

# 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 May 2023.

## 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
- Quality Improvement Projects
- Letter to the Editor/Reply to a Letter to the Editor
- Voices in Cardiology
- Viewpoints

Joint corresponding authors or more than 2 first or senior authors are not permitted for any article type.

Templates are available for some formats. Please click on the links at the end of each description to download a template.

**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. **Click here for a template to use in formatting your submission:** <https://www.jaccsubmit-casereports.org/html/CCTemplate.docx>

- Word count: No more than 1,500 words (text from after the abstract to the conclusion, including references and figure titles/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
- Supplemental Material: Unlimited number of supplemental figures and tables
- Learning Objectives: Required

Sample Learning Objectives:

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

For further instructions on how to write high-quality Learning Objectives, please download the guide: <https://www.jaccsubmit-casereports.org/html/Objectives.docx>.

In that case, we will work together with the authors to add 2-3 CME questions after acceptance of the paper. The editorial board will select certain cases for a central illustration. Authors will be notified and they will work with a professional illustrator and the editors to create the 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. **Click here for a template to use in formatting your submission:** <https://www.jaccsubmit-casereports.org/html/CCSTemplate.docx>

- 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
- Supplemental Material: Unlimited number of supplemental 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
- Videos: No more than 10
- References: No more than 5
- Learning Objectives: Required
- Supplemental Material: Unlimited number of supplemental 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 here: [https://www.jaccsubmit-casereports.org/html/JACC\\_Case\\_Reports-Sample\\_Heart\\_Care\\_Team-MDT.pdf](https://www.jaccsubmit-casereports.org/html/JACC_Case_Reports-Sample_Heart_Care_Team-MDT.pdf). **Click here for a template to use in formatting your submission:** <https://www.jaccsubmit-casereports.org/html/HCTMDTTemplate.docx>

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 value. It will be also highlighted every month on our issue as a CME/MOC/ECME case. Authors of accepted cases will be invited to write the 6 CME questions after acceptance of the paper.

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
- Videos: No more than 10
- Clinical Perspectives: Required
- References: No more than 10
- Supplemental Material: 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). The case description should be followed by a multiple choice question, followed by the correct answer and discussion elaborating correct/incorrect answers. A guide to writing high-quality multiple choice questions is available here: <https://www.jaccsubmit-casereports.org/html/Question.docx>. Description of clinical presentation and background history of the patient is very important. **Click here for a template to use in formatting your submission:** <https://www.jaccsubmit-casereports.org/html/ECGTemplate.docx>

- 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
- Supplemental Material: Unlimited number of figures and tables

Each month, the Editorial Board will select an ECG of the Month to be highlighted on the journal's website and promoted on [ACC.org](https://www.acc.org) and 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. **Click here for a template to use in formatting your submission:** <https://www.jaccsubmit-casereports.org/html/CVTemplate.docx>

- 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/Tables: No more than 1 of either, though tables are not recommended for this article type. The figure may have up to 6 panels.
- References: No more than 3
- Videos: No more than 5. Videos should be no longer than 2 minutes.
- Supplemental Material: Unlimited number of supplemental figures and tables

**DAVINCI ANATOMY CORNER.** Each selected case will include anatomical, histological and/or radiological images and may 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 our entire 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
- Videos: No more than 10
- Supplemental Material: Unlimited number of supplemental figures or tables
- Learning Objectives: Required

**QUALITY IMPROVEMENT PROJECTS.** These manuscripts will describe small studies, clinical initiatives and operational activities with the end goal of measuring and enhancing quality of care. These can be formatted as structured abstracts.

- Word count: no more than 1500 words (text from after the abstract to the conclusion, including references and figure titles/legends)
  - Authors: No more than 10
  - Abstract: Required: 50 words or less. Abstracts not included in word count.
  - Figure/Table Limit: None
  - Videos: no more than 10
  - Reference Limit: No more than 10
  - Supplemental Appendix: Unlimited number of supplemental figures and tables.
  - Learning Objectives: Preferred, not required
- 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
  - Background
  - Objectives
  - Methods
  - Results
  - Conclusions

**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 may 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: No limit
- References: No more than 10
- Supplemental Material: Unlimited supplemental figures or tables
- Videos: No more than 10
- Learning Objectives: Required

**LETTERS TO THE EDITOR AND REPLIES.** Letters to the Editor will focus on a specific manuscript that has been published 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 on 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’ perspectives, 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
- Supplemental Material: Unlimited number of supplemental figures and tables

**MANUSCRIPT ORGANIZATION.** These articles focus on topics on a topic which is applicable to the medical society but doesn’t reflect a personal experience or a patient story, from the senior level physician to the early career cardiologist or fellow in training.

