Instructions For Authors

The *Journal of the American College of Cardiology (JACC)* publishes peer-reviewed articles highlighting all aspects of cardiovascular disease, including original clinical studies, experimental investigations with clear clinical relevance, state-of-the-art papers, and viewpoints. In general, case reports will not be considered for publication.

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Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients' images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes, and you have obtained written informed consent for publication in print and electronic form from the patient

(or parent, guardian, next of kin or other legally authorized representative). If consent is subject to conditions, the editorial office must be informed.

Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Animal investigation must conform to the ''Position of the American Heart Association on Research Animal Use,'' adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield needed information are not possible; 3) anesthesia must be used in all surgical interventions, all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC).

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Each author must have contributed significantly to the submitted work. If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship. To save space, if group members have been listed in *JACC*, the article should be referenced rather than reprinting the list. The editors consider authorship to include all of the following:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND

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Final approval of the version to be published; AND

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Authors must agree to the following ICMJE statements. These questions will be part of the submission process and manuscripts will not be reviewed until they are confirmed. 1) The paper is not under consideration elsewhere; 2) none of the paper's contents with the exception of abstracts have been previously published; 3) all authors have read and approved the manuscript; 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved; 5) the full disclosure of any relationship with industry (see "Relationship with Industry Policy") or that no such relationship exists, is stated; and 6) the authors have provided both an illustration and the appropriate material for inclusion in the box that appears after the "Conclusions" section in the manuscript. Exceptions must be explained.

The corresponding author should be specified on the title page. All editorial communications will be sent to this author. The corresponding author will be whom we contact for submission queries.

A short paragraph telling the editors why the authors think their paper merits publication priority may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid.

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1) Present and Future: State-of-the-Art Review: As with all submissions to *JACC*, State-of-the-Art Reviews should focus on the patient. From basic mechanisms to clinical manifestations and interventional approaches to global health implications, such manuscripts will focus on a contemporary, controversial, or translational topic with 4-5 major sections written by 4-5 authors (or 4-5 author groups). This should be submitted as 1 single, unified paper, and not as 4-5 individual manuscripts. The authors should strictly adhere to the text length guidelines (a 10,000-word maximum limit for the entire manuscript, with an unstructured abstract of no more than 150 words and no more than 5 tables). The manuscripts also can be formatted as point-counterpoint debates. We ask authors to provide a Central Illustration that summarizes the main concept of the review in a graphical or schematic manner. If the manuscript is accepted, the final figure will be drawn by an in-house medical illustrator. (See further explanation below.)

2) Present and Future: Review Topic of the Week: As with all submissions to *JACC*, Review Topics of the Week should focus on the patient. These articles review a contemporary topic of basic, translational, or clinical science. Please e-mail the proposal to the office before submitting your paper (jaccsd@acc.org). Such manuscripts may be written by a single author or an author group, and requires an unstructured abstract of no more than 150 words. The overall text length should not exceed 5,000 words and no more than 5 tables. We ask you to provide a Central Illustration (line or pictorial) that summarizes the main concept of the review. If the manuscript is accepted, the final figure will be drawn by an in-house medical illustrator. (See further explanation below.)

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Because of printed page limitations, manuscripts should not exceed 5,000 words (including references and figure legends). If you are asked to revise your paper, the editors may specify an alternate word limit. Illustrations and tables should be limited to those necessary to highlight key data. Please provide gender-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that there were no gender-based differences. For original research dealing with genetic associations, authors should refer to J Am Coll Cardiol 2007;50:930-2.

The manuscript should be arranged as follows: 1) Title page, including acknowledgments (if applicable) and a title of no more than 15 words; 2) Structured Abstract and Key Words; 3) Abbreviations list; 4) Text; 5) Perspectives: Core Clinical Competencies and Translational Outlook implications, they are presented on a separate page and will be published in a box; 6) References; 7) Figure titles and legends; and 8) Tables. Page numbering should begin with the title page. Authors are required to present a Central Illustration that summarizes the main focus of the paper (visual image of the discussion section). This may be a sketch or a finished figure. The *JACC* staff illustrator can assist you free of charge in finishing the figure, if the paper is accepted for publication.

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MANUSCRIPT CONTENT

WORD COUNT. The word count includes the text from the introduction to the conclusion, plus figure legends and references. It does not include the title page, abstract, or tables.

