

JACC: Asia Instructions for Authors

INTRODUCTION

JACC: Asia, an open access journal, promotes and leverages the clinical research discoveries in cardiovascular medicine to lead the prevention of diseases and improvement on prognosis to ultimately advance the field. With an orientation towards Asian-population-focused cardiovascular problems, cross-disciplinary studies where Asia holds a competitive edge, and comparative studies between Asia and the rest of the world, the Journal has a focus of clinical research which includes randomized clinical trials, cohort studies, and registries. Manuscripts on basic science with a strong clinical translational component are also welcome. Regardless of types of manuscripts, all articles addressing the concerns on the clinical front are desirable. *JACC: Asia* specifically features manuscripts on cutting-edge technology, to encompass newly developed clinical devices and techniques, as *JACC* as translational medicine attempts and Guidelines, consensus on Asian population, and Zoom-in. Specific article types can be found below.

While we encourage Asian-focused research topics, there is no compulsory requirement on the nationality of authors or location of the medical research. As long as the publication provides a justifiable perspective that facilitates the understanding, prevention, diagnosis and treatment of cardiovascular diseases among Asian populations with educational meaning, the paper will be considered appropriate for this journal.

All manuscripts must be submitted online at <https://www.jaccsubmit-jaccasia.org>.

Manuscript submissions should conform to the guidelines set forth in the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available online at www.icmje.org/ recommendations and most recently updated in December 2019.

English language support service: Upon request, Elsevier will direct authors to an agent who can check and improve the English quality of their paper (before submission). Please contact authorsupport@elsevier.com for further information.

ARTICLE TYPES

ORIGINAL RESEARCH PAPERS. The Editors will consider original investigation manuscripts that have strong clinical relevance.

The manuscripts should be $\leq 5,000$ words (including text, references, and figure legends).

- Authors: No more than two corresponding authors; no more than two joint authors in any position
- Abstract: Structured with the following headings and no more than 250 words: Background, Objectives, Methods, Results and Conclusions. The abstract should present essential data in 5 paragraphs. Use complete sentences. All data in the abstract also must appear in the manuscript texts or tables.
- Results: Please report all *P*-values to three digits after the decimal point.
- Study limitations (required): Please include the limitations of your investigation at the end of the discussion section of your manuscript.
- Figure/Table Limit: None.
- Central Illustration: Required (See Manuscript content section for more information about Central Illustrations).
- Clinical Perspectives: Required (See Manuscript content section for more information about Clinical Perspectives).
- Ethical Approval (required): Please denote that your study received proper ethical oversight in both your cover letter and Methods section. For manuscripts reporting data on human subjects, note institutional review board/ethics committee approval (or formal review

and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received approval from an animal care and use committee approval. State the animal-handling protocol in your Methods.

STATE-OF-THE-ART REVIEWS. The Editors will consider both invited and uninvited review articles. Reviews may concern either clinical or laboratory science topics. Reviews provide a comprehensive summary of research on a certain topic, and a perspective on the state of cardiovascular medicine, including pathophysiological mechanisms, diagnosis, prognosis, disease treatment, preventative management focusing on Asian population, etc. Authors should detail in their cover letters how their submission differs from existing reviews on the subject.

Papers should be $\leq 10,000$ words (including text, references, and figure legends).

- Authors: No more than two corresponding authors; no more than two joint authors in any position
- Abstract: Unstructured and no more than 150 words
- Figure Limit: None
- Table Limit: None
- Central Illustration: Required
- Highlights: Required (See Manuscript content section for more information about Highlights)
- Clinical Perspectives: Not applicable

CLINICAL RECOMMENDATIONS ON ASIAN POPULATIONS. *JACC: Asia* Clinical Recommendations documents are a condensed interpretation of the literature and most up-to-date, relevant ACC/AHA Clinical Practice Guidelines for specific cardiovascular Asian patient populations. These submissions will be commissioned by the Editors from a panel of clinical subject matter experts to inform our readership on topics where the evidence base is incomplete or controversial for a specific patient population. These reports are intended to reflect a scientific panel's consensus and include findings, conclusions, and recommendations based on available scientific evidence.

