proof (ideally in a human model)
- Human data
- Mechanistic insights
- Translational perspective
- Science that advances current concepts of understanding



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1. Do not chase high-impact journals

If your science is good, the work will be impactful –regardless of the journal title or impact factor



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2. Select the best journal for your research

Which journal publishes other research like yours?

What is the potential impact of your study?

Who is your audience?

How fast are review times for that journal?

How quickly will your paper be published?



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3. Review the journal aims and scope

Circulation

[MY ALERTS](#)
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[AHA Journals](#)
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Author Instructions

- [Author Instructions](#)
- [Article Types](#)
- [Manuscript Preparation](#)
- [Revised & Accepted Manuscripts](#)

Author Instructions

Circulation publishes original research manuscripts, review articles, and other invited content related to cardiovascular health and disease, including observational studies, clinical trials, epidemiology, health services and outcomes studies, and advances in basic and translational research.

Circulation will consider initial Original Research Article submissions that are not formatted according to Circulation standards. However, the initial Original Research Article submission must include a complete list of authors entered into the online submission portal and include all submission files necessary for review. Those papers that are revised or ultimately accepted will be required to be formatted by the authors according to specific Circulation requirements (ie, title page, abstract, references, tables and figures, and disclosures).



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4. Review the types of papers published in journal



The screenshot shows the SA Heart Journal website. The header includes navigation links: Current, Archives, Announcements, and About. The main content area is titled 'About the Journal' and includes a 'Focus and Scope' section. The text describes the journal as the official publication of the South African Heart Association, representing the professional interests of cardiologists and cardio-thoracic surgeons in South Africa. It mentions the journal's objective to be a leading publication in cardiovascular medicine, both in South Africa and internationally. The journal promotes the publication of original research, topical reviews, and case reports, with a focus on improving patient care. Regular features include an ECG quiz, image in cardiology, and local guidelines. Abstracts of the annual SA Heart Congress are also published.

SA Heart Journal

Current Archives Announcements About

Home / About the Journal

About the Journal

[Edit](#)

Focus and Scope

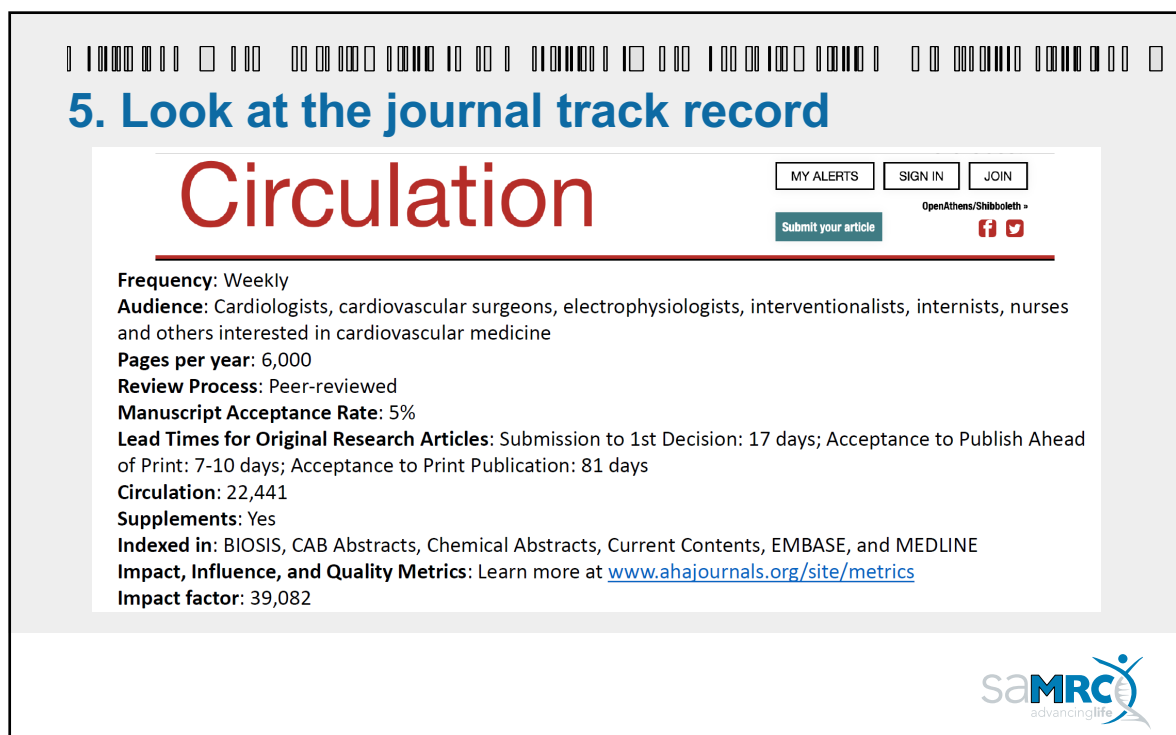
The Journal is the official publication of the South African Heart Association, the organisation representing the professional interests of all cardiologists and cardio-thoracic surgeons in South Africa. It is the objective of SA Heart to have the Journal recognized as a leading publication in the field of cardiovascular medicine - both in South Africa, as well as internationally.

