

JACC: Cardiovascular Interventions Instructions for Authors

JACC: Cardiovascular Interventions publishes peer-reviewed articles that encompass the entire field of interventional cardiovascular medicine: case selection and management; procedural techniques; complications of coronary intervention; catheter-based management of non-coronary arterial disease; anatomy and anatomic variants; pharmacology; and cardiovascular imaging and physiologic assessment. Submissions of Original Research Papers, State-of-the-Art Reviews, Images in Intervention, Research Correspondence, and Viewpoints are encouraged. In general, case reports will not be considered for publication except if including exceptional images for Images in Intervention. Although many disciplines have aspects that may relate to interventional cardiovascular medicine, it is not the intent of *JACC: Cardiovascular Interventions* to recruit papers on general electrophysiology, cardiac or vascular surgery, or other interventional specialties.

All manuscripts should be submitted online at <http://www.jaccsubmit-interventions.org>.

Manuscript submissions should conform to the guidelines set forth in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” available from <http://www.icmje.org> and most recently updated in December 2019.

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 for further information.

AUTHORSHIP

Each author must have contributed significantly to the submitted work. If there are more than 4 authors, the contribution of each author must 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 must meet the full criteria and requirements for authorship. To save space, if group members have been listed in *JACC: Cardiovascular Interventions*, 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 Acknowledgments section.

ARTICLE TYPES

ORIGINAL RESEARCH PAPERS

The Editors will consider manuscripts of original studies with direct clinical relevance. Because of printed-page limitations, the Editors require that manuscripts be $\leq 4,500$ words (this word count includes text, references, and figure legends). The final version of all Original Research Papers should include a Central Illustration. (See Manuscript content section for more information about Central Illustrations.) Note that if you are asked to revise your paper an alternate word limit may be specified by the Editors. Illustrations and tables should be limited to those necessary to highlight key data. Please provide sex-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that no sex-based differences were present.

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.

STATE-OF-THE-ART REVIEWS

The Editors will consider both invited and uninvited review articles. Papers should generally be $\leq 8,000$ words (including text, references, and figure legends). There is no limit to the number of figures or tables. All State-of-the-Art Reviews should include a Central Illustration. (See Manuscript content section for more information about Central Illustrations.) To increase the search engine optimization (SEO) of the *JACC: Cardiovascular Interventions* content, we are now requesting that authors provide 3-4 brief bullet points (85 characters maximum per bullet point) 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. Authors should detail in their cover letters how their submission differs from existing reviews on the subject. For more about State-of-the-Art Reviews, see [State-of-the-Art Reviews: Gemstones](#).

IMAGES IN INTERVENTION

The Editors will consider clinical or basic science images including studies in motion that illustrate important either classic or novel findings in the field of interventional cardiology. The text should be a description of ≤ 400 words (including text, references, and figure legends). Movie clips may be submitted in any of the standard formats (see “Video Requirements”). These papers should contain at least 1 still image. Although often presented within the context of a case, the images in this section are not intended as a vehicle for case reports. For more information about Images in Intervention, see [Images in Intervention - Icons](#).

RESEARCH CORRESPONDENCE

Letters of original investigative work are considered Research Correspondence and are published as such in the To The Editor section. Research Correspondence should be ≤ 800 words (including text, references, and figure legend), and are limited to 10 authors, 5 references, and 1 table OR 1 figure. Online supplemental material is not permitted. For more information see: [Research Correspondence: One Good Point, One Great Figure \(or Table\)](#).

Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and the body of the article. For manuscripts reporting data on human subjects, note institutional review board/ethics committee approval (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received animal care and use committee approval. State the animal-handling protocol in the body of your article.

VIEWPOINTS

Succinct opinion pieces will be considered on occasion. These should be $\leq 2,500$ words (including text, references, and figure legend) and believed to have a meaningful impact for the readership. While an invitation is not required for a Viewpoint, it is recommended to send a brief query to jaccint@acc.org before embarking on such opinion pieces.

EDITORIAL COMMENTS

The Editors invite all Editorial Comments published in *JACC: Cardiovascular Interventions*. If you are invited to write an editorial, specific requirements will be sent to you. Papers should be $\leq 1,500$ words (including text, references, and figure legends) and must include the cited article as a reference. In some cases, a table or figure may be helpful and appropriate.

