

JACC: CardioOncology Instructions for Authors

INTRODUCTION

JACC: CardioOncology, an open access journal, serves to advance the cardiovascular care of cancer patients through the publication of rigorously executed, innovative science and dissemination of evidence-based knowledge. The *Journal* seeks to transform the field of cardio-oncology and actively engage and educate the cardiovascular and oncology communities in pre-clinical, translational, and clinical research, as well as best practices in cardio-oncology. Broad areas of interest include original research studies in disease mechanisms, in vitro and in vivo model systems, novel and conventional therapeutics (Phase I-IV), epidemiology, precision medicine, and primary and secondary prevention. Disease states of interest include but are not limited to amyloidosis (AL and ATTR), cardiovascular risk factors, heart failure, and vascular disease. State-of-the-art reviews, including primers in research and clinical medicine, will offer the most current information in the aforementioned areas that will serve to accelerate scientific discovery and improve patient care. *JACC: CardioOncology* will also publish Research Letters, Clinical Case Challenges, Viewpoints, and Letters to the Editor. Regardless of manuscript type, each publication should answer the question: “How does this work potentially impact the clinical care of cancer patients?”

We request that all manuscripts be submitted online at <https://www.jaccsubmit-cardiooncology.org>. Manuscript submissions should conform to the guidelines set forth in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” which are available at <http://www.ICMJE.org>. For English language editing services, Elsevier can direct authors upon request to a service that can assist with this prior to submission. Please contact authorsupport@elsevier.com for further information.

OPEN ACCESS. This is an open access journal: all articles will be immediately and permanently available for readers to download and read without cost. Permitted third party (re)use is defined by the following Creative Commons user licenses (see <http://www.elsevier.com/openaccesslicenses>).

Creative Commons Attribution-Noncommercial-NoDerivs (CC BY-NC-ND) - For non-commercial purposes, this license allows others to distribute and copy the article and include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

If you need to comply with your funding body policy, you can apply for a CC-BY license after your manuscript is accepted for publication.

To provide open access, this journal has an open access fee (also known as an article publishing charge, aka APC) which needs to be paid by the authors, or, for example, on their behalf by their research funding organization or institution. The open access fee for full Original Investigations is \$2,500, and \$1,500 for Research Letters with a 20% discount for American College of Cardiology members. We also offer a discount of 50% if the first, corresponding, or senior author is from a developing country. (Note: Discounts exclude taxes and are not cumulative.) Other manuscript submissions will not be subject to an APC charge. Learn more about Elsevier’s pricing policy: <http://www.elsevier.com/openaccesspricing>.

FUNDING BODY AGREEMENTS AND POLICIES. Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder’s open access policies.

Some authors may also be reimbursed for associated publication fees. To learn more about existing agreements please visit <http://www.elsevier.com>.

After acceptance, open access papers will be published under a non-commercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

AUTHORSHIP/COVER LETTER. Each author must have contributed significantly to the submitted work. The contribution of each author should be delineated in the cover letter. 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: CardioOncology*, the article should be referenced rather than reprinting the list. The Editors consider authorship to include all of the following: 1) conception and design or analysis and interpretation of data, or both; 2) drafting of the manuscript or revising it critically for important intellectual content; and 3) final approval of the manuscript submitted. Participation solely in the collection of data does not justify authorship but may be appropriately acknowledged in the Acknowledgment section. Manuscripts must be submitted with a cover letter stating: 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; and 4) the full disclosure of any potential conflict of interest (see “Relationship With Industry Policy”). Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter. The corresponding author should be specified in the cover letter. All editorial communications will be sent to this author. The corresponding author will be whom we contact for submission queries.

Please note that copyright is now handled by the publisher and no copyright form will be sent to you until the manuscript has been sent to the publisher. Only authors appearing on the final title page will be sent a relationship with industry form. **YOU CANNOT ADD AUTHORS AFTER ACCEPTANCE OR ON PROOFS.**

JACC: CardioOncology publishes the following manuscript types: Original Investigations, State-of-the-Art Reviews, Primers in Cardio-Oncology, Research Letters, Clinical Case Challenges, Viewpoints, and Letters to the Editor. Regardless of manuscript type, each publication should answer the question: “How does this work potentially impact the clinical care of cancer patients?”

EXCLUSIVE SUBMISSION/PUBLICATION POLICY. Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data presented have not appeared on the Internet or have not been previously published (including symposia, proceedings, transactions, books, articles published by invitation, and preliminary publications of any kind, excepting abstracts that do not exceed 400 words).