The SA Heart Journal promotes the publication of original research and topical reviews in all disciplines related to cardiovascular medicine - including cardiology, cardiothoracic surgery and basic sciences. Case reports are considered for publication only if truly unique and contributing to improved patient care. Regular features include an ECG quiz, image in cardiology and local guidelines. Abstracts of the annual SA Heart Congress are also published.

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5. Look at the journal track record



The screenshot shows the Circulation journal website. The header includes navigation links: MY ALERTS, SIGN IN, JOIN, and Submit your article. The main content area is titled 'Circulation' and includes a 'Track Record' section. The text provides details about the journal's frequency, audience, pages per year, review process, manuscript acceptance rate, lead times for original research articles, circulation, supplements, indexed in, impact, influence, and quality metrics.

Circulation

MY ALERTS SIGN IN JOIN

Submit your article

OpenAthens/Shibboleth

Frequency: Weekly

Audience: Cardiologists, cardiovascular surgeons, electrophysiologists, interventionalists, internists, nurses and others interested in cardiovascular medicine

Pages per year: 6,000

Review Process: Peer-reviewed

Manuscript Acceptance Rate: 5%

Lead Times for Original Research Articles: Submission to 1st Decision: 17 days; Acceptance to Publish Ahead of Print: 7-10 days; Acceptance to Print Publication: 81 days

Circulation: 22,441

Supplements: Yes

Indexed in: BIOSIS, CAB Abstracts, Chemical Abstracts, Current Contents, EMBASE, and MEDLINE

Impact, Influence, and Quality Metrics: Learn more at www.ahajournals.org/site/metrics