LETTERS

A limited number of letters to the editor will be published. These should focus on a specific original research article that has appeared in *JACC: Cardiovascular Interventions* and must include the cited article as a reference. Letters must be submitted within 4 weeks of the article's print publication date. No unpublished data from the letter writer may be included. Letters should be ≤ 400 words (including text and references). Replies will generally be solicited by the Editors: study authors will have 10 days to respond. The author's reply should be ≤ 400 words (including text and references), unless the author is responding to multiple letters in which case the reply should be ≤ 800 words (including text and references). Titles must be ≤ 15 words (not including the labels "To the Editor" and "Reply"). Replies to multiple letters likely need a title that is generic and encompasses all of the letters to which they are responding. Both letters and replies are limited to 5 authors, 5 references, and 1 table OR 1 figure in 1 or 2 panels.

INTERVENTIONAL ISSUES

Manuscripts for this category are invited by the Editors. This section addresses business, health policy, and practice issues in manuscripts of $\leq 2,500$ words (including text, references, and figure legends).

MANUSCRIPT ORGANIZATION

- 1) Cover Letter (not required for Editorial Comments)
- 2) Rebuttal Letter (revision or appeal only)
- 3) Manuscript File
 - a. Title Page with title (≤ 15 words) author names, author affiliations, author/funding disclosures, running title (≤ 7 words) and word count (beginning with text and ending with the last figure legend; not including tables)
 - b. Structured Abstract of ≤ 250 words (for Original Research Papers)
 - c. Key Words, 3-5
 - d. Condensed Abstract of ≤ 100 words (for Original Research Papers)
 - e. Unstructured Abstract of ≤ 250 words (for State-of-the-Art Reviews, Viewpoints, and Interventional Issues manuscripts only)
 - f. Abbreviations List, ≤ 10 Abbreviations
 - g. Text
 - h. Perspectives (for Original Research Papers)
 - i. Acknowledgments (if appropriate)
 - j. References
 - k. Figure Titles and Legends
 - l. Tables (each on a separate page)
- 4) Figures/Central Illustration
- 5) Supplemental Material

FORMATTING

Please use Times New Roman 12-point font with 1-inch margins. The Title Page, Abstract(s), Key Words, and Abbreviations should be single-spaced. The remaining text should be double-spaced. Page numbering should begin with the Title Page.

MANUSCRIPT CONTENT

COVER LETTER

The corresponding author should be specified in the cover letter. All editorial communications and submission queries will be sent to this author. See also "Authorship." Cover letters must include the following 4 ICJME Statements:

- 1) the paper is not under consideration elsewhere;
- 2) none of the paper's contents have been previously published;
- 3) all authors have read and approved the manuscript;
- 4) the full disclosure of any potential conflict of interest (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.
- 5) 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 research correspondence or the Methods section of your manuscript.

TITLE PAGE

Include the full title (no more than 15 words, hyphenated words count as a single word and single terms [e.g., de novo, in vivo, etc.] count as a single word), authors' names (full given name, middle initial, and surname), degree, total word count, and a running title of ≤ 7 words. 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). Provide information on clinical trials, grants, contracts, and other forms of financial support, and 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, printer's proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an email address for the corresponding author.

Word Count: Word count should include text, references, and figure legends.

STRUCTURED ABSTRACT

Provide a Structured Abstract of ≤ 250 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Objectives, Background, Methods, Results, and Conclusions. Please denote that your study received the proper ethical oversight in your methods section. Use complete sentences. *All data in the Abstract must 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." An Unstructured Abstract is appropriate for review articles.

KEY WORDS

Include 3-5 Key Words.

CONDENSED ABSTRACT

Provide a Condensed Abstract of ≤ 100 words, stressing clinical implications, for the expanded table of contents. Include no data that do not also appear in the manuscript text or tables.

UNSTRUCTURED ABSTRACT

For State-of-the-Art Reviews and Interventional Issues only, provide an Unstructured Abstract of ≤ 250 words.

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 from www.ICMJE.org for appropriate use of units of measure.