- Abstract: unstructured and no more than 150 words
- Word limit: 10,000, including references and figure legends
- Figure Limit: None
- Table Limit: None
- Central Illustration: Not required
- Highlights/Perspectives: Not required
- Supplemental material: Permitted

CUTTING-EDGE TECHNOLOGY. This article type is intended to present advanced or novel clinical devices, techniques, and translational medicine attempts, especially those are still in the laboratory phase or clinical trials (i.e. big animal experiment, first in man, pilot study, feasibility study, etc.). Papers will be considered eligible to this journal as long as relevant ethical concerns and conflicts of interest are fully addressed in detailed description in the paper. Papers focusing on the application of those technologies and devices in human health, including disease prevention, diagnosis, treatment, prognosis, monitoring as well as within nursing and rehabilitation (e.g., artificial intelligence) will be considered eligible.

- Word count: No more than 2,000 words, including references and figure legends
- Abstract: Unstructured and no more than 150 words, stressing novelty and clinical implications
- Authors: No more than 10; no joint authorship permitted
- References: No more than 10

- Figures/Tables: No more than two figures or concise tables in no more than two parts and spanning no more than one page
- Central Illustration: Not applicable
- Clinical Perspectives: Not applicable
- Supplemental Material: Not permitted
- Ethical Approval (required): Please denote that your study received proper ethical oversight in both your cover letter and Methods section. For manuscripts reporting data on human subjects, note institutional review board/ethics committee approval (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received approval from an animal care and use committee approval. State the animal-handling protocol in your Methods.

ZOOM-IN. This section, largely consisting of invited contents, is intended to be an A-list one for professional enhancement. The articles, which will share evidence-based best clinical practices and cross-disciplinary applications in the cardiovascular field, will cover a broad spectrum including but not limited to cardiology new insights, progress in the clinical or basic science front, and will provide a deep dive in statistical tips and academic writing guidelines. The column aims to nurture future physician scientists so as to promote the Asian cardiovascular field.

- Word count: No more than 2,000 words, including references and figure legends
- Abstract: Not required
- Authors: No more than 3; no joint authorship permitted
- References: No more than 10
- Figures/Tables: No more than two figures or concise tables in no more than two parts and spanning no more than one page
- Central Illustration: Not applicable
- Clinical Perspectives: Not applicable
- Supplemental Material: Not permitted

RESEARCH LETTERS. You may submit original reports of preliminary data and findings or studies with small numbers demonstrating the need for further investigation as Research Letters, which are published as such in the Letters to the Editor section. Research Letters should be $\leq 1,000$ words (including text, references, and figure legend).

- Abstract: Not applicable
- Authors: No more than 10; no joint authorship permitted
- References: No more than 10
- Figures/Tables: No more than 1 simple figure (in no more than 2 parts) or 1 simple table
- Central Illustration: Not applicable
- Clinical Perspectives: Not applicable
- Supplemental Material: Not permitted
- Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and the body of the article. For manuscripts reporting data on human subjects, note approval from institutional review board/ethics committee (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received animal care and use committee approval. State the animal-handling protocol in the body of your article.

ASIAN CARDIOVASCULAR LANDSCAPE. This article type, invited or volunteered, will present the reader with a new perspective or best practices in

the field with in-depth insights, including recent developments and unique challenges of cardiovascular diseases from the countries in Asia.