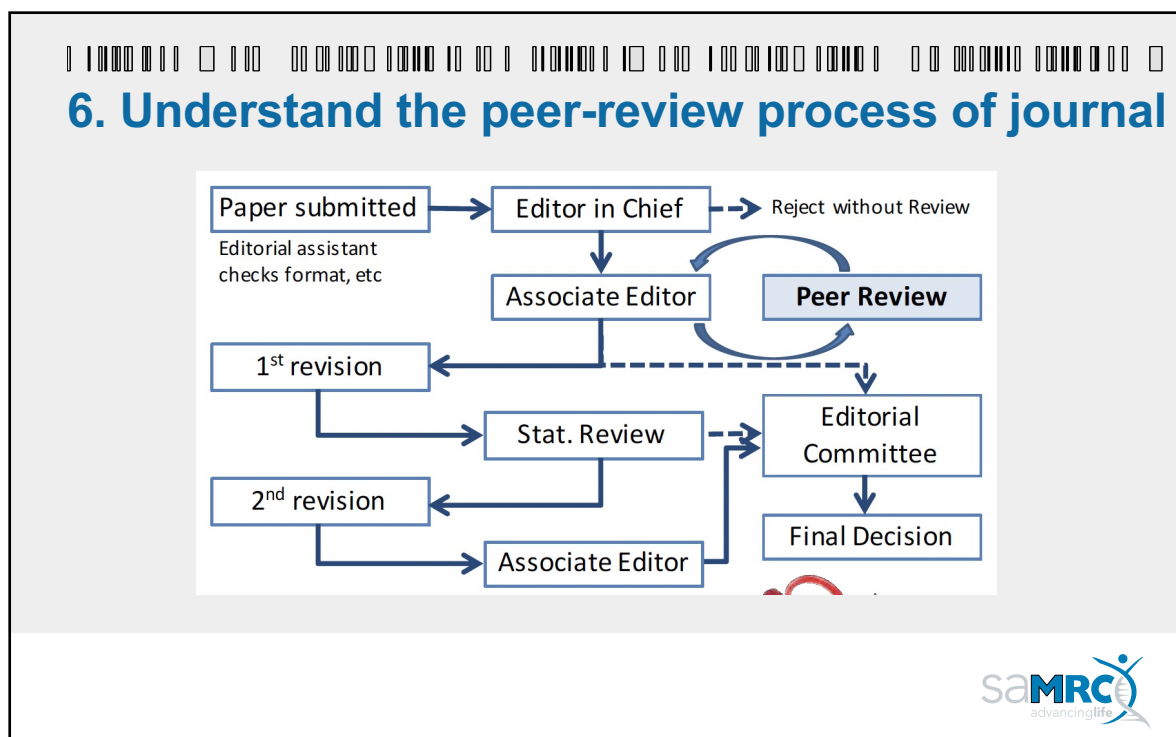
Impact factor: 39,082

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7. Write the paper

Abstract: Write or draft the abstract first; then revise at the end (250 words)

Results: Make tables and figures first (helpful to make tables before analysis)

Methods: Research plan (match 1:1 with results) (800 words)

Introduction: Short background. State hypothesis and aims clearly (500 words)

Discussion: Discuss your main findings, conclusions, study limitations, clinical implications, future directions (800 -1000 words)

[Not a review article –so needs to be focused and discussion of other research limited]

Conclusion: Summarise key findings; must align with results and abstract (250 words)



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8. Use a short descriptive title

100 characters or less

Avoid subtitles

No abbreviations

e.g., *An assessment of three dimensional speckled tracking strain of the right ventricle and right atrium in patients with sickle cell anaemia: a single-centre echocardiographic study from Nigeria*

versus

Right ventricular strain correlates with pulmonary hypertension in sickle cell anaemia



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9. The trick to a great abstract: spend lots of time

Most probably the most important part of the manuscript

Probably all the first Editor and most people will ever read –make sure it is complete and correct and interesting

Provide a brief background/rationale for the study

State the hypothesis

Present key methods

Summarise the key findings (include absolute risk and relative risk)

Ensure the conclusion is supported by the data – do not extrapolate too far (always remember you are not writing your own editorial)



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10. State the hypothesis clearly

The point of the introduction is to provide context for the hypothesis

Does the paper address an important clinical or scientific question?

Is the background and rationale for the study described clearly?

Is the hypothesis clearly stated?

Is this the appropriate journal for publication of this paper?



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11. State the methods clearly

Will the study design provide an answer to the question?

Is the sample size adequate to provide a definitive answer?

Are the methods valid and clearly described?

Is the statistical approach appropriate for the data?

Are details adequate for replication of the study data?

Helpful to include a flow chart with criteria for selection of enrolled participants



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12. Use tables to summarise the data

Include detailed tables

Aim for not more than 4 tables (additional tables should be supplementary)

Not everything in the tables needs to be described in the results text

Ensure data are easy to read and understand, and always kept in context

Use categories and subcategories to effectively highlight patterns in the data

Keep table titles, labels, legends and footnotes brief

Tables should ideally not be longer than 2 pages in length



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Table 1. Clinical Characteristics of the Population by CHA₂DS₂-VASC Score