Elsevier will maintain copyright records for the College. Sharing of data from manuscripts that are under review or accepted but not yet published is expressly forbidden, unless permission is received from the *JACC* Journals Editorial Office. We ask that authors disclose this information during the submission process.

JACC Journals does not consider the posting of manuscripts to a preprint server a prior publication, if they have not undergone peer review and provided that the following conditions are met: 1) when submitting a manuscript to a *JACC* journal, authors must acknowledge preprint server deposition and provide all associated accession numbers or DOIs; 2) versions of a manuscript that have been altered as a result of our peer review process may not be deposited; 3) the preprint version cannot have been indexed in MEDLINE or PubMed; and 4) upon publication in a *JACC* journal, authors are responsible for updating the archived preprint with a DOI and link to the published version of the article. Should the paper be accepted and published in a *JACC* journal, that *JACC* journal DOI should be considered to be the one representing this published work in all credits, citation, and attribution.

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](#).

ARTICLE TYPES

ORIGINAL INVESTIGATIONS. *JACC: CardioOncology* original research manuscripts should not exceed 5,000 words (including text from the introduction to conclusion, references, and figure legends; the word count does not include the Title Page, Abstract Page, nor Tables). All original research papers should develop a Central Illustration which summarizes the main results of the entire manuscript or at least a major section of the manuscript. This Central Illustration will serve the purpose of a summarizing the main findings of the paper (<http://www.onlinejacc.org/content/74/22/2816>). 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 no gender-based differences were present. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/ORPTemplate.docx>

- Word count: No more than 5,000 words (text from the introduction to the conclusion, including references and figure legends).
- No more than 2 joint authors in any position.
- Abstract: Structured and no more than 250 words with the following headings: Background, Objectives, Methods, Results, Conclusions. The abstract should present essential data in 5 paragraphs. Use complete sentences. All data in the abstract also must appear in the manuscript text or tables.
- Results: Report all p-values <0.10 using 3 digits to the right of the decimal and p-values >0.10 are presented using only 2 digits to the right.
- Study limitations (required): Please include the limitations of your investigation at the end of the discussion section of your manuscript and designate this section with a header to clearly identify it.
- Figure/Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Required
- Ethical Approval: Required. Please denote that your study received the proper ethical oversight in both your cover letter and the first paragraph of your 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 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 volunteered review articles on a highly relevant topic in cardio-oncology. Authors should detail in their cover letters how their submission differs from

existing reviews on the subject. It is recommended that a query first be sent to jacco@acc.org before submitting this manuscript. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/SOATemplate.docx>

- Word count: no more than 10,000 words (text from the introduction to the conclusion, including references and figure legends)
- No more than 2 joint authors in any position.
- Abstract: Unstructured and no more than 150 words
- Figure Limit: None
- Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Not applicable
- Highlights/Main Messages: Required

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

PRIMERS IN CARDIO-ONCOLOGY. The Editors will consider both invited and volunteered evidence-based, rigorously developed articles regarding research methodology in both basic and clinical science; evidence-based best clinical practices; cardio-oncology training and career development; health care innovation; or explanation of cardiovascular or oncologic drug therapies (including mechanisms of action and relevance to cardio-oncology).

SHORT FORM.

- Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/SFPTemplate.docx>
- Abstract: Not applicable
- Authors: No more than 10; no joint authorship permitted
- References: No more than 10
- Figures/Tables: 2 single-paneled figures OR 1 simple table and 1 single-paneled figure
- Central Illustration: Not applicable
- Highlights/Main Messages: Required
- Clinical Perspectives: Not applicable
- Supplemental Material: Not permitted

The “**How To**” Series is a type of short-form primer, typically invited, designed to offer very practical guidance regarding the diagnosis and management of clinical scenarios based upon available evidence and expert consensus in the absence of detailed evidence. Example clinical cases are necessary, followed by a discussion of the relevant diagnostic, therapeutic, and management issues. Details regarding the management are meant to be succinct, clinically relevant and actionable. Seminal references informing the decision process should be cited. An example of this manuscript type can be found here, <https://www.jacc.org/doi/10.1016/j.jacc.2020.07.010>.

