

## JACC: Case Reports Instructions for Authors

JACC: Case Reports is an open access journal serving as a forum for promoting clinical cases and clinical problem solving. It will accept every day educational or rare clinical cases, well described and with clear learning objectives. Furthermore, the journal aims to serve as a publication vehicle for early career cardiologists and members of the cardiovascular care team, and as a forum for mentorship on the review and publication process.

We request that all manuscripts be submitted online at <https://www.jaccsubmit-casereports.org>.

Manuscript submissions should conform to the guidelines set forth in the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),” available [online](#) and most recently updated in December 2019.

### ARTICLE TYPES

JACC: Case Reports publishes the following manuscript types:

- Clinical Cases
- Clinical Case Series
- Global Health Reports
- Heart Care Team/Multidisciplinary Team Live
- ECG Challenge
- Clinical Vignette
- Technical Corner
- Letter to the Editor/Reply to a Letter to the Editor
- Voices in Cardiology

Joint corresponding authors or more than 2 first or senior authors are not permitted for any article type. Proposals for personal testimonials or mentoring documents should first be emailed to the editorial office at [jaccr@acc.org](mailto:jaccr@acc.org) to determine if the editor is interested in considering your review for publication.

**CLINICAL CASES.** Clinical cases or case reports should focus on the clinical presentation of the patient, patient management, differential diagnosis, or treatment. There should be educational value associated with current guideline-recommended practice. From clinical manifestations and interventional approaches to global health implications, clinical cases should focus on how to deal with a patient in clinical practice, regardless of whether the condition is rare or common.

- Word count: No more than 1,500 words (text from after the abstract to the conclusion, including references and figure legends)
- Authors: No more than 10
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Figure/Table Limit: No limit
- Videos: No more than 10
- Reference Limit: No more than 10
- Appendices: Unlimited number of figures and tables
- Learning Objectives: Required

Example:

Case: A patient who presented with dilated cardiomyopathy secondary to pheochromocytoma

1. To be able to make a differential diagnosis of cardiomyopathies with multimodality imaging
2. To understand the role of extracardiac causes in the development of cardiomyopathies

The editorial board will select clinical cases as appropriate for CME/MOC/ECME cases. In that case, we will work together with the authors to add 2 to 3 CME/MOC/ECME questions. For certain cases, the editorial board will work with the authors to provide a Central Illustration.

How to write a clinical case

Articles should be laid out as follows:

- Title: 15 words or less. Hyphenated words count as a single word, and single terms comprising 2 words also count as a single word (i.e., de novo, in situ, in vivo, ex vivo).
- Abstract: 50 words or less
- History of Presentation: how the patient was admitted, physical examination
- Past Medical History
- Differential Diagnosis
- Investigations
- Management (medical/interventions)
- Discussion: association with current guidelines/position papers/current practice
- Follow-Up
- Conclusions
- Learning Objectives

**CLINICAL CASE SERIES.** These should consist of 2 or more clinical cases/patients of the same clinical condition and should include a description of patients’ presentation, diagnostic work-up, interventions, and outcomes (Patient #1, Patient #2, etc.). Relevant images should be included. The case presentation should be structured in stages, with expert commentary supplied between stages, in order to aid and educate the reader about key differential diagnostic and therapeutic considerations. At the end, a discussion of the case along with “take-home messages” should be given.

- Authors: No more than 15
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Word count: No more than 1,500 words, including references
- Figures/Tables: No limit
- Videos: No more than 10
- References: No more than 10
- Learning Objectives: Required
- Appendices: Unlimited number of figures and tables

**GLOBAL HEALTH REPORTS.** We encourage reports of global health cases and medicine practiced in unusual settings, such as humanitarian work, refugee health, conflict, humanitarian aid, telemedicine and e-health, and health innovations. Global health case reports should focus on initiatives or programs that can make an impact on individual patient’s lives. These short reports demonstrate major advanced in healthcare in developing countries. The *Journal* also offers a discount of 50% on article publishing charges (APCs), if the first/corresponding or senior author is from a developing country.

- Authors: No more than 5
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Word count: No more than 1,200 words, including references
- Figures/Tables: No more than 10
- References: No more than 5
- Learning Objectives: Required
- Appendices: Unlimited number of figures and tables

**HEART CARE TEAM/MULTIDISCIPLINARY TEAM LIVE.** Represents step-by-step emergence of information/developments in clinical practice and describes how clinicians/clinical teams’ reason and respond in each iteration. Please review an example [online](#).

Where relevant, the editorial board may select specific cases that are eligible for CME/MOC/ECME content and we will work together with the authors to develop this initiative and to make the clinical case interactive and of CME/MOC/ECME value.

We will follow the same guidelines as clinical case submission; however, the word count may be increased up to 2,000 words.