Characteristics	Lower comorbidity burden (CHA ₂ DS ₂ -VASC score <4)		Higher comorbidity burden (CHA ₂ DS ₂ -VASC score ≥4)	
	ERC (n=848)	UC (n=850)	ERC (n=549)	UC (n=544)
Age, y	67 (8.1)	67 (7.8)	75 (9.9)	75 (8.6)
Female sex	308/846 (36)	320/850 (38)	337/549 (61)	328/544 (60)
Body mass index (calculated), kg/m ²	28.2 (5.5)	28.5 (5.3)	29.2 (5.3)	29.0 (5.4)
AF type				
First episode	320/844 (38)	321/850 (38)	208/547 (38)	199/544 (37)
Paroxysmal	304/844 (36)	299/850 (35)	197/547 (36)	184/544 (34)
Persistent or long-standing persistent	220/844 (26)	230/850 (27)	142/547 (26)	151/544 (28)
Sinus rhythm at baseline	477/842 (57)	477/850 (56)	289/547 (53)	266/543 (49)
Days since AF diagnosis	38.0 (7.0, 118.0)	41.0 (8.0, 107.0)	29.5 (5.0, 102.2)	28.0 (5.0, 112.2)
Absence of AF symptoms	236/790 (30)	242/812 (30)	159/515 (31)	164/516 (32)
Previous pharmacologic or electrical cardioversion	348/828 (42)	337/847 (40)	198/538 (37)	206/542 (38)
Concomitant cardiovascular conditions				
Previous AF ablation	0/848 (0)	0/850 (0)	0/549 (0)	3/544 (0.6)
Previous stroke or transient ischemic attack	24/846 (2.8)	21/850 (2.5)	151/549 (28)	132/544 (24)
At least mild cognitive impairment	316/797 (40)	305/819 (37)	263/526 (50)	276/522 (53)
Arterial hypertension	703/843 (84)	703/850 (83)	518/547 (95)	512/544 (96)
Systolic blood pressure, mm Hg	137 (19.1)	136 (19.3)	136 (19.9)	139 (19.2)
Diastolic blood pressure, mm Hg	82 (11.8)	82 (12.1)	79 (12.4)	81 (11.8)
Stable heart failure	161/846 (19)	161/850 (19)	235/549 (43)	241/544 (44)
Chronic kidney disease of MDRD stage 3 or 4	68/846 (8.0)	62/850 (7.3)	104/549 (19)	117/544 (22)
Diabetes	131/843 (16)	128/850 (15)	220/547 (40)	215/544 (40)
Severe coronary artery disease (previous MI, CABG, or PCI)	76/846 (9.0)	69/850 (8.1)	167/549 (30)	167/544 (31)
LVF	58.5 (8.9)	58.7 (9.6)	57.8 (10.8)	57.3 (11.1)
Diastolic left atrium diameter (maximal diameter), mm	43.7 (8.6)	44.0 (8.7)	43.9 (8.1)	43.9 (8.3)
MoCA	25.9 (3.5)	26.1 (3.4)	24.8 (4.0)	24.5 (4.1)
EO-OD score	74.0 (16.5)	74.2 (16.2)	68.0 (16.2)	67.5 (16.9)
SF-12 mental score	50.4 (9.9)	50.5 (9.7)	50.2 (9.8)	49.2 (10.0)
SF-12 physical score	48.2 (8.4)	48.2 (8.4)	42.2 (8.6)	42.1 (8.4)
Medication at discharge				
Oral anticoagulation with NOAC or VKA	755/842 (90)	755/849 (89)	512/547 (94)	495/544 (91)
Digoxin or digitoxin	27/842 (3.2)	44/849 (5.2)	19/547 (3.5)	41/544 (7.5)
β-blocker	636/842 (76)	717/849 (84)	422/547 (77)	474/544 (87)
ACE inhibitors or angiotensin II receptor blocker	529/842 (63)	548/849 (65)	424/547 (78)	431/544 (79)
Mineralocorticoid receptor antagonist	26/842 (3.1)	34/849 (4.0)	64/547 (12)	58/544 (11)
Diuretic	271/842 (32)	272/849 (32)	288/547 (53)	289/544 (53)
Statins	351/842 (42)	375/849 (44)	327/547 (60)	285/544 (54)
Phosphatase inhibitor	105/842 (12)	109/849 (13)	124/547 (23)	112/544 (22)
Oral antihyperglycemics	89/842 (11)	88/849 (10)	139/547 (25)	143/544 (26)
Planned therapy for rhythm control at baseline				
AAD	731/846 (86)	37/850 (4.4)	480/549 (87)	20/544 (3.7)
Catheter ablation	70/846 (8.3)	2/850 (0.2)	42/549 (7.7)	0/544 (0)
None	45/846 (5.3)	811/850 (95)	27/549 (4.9)	524/544 (96)

Values are mean (SD), n (%), or median (interquartile range). There were no imbalances between randomized groups in the 2 strata (additional data available in Table S1). Patients with CHA₂DS₂-VASC score ≥4 were enrolled for the components of the score. AAD indicates antiarrhythmic drug; ACE, angiotensin-converting enzyme; AF, atrial fibrillation; CABG, coronary artery bypass graft; EO-OD, European Quality of Life-5 Dimensions; ERC, early rhythm control; LVF, left ventricular ejection fraction; MDRD, Modification of Diet in Renal Disease; MI, myocardial infarction; MoCA, Montreal Cognitive Assessment; NOAC, non-vitamin K antagonist oral anticoagulant; PCI, percutaneous coronary intervention; SF-12, 12-Item Short-Form Health Survey; UC, usual care; and VKA, vitamin K antagonist.