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STRUCTURED ABSTRACT. Provide a structured abstract of no more than 250 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, and Conclusions. Please notice the change in the sequence of headings compared to what we used to publish earlier; now *Background* precedes *Objectives*. Use complete sentences. All data in the abstract also must appear in the manuscript text or tables.

For general information on preparing structured abstracts, see "Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. Ann Intern Med 1990;113:69-76." An unstructured 150-word abstract should be provided for the review articles.

KEY WORDS. Immediately after the perspectives, provide a maximum of 6 key words, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations. These keywords will be used for indexing purposes, and therefore should be different than the terms/words already used in the title of the paper.

TEXT. The text should be structured as Introduction, Methods, Results, Discussion, and Conclusions. Use headings and subheadings in the Methods, Results, and, particularly in the Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention.

ABBREVIATIONS. To save space in the Journal, up to 10 abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. On a separate page following the abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The editors will determine which lesser-known terms should not be abbreviated. Consult "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at http://www.ICMJE.org, for appropriate use of units of measure.

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PERSPECTIVES. The authors should delineate clinical competencies and translational outlook recommendations for their manuscripts. These competencies should not restate the questions underlying the work but describe the implications of the study and how the new information can be integrated into current practice based on the 6 domains delineated by the Accreditation Council on Graduate Medical Education and adopted by the American College of Cardiology Foundation. These should be listed in the manuscript after the Text and before the References. Please review the examples provided below. The competencies describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research.

Clinical Competencies. Competency-based learning in cardiovascular medicine addresses the 6 domains promulgated by the Accreditation Council on Graduate Medical Education (ACGME) and endorsed by the American Board of Internal Medicine (Medical Knowledge, Patient Care and Procedural Skills, Interpersonal and Communication Skills, Systems-Based Practice, Practice-Based Learning, and Professionalism) (www.acgme.org/acgmeweb). The ACCF has adopted this format for its competency and training statements, career milestones, lifelong learning, and educational programs. The ACCF also has developed tools to assist physicians in assessing, enhancing, and documenting these competencies (www.acc.org/education-and-meetings/products-and-resources/competencies). Authors are asked to consider the clinical implications of their report and identify applications in one or more these competency domains that could be used by clinician readers to enhance their competency as professional caregivers. This applies not only to physicians in training, but to the sustained commitment to education and continuous improvement across the span of their professional careers.

Translational Outlook. Translating biomedical research from the laboratory bench, clinical trials, or global observations to the care of individual patients can expedite discovery of new diagnostic tools and treatments through multidisciplinary collaboration. Effective translational medicine facilitates implementation of evolving strategies for prevention and treatment of disease in the community. The Institute of Medicine identified two areas needing improvement: testing basic research findings in properly designed clinical trials and, once the safety and efficacy of an intervention has been confirmed, more efficiently promulgating its adoption into standard practice (Sung NS, Crowley WF, Genel M. The meaning of translational research and why it matters. JAMA 2008;299:3140-8). The National Institutes of Health (NIH) has recognized the importance of translational biomedical research, emphasizing multifunctional collaborations between researchers and clinicians to leverage new technology and accelerate the delivery of new therapies to patients (www.ncats.nih.gov/about/about.html). Authors are asked to place their work in the context of the scientific continuum, by

identifying impediments and challenges requiring further investigation and anticipating next steps and directions for future research.

EXAMPLE 1: For a Clinical Trial [N Engl J Med 2012;367:2375-84]:

PERSPECTIVES

Competency in Medical Knowledge: Coronary artery bypass (CABG) surgery is the preferred method of revascularization for patients with diabetes and multivessel coronary artery disease.

Competency in Patient Care: The diabetic patient with coronary symptomatology, prior to the diagnostic catheterization, should be made aware that if multivessel disease is identified and intervention is indicated, surgical consultation should be entertained.

Translational Outlook 1: Although this is a relatively short-term study (median of 3.8 years), longer term follow up of FREEDOM will lead to better understanding of the comparative benefit by CABG, specifically on mortality.

Translational Outlook 2: Compliance to medication is nonsatisfactory in patients with coronary artery disease. Comparing the compliance of FREEDOM patients taking a "polypill" approach (including aspirin, statin, and an angiotensin-converting enzyme inhibitor) with the compliance of patients treated conventionally with individual agents should be undertaken.