- Word count: No more than 2,000 words, including references and figure legends
- Abstract: Not required
- Authors: No more than 3; no joint authorship permitted
- References: No more than 10
- Figures/Tables: No more than two figures; figures may be substituted by concise tables
- Central Illustration: Not applicable
- Clinical Perspectives: Not applicable
- Supplemental Material: Not permitted

LETTERS TO THE EDITOR AND REPLIES. We welcome readers to submit formal comments on the content of articles published in *JACC: Asia*. Such comments should provide constructive scientific remarks. Readers may submit these comments as a Letter to the Editor within 3 months of the article's online publication date. Letters should be ≤ 400 words (including text and references). Replies will be solicited by the Editors and study authors will have 10 days to respond. The author's reply should be ≤ 400 words (including text and references), unless the author is responding to multiple letters in which case the reply should be ≤ 800 words (including text and references). Titles must be ≤ 15 words (not including the labels "To the Editor" and "Reply"). Replies to multiple letters need a title that is generic and encompasses all of the letters to which they are responding. Both letters and replies are limited to 5 authors, 5 references, and 1 table OR 1 figure in 1 or 2 panels. Please include the cited article as the first reference.

EDITORIAL COMMENTS. All Editorial Comments published in *JACC: Asia* are invited by the Editors. If you are invited to write an editorial, specific requirements will be sent to you. Papers should be $\leq 1,500$ words (including text, references, and figure legends) and must include the cited article as a reference. In some cases, a table or figure may be helpful and appropriate. Please do not submit unsolicited editorials.

MANUSCRIPT ORGANIZATION

1. Cover Letter (not required for Editorial Comments)
2. Rebuttal Letter (revision or appeal only)
3. Manuscript File
 - a) Title Page with title (≤ 15 words), author names, author affiliations, author/funding disclosures, running title (≤ 7 words) and word count (beginning with text and ending with the last figure legend; not including tables)
 - b) Abstract (Structured Abstract of ≤ 250 words for Original Research Papers, Unstructured Abstract of ≤ 150 words); Key Words, 3-6; Abbreviations List, ≤ 10 Abbreviations
 - c) Text
 - d) Clinical Perspectives (core clinical competencies and translational outlook implications on a separate page after the conclusions, and only for Original Research Papers)
 - e) Acknowledgments (if appropriate)
 - f) References
 - g) Figure Titles and Legends
 - h) Tables (each on a separate page)
4. Figures/Central Illustration
5. Supplemental Material (uploaded as one single Microsoft Word document containing all supplemental figures and tables)

FORMATTING

Please use Times New Roman 12-point font with 1-inch margins. The Title Page, Abstract(s), Key Words, and Abbreviations should be single-spaced. The

remaining text should be double-spaced. Page numbering should begin with the Title Page.

MANUSCRIPT CONTENT

COVER LETTER. A short paragraph telling the editors why the authors think their paper merits publication may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid. However, final reviewer assignment is determined by the editors.

The corresponding author should be specified in the cover letter and on the title page. All editorial communications and submission queries will be sent to this author. Cover letters must include the following 4 ICJME Statements:

- 1) The paper is not under consideration elsewhere;
- 2) None of the paper's contents have been previously published;
- 3) All authors have read and approved the manuscript;
- 4) The full disclosure of any potential conflict of interest (see "Relationship with Industry Policy") or that no such relationship exists. Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.
- 5) Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and the body of the article. For manuscripts reporting data on human subjects, note institutional review board/ethics committee approval (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received approval from animal care and use committee. State the animal-handling protocol in the body of your research correspondence or the Methods section of your manuscript.

TITLE PAGE. Include the full title (no more than 15 words), authors' names (full given name, middle initial, and surname), degree, total word count, and a running title of ≤ 7 words. List the departments and institutions with which the authors are affiliated, and indicate the specific affiliations if the work is generated from more than one institution (use superscript letters ^{a, b, c, d}, and so on). Provide information on clinical trials, grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds and institutions involved in the work. This must include the full disclosure of any relationship with industry (see "Relationship with Industry Policy"). If there are no relationships with industry, this should be stated. Corresponding author contact information: Under the heading, "Address for correspondence," provide the full name and complete postal address of the author to whom communications should be sent. Also provide telephone and fax numbers, an e-mail address, and a Twitter handle, if available. Please also provide a short tweet summarizing your paper to your title page. The tweet should be approximately 280 characters, including spaces. Please include up to three hashtags with your tweet (Example: #ACCIntl, #ACCFIT, #Women In Cardiology, #CVD, #HeartFailure). You may also review our [hashtag guide](#). Please note that the editors will review your content, and it may not ultimately be published on the @JACCJournals Twitter account. The corresponding author will be the sole contact for all submission queries.