- Word limit: No more than 1,500 words (text from after the abstract to the conclusion, including references and figure legends)
- Authors: No more than 10
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Figure/Tables: No limit
- Clinical Perspectives: Required
- References: No more than 10
- Appendices: Unlimited number of figures and tables

**ECG CHALLENGE.** Interesting ECG tracings will be considered. Authors will submit a case with an ECG tracing (deleting all patients information including identification of the hospital), along with the answer and discussion elaborating the answer. Description of clinical presentation and background history of the patient is very important.

- Word limit: No more than 500 words. References NOT included in the word count.
- Authors: No more than 5
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Figures/Videos: No more than 1 of either. The figure may have up to 6 panels. Videos should be no longer than 2 minutes.
- References: No more than 3
- Appendices: Unlimited number of figures and tables

Each month, the Editorial Board will select an ECG of the Month to be highlighted on the website and promoted through the ACC's marketing and social media channels

**CLINICAL VIGNETTE.** Clinical images of interesting or rare of clinical entities, including multimodality imaging or interventions or even electrophysiology/devices with brief explanatory text.

- Word limit: No more than 500 words. References are NOT included in the word count.
- Authors: No more than 5
- Abstract: Required (50 words or less). Abstracts not included in word count.
- Figures/Videos: No more than 1 of either. The figure may have up to 6 panels. Videos should be no longer than 2 minutes.
- References: No more than 3
- Videos: No more than 5
- Appendices: Unlimited number of figures and tables

**DAVINCI ANATOMY CORNER.** Each selected case will include anatomical, histological and/or radiological images and will be accompanied by an editorial comment focusing on the challenges and learning points from each case. Unique to our journal, some cases will include an STL or PDF file of a virtual 3D printed model, which can be downloaded by our readers and opened on any web browser or imaging software to allow a comprehensive 3D visualization and review of the pertinent anatomy. Cases from around the world will be accessible to all of our audience as teaching material or pre-procedural educational tools for similar cases they encounter in practice.

- Word count: no more than 1,500 words (text from after the abstract to the conclusion, including references and figure legends)

- Authors: No more than 10
- Abstract: Required: 50 words or less). Abstracts not included in word count.
- Figure/Table Limit: None
- Reference Limit: 10
- Supplemental Material: No limit on supplemental figures or tables
- Videos: No more than 10
- Learning Objectives: Required

**TECHNICAL CORNER.** Our aim is to introduce advanced techniques or "first in human" approaches to help colleagues across the world understand innovation. This will encourage our understanding between different places of the world. A Technical corner manuscript will be accompanied by an editorial by a worldwide expert on "how to" or "tips and tricks."

- Word count: no more than 1500 words (text from after the abstract to the conclusion, including references and figure legends)
- Authors: No more than 10
- Abstract: Required: 50 words or less). Abstracts not included in word count.
- Figure/Table Limit: None
- Reference Limit: 10
- Supplemental Material: No limit on supplemental figures or tables
- Videos: No more than 10
- Learning Objectives: Required

**LETTERS TO THE EDITOR AND REPLIES.** Focus on a specific manuscript that has appeared in *JACC: Case Reports*. Letters must be submitted within 3 months of the issue date of the article. We will seek a reply to your letter from the authors of the original paper and publish together, when possible. *JACC: Case Reports* does not consider letters to the editor or editorials.

- Word count: No more than 400 words, including references and a figure legend, if applicable
- Title page: Required
- Title: Unique title of 15 words or less that does not include the title of the original research paper
- Authors: No more than 5; no joint authorship permitted
- Figures/Tables: No more than 1 simple figure (in no more than 2 parts) or a simple table
- References: No more than 5
- Please include the cited article as the first reference

**VOICES IN CARDIOLOGY.** These articles focus on topics on the human side of patient care from all perspectives: From the senior level physician to the early career cardiologist or fellow in training, as well as the patient. We would welcome essays exploring the patient-physician relationship or providing the patients' perspective, taken from experiences in medicine. We also accept personal views and testimonials that affect the profession, but substantive in nature.

In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). Fictional stories or from fake accounts are not allowed. Manuscripts may not be published anonymously or pseudonymously.