LONG FORM. Authors should detail in their cover letters how their submission differs from existing publications on this topic. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/LFPTemplate.docx>

- Word count: no more than 10,000 words (text from the introduction to the conclusion, including references and figure legends)
- No more than 2 corresponding authors
- Abstract: Unstructured and no more than 150 words
- Figure Limit: None
- Table Limit: None

- Central Illustration: Required
- Highlights/Main Messages: Required
- Clinical Perspectives: Not applicable

***Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

RESEARCH LETTERS. Articles are discrete, highly significant, innovative or novel discrete findings reported in a shorter format of 1,000 words or fewer in length. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/RLTemplate.docx>

- Word count: No more than 1,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text.
- Abstract: Not applicable
- Authors: No more than 10; no joint authorship permitted
- References: No more than 5
- 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 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 animal care and use committee approval. State the animal-handling protocol in the body of your article.

VIEWPOINTS. Although usually invited, succinct opinion pieces relevant to a specific aspect of cardio-oncology will also be considered for *JACC: CardioOncology*. They should not exceed 2,000 words and should have an important and direct clinical implication. It is recommended that a query first be sent to jaccco@acc.org before submitting this manuscript. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/VPTemplate.docx>

- Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text.
- 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

One type of viewpoint is an **International Perspective**. These are submitted by leaders to describe the growth of cardio-oncology in their country and reflect on the unique challenges that each country and its institutions face, as cardio-oncology clinical and research programs are built worldwide. An example can be found here, <https://www.jacc.org/doi/10.1016/j.jaccao.2020.02.007>. It is recommended that a query first be sent to jaccco@acc.org before submitting this manuscript.

CLINICAL CASE CHALLENGE. These pieces will succinctly describe a clinical case in cardio-oncology that highlights a specific challenge in medical care. The step-by-step diagnostic and management approaches will be detailed. A clinical, evidence-based perspective on the current available literature to support the approach to care is mandatory and should be included. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/CCCTemplate.docx>

- Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text.
- Abstract: Not required
- Authors: No more than 10; no joint authorship permitted
- References: No more than 10
- Figures/Tables: 2 single-paneled figures OR 1 simple table and 1 single-paneled figure
- Central Illustration: Not applicable
- Clinical Perspectives: Not applicable
- Videos or Supplemental Material: Not permitted

LETTERS TO THE EDITOR AND REPLIES. *JACC: CardioOncology* will publish a limited number of letters that focus on a specific manuscript that has appeared in the journal. Letters must be submitted within 3 months of the issue date of the article. *JACC: CardioOncology* does not consider letters to the editor on review articles, editorials, or any correspondence, including research letters. Letters should be submitted online at www.jaccsubmit-cardiooncology.org. Click here for a template to use in formatting your submission: <https://www.jaccsubmit-cardiooncology.org/html/LELRETemplate.docx>

- Word count: No more than 500 words, including references and a figure legend, if applicable
- References: No more than 5
- Figures/Tables: No more than 1 simple figure (in no more than 2 parts) or 1 simple table
- Please include the cited article as the first reference
- Authors: No more than 5; no joint authorship permitted
- Title: Unique title of 15 words or less that does not include the title of the original investigation
- Title page: Required

EDITORIAL COMMENTS. The editors invite all Editorial Comments published in the Journal. If you are invited to write an editorial, specific requirements will be sent to you. Please do not submit unsolicited editorials.

GENERAL MANUSCRIPT ORGANIZATION

- **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.
 - **Ethical Approval:** Please denote that your study received the proper ethical oversight in both your cover letter and the first paragraph of your 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 animal care and use committee approval. State the animal-handling protocol in your Methods.

- **Rebuttal Letter (Required for all revisions or appeals):** This is a point-by-point response to the editors' and reviewers' comments.
- **Tracked Changes Manuscript File (Required for all revisions or appeals):** Include a tracked changes version of the manuscript with every resubmission/revision.
- **Manuscript file** (see *individual manuscript types and Manuscript Content for specific formatting*. You may also email jaccco@acc.org for a template to assist with formatting your submission.)
 - The entire manuscript (including tables) should be uploaded as a Microsoft Word document, with 1-inch margins and 12-point Times New Roman font. The title and abstract pages, including keywords and abbreviations, should be single-spaced. All text from the introduction to the end (including tables) should be double-spaced. Page numbering should start with the title page.
 - Page 1: Title page. See also Manuscript Content, below.
 - Page 2: Abstract, Key Words, Abbreviations list
 - Text
 - Perspectives or Highlights (if applicable)
 - References
 - Figure legends, listing both a **title and caption** for each figure, including the Central Illustration (if applicable). Do not include the caption in the Figure
 - Tables, each on a separate page
 - Figures
- **Supplemental material (if applicable).** Please upload all supplemental material, with the exception of videos, as one separately uploaded Word document, labeled Supplemental Appendix. This should include all supplemental text, tables and figures, figure legends, etc.