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13. Graphical display of quantitative data

Use graphical display of quantitative data if this is the best way to present the data

Consider a graphical abstract for all manuscripts

Ensure the message is easy to visualise and comprehend and is kept in context

Avoid graphical forms that distort the data or are prone to misinterpretation

Choose your graph style carefully for best visual clarity and always avoid 'chart art'

Bar graphs should be avoided as all the information is always presented in tables –grouped bar graphs may be considered for comparison of simple numbers in different patient groups

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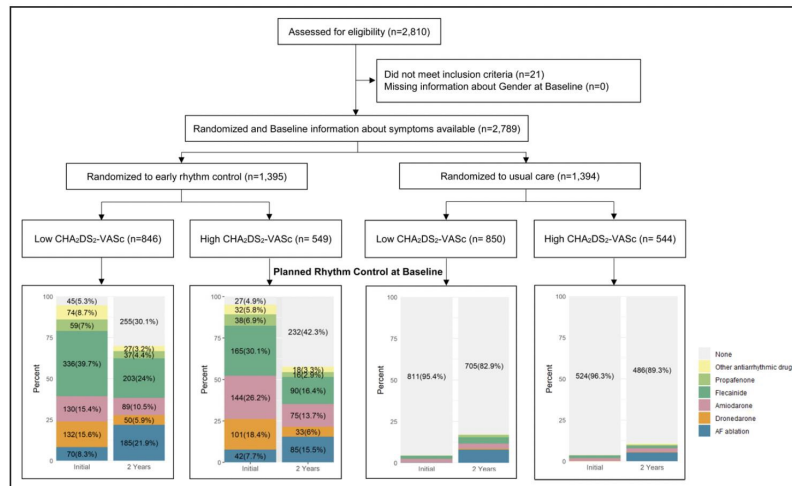


Figure 1. Consolidated standards of reporting trials flow chart of the prespecified analyses.
All patients were analyzed as randomized. AF indicates atrial fibrillation.