- Word limit: No more than 1,500 words
- Authors: No more than 3
- Figures/Tables: No more than 2
- References: Not required, if included, no more than 5
- Videos: No more than 5
- Appendices: Unlimited number of figures and tables

## 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.
- Rebuttal letter (revisions or appeals only)
- Manuscript file (see individual manuscript types and Manuscript Content for specific formatting, and you may also email [jaccr@acc.org](mailto:jaccr@acc.org) for a template on how to format your submission)
  - The entire manuscript (including tables) should be uploaded as a Microsoft Word document, with 1-inch margins and use Times New Roman 12 pt as the font. The title page, including keywords and abbreviations, should be single-spaced. All text from after the abstract to the end (including tables) should be double-spaced. Page numbering should start with the title page.
  - Title: 15 words or less. Hyphenated words count as a single word, and single terms comprising 2 words also count as a single word (i.e., de novo, in situ, in vivo, ex vivo).
  - Page 1: Title page: See also Manuscript Content, below
  - Page 2: Key Words, Abbreviations list, abstract
  - Text
  - Learning Objectives
  - References
  - Figure titles and legends, including a title and caption for each figure
  - Tables, each on a separate page
- Figures
- Supplemental material
  - Please upload all supplemental materials, except for videos, as one separately uploaded Word document, labeled Supplemental Appendix. This should include all supplemental text, tables and figures, and figure legends.
  - Page numbering should begin with the title page.

## 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. Hyphenated words count as a single word, and single terms comprising 2 words also count as a single word (i.e., de novo, in situ, in vivo, ex vivo).
- Authors' names (including full first name, middle initial, 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 1 institution (use superscript letters a, b, c, d, and so on). List only the departments and institutions for co-authors. The full address is required for the corresponding author.
- 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: 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. Please also provide a short tweet summarizing your paper to your title page. The tweet should be approximately 150 characters, including spaces. Please note that the editors will review your content, and it may not ultimately be published on the @JACCJournals Twitter account. The corresponding author will be the sole contact for all submission queries.
- Acknowledgements: 100 words or less. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

**KEYWORDS.** Provide a maximum of 6 key words, identical to the keywords chosen in the online submission platform, 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. Authors may select up to two additional freeform keywords that may or may not be used to index a manuscript online.

**ABBREVIATIONS.** Up to 10 abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. On a separate page, 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 \(ICMJE Recommendations\)](#)" for appropriate use of units of measure.

**TEXT.** Use Times New Roman 12 pt font. Every reference, figure, table, and video should be cited in the text in numerical order according to order of mention.

### 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. It is important to note that when citing an article from the *JACC: Case Reports*, the correct citation format is *J Am Coll Cardiol Case Rep*.
- Use the following style and punctuation for references:
  - Periodical. Do not use periods after the authors' initials. Please provide inclusive page numbers: Example: "5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7."
  - DOI-based citation for an article in press.
    - If the ahead-of-print date is known, please provide. EXAMPLE: "16. Winchester D, Wen X, Xie L, et al. Evidence for pre-

procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 Sept 28 [E-pub ahead of print]; <http://dx.doi.org/10.1016/j.jacc.2010.09.028>."

- If the ahead-of-print date is unknown, please omit. EXAMPLE: "16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 [E-pub ahead of print]; <https://doi.org/10.1016/j.jacc.2010.09.028>."
- Chapter in book. Provide author(s), chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers. EXAMPLE: "27. Meidell RS, Gerard RD, Sambrook JF. Molecular biology of thrombolytic agents. In: Roberts R, editor. *Molecular Basis of Cardiology*. Cambridge, MA: Blackwell Scientific Publications, 1993:295-324."
- Book (personal author or authors.) Provide a specific (not inclusive) page number. EXAMPLE: "23. Cohn PF. *Silent Myocardial Ischemia and Infarction*. 3rd edition. New York, NY: Marcel Dekker, 1993:33."
- Online media. Provide specific URL address and date information was accessed. EXAMPLE: "10. Henkel J. Testicular Cancer: Survival High With Early Treatment. *FDA Consumer magazine* [serial online]. January-February 1996. Available at: [http://www.fda.gov/fdac/features/196\\_test.html](http://www.fda.gov/fdac/features/196_test.html). Accessed August 31, 1998."
- Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location. EXAMPLE: "20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC."

**FIGURES.** All figures must have a number, title, and caption. Figure legends should be an in-depth explanation of each figure, including a figure TITLE, and a CAPTION that includes the purpose of the figure, and brief method, results, and discussion statements pertaining to the figure. All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained. Target length should be 50-100 words per figure.

- Figures should be provided in 300 DPI TIF format.
- Figures should be cited in numerical order in the text.
- Supplemental figures should be cited as "Supplemental Figure 1, Supplemental Figure 2," etc.
- Figure titles should be short and followed by a 2 to 3 sentence caption.
- If the figure has been previously published, cite the figure source in the legend.
- All abbreviations used in the figure should be identified in alphabetical order at the end of each legend (see also Figures).

**VIDEOS.** Videos should be uploaded as mp4 files. Videos are crucial when referring to an imaging modality where video sequences are available: For example, echocardiography, cardiac magnetic resonance, or fluoroscopy. Submissions meeting this criteria without videos may be returned to the authors or rejected denovo to request this content.