GENERAL MANUSCRIPT CONTENT

The order in which these items appear should also be the order in which they appear in your submission.

TITLE PAGE

- Title (no more than 15 words) and brief title of no more than 45 characters
- Authors' names (including full first name, middle initial, last name and degrees-MD, PhD, etc.)
- Total word count
- Departments and institutions with which the authors are affiliated. Indicate the specific affiliations if the work is generated from more than one institution (use superscript letters a, b, c, d, and so on). List only the departments and institutions for co-authors.
- Funding: Information on grants, contracts, and other forms of financial support. List the cities and states of all foundations, funds, and institutions involved in the work.
- Disclosures: State each author's disclosures, or lack thereof. This must include the full disclosure of any relationship with industry. (See Relationship with Industry section.) 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. The corresponding author will be the sole contact for all submission queries.

- **Tweet:** Please provide Twitter handles for any authors that have active accounts and a brief tweet summarizing your paper on your title page. The tweet should be approximately 280 characters, including spaces. Please include up to three hashtags with your tweet (Example: #ACCIntl, #ACCFIT, #WomenInCardiology, #CVD, #HeartFailure). You may also review our hashtag guide (<https://www.acc.org/-/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/About-ACC/Social-Media/ACC-Social-Media-Hashtag-Reference-Guide.pdf>). Please note that the editors will review your content, and it may not ultimately be published on the @JACCJournals Twitter account.
- **Acknowledgements:** 100 words or less.

ABSTRACT. Provide a structured abstract of no more than 250 words for Original Investigations, 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.

An unstructured 150-word abstract should be provided for review articles and long-form primers.

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'). Be sparing with abbreviations. 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. Up to 10 abbreviations (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD) may be listed. 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.

TEXT. Use Times New Roman 12-point font. 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.

CLINICAL PERSPECTIVES. These are for original investigations only.

The authors should delineate clinical implications/competency in medical knowledge or patient care and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the References. Please review the examples provided below.

The implications describe the consequences of the study for current practice. The translational outlook identifies the potential barriers to clinical translation, emphasizing directions for additional research.

Competency in Medical Knowledge or Competency in Patient Care. 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 of these competency domains that could be used by clinician readers to enhance their competency as professional caregivers and the potential impact on the clinical care of cancer patients. 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;299:3140-3148). 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/). 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. Authors should briefly reflect on how their work potentially impacts the clinical care of cancer patients.

Example 1:

Competencies in Medical Knowledge: In patients treated for breast cancer with doxorubicin with or without trastuzumab, early changes in circulating levels of the arginine-nitric oxide metabolites arginine, asymmetric dimethylarginine, and monomethylarginine are associated with cardiac dysfunction.

Translational Outlook: Further research is needed to assess the prophylactic and therapeutic utility of measuring these biomarkers of oxidative stress in women with breast cancer undergoing anthracycline chemotherapy.

Example 2:

Competencies in Medical Knowledge: In patients receiving immune checkpoint inhibitors therapy for cancer, myocarditis develops at a median of 34 days. Elevation of serum troponin levels may signal the need to consider myocarditis. Checking troponin levels at baseline and at each 21-day infusion cycle or at alternate cycles for those receiving 14-day infusion therapy may be useful.

Translational Outlook: Future studies should determine the response of ICI-related myocarditis to escalating doses of corticosteroids and other immunotherapies such as infliximab, intravenous immunoglobulin, mycophenolate, and antithymocyte globulin.

HIGHLIGHTS. These are for State-of-the-Art Reviews and Primers 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.

Example:

- Cardiovascular aging leads to a progressive decline in function and structure.
- Calorie reduction and adjusted diurnal rhythm of feeding may help to prevent cardiovascular disease.
- Lowered intake of protein and nutritional modulation of the gut microbiome can be cardioprotective.
- Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can impact a healthy diet.

