

Instructions For Authors

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All manuscripts should be submitted online at <http://www.jaccsubmit-imaging.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,” available from www.icmje.org/recommendations and most recently updated in December 2018.

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

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ETHICS

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

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

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have

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

Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission. Animal investigation must conform to the “Position of the American Heart Association on Research Animal Use,” adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield needed information are not possible; 3) anesthesia must be used in all surgical interventions, all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC).

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

AUTHORSHIP/COVER LETTER

Each author should have contributed significantly to the submitted work. The contribution of each should be substantiated 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 should meet the full criteria and requirements for authorship. To save space, if group members have been listed in *JACC: Cardiovascular Imaging*, 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.

Authors must agree to the following ICJME 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. 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 and on the title page. A short paragraph telling the editors why the authors think

their paper merits publication priority may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid.

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The Editors require that manuscripts not exceed 5,000 words (including references and figure legends). Note that if you are asked to revise your paper an alternate word limit may be specified by the Editors. An outcomes expert/associate editor will review such manuscripts after provisional acceptance. If needed, the Editors will work with the authors in revising the manuscript to highlight the important features of the manuscript. 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. Basic science or experimental studies should have potential clinical applicability. We would prefer manuscripts that offer an algorithmic approach to the use of diagnostic modalities for the best cost-effective use in clinical medicine.

Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and 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.

The manuscript should be arranged as follows: 1) title page; 2) structured abstract and key words; 3) condensed abstract; 4) abbreviations list; 5) text; 6) acknowledgments (if applicable); 7) references; 8) figure titles and legends; and 9) tables. Page numbering should begin with the title page.

IREVIEWS (STATE-OF-THE-ART IN IMAGING). Editors welcome reviews on integrated cardiovascular imaging and multi-modality imaging in an attempt to provide the best practice guidelines for general cardiologists. Imaging reviews must adhere to preferred length guidelines and would be accompanied by an unstructured abstract. Please contact us with suggestions before you start to prepare such review articles.

In addition to the unstructured abstract for the State-of-the-Art Review, please provide a list of 3-4 brief bullet points (85 characters, 15 words or fewer per bullet) 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 is a biological phenomenon caused by the accumulation over time of damage at the cellular, tissue, and organismal level leading to a progressive decline in function and structure.
- Calorie restriction, intermittent fasting, and adjusted diurnal rhythm of feeding are powerful interventions for the prevention of cardiovascular dysfunction and cardiovascular disease.

- Lowered intake of protein, specific amino acids, and saturated fatty acids and nutritional modulation of the gut microbiome can have additional cardioprotective roles.
- Regular endurance and resistance exercise, mindfulness-based stress reduction programs, and some calorie-restriction mimetic medications can potentiate the beneficial effects of a healthy diet.

iPIX (IMAGING VIGNETTE). iPIX is designed to convey important concepts in cardiovascular imaging using a series of images. Typical submissions would be a series of clinical and/or basic science images—including studies in motion—that:

- a) Comprehensively illustrate a typical spectrum of important classic features or significantly novel findings;
- b) Provide unique insight into fundamental mechanisms of cardiovascular disease or pathophysiology; comprehensively illustrate major, but less well known, facets of an abnormality; or clarify a new therapy;
- c) Present hypothesis generating and/or cutting edge concepts through images;
- d) Present previously unavailable/unclear correlations between clinical imaging and pathology.

Though often presented within the context of a clinical scenario, this section is not meant to be a vehicle for case reports or a substitute for “Images in Medicine” like features. It is expected that submissions will typically involve images from a number of subjects. Only submissions that align closely with the above criteria will be processed for this section and will be subject to regular peer review.

A series of approximately 10 to 20 images should be provided. Text should consist of a title page, an introduction of 150 words, a descriptive figure legend of up to 150 words per figure, and—only if absolutely necessary—up to 3 references. Video clips can be submitted in mp4 format (see “Video Requirements”). If movies are used, they must be linked to a specific figure and be mentioned in the text.

EDITORIAL COMMENTS AND EDITORIAL VIEWPOINTS. Most manuscripts in every issue will be accompanied by editorial comments.

Although usually invited, succinct opinion pieces will also be considered for *JACC: Cardiovascular Imaging*.

