

JACC: CardioOncology Instructions for Authors

INTRODUCTION

JACC: CardioOncology, is an open access journal that 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 visit <https://webshop.elsevier.com/language-editing-services/language-editing/> for further information.

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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.

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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).

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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 jaccco@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

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RESEARCH LETTERS. Articles are discrete, highly significant, innovative or novel 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>

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- 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>

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- 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.jacc.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>

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- 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.

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- **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. All supplemental figures, tables, videos and appendices should also be cited in the text.

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, life-long 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 using superscript numerals without parentheses.
- 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. (i.e., any URLs cited in the text or tables must be included as references rather than in the text or table).
- Use Index Medicus (National Library of Medicine) abbreviations for journal titles. When citing an article from *JACC: CardioOncology*, the correct citation format is *JACC CardioOncol*.
- 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.”

AMA Manual of Style. The *JACC* Journals follow the *AMA Manual of Style* with minor modifications. This guide provides guidance on usage, including but not limited to sociodemographic descriptors and nomenclature. For more detailed information on what’s new in the 11th edition, see the slide set here: <https://www.amamanualofstyle.com/page/aboutAMAMOS11>.

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 a 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.
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