REFERENCES

- Identify references in the text by 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. List all authors if 6 or fewer, otherwise list the first 3 and add “et al.” Do not use periods after author initials.
- 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. Websites must be cited as references.
- Use Index Medicus (National Library of Medicine) abbreviations for journal titles.
- Please do not cite references more than 10 years old, unless there is a very specific purpose.
- Use the following style and punctuation for references:
 - Periodical. Do not use periods after the authors’ initials. Please provide inclusive page numbers: Example: “5. Barac A, Murtagh G, Carver JR, et al. Cardiovascular health of patients with cancer and cancer survivors: a roadmap to the next level. *J Am Coll Cardiol* 2015;65:2739-2746.”
 - DOI-based citation for an article in press.
 - If the ahead-of-print date is known, please provide. EXAMPLE: “16. Bhatt DL, Steg PG, Miller M, et al., for the REDUCE-IT Investigators Effects of icosapent ethyl on total ischemic events: from REDUCE-IT. *J Am Coll Cardiol*. 2019 March 18 [E-pub ahead of print]. <https://doi.org/10.1016/j.jacc.2019.02.032>.”
 - If the ahead-of-print date is unknown, please omit. EXAMPLE: “16. Bhatt DL, Steg PG, Miller M, et al., for the REDUCE-IT Investigators Effects of icosapent ethyl on total ischemic events: from REDUCE-IT. *J Am Coll Cardiol*. 2019 [E-pub ahead of print]. <https://doi.org/10.1016/j.jacc.2019.02.032>.”
 - Chapter in book. Provide author(s), chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers. EXAMPLE: “27. Masoudi F, Rumsfeld J, Measuring and Improving Quality of Care: Relevance to Cardiovascular Clinical Practice. In: Zipes D, Libby P, Bonow R, Mann D, Tomaselli G, Braunwald E, editors. *Braunwald’s Heart Disease: A Textbook of Cardiovascular Medicine*. 11th edition. Philadelphia, PA: Elsevier, 2018: 33 - 38.”
 - Book (personal author or authors.) Provide a specific (not inclusive) page number. EXAMPLE: “23. Lilly L. Pathophysiology of Heart Disease: A Collaborative Project of Medical Students and Faculty. 6th edition. Philadelphia, PA: Wolters Kluwer, 2016:33.”

- Online media. Provide specific URL address and date information was accessed. EXAMPLE: “41. American College of Cardiology. ACC Roundtable Explores the Emerging Field of Cardio-Oncology. 2018. Available at <https://www.acc.org/latest-in-cardiology/articles/2018/02/27/17/18/acc-roundtable-explores-the-emerging-field-of-cardio-oncology>. Accessed July 2018.”
- Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location. EXAMPLE: “20. Rollman B. Blended Collaborative Care for Treating Heart Failure and Co-Morbid Depression - Hopeful Heart. Presented at: American College of Cardiology Annual Scientific Sessions; March 16, 2019; New Orleans, LA.”

FIGURE LEGENDS. All figures must have a number, title, and caption. Figure legends should explain each figure, and include a TITLE for each figure, and a respective 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 in the Figure (arrows, circles, etc.) must be explained. Target length should be 50-100 words per figure, with the title no more than 10 words. Legends should not exceed 150 words. See also Figures/Central Illustration, below.

- Figures should be cited in numerical order in the text. Please also cite the Central Illustration if applicable.
- Supplemental figures should be cited as “Supplemental Figure 1, Supplemental Figure 2,” etc.
- Figure titles should be short and followed by an approximately 2 to 3 sentence caption.
- Your Central Illustration, if not an existing figure, should be listed last and include both a TITLE and a CAPTION as outlined above.
- If the figure has been previously published, cite the figure source in the legend and provide any necessary permission to reuse.
- All abbreviations used in the figure should be identified in alphabetical order at the end of each legend (see also Figures).

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 the Tables 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/author is required.
- Cite the source of the table in the footnote.

FIGURES/CENTRAL ILLUSTRATIONS

All Original Investigations, State of the Art Reviews, and Long-Form Primers Should Include a Central Illustration. Central Illustrations serve to succinctly summarize the entire manuscript or at least a major section of the manuscript. Upon acceptance, our in-house medical illustrators will assist in creating 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 consisting of a title and caption of no more than 50-100 words in total. The title should be no more than 10 words. The Central Illustration legend should be listed first in your list of figure legends, unless it is an existing figure. For additional guidance, please refer to <http://www.onlinejacc.org/content/74/22/2816>.

Figure Requirements for All Figures.

- TIFF figures are preferred.
- Color images must be at least 300 DPI.
- Figure numbers must correspond with the order in which they are mentioned in the text.
- If previously published figures are used, written permission from the original publisher is required. See STM Guidelines for details: <https://www.stm-assoc.org/intellectual-property/permissions/permissions-guidelines/>.
- If any figure has been previously published, cite the figure source in the legend.