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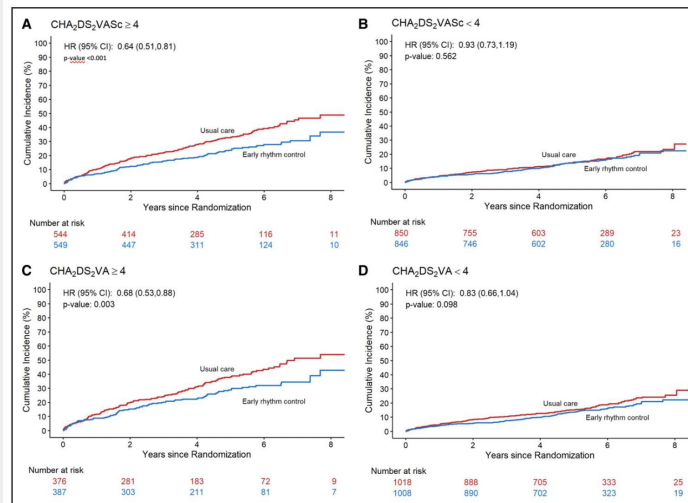
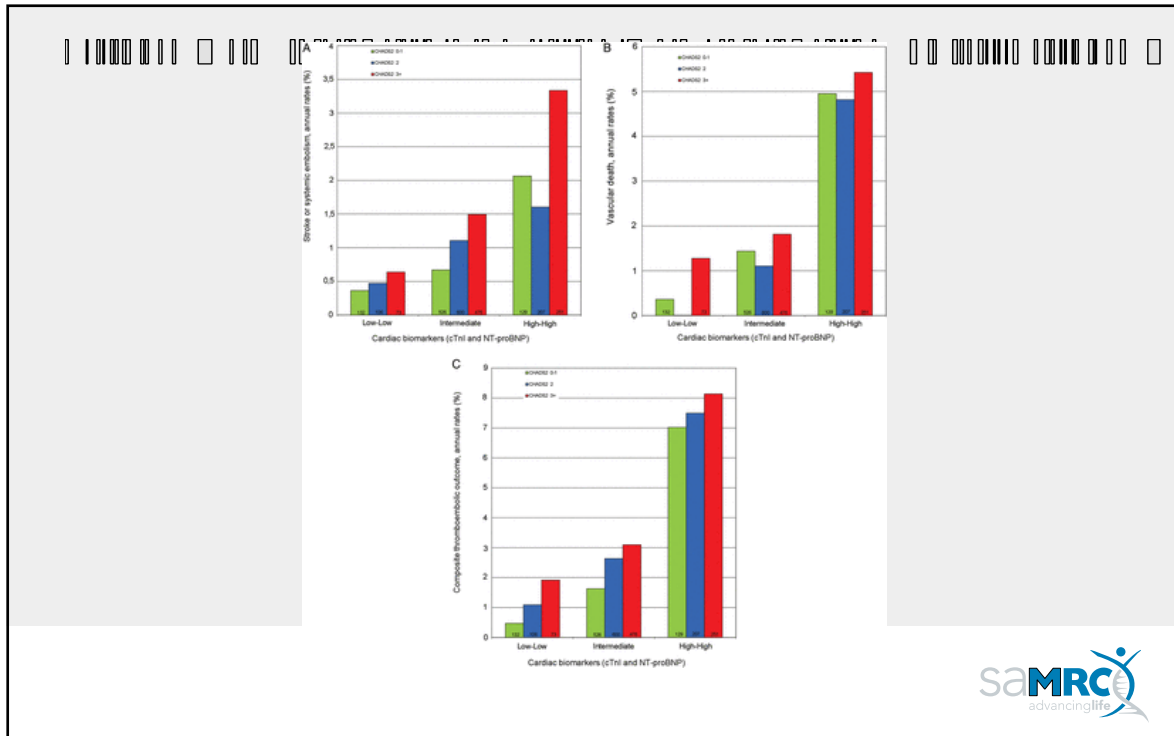
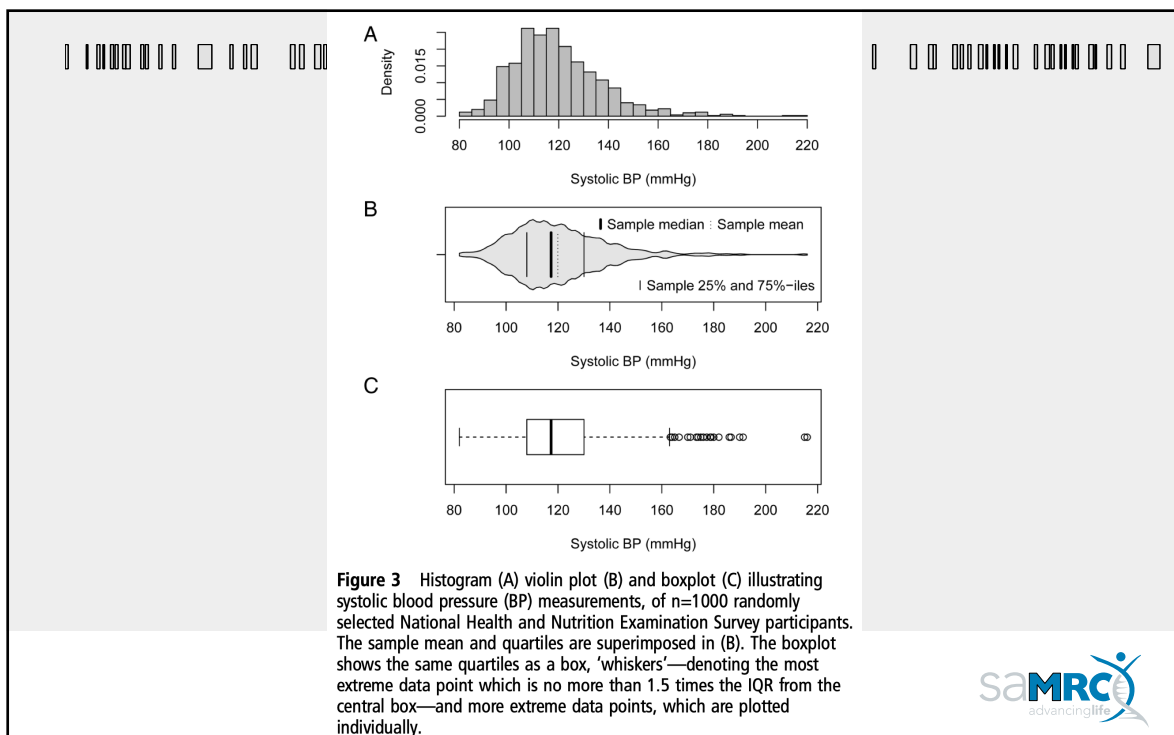


