

# JACC: Cardiovascular Interventions Instructions for Authors

## INTRODUCTION

*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 Letters, 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 <https://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 May 2023.

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 visit <https://webshop.elsevier.com/language-editing-services/language-editing/> for further information.

## ARTICLE TYPES

### ORIGINAL RESEARCH

The Editors will consider manuscripts of original studies with direct clinical relevance. The final version of all Original Research Papers should include a Central Illustration. (See [Central Illustration](#) 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. 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.

- Word count: No more than 4,500 words (text from Introduction to Conclusion, references, and figure legends)
- Authors: No limit on total number of authors. No more than two corresponding authors; no more than two joint authors in any position.
- Abstract: Structured with the following headings and no more than 250 words: Background, Objectives, Methods, Results, Conclusions. The abstract should present essential data in complete sentences and 5 paragraphs. 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.”
- Study Limitations: Required
- Perspectives: Required
- Central Illustration: Required (see also Central Illustration section for more information about Central Illustrations)
- Figure/Table limit: None
- Supplemental Material: Permitted
- Ethical Approval: Required (see also [Ethics](#))

### STATE-OF-THE-ART REVIEWS

The Editors will consider both invited and uninvited review articles. 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](#).

- Word count: No more than 8,000 words (including text, references, and figure legends).
- Authors: No limit on total number of authors. No more than two corresponding authors; no more than two joint authors in any position.
- Abstract: Unstructured and no more than 250 words.
- Figure/Table Limit: None
- Central Illustration: Required (See also [Central Illustration](#) for more information about Central Illustrations.)
- Highlights: Required

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.

### IMAGES IN INTERVENTION

The Editors will consider clinical or basic science images including studies in motion that illustrate important classic or novel findings in the field of interventional cardiology. 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](#).

Content Guidelines: Note that these are a suggested style format. Ultimate length and quantity of all content is at the editors’ discretion and authors may be asked to add or remove content.

- Word count: No more than 400 words (including text, references, and figure legends)
- Figure/Table Limit: At least one figure
- References: 3-5
- Supplemental Material (excluding videos): Not permitted
- Videos: Permitted (See also Video Requirements)
- Ethical Approval: Not required

### RESEARCH LETTERS

Letters of original investigative work are considered Research Letters and are published as such in the To The Editor section. For more information see: [Research Correspondence: One Good Point, One Great Figure \(or Table\)](#).

- Word count: No more than 800 words (including text, references, and figure legends)
- Abstract: Not Permitted
- Figures/Tables: One simple table (no larger than 1 page with 12-point Times New Roman font and 1-inch margins) OR one figure (with no more than two panels). In contrast to the Central Illustration required for original research papers, the figure in a Research Letter should be

relatively limited (i.e., panel A and panel B, with each panel containing only one graph or image).

- Authors: No more than 10
- References: No more than 5
- Supplemental Material: Not permitted
- Ethical Approval: Required (see also [Ethics](#))

#### VIEWPOINTS

Succinct opinion pieces will be considered on occasion and should 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](mailto:jaccint@acc.org) before embarking on such opinion pieces.

- Word count: No more than 2,500 words (including text, references, and figure legends)
- Figure/Table Limit: None
- References: No more than 10
- Abstract: Not permitted

#### 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.

- Word count: No more than 1,500 words (including text, references, and figure legends)
- Figures/Tables: In some cases, a table or figure may be helpful and appropriate.
- References: Please include the cited article as a reference.

#### LETTER TO THE EDITOR/REPLY TO A LETTER TO THE EDITOR

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. Replies will generally be solicited by the Editors, and study authors will have 10 days to respond. Replies to multiple letters likely need a title that is generic and encompasses all of the letters to which they are responding.

- Word count: No more than 400 words (including text, references, and figure legends). If an author is replying to multiple letters, the word count may be increased to 800 words.
- Titles: 15 words (not including the labels "To the Editor" and "Reply")
- Authors: No more than 5
- References: No more than 5
- Figures/Tables: One simple table (no larger than 1 page with 12-point Times New Roman font and 1-inch margins) OR one figure (in no more than two parts)

#### INTERVENTIONAL ISSUES

Manuscripts for this category are invited by the Editors. This section addresses business, health policy, and practice issues.