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. 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 × 18 cm (500 × 700). 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.

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.

VIDEOS. Inclusion of videos in the published paper is at the discretion of the Editors:

- Video submissions for viewing online should be submitted as MP4 files only. The Journal office will not accept any other file formats.
- Videos should be no larger than 15 MB. Larger videos will require longer download times and may have difficulty playing online
- A video legends page giving a brief description of the content of each video must be included in the manuscript. Please list the video legends page immediately after the figure legends page in the manuscript.

PERMISSIONS. If a figure/table is reprinted or adapted from a previously published work, permission must be obtained from that publisher (or copyright holder, if not the publisher) and sent to the editorial office. Please also see Figures. If a manuscript includes excerpts of published text longer than 50 words, permission from the copyright holder to republish the text is required.

EDITORIAL POLICIES

All manuscripts must be submitted online at <https://www.jaccsubmit-cardiooncology.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 your 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.

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 <http://www.icmje.org/recommendations>.

Studies should be in compliance with human studies committees and animal welfare regulations of the authors’ institutions and 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.

Clinical trials should be registered. 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 or next of kin where applicable).

If such consent is made subject to any conditions, the editorial office must be made aware of all such conditions. 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/7/4/655>), 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).

The JACC Journals have an ethics committee comprised of 7 members, which oversees quality control and will look into the issues of concern, if any.

Ethical Approval: Please denote that your study received the proper ethical oversight in both your cover letter and the first paragraph of your 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 animal care and use committee approval. State the animal-handling protocol in your Methods.

RESEARCH DATA. This journal encourages and enables you to share data that supports your research publication where appropriate and enables you to interlink the data with your published articles. Research data refers to the

results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project. For more information on depositing, sharing and using research data and other relevant research materials, visit the [research data](#) page.

Data statement: To foster transparency, we encourage you to state the availability of your data in your submission. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. For more information, visit the [Data Statement page](#).

RELATIONSHIP WITH INDUSTRY POLICY. All authors are required to disclose any relationship with industry and other relevant entities-financial or otherwise-within the past 2 years that might pose a conflict of interest in connection with the submitted article. All relevant relationships with industry, disclosures, and sources of funding for the work should be acknowledged on the title page, as should all institutional affiliations of the authors (including corporate appointments). This includes associations such as consultancies, stock ownership, or other equity interests or patent-licensing arrangements. If no relationship with industry exists, please state this on the title page.

All forms are now signed and submitted electronically. Once a manuscript is accepted, the authors will be sent links to complete the electronic Relationship with Industry forms. Elsevier now handles copyright for the journal. Only the corresponding author may electronically sign the copyright form; however, all authors are required to electronically sign a relationship with industry form. Once completed, a PDF version of the form is e-mailed to the author. Authors can access and confirm receipt of forms by logging into their account at <https://www.jaccsubmit-cardiooncology.org>. Each author will be alerted if his/ her form has not been completed by the deadline.

The JACC Journals program prefers the term Relationships with Industry and Other Entities as opposed to the term Conflict of Interest, because, by definition, it does NOT necessarily imply a conflict. When all relationships are disclosed with the appropriate detail regarding category and amount, and managed appropriately for building consensus and voting, the JACC Journals program believes that potential bias can be avoided, and the final published document is strengthened since the necessary expertise is accessible.

COPYRIGHT. On acceptance, transfer of copyright to the author(s) will occur (for more information see <https://www.elsevier.com/about/policies/copyright>). Permitted third party reuse of open access articles is determined by the author’s choice of user license (see <https://www.elsevier.com/about/policies/open-access-licenses>). As an author you (or your employer or institution) have certain rights to reuse your work. For more information on author rights please see <https://www.elsevier.com/about/policies/copyright>.

REVIEW PROCESS AND DECISIONS. JACC CardioOncology uses a single-blind peer-review system, meaning that the authors are blinded to the identity of the reviewers and as a general rule, although there are exceptions, the reviewers are blinded to each other. While the JACC CardioOncology Associate Editor may be identified at the end of the review process, all correspondence concerning a manuscript should be addressed to the JACC CardioOncology editorial staff at jacco@acc.org. At initial submission, a manuscript is reviewed by editorial staff for compliance with journal style and to make sure the submission is clear and legible for reviewers and editors. Once the editorial staff have checked in the paper, it is assigned to the JACC CardioOncology Editor-in-Chief, who will assign it to an Associate Editor. The Associate Editor then determines if it should be sent for peer review or if it is

not of sufficient priority for *JACC CardioOncology*. All reviewers and editors are asked to report any potential conflicts of interest, and when those exist, the manuscript is reassigned to a different editor or reviewer. Once 2 reviews have been completed, the submission is reviewed at the JACC: CardioOncology editorial board meeting. The group then comes to one of the four decisions below:

Accept. The manuscript is acceptable for publication in its current form. However, minor edits may be made by the *JACC CardioOncology* medical editors, illustrators, or the publisher, and authors will need to work with the appropriate contacts to ensure these changes are incorporated post-acceptance.