EMAIL (LETTERS TO THE EDITOR). This section is intended to highlight recent development or other important pieces of information. 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. In addition, it will also carry routine letters commenting or critiquing specific articles that have appeared in *JACC: Cardiovascular Imaging*. A limited number of letters (maximum 800 words) will be published. Please include the cited article as a reference. If needed, replies to the letter will be solicited by the Editors from the authors. After a certain amount of time has passed, the Editors may no longer accept letters for a particular article.

MANUSCRIPT CONTENT

TITLE PAGE

Include the title, authors' names (including full first and last names and middle initial and degrees), total word count, and a brief title of no more than

45 characters. List the departments and institutions with which the authors are affiliated, and indicate the specific affiliations if the work is generated from more than one institution (use superscript letters ^{a, b, c, d}, and so on). Please list authors' current e-mail addresses as well. Also provide 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. This must include the full disclosure of any relationship with industry (see "Relationship With Industry Policy"). If there are no relationships with industry, this should be stated. Under the heading, "Address for correspondence," give the full name and complete postal address of the author to whom communications should be sent. Also provide telephone and fax numbers and an e-mail address for the corresponding author, and a Twitter handle, if available. Please also provide a short tweet summarizing your paper on your title page. The tweet should be approximately 280 characters, including spaces. Please include up to three hashtags with your tweet (Example: #ACCIntl, #ACCFIT, #WomenInCardiology, #CVD, #HeartFailure). You may also review our hashtag guide (<https://www.acc.org/-/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/About-ACC/Social-Media/ACC-Social-Media-Hashtag-Reference-Guide.pdf>). Please note that the editors will review your content, and it may not ultimately be published on the @JACCJournals Twitter account. The corresponding author will be the sole contact for all submission queries.

STRUCTURED ABSTRACT

Provide a structured abstract of 300 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Objectives, Background, Methods, Results, and Conclusions. Use complete sentences. All data in the abstract should also appear in the manuscript text or tables. For general information on preparing structured abstracts, see "Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. *Ann Intern Med* 1990;113:69-76." A 200-word unstructured abstract is appropriate for review articles.

CONDENSED ABSTRACT

Provide a condensed abstract of 100 words, stressing clinical implications, for the expanded table of contents.

TEXT

The text should be structured as Introduction, Methods, Results, and Discussion. Use headings and subheadings in the Methods, Results, and Discussion sections. Every reference, figure, and table should be cited in the text according to order of mention.

ABBREVIATIONS

The abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used in the manuscript. On a separate page following the condensed abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The Editors may determine which lesser known terms should not be abbreviated. Please consult "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at www.icmje.org/recommendations and most recently updated in December 2016, for appropriate use of units of measure.

STATISTICS

All publishable manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results. We subscribe to the statistics section of the "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at www.icmje.org/recommendations and most recently updated in December 2016. In the Methods sections, 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 statistical methods beyond *t* tests, chi-square, and simple linear regression, specify the statistical package, version number, and non-default 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." All manuscripts are reviewed by the outcomes editor as well.

PERSPECTIVES

The authors should delineate clinical competencies and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. Please review the examples provided below. The competencies describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research.

CLINICAL COMPETENCIES

Competency-based learning in cardiovascular medicine addresses the 6 domains promulgated by the Accreditation Council on Graduate Medical Education (ACGME) and endorsed by the American Board of Internal Medicine (Medical Knowledge, Patient Care and Procedural Skills, Interpersonal and Communication Skills, Systems-Based Practice, Practice-Based Learning, and Professionalism) (www.acgme.org/acgmeweb). The ACCF has adopted this format for its competency and training statements, career milestones, lifelong learning, and educational programs. The ACCF also has developed tools to assist physicians in assessing, enhancing, and documenting these competencies (http://www.acc.org/education-and-meetings/maintenance-of-certification-information-hub?w_nav=MN).

Authors are asked to consider the clinical implications of their report and identify applications in one or more of these competency domains that could be used by clinician readers to enhance their competency as professional caregivers.

This applies not only to physicians in training, but to the sustained commitment to education and continuous improvement across the span of their professional careers.

TRANSLATIONAL OUTLOOK

Translating biomedical research from the laboratory bench, clinical trials or global observations to the care of individual patients can expedite discovery of new diagnostic tools and treatments through multidisciplinary collaboration. Effective translational medicine facilitates implementation of evolving strategies for prevention and treatment of disease in the community. The Institute of Medicine identified 2 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/about.html).