Word Count: Word count should include text, references, and figure legends.

ABSTRACT. Provide a structured abstract of no more than 250 words for Original Research Papers, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, Conclusions. 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 State-of-the-Art Reviews, Guidelines/Consensus, and Cutting-Edge Technology

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

ABBREVIATIONS. The abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used in the manuscript. On a separate page following the Abstract, list the selected abbreviations and their definitions (e.g., TEE=transesophageal echocardiography). The Editors may determine which lesser-known terms should not be abbreviated. Please consult "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available from www.icmje.org for appropriate use of units of measure.

TEXT. All text from the Introduction to the end of the manuscript should be double-spaced. Page numbering should start with the Title Page. The text for Original Research Papers should be structured as Introduction, Methods, Results, Discussion, and Conclusions. Use headings and subheadings in the Methods, Results, and particularly, Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention.

STATISTICS. All publishable manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results. We subscribe to the statistics section of the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at www.icmje.org/. In the Methods section, please provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if appropriate), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond *t*-tests, chi-square, or simple linear regression), specify the statistical package, version number, and nondefault options used. For more information on statistical review, see "Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7."

CLINICAL PERSPECTIVES. These are for Original Research Papers only.

The authors should delineate clinical implications and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. The competencies describe the implications of the study for current practice. The translational outlook identifies the potential barriers to clinical translation, 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/Lifelong-Learning-and-MOC/Resources/Competencies).

Authors are asked to consider the clinical implications of their report and identify applications in one or more of 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 in need of 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;299:3140-3148).

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 position 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.

HIGHLIGHTS. These are for State-of-the-Art Reviews Only.

Please provide a list of 3-4 brief (of no more than 15 words each) bullet points that highlight the main messages of the review. The first bullet should provide the translational/clinical context or background that establishes the relevance or need for this review. The second bullet should speak to the main message and focus of the review, including any recommendations made by the authors. The final bullet should summarize where the field needs to move forward from this point.

ACKNOWLEDGMENTS. Acknowledgments or appendices must be ≤100 words.

REFERENCES. 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. The references should be numbered consecutively in the order in which they are cited in the text.

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; however, these may be included in the text in parentheses. Do not cite abstracts that are older than 2 years. Identify abstracts by the abbreviation “abstr” in parentheses. If a Letter To the Editor is 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 *JACC: Asia*, the correct citation format is *J Am Coll Cardiol Asia*. 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 the example below.

5. Ghoshhajra BB, Foldyna B, Gaudet D, et al. Coronary atheroma regression from infusions of autologous selectively delipidated pre β -HDL-enriched plasma in homozygous familial hypercholesterolemia. *J Am Coll Cardiol* 2020;76:3062-3064.

DOI-BASED CITATION FOR AN ARTICLE IN PRESS. If the ahead-of-print date is known, please provide this as in the example below.

5. 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]; <https://doi.org/10.1016/j.jacc.2010.09.028>.

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

5. 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]; <https://doi.org/10.1016/j.jacc.2010.09.028>.

CHAPTER IN BOOK. Provide authors, chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers.

5. 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.

5. 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.

FIGURE LEGENDS. Figure legends should be an in-depth explanation of each figure, including a figure TITLE (no more than 10-15 words) and a CAPTION that includes the purpose of the figure, and brief method, results, and discussion statements pertaining to the figure. All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained. Target length should be 50-100 words per figure.

- All figures must have a number, title, and caption.
- Figures should be cited in numerical order in the text.
- Supplemental figures should be cited as “Supplemental Figure 1, Supplemental Figure 2,” etc.
- Figure titles should be short and followed by a 2 to 3 sentence caption.
- Your Central Illustration, if not an existing figure, should be listed last.
- If the figure has been previously published, cite the figure source in the legend.