Minor Revision. It is important to note that this decision does not guarantee acceptance. However, less significant edits are required than a Revision Required decision.

Revision Required. The manuscript is unacceptable for publication in its current form. However, the editors are willing to reconsider a thoroughly revised manuscript. The authors must respond to all reviewer and editor comments and the submission will be re-reviewed and treated as a new submission.

Reject. The manuscript is unacceptable for publication and/or is not an appropriate fit for *JACC CardioOncology*.

Guest Editors: Editors are not involved in decisions about papers which they have written themselves or have been written by family members or institutional colleagues or which relate to products or services in which the editor has an interest. Any such submission is subject to all of the journal's usual procedures, with peer review handled independently of the relevant editor and their research groups.

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 <http://www.icmje.org>. In the Methods section, provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond t tests, chi-square, simple linear regression), specify the statistical package, version number, and nondefault options used. Report all p-values <0.10 using 3 digits to the right of the decimal and p-values >0.10 are presented using only 2 digits to the right. For more information on statistical review, see "Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7."

EXPEDITED REVIEW. In order for Original Investigations to be considered for expedited review, they should report important original findings of high-potential clinical impact or research significance. Authors should request expedited review and the rationale for this request in their cover letter at the time of submission. The editors commit to a decision regarding suitability for expedited publication processing within 2 days, and an initial decision within 14 days. Those manuscripts not deemed appropriate for the expedited publication track will be considered according to the standard review process. We always inform authors whether we are able to offer expedited review. An agreement to provide expedited review does not guarantee acceptance.

APPEALS. Authors may appeal editorial decisions by email. To appeal a decision, send your rationale as to why the editors should reconsider the paper to jacco@acc.org. The rationale should address all of the reviewers' concerns. The editors may grant or deny the appeal, and their decision is final. Appeals must be submitted within 30 days of the date the decision was rendered.

JACC JOURNALS PUBLICATION INTEGRITY GUIDELINES

JACC Journals have adopted integrity guidelines to help authors uphold the ethics, values, and principles of the publication process at the highest standards. The guidelines below include best practices and are consistent with those implemented by other journals and scientific publishers.

PLAGIARISM. The Office of Research Integrity (ORI) defines plagiarism as "theft or misappropriation of intellectual property and the substantial un-attributed textual copying of another's work." Manuscripts where unacknowledged copying of others' ideas, language and/or results will not be published in JACC Journals and, depending on level of egregiousness, will be reported to ORI and/or other agencies. Therefore, authors should ensure that appropriate attribution and citation is provided when discussing, paraphrasing, or summarizing the work of others. Included is the use of one's own text from previous publications (exclusive of materials and methods), where appropriate attribution and citation is necessary. Reuse of one's own or others' previously published data, whether it be publishing the same paper in multiple journals or adding incremental new data to a previous publication without providing appropriate references, will be considered a duplicate publication.

Should JACC Journals discover acts of plagiarism pre-publication, the publication process will be halted until the matter is resolved. Should JACC Journals discover acts of plagiarism post-publication, an investigation to determine the extent and context of the plagiarism will be conducted. JACC Journals reserve the right to correct or retract any publication based on the findings of said investigations.

DUE CREDIT FOR UNPUBLISHED AND PUBLISHED WORK. Authors must discuss, properly cite, and provide appropriate permissions for any unpublished work included in submitted manuscripts. Any data, intellectual contribution, and/or technical development, including unpublished data from databases, must be acknowledged and appropriately cited. Authors must include written assurance that they are complying with the data licensing agreements of the original source documents when using licensed data. If an author is reusing or modifying previously published or copyrighted figures, documented permission from the previous publisher or copyright holder is required.

DUPLICATE PUBLICATION. Material submitted to a JACC Journal must be original. Submitted material cannot have been previously published and cannot be simultaneously submitted elsewhere (exclusive of meeting abstracts). Related manuscripts under consideration or in press elsewhere must be declared by authors submitting to a JACC Journal at the time of submission in the cover letter. If related material is submitted elsewhere after submission to a JACC Journal, authors must notify the JACC Journal immediately.