EXAMPLE 2: For a Translational Science Study [Nat Med 2014;20:215-9]:

PERSPECTIVES

Competency in Medical Knowledge: Inflammation is one of the major determinants of atherosclerotic plaque instability. Positron emission tomography with F18-labeled fluorodeoxyglucose (FDG) has been employed for the identification of the macrophages in high-risk patients. Imaging with mannose, the isomer of glucose, may have an advantage because a subset of macrophages in high-risk plaques develop mannose receptors.

Translational Outlook 1: Although circulating biomarkers of inflammation, such as hs-CRP, provide reliable information of systemic inflammation, detection of inflammation at the plaque level may allow identification of the high-risk plaques.

Translational Outlook 2: Plaque imaging with sugars, although feasible, must in a randomized fashion investigate whether treatment of individual high-risk plaques would favorably influence major adverse outcomes in atherosclerotic disease.

EXAMPLE 3: For a Meta-Analysis or a Review Article [Lancet 2014;383:955-62]:

PERSPECTIVES

Competency in Medical Knowledge 1: Selection of antithrombotic therapy for prevention of thromboembolism in patients with atrial fibrillation must consider several clinical factors, including the patient's values and preferences.

Competency in Medical Knowledge 2: The oral direct thrombin inhibitor, dabigatran, and factor Xa inhibitors, rivaroxaban, apixaban, and edoxaban (so-called novel oral anticoagulants or NOACs) avoid the dietary restrictions and need for routine coagulation monitoring that are cumbersome aspects of anticoagulation with vitamin K antagonists such as warfarin.

Competency in Patient Care: All 3 NOACs currently approved for clinical use in the United States represent advances over warfarin because of their more predictable pharmacological profiles, fewer drug interactions, and considerably lower risk of intracranial bleeding than warfarin, but these advantages come at greater monetary cost, and there is presently no approved antidote or validated strategy rapid reversal of anticoagulation induced by any of the NOACs.

Competency in Interpersonal & Communication Skills: It is important to discuss the available options with patients who are candidates for the newer agents.

Translational Outlook 1: The mechanism by which each of the NOACs evaluated to date cause less intracerebral hemorrhage than well-managed warfarin anticoagulation requires further investigation.

Translational Outlook 2: Additional research is needed to understand the safety and efficacy of the NOACs, alone or in combination in patients with mechanical prosthetic heart valves to overcome the toxicity of this type of anticoagulation in the limited studies undertaken to date that contraindicate their use in patients who have undergone heart valve replacement with mechanical prostheses.

ACKNOWLEDGMENTS. 100 words or less; anything exceeding this limit will appear in the online version only. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

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The following information should be noted for these paper types:

Editorial Comments. The editors invite all Editorial Comments published in the Journal.

Letters to the Editor. A limited number of letters will be published. The letters are of 2 types, however both types will be published under the heading Letters. Letters to the editor should have no more than 400 words, including references (no more than 5), and focus on a specific article that has appeared in *JACC*. Letters must be submitted within 3 months of the print issue date of the article. Please include the cited article as a reference. We may seek a reply to your letter from the authors of the original paper and publish together. Letters on Editorial Comments or previously published correspondence will not be considered.

Research Letters. You also may submit original research articles of a focused nature as a research letter. These focused articles are limited to a total of 800 words including references (no more than 5), no more than 10 authors, and to 1 figure or table, with no supplemental material or abstract.

Fellows-in-Training/Early Career. These articles are a maximum of 1,500 words and focus on topics that are of unique relevance to these FITs and younger cardiologists. However, they must be substantive, really engaging in hard-hitting topics that impact their daily practice. In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). Also, we would encourage specificity when choosing a topic on which to write, as opposed to something that is too broad to have true impact. All authors must be within 10 years of medical school. Please note that these articles will be reviewed and may be rejected by the JACC Editors. These should NOT be submitted online but e-mailed to jaccsd@acc.org.

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Identify references in the text by Arabic numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text; references must be numbered consecutively in the order in which they are mentioned in the text. The references should only include the first 3 authors of any paper, followed by "et al."

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; these may be cited in the text in parentheses. Do not cite abstracts that are older than 2 years. Identify abstracts by the abbreviation ''abstr'' in parentheses. If letters to the editor are cited, identify them with the word ''letter'' in parentheses.

Use Index Medicus (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *Journal of the American College of Cardiology*, the correct citation format is J Am Coll Cardiol.