Figure 2. Effect of early rhythm control on the first primary outcome of EAST-AFNET4.
Effect of early rhythm control on the first primary outcome of EAST-AFNET4 (Early Treatment of Atrial Fibrillation for Stroke Prevention Trial—Atrial Fibrillation Network), shown separately for patients with a high comorbidity burden (A, CHA₂DS₂-VASc score ≥ 4) and lower comorbidity burden (B, CHA₂DS₂-VASc score < 4). Groups were split by a modified risk score ignoring sex as a risk factor and dividing them into patients with a high comorbidity burden (C, CHA₂DS₂-VA score ≥ 4) and a lower comorbidity burden (D, CHA₂DS₂-VA score < 4). Shown are Kaplan-Meier survival curves indicating the time to a first cardiovascular death, stroke, hospitalization for heart failure, or hospitalization for acute coronary syndrome. HR indicates hazard ratio.

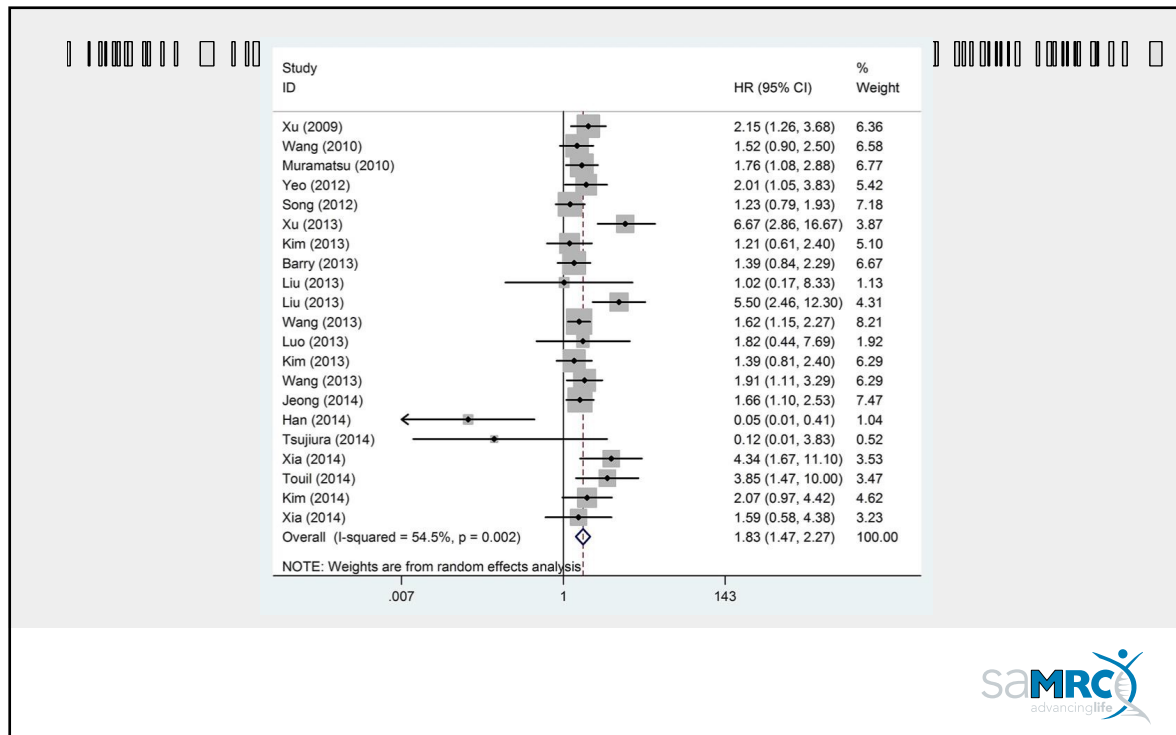
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14. Give substantial thought to your discussion

Always start with your key findings and state whether these confirm or refute your hypothesis

Give thought to what you want your key message to be

Put your data in the context of previous research –explain any differences

List and discuss limitations of your study

Limit your conclusions to those justified and supported by your data
(association is not causality)

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15. Final review

Are the references up to date? Aim for no more than 30-50 for an original article and less than 100 for a review article

Ideally references no older than 5 years, unless seminal or classical citations

Go back to your abstract/summary/key messages/graphical abstract – check one last time if they accurately reflect findings in the paper

Use precise wording: association is not causation

Go back to your title –is it brief (<100 words) and does it fully describe the key message of the paper?