TABLES. Each table should be on a separate page, 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. Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures.

- 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.
- If previously published tables are used, written permission from the original publisher (or copyright holder, if not the publisher) is required.
- Cite the source of the table in the footnote.

CENTRAL ILLUSTRATIONS. The final version of all Original Research Papers and State-of-the-Art Reviews should include 1 Central Illustration, which summarizes the main point of the manuscript or at least a major section of the

manuscript (it can be simple and hand-drawn). If one of the figures already provided in your manuscript is a key figure summarizing the major findings, you may designate that figure as the Central Illustration in the legend. The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. The purpose of these illustrations is to provide a snapshot of your paper in a single visual or conceptual manner. This illustration should be accompanied by a legend (title and caption). The Central Illustration legend should be listed last in your list of figure legends, unless it is an existing figure. The Central Illustration should be an original image and, for copyright reasons, should not be adapted or reprinted from another source.

FIGURES. Figures and graphs submitted in electronic format should be provided in TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as PowerPoint CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) should be at least 1,200 DPI and combinations of gray scale images and line art should be at least 1,200 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×18 cm (500×700). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

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 halftone illustrations must contrast with the background. 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.

- If previously published figures are used, written permission from the original publisher (or copyright holder, if not the publisher) is required. See STM Guidelines for details: <https://www.stm-assoc.org/intellectual-property/permissions/permissions-guidelines/>.
- If the figure has been previously published, cite the figure source in the legend.
- Figure numbers must correspond with the order in which they are mentioned in the text.
- All abbreviations used in the figure should be identified in alphabetical order at the end of each legend.
- All symbols used (arrows, circles, etc.) must be explained.

SUPPLEMENTAL MATERIALS. Authors are encouraged to enhance their manuscript with media files, additional images, web-based calculators, and other material that does not fit into the usual format of an article but that helps communicate results and/or educate the reader.

VIDEO REQUIREMENTS. Inclusion of videos in the published paper is at the discretion of the Editors.

- Video submissions for viewing online view should be submitted as MP4 files only. The Journal office will not accept any other file formats.
- Videos should be brief (≤2-4 minutes). Longer videos will require longer download times and may have difficulty streaming 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.
- It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be < 15 MB. This is a suggested maximum. If files are larger, please contact the JACC: Asia office at (jaccasia@acc.org).

- A video legends page giving a brief description of the content of each video should be included in the manuscript. Please note that ALL videos must be linked to figures or panels of a figure(s).
- If your paper is accepted for publication, you may wish to supply the editorial office with your video files in several different resolutions. This will allow viewers with slower connections to download a lower resolution version of your video.

EDITORIAL POLICIES

All manuscripts must be submitted online at <https://www.jaccsubmit-jaccasia.org>. By submitting an article to the journal, all authors of the submission agree to receive emails from all the American College of Cardiology's JACC Journals regarding the manuscript, including editorial queries while the manuscript is under review and emails from the publisher should the paper be accepted for publication. The contact information provided by the corresponding author will be included in the galley proofs, the published PDF version of the manuscript, and the online version of the manuscript.

SUBMISSION DECLARATION AND VERIFICATION. Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see 'Multiple, redundant or concurrent publication' for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check.

ETHICS. Manuscript submissions should conform to the guidelines set forth in the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available online at www.icmje.org/recommendations and most recently updated in December 2019.

Studies should be in compliance with human studies committees and animal welfare regulations of the authors' institutions and the U.S. Food and Drug Administration guidelines. Human studies must be performed with the subjects' written informed consent. Authors must provide the details of this procedure and indicate that the institutional committee on human research has approved the study protocol. If radiation is used in a research procedure, the radiation exposure must be specified in the Methods.

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 (<http://hyper.ahajournals.org/content/77/4/655>)," 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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