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.

ACKNOWLEDGMENTS

Acknowledgments or Supplemental Material should contain 100 words or less. Anything exceeding this limit will appear in the online version only.

Signed letters of permission from all individuals listed in the acknowledgments must be submitted to *JACC: Cardiovascular Imaging*.

REFERENCES

Identify references in the text by Arabic numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text. The references should be numbered consecutively in the order in which they are mentioned in the text.

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; however, these may be included in the text in parentheses. *Do not cite abstracts that are older than 2 years.* Identify abstracts by the abbreviation “abstr” in parentheses. If letters to the editor are cited, identify them with the word “letter” in parentheses.

Use *Index Medicus* (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *Journal of the American College of Cardiology: Cardiovascular Imaging*, the correct citation format is *J Am Coll Cardiol* Img.

Use the following style and punctuation for references:

Periodical

List all authors if 6 or fewer, otherwise list the first 3 and add et al.; do not use periods after the authors' initials. Please do provide all page numbers as in example below.

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, provide as in example below.

16. Winchester DE, Wen X, Xie L, Bavry AA. Evidence of pre-procedural statin therapy: a meta-analysis of randomized trials. *J Am Coll Cardiol*. Published online Sept 28, 2010. <https://doi.org/10.1016/j.jacc.2010.04.023>

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

16. Winchester DE, Wen X, Xie L, Bavry AA. Evidence of pre-procedural statin therapy: a meta-analysis of randomized trials. *J Am Coll Cardiol*. 2010 [E-pub ahead of print], <https://doi.org/10.1016/j.jacc.2010.04.023>

Chapter in book

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

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.

23. Cohn PF. Silent *Myocardial Ischemia and Infarction*. 3rd edition. New York, NY: Marcel Dekker, 1993:33.

Online media

Provide specific URL address and date information was accessed.

10. Henkel J. Testicular Cancer: Survival High With Early Treatment. *FDA Consumer magazine* [serial online]. January-February 1996. Accessed August 31, 1998. 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.

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.

FIGURE LEGENDS

Figure legends should be typed double-spaced on pages separate from the text; figure numbers should correspond with the order in which they are mentioned in the text. Figures should be cited in numerical order in the text with each figure called out individually, rather than using a range (for instance, Figure 1, Figure 2, Figure 3, rather than Figures 1-3). Video, table, and supplemental citations must follow the same format. The figure legends should provide an in-depth explanation of each figure, including a figure caption, 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.) should be explained. If previously published figures are used, written permission from the original publisher is required. See STM Guidelines for details: <http://www.stm-assoc.org/copyright-legal-affairs/permissions/permissions-guidelines/>. Cite the source of the figure in the legend.

FIGURES

Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as PowerPoint, CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) should be at least 1200 DPI and combinations of gray scale images and line art should be at least 600 DPI. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm × 18 cm (5" × 7"). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

ALL FIGURES SHOULD HAVE A TITLE AND A LEGEND. There is no fee for the publication of color figures. Our editors encourage authors to submit figures in color, as we feel it improves the clarity and visual impact of the images. Decimals, lines, and other details should be strong enough for reproduction. *Use only black and white, not gray*, in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations should contrast with the background.

Upon provisional acceptance, we may request 2 sets of glossy or laser print (clean copies will suffice) hard copies of the figures. Glossy prints should be provided for all half-tone or color illustrations. All graphs and line drawings must be professionally prepared on a computer and reproduced as high quality laser prints. Indicate the first author's last name (and the corresponding author's last name within parentheses, if different) and the figure number on the back of each figure, preferably on an adhesive label. Figure title and caption material should appear on the legends page in the manuscript, not on the figure. If we request hard copies of figures, they will not be returned to authors. After acceptance of the manuscript, the graphs and schematic figures of the manuscripts may be redrawn by the art department to maintain consistency in *JACC: Cardiovascular Imaging*.

CENTRAL ILLUSTRATION

All Original Research Papers and State-of-the-Art Reviews must develop 1 Central Illustration, which summarizes the main point of the manuscript or at least a major section of the manuscript. If one of the Figures already provided in your manuscript is a key figure summarizing the major findings, you may designate that figure as the Central Illustration in the legend. The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. The purpose of these illustrations is to provide a snapshot of your paper in a single visual, conceptual manner.