**TABLES.** Each table should be on a separate page, with the table number and title centered above the table and explanatory notes below the table. Use Arabic numbers. Table numbers must correspond with the order cited in the text. Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures.

- All tables must have a title.

- Abbreviations should be listed in a footnote under the table in alphabetical order.
- Footnote symbols should appear in the following order: \*, †, ‡, §, ||, ¶, #, \*\*, ††, etc.
- If previously published tables are used, written permission from the original publisher/author is required.
- Cite the source of the table in the footnote.

**CENTRAL ILLUSTRATION.** The editors will notify authors if their paper has been chosen for a Central Illustration, and work with authors and medical illustrators as appropriate.

#### EDITORIAL POLICIES

All manuscripts must be submitted online at <http://www.jaccsubmit-CaseReports.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," available [online](#) and most recently updated in December 2019.

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

**PATIENT CONSENT.** Publication of any personal information about an identifiable living patient requires the explicit consent of the patient or guardian. Please anonymize the patient's details. However, you may include a description to be associated with the clinical case, for example occupation. The authors of each case are fully responsible for obtaining the consent of the patient or their families.

Please note that if the authors are interested in having their case published on social media permission from the patient/family must be provided. This permission should specifically address not only educational purposes but also social media. The authors carry full legal responsibility regarding this permission.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients' images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes, and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian, next of kin, or other legally authorized representative). If consent is subject to conditions, the editorial office must be informed.

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

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

The *JACC* Journals have an ethics committee comprised of 7 members, which oversees quality control and will review issues of concern, as they arise.

**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.

**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 <http://www.jaccsubmit-CaseReports.org>. Each author will be alerted if his or 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.

**REVIEW PROCESS.** *JACC: Case Reports* 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: Case Reports* Associate Editor will be identified at the end of the review process, all correspondence concerning a manuscript should be addressed to the *JACC: Case Reports* editorial staff at [jaccr@acc.org](mailto:jaccr@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: Case Reports* 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: Case Reports*. 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 by all *JACC: Case Reports* associate editors in a weekly 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: Case Reports* medical editors, illustrators, or the publisher, and authors will need to work to ensure these changes are made 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.
- **Major Revision.** 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: Case Reports*.

**PERMISSIONS.** If a figure/table is reprinted or adapted from a previously published work, permission must be obtained from the copyright holder and sent to the editorial office. Please also see Figures.

**AUTHORSHIP.** Each author must have contributed significantly to the submitted work. If authorship is attributed to a group (either solely or in addition to one 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 previously published, the article should be referenced rather than reprinting the list of names. The editors consider authorship to include all of the following:

- Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- Drafting the work or revising it critically for important intellectual content; AND
- Final approval of the version to be published; AND
- Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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

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 form. YOU CANNOT ADD AUTHORS AFTER ACCEPTANCE OR ON PROOFS.

**EXPEDITED REVIEW.** In order for Case Reports 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.

**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 \(ICMJE Recommendations\)](#)." 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. For more information on statistical review, see "Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7."

**LEVELS OF DIFFICULTY.** Each published manuscript is assigned a level of difficulty. In brief, beginners is applicable to fellows in training, intermediate for early career cardiologists and advanced for senior cardiologists.

**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 [jaccr@acc.org](mailto:jaccr@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.

**OPEN ACCESS.** This is an open access journal: all articles will be immediately and permanently available for everyone to read and download 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, lets others distribute and copy the article, and to 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, or APC) which needs to be paid by the authors or on their behalf, e.g., by their research funder or institution. The open access fee for submissions is \$650, with a 25% discount for American College of Cardiology members and a 25% discount for all fellows, excluding taxes. We also offer a discount of 50% if the first/corresponding or senior author is from a developing country. Learn more about Elsevier's pricing policy: <http://www.elsevier.com/openaccesspricing>.

#### **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

unattributed 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 serves 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

---

For enquiries relating to the submission of articles or to articles currently under review, please contact the *JACC: Case Reports* editorial office at [jaccr@acc.org](mailto:jaccr@acc.org).

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

Julia Grapsa, MD, PhD, FACC  
Editor-in-Chief, *JACC: Case Reports*  
Heart House, 2400 N Street NW  
Washington, DC, 20037  
Phone: (202) 375-6136  
Fax: (202) 375-6819

For information on articles that have been accepted for publication, please visit Elsevier's Authors Home at [www.elsevier.com/authors](http://www.elsevier.com/authors). Elsevier's Authors Home also provides the facility to track accepted articles 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. Authors can order copies of the issue in which their article appears at a discounted rate; please contact Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043, Tel: 1-800-654-2452, E-mail: [journalscustomerservice-usa@elsevier.com](mailto:journalscustomerservice-usa@elsevier.com). English language help service: Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (before submission). Please contact [authorsupport@elsevier.com](mailto:authorsupport@elsevier.com) for further information.