TEXT

All text from the Introduction to the end of the manuscript should be double-spaced. Page numbering should start with the Title Page. The text for Original Research Papers should be structured as Introduction, Methods, Results, Discussion, and Conclusions. Use headings and subheadings in the Methods, Results, and particularly, Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention. All supplemental figures, tables, and appendices should also be cited in the text.

Statistics: All publishable original research manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results. We subscribe to the statistics section of the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),” available at <http://www.ICMJE.org>. In the Methods section, “provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if appropriate), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond *t*-tests, chi-square, or 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.”

PERSPECTIVES

For Original Research Papers, authors should outline the following:

- What Is Known? (what is the background that generates the question that is being addressed);
- What Is New? (what did this study add);
- What Is Next? (what is needed to improve our knowledge base).

These should be no longer than 1 paragraph, i.e. 3-4 sentences. Authors are asked to consider the clinical implications of their paper and identify areas of clinical relevance that could be used by clinician readers as professional caregivers. This applies not only to physicians in training, but also to the sustained commitment to education and continuous improvement across the span of their professional careers.

ACKNOWLEDGMENTS

Acknowledgments must be ≤ 100 words. Text 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 Interventions* prior to publication.

REFERENCES

Identify references in the text with superscript numerals. Do not use EndNote. The reference list should be double-spaced on pages separate from the text. The references should be numbered consecutively in the order in which they are cited 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 To The Editor are cited, identify them with the word “letter” in parentheses. Websites must be cited as references (i.e., any URLs cited in the text must be included as references rather than in the text).

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

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 provide all page numbers as in the example below.

5. Rossini R, Tarantini G, Musumeci G, et al. A multidisciplinary approach on the perioperative antithrombotic management of patients with coronary stents undergoing surgery: surgery after stenting 2. *J Am Coll Cardiol Interv*. 2018;11:417-434.

DOI-based citation for an article in press

If the ahead-of-print date is known, please provide this as in the example below.

5. Ahn SG. Discordance between fractional flow reserve and coronary flow reserve: insights from intracoronary imaging and physiological assessment. *J Am Coll Cardiol Interv*. Published online May 22, 2017. <http://doi:10.1016/j.jcin.2017.03.006>.

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

5. Ahn SG. Discordance between fractional flow reserve and coronary flow reserve: insights from intracoronary imaging and physiological assessment. *J Am Coll Cardiol Interv*. <https://doi.org/10.1016/j.jcin.2017.03.006>.

Chapter in book

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

5. Ziada KM, Messerli AW, Mukherjee D. Periprocedural myocardial infarction and embolism-protection devices. In: Topol EJ, Teirstein PS, editors. *Textbook of Interventional Cardiology*. Philadelphia, PA: Elsevier, 2016:482-504.

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.

ACC Cardiology Hour at ACC.18 with Dr. Valentin Fuster. Accessed March 29, 2018. http://www.onlinejacc.org/cardiologyhour?_ga=2.144082102.2042197087.1522360261-381695815.1493137865.

Material presented at a meeting but not published

Provide authors, presentation title, full meeting title, meeting dates, and meeting location.

5. Kolte D, Khera S, Vemulapalli S, et al. Outcomes Following Urgent/Emergent Transcatheter Aortic Valve Replacement: Insights from the STS/ACC TVT Registry. Paper presented at: ACC.18; March 11, 2018; Orlando, FL.

AMA Manual of Style. The *JACC* Journals follow the *AMA Manual of Style* with minor modifications. This guide provides guidance on usage, including but not limited to sociodemographic descriptors and nomenclature. For

more detailed information on what's new in the 11th edition, see the slide set here: <https://www.amamanualofstyle.com/page/aboutAMAMOS11>.

FIGURES

- All figures must have a number, title, and caption.
- TIF figures are preferred.
- Typeset figures should be no smaller than 7 inches wide.
- Lettering should be of sufficient size to be legible after reduction for publication; the optimal size is 12 points but should be no less than 10 points. Symbols should be of a similar size.
- Color and gray scale images must be at least 300 DPI. Line art should be at least 1200 DPI.
- All abbreviations used in the figure should be identified in an alphabetical order at the end of each legend.
- All symbols used (arrows, circles, etc.) must be explained.
- Figure numbers must correspond with the order in which they are mentioned in the text.
- If previously published figures are used, written permission from the original publisher (or copyright holder, if not the publisher) is required. See STM Guidelines for details: <https://www.stm-assoc.org/intellectual-property/permissions/permissions-guidelines/>.
- If the figure has been previously published, cite the figure source in the legend.
- Do not include trial logos in figures.