Fictional stories or from fake accounts are not allowed.

Manuscripts may not be published anonymously or pseudonymously.

- Word limit: No more than 2000 words
- Authors: No more than 10
- Figures/Tables: No more than 2
- References: Not required, if included, no more than 5
- Videos: No more than 5
- Supplemental Material: Unlimited number of supplemental 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): This should be formatted as a point-by-point response to the editor/reviewer comments and marked on the submission site as a rebuttal letter.

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

Text

Learning Objectives: Core Clinical Competencies and Translational Outlook implications (on a separate page after the conclusions)

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 online 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. If there are investigator names in the supplemental material that need to be captured as collaborators for PubMed, please indicate this in your Cover Letter.

## 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). This should be formatted as a point-by-point response to the editor/reviewer comments and marked on the submission site as a rebuttal letter.
- 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 was no funding, 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 numbers in parentheses on the line. Do not use superscripted endnotes for references.
- 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 all page numbers: Example: "5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-837."
  - 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*. Published online Sept 28, 2010. <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*. <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. Accessed August 31, 1998. [http://www.fda.gov/fdac/features/196\\_test.html](http://www.fda.gov/fdac/features/196_test.html)."
- 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, and as separate citations (Figures 1, 2, and 3, not Figures 1 to 3).
- 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 de novo 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 alphabetical order: a, b, c, d, e, 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, editors, 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 May 2023.

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 individually identifiable information about a living individual requires a written consent under HIPAA known as a "HIPAA authorization" from the individual or the individual's guardian. Written consent may also be required under other federal, state, local or international laws. These consents are referred to herein globally as "consents." While consents cannot be uploaded in the ACC submission site, authors are required to obtain them where necessary and to document in the submission data that they were obtained. ACC requires that authors obtain any necessary consents before initial submission to avoid delays if the submission is accepted for publication. Additionally, if a submission is accepted, authors will have to sign a form confirming they have obtained all necessary consents. The authors of each submission are fully responsible for obtaining any necessary consents.

Additionally, if you are conducting research on human subjects you are required to obtain: (1) institutional review board approval and (2) (a) informed consent or (b) a waiver of informed consent in accordance with applicable law. Such institutional review board approval must be completed prior to commencement of the research. The author's submission should clearly articulate the institutional review board's determination as to whether informed consent was required or waived. If the consent is subject to conditions, please inform ACC upon submission of your paper. In certain scenarios, the institutional review board or your institution may determine that the research is exempt, and oversight is not required in accordance with applicable law and institutional policy. If so, the exemption must be documented in the submission. \*Note that submission of individual case reports (Clinical Cases, Clinical Case Series, Imaging Vignettes, etc.) to *JACC: Case Reports* will not require institutional review board approval but will require consent.\* Individual's privacy is paramount to ethical research. Therefore, identifying information, including individuals' names, initials, hospital numbers, and images should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and only the minimum necessary identifiable information is articulated in the research.

Even where consent/ authorization 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 an assurance that alterations do not distort scientific meaning.

Unless individually identifiable information is essential, all submissions should be de-identified and anonymized in accordance with applicable international, federal, state and local laws. As stated above you are responsible for obtaining all necessary HIPAA authorizations and consents under applicable law, including but not limited to obtaining permissions to de-



identify and anonymize information included in the submission. In instances where information will be included from deceased individuals, consents should be obtained from the deceased individual's next of kin or legal representative in accordance with applicable law.

In the event the submission involves research on animals such research shall be approved by an Institutional Animal Care and Use Committee (IACUC) and be conducted in accordance with applicable law including but not limited to the Animal Welfare Act and to the extent applicable animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC) and the Association for Assessment and Accreditation of Animal Care International.

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.

**DISCLOSURE OF AI PROGRAMS.** Please disclose in the cover letter and in the acknowledgement section (the latter of which is published, if the paper is accepted) if any artificial intelligence (AI) programs (e.g., ChatGPT, or other similar software) contributed to the compilation of the submitted manuscript as well as the nature of the contribution that the tool provided. This could include design, performance, analysis, writing, and reporting of the work.

**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

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