Use the following style and punctuation for references:

Periodical. List all authors if 6 or fewer, otherwise list the first 3 and add et al. Do not use periods after the authors' initials. Please provide inclusive page numbers as in example below.

5. Glantz SA. It is all in the numbers. J Am Coll Cardiol 1993;21:835-7.

Doi-based citation for an article in press. If the ahead-of-print date is known, provide as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. J Am Coll Cardiol 2010 Sept 28 [E-pub ahead of print]; http://dx.doi.org/10.1016/j.jacc.2010.09.028.

If the ahead-of-print date is unknown, omit as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. J Am Coll Cardiol 2010 [E-pub ahead of print]; http://dx.doi.org/10.1016/j.jacc.2010.09.028.

Chapter in book. Provide author(s), chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers.

27. Meidell RS, Gerard RD, Sambrook JF. Molecular biology of thrombolytic agents. In: Roberts R, editor. Molecular Basis of Cardiology. Cambridge, MA: Blackwell Scientific Publications, 1993:295-324.

Book (personal author or authors.) Provide a specific (not inclusive) page number.

23. Cohn PF. Silent Myocardial Ischemia and Infarction. 3rd edition. New York, NY: Marcel Dekker, 1993:33.

Online media. Provide specific URL address and date information was accessed.

10. Henkel J. Testicular Cancer: Survival High With Early Treatment. FDA Consumer magazine [serial online]. January-February 1996. Available at: http://www.fda.gov/fdac/features/196_test.html. Accessed August 31, 1998.

Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location.

20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC.

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FIGURE LEGENDS. All figures must have a Number, Title, and Caption. The title should be short and followed by a 2-3 sentence caption. All abbreviations used in the figure should be identified in an alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained. Figure legends should be typed double-spaced on pages separate from the text. Figure numbers must correspond with the order in which they are mentioned in the text.

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ARTWORK. Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software, such as Photoshop and Illustrator, should be used to create the art, but not presentation software such as Powerpoint, CorelDraw, or Harvard Graphics. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) and combinations of gray scale images and line art should be at least 1200 DPI. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm $\times$ 18 cm (5″ x 7″). Decimals, lines, and other details must be strong enough for reproduction. Use only black and white—not gray—in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations must contrast with the background.

COLOR ARTWORK. There is no fee for the publication of color figures. Our Editors encourage authors to submit figures in color, as we feel it improves the clarity and visual impact of the images.

CENTRAL ILLUSTRATION. All Original Research Papers, State-of-the-Art Reviews, and Review Topics of the Week should develop at least 1 Central Illustration drawing or figure (that may be a simple/rough hand-drawn figure), which summarizes the entire manuscript or at least a major section of the manuscript. Our in-house medical illustrators will create the final printable versions of these figures in consultation with the authors and the editors. The purpose of these illustrations is to provide a snapshot of your paper in a single visual, conceptual manner. This illustration must be accompanied by a legend.

TABLES

Tables should be typed double-spaced on separate sheets, with the table number and title centered above the table and explanatory notes below the table. Use Arabic numbers. Table numbers must correspond with the order cited in the text.

ALL TABLES MUST HAVE A TITLE.

Abbreviations should be listed in a footnote under the table in alphabetical order. Footnote symbols should appear in the following order: *, †, ‡, §, ||, ¶, #, **, ††, etc.

Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the original publisher and author is required. Cite the source of the table in the footnote.

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Inclusion of videos in the published paper is at the discretion of the editors.

1. Video submissions for viewing online should be one of the following formats: AudioVideo Interleave (.avi), MPEG (.mpg), or QuickTime (.qt, .mov). AVI files can be displayed via Windows Media Player. MPEG files can be displayed via Windows Media Player.
http://www.microsoft.com/windows/windowsmedia
http://www.microsoft.com/windows/windowsmedia/players.aspx
QuickTime files require QuickTime software (free) from Apple.
http://www.apple.com/quicktime/download/index.html

2. Videos should be brief whenever possible (<2-5 min). Longer videos will require longer download times and may have difficulty playing online. Videos should be restricted to the most critical aspects of your research. A longer procedure can be restructured as several shorter videos and submitted in that form.

3. It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be no larger than 5 megabytes. This is a suggested maximum. If files are larger please contact the *JACC* office.

4. A video legends page giving a brief description of the video content should be provided for each video.

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