This illustration must be accompanied by a legend (title and caption). The Central illustration must be an original image and, for copyright reasons, cannot be adapted or reprinted from another source.

TABLES

Tables should be typed double-spaced on separate pages, with the table number and title centered above the table and explanatory notes below the table. Use Arabic numbers. Table numbers should correspond with the order cited in the text.

ALL TABLES SHOULD 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. Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the copyright holder (typically the original publisher) is required. Cite the source of the table in the footnote.

SUPPLEMENTAL MATERIAL

Authors may submit supplemental material to accompany their article. The supplemental material should be essential to the understanding and interpretation of the primary manuscript and should contain original content that has not been previously published. The supplemental material will be posted online at the same time of publication of the article.

Please upload all supplemental materials, with the exception of videos and large data sets (see below), as one separately uploaded Word document that is labeled "Supplemental Appendix." The pages of the Supplemental Appendix should be numbered consecutively. The first page of the Supplemental Appendix should list the title and page number of each element included in the document.

The Supplemental Appendix document may include the following elements:

- Supplemental methods
- Supplemental results
- Supplemental tables (e.g., Supplemental Table 1, Supplemental Table 2)
- Supplemental figures with accompanying figure legends (e.g., Supplemental Figure 1, Supplemental Figure 2)
- All references that are cited within supplemental material should be placed in a separate reference section that is at the end of the supplemental material. The references should be formatted just as in the main manuscript and numbered and cited consecutively in the Supplemental Appendix.

All supplemental material will undergo editorial and peer review at the same time as the main manuscript is being evaluated. **Once the manuscript is accepted for final publication, the content of the supplemental material cannot be changed.**

Large Data Sets

Large data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies should be deposited in a public data repository (1,2). Microarray data must be deposited in a public database that is compliant with Minimum Information About a Microarray Experiment (MIAME) guidelines (e.g., GEO). High-throughput sequencing data must be deposited in a public database that is compliant with Minimum Information About a Next-generation Sequencing Experiment (MINSEQE) guidelines. Please provide the relevant accession numbers in the text of the main manuscript.

1. Wheeler DL, Barrett T, Benson DA, et al. Database resources of the National Center for Biotechnology Information. *Nucleic Acids Res* 2007;35:D5-12.

2. Edgar R, Barrett T. NCBI GEO standards and services for microarray data. *Nat Biotechnol* 2006;24:1471-2.

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

1. Video submissions for viewing online should be submitted as MP4 files only. The Journal office will not accept any other file formats. Please refer to the guidelines below on quality checking the videos before submission:

You can use any video conversion tool that supports MP4 format with codec setting for H.264 (x264). In some tools, it may also be known as MPEG-4 Part 10 or H.264/AVC. This format provides an excellent quality, performance, and file size. It is also widely supported by media players, including mobile devices.

An example of a free open-source tool is HandBrake (<https://handbrake.fr/docs/en/latest/table-of-contents.html>). Please note that troubleshooting videos for various other tools is beyond the scope of this document or JACC staff.

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- a. Video referenced in manuscript text:

We used cardiac magnetic resonance and computed tomographic imaging to characterize the anatomic variability of our patients with SVDs (Figures 1, 2, 3, 4, 5, and 6, Videos 1, 2, 3, and 4).

- b. Video referenced in figure legend:

Figure 1. Covered Stent Placement for Closure of a Sinus Venosus Defect. (A) A covered stent that is expected to successfully close the sinus venosus defect. (B) An unsuccessful case due to blockage of a large anomalous pulmonary vein (aPV). The virtual covered stent (pink) is placed in the superior vena cava (SVC) and shown in an anterior view, with most of the heart cut away for clarity. **Videos 1, 2, 3, and 4** show the library of stents, measuring the SVC and aPVs in virtual reality space, initial stent sizing, and verification of successful stent placement, respectively, for patient A.

- c. Video legend page:

Video 1. Library of stents used for virtual stenting.
Video 2. Measurements of SVC and aPV in VR space.
Video 3. Initial stent sizing process.
Video 4. Verification of successful stent placement.

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