DATA INTEGRITY. All data and figures published in JACC Journals must accurately represent the original data and findings. Misrepresentation of data acquisition and/or post-acquisition processing is not acceptable.

While JACC Journals understand minor data processing may be unavoidable, submitted digital images must be as close to original as possible. Processing/image adjustment (e.g., contrast or brightness) must be applied equally across the entire image and any relevant controls. Any image processing/adjustment should not make data disappear or mask additional bands. Authors should explain any image alterations in the figure legend and identify image acquisition tools and processing software in the methods. Integral settings and processing manipulations used to process the presented data should also be described.

JACC Journals reserve the right to request all unprocessed data files included in a submitted manuscript. Manuscript evaluation may be halted or discontinued if the files are not available upon request.

Authors should take care to adhere to the following specific concerns:

Electrophoretic gels and blots: Cropped gels must preserve all important bands. Individual images cannot be used in multiple figures except when the figures describe different aspects of the same experiment (e.g., when a single control experiment served multiple experiments performed simultaneously). When an image is used in multiple figures, authors must clearly state the reason(s) for this in the figure legend.

Quantitative comparisons between samples on different gels/blots should be avoided, and only performed when normalizing controls are available for both gels. Protein loading controls must be run on the same blot. If unavoidable, the figure legend must indicate that the samples are derived from the same or parallel experiments and that the gels/blots are processed in parallel.

Removal of irrelevant or blank lanes from a gel is permissible; however, such alterations must be noted in the figure legend and boundaries between the nonadjacent or rearranged lanes must be clearly marked in the figure.

Microscopy: A scale bar should be included with all microscopy images. The measured resolution at which an image was acquired and any subsequent processing or averaging that enhances the resolution must be clearly stated. Adjustments should be applied over the entire image.

Microscopy settings for comparable controls and samples should be the same between experiments. Any necessary nonlinear, pseudocolor, or color adjustments made to images must be stated in the figure legend. Any manipulation of threshold and expansion or contraction of signal ranges should be avoided.

Authors should not combine images obtained separately, at different times, or from different locations, into a single image, unless specifically stated in the figure legend.

Data Visualization Guidelines: Figures representing data need to be designed and presented in a way that allows readers to understand and critically interpret the data. Authors must ensure that figures use easily distinguishable colors/lines/symbols and are color-blind-safe.

Continuous data and small sample sizes should be represented with figures that show full data distribution, such as dot or scatter plots. Bar graphs should be avoided except when showing counts or proportions.

Authors should consider adding a flow chart or study design diagram when appropriate. Flow charts should provide information about excluded observations and reasons for exclusion at each phase of the study.

Data Management Guidelines: As outlined by ORI, data management is one of the essential areas of responsible conduct of research (<https://ori.hhs.gov/education/products/clinicaltools/data.pdf>). Authors are expected to maintain all of the primary data used for their research submission, so that it can be evaluated by the reviewers and editors. At a minimum the retention of data after manuscript publication should conform to the policies within the authors' organization and the funding organization.

CONTACTING US

AUTHOR ENQUIRIES. For enquiries relating to submitted articles or to articles currently under review, please contact the *JACC: CardioOncology* editorial office at jaccco@acc.org. All manuscripts must be submitted online at <https://www.jaccsubmit-cardiooncology.org>. Authors who are having trouble may e-mail jaccco@acc.org or call the number below.

The mailing address for the *JACC* editorial office and the Editor-in-Chief is:

JACC: CardioOncology
Bonnie Ky, MD, MSCE, FACC
Editor-in-Chief Heart House
2400 N Street NW
Washington, DC, 20037
Telephone: 202-375-6136
Fax: 202-375-6819
E-mail: jaccco@acc.org

ELSEVIER (PUBLISHER). For information on articles that have been accepted for publication, please visit Elsevier's Authors Home at <https://www.elsevier.com/authors/journal-authors>. Elsevier's Authors Home also provides the facility to track accepted articles (<http://www.elsevier.com/trackarticle>) and set up e-mail alerts to inform you of when an article's status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions, and more. You are also welcome to contact Customer Support via <https://www.elsevier.com/support>.

For English language editing services, Elsevier can direct authors upon request to a service that can assist with this prior to submission. Please contact authorsupport@elsevier.com for further information.