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16. Mastering the art: be a peer-reviewer

Being asked to review papers for journals is a professional accomplishment and recognition of your knowledge, experience and expertise.

Peer review allows you to have insight into cutting edge science and to learn to read and think critically –these are essential skills to enhance your own research and scientific writing.

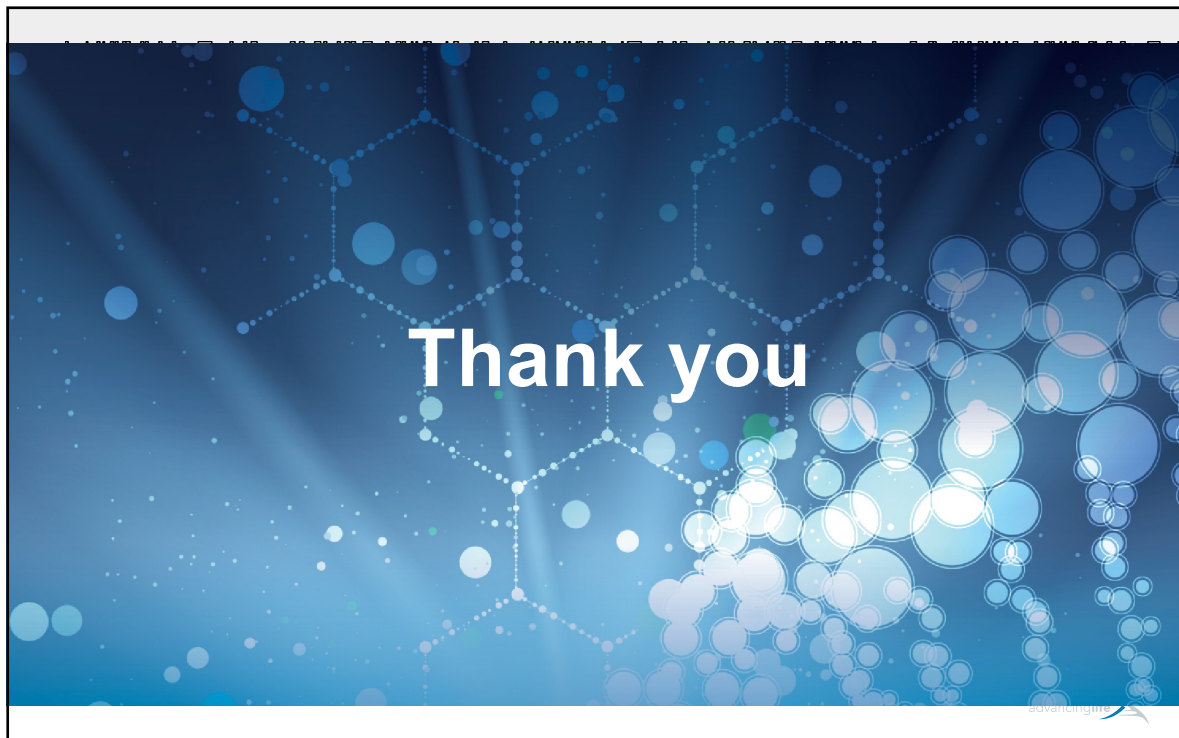
Reviewers who provide frequent useful reviews timeously are asked to join Editorial Boards.

Consider pre-submission peer review by colleagues you trust; prepublication peer reviews ensure high quality papers end up in high quality journals.

Read scientific papers – post-publication peer review is what we all do everyday, and it increases your knowledge base and critical thinking and reasoning.



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Special Issue
Cardiometabolic Complications
in People with HIV

Guest Editor
Dr. Ntobeko Ntusi

Deadline
30 April 2027

 **viruses**

IMPACT
FACTOR
3.8

Indexed in:
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