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

FIGURE LEGENDS

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, with the title no more than 10 words. Legends should not exceed 150 words.**

- All figures must have a number, title, and caption.
- Figure legends should be double-spaced on pages separate from 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, Figures 1, 2, and 3, rather than Figures 1-3). 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.
- Your Central Illustration should be listed last.
- If the figure has been previously published, cite the figure source in the legend.

CENTRAL ILLUSTRATIONS

The final version of all Original Research Papers and State-of-the-Art Reviews should include 1 Central Illustration, which summarizes the main point of the manuscript or at least a major section of the manuscript (it can be simple and hand-drawn). 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 or conceptual manner. This illustration should be accompanied by a legend (title and caption). The Central Illustration should be an original image and, for copyright reasons, should not be adapted or reprinted from another source. For best practices on creating Central Illustrations, please see *The Art and Challenge of Crafting a Central Illustration or Visual Abstract* at <https://www.jacc.org/doi/full/10.1016/j.jacc.2019.10.035>.

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 of up to 15 words.
- Each table may include a caption of up to 100 words. Abbreviations, which do not count toward the caption word limit, should be listed in a footnote under the table in alphabetical order.
- Footnote symbols should use lowercase, superscript letters, in alphabetical order: ^a, ^b, ^c, etc.
- If previously published tables are used, written permission from the original publisher (or copyright holder, if not the publisher) is required.
- Cite the source of the table in the footnote.

SUPPLEMENTAL MATERIALS

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.

VIDEO REQUIREMENTS

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.
2. Videos should be brief (<2-4 min). Longer videos will require longer download times and may have difficulty playing online. Videos should be restricted to the most critical aspects of your research. A longer procedure can be restructured as several shorter videos and submitted in that form.
3. It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be less 5 megabytes. This is a suggested maximum. If files are larger, please contact the JACC: Cardiovascular Interventions office at jaccint@acc.org.
4. A video legends page giving a brief description of the content of each video should be included in the manuscript. Please note that ALL videos must be linked to figures or panels of a figure(s).
5. If your paper is accepted for publication you may wish to supply the editorial office with several different resolutions of your video files. This will allow viewers with slower connections to download a lower resolution version of your video.

EDITORIAL POLICIES

Please do not send hard copy manuscript submissions. All manuscripts must be submitted online at <http://www.jaccsubmit-interventions.org>.

ETHICS

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 research correspondence or the Methods section of your manuscript.

Studies should be in compliance with human studies committees and animal welfare regulations of the authors' institutions and 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 written, informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients' images, names, initials, or hospital numbers, should NOT be included in videos, recordings, written descriptions, photographs, and pedigrees unless the

information is essential for scientific purposes and you have obtained written, informed consent for publication in print and electronic form from the patient (or parent, guardian, or next of kin where applicable). If such consent is made subject to any conditions, the editorial office must be made aware of all such conditions.

Written consents from subjects 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 provide an explanation to the reader. In any case where appropriate patient permission has not been obtained, personal details of the patient must be removed from all parts of the paper and in any supplemental materials (including all illustrations and videos) before submission. In general, we believe that even de-identified images from patients should include patient permission if possible.

Animal investigation must conform to the "Position of the American Heart Association (AHA) 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 program has a 7-member ethics committee which oversees quality control and will look into the issues of concern, if any.

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). 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.

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

RELATIONSHIP WITH INDUSTRY POLICY

The Editors require authors 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 in both the cover letter and on the title page. All sources of funding for the work should be acknowledged in a footnote 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, which should be disclosed to the Editors in the cover letter at the time of submission. If no conflict of interest exists, please state this in the cover letter and on the title page.

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.

ALL FORMS ARE NOW SIGNED AND SUBMITTED ELECTRONICALLY. Once a manuscript is accepted, the authors will be sent links to complete electronic Copyright Transfer and Relationship with Industry forms. 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 online. Each author will be alerted if his/her form has not been completed by the deadline.

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