- Word count: No more than 2,500 words (including text, references, and figure legends).
- Abstract: Not permitted
- References: No more than 10

#### MANUSCRIPT ORGANIZATION

1. Cover Letter: A short paragraph telling the editors why the authors think their paper merits publication may be included in the cover letter, as well as expedited review requests (see also Expedited

Review). Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid. However, final reviewer assignment is determined by the editors.

2. Rebuttal Letter (revision or appeal only)
3. Manuscript File
  - Page 1: Title Page (see also [Manuscript Content](#), below)
  - Page 2: Abstract, keywords, abbreviations list
  - Text
  - Clinical Perspectives or Highlights, as applicable
  - References
  - Figure Titles and Legends
  - Tables (each on a separate page)
4. Figures/Central Illustration
5. Supplemental Material. Please upload all online material, with the exception of videos, as one separately uploaded Word document, labeled Online Appendix. This should include all supplemental text, tables and figures, figure legends, etc.
6. Videos

#### FORMATTING

Please use Times New Roman 12-point font with 1-inch margins, double-spaced. 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
- Running title: No more than 7 words
- Authors' names (including full first name, middle initial, last name and degrees-MD, PhD, etc)
- Total word count (including text, references, and figure legends)
- Departments and institutions with which the authors are affiliated. Indicate the specific affiliations if the work is generated from more than one institution (use superscript letters a, b, c, d, and so on). List only the departments and institutions for co-authors. No society affiliations will be listed (e.g., FACC).
- Funding: Information on grants, contracts, and other forms of financial support. List the cities and states of all foundations, funds, and institutions involved in the work.
- Disclosures: State each author's disclosures (or lack thereof). This must include the full disclosure of any relationship with industry. (See Relationship with Industry section.) If there are no relationships with industry, this should be stated.
- Corresponding author contact information: Under the heading, "Address for correspondence," provide the full name and complete postal address of the author to whom communications should be sent. Also provide telephone and fax numbers, an e-mail address, and a Twitter handle, if available. The corresponding author will be the sole contact for all submission queries.
- Please also provide a short tweet summarizing your paper to 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, #Heart-Failure). 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.
- Acknowledgements: 100 words or less.

## ABSTRACT

Provide a structured abstract of no more than 250 words for Original Research articles, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, and Conclusions. 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 of no more than 250 words must be provided for review articles.

## KEYWORDS

Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations. These keywords will be used for indexing purposes, and therefore should be different than the terms/words already used in the title of the paper.

## 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 Abstracts, 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 <http://www.icmje.org/recommendations> for appropriate use of units of measure.

## TEXT

All text should be double-spaced with Times New Roman 12 point font and 1 inch margins. 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.

## CLINICAL 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.

## REFERENCES

- Cite references using superscript numerals without parentheses. Do not use EndNote.
- The reference list should be 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 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.
- 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.
- Use the following style and punctuation for references:
  - Periodical. 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. <https://doi.org/10.1016/j.jcin.2017.03.006>.
    - If the ahead-of-print date is unknown, please 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 author(s), chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers. **EXAMPLE:** 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. **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:** ACC Cardiology Hour at ACC.18 with Dr. Valentin Fuster. Accessed March 29, 2018. [https://www.jacc.org/cardiology-hour?\\_ga%2BC2.144082102.2042197087.1522360261-381695815.1493137865](https://www.jacc.org/cardiology-hour?_ga%2BC2.144082102.2042197087.1522360261-381695815.1493137865)
  - Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location. **EXAMPLE:** 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>.

## FIGURE LEGENDS

- 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 2-3 sentence 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.
- 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.
- Your Central Illustration should not be an existing figure and should be listed last.
- If the figure has been previously published, cite the figure source in the legend following the requirements of the license you have obtained.

#### 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/author is required.
- Cite the source of the table in the footnote.

#### FIGURES

All figures must have a number, title, and caption (See also [Figure Legends](#)). 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.

- Please see our publisher's list of acceptable file formats: <https://www.elsevier.com/authors/policies-and-guidelines/artwork-and-media-instructions/artwork-overview#:~:text=Elsevier%20recommends%20that%20only%20EPS,and%20PowerPoint%20are%20also%20accepted.>
- 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.
- All abbreviations used in the figure should be identified in 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>.
- 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.

#### CENTRAL ILLUSTRATION

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). The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. However, using too many panels or needing a very small font size may markedly limit viewability. 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, without duplicating other images in the manuscript, and, for copyright reasons, should not be adapted or reprinted from another source. Central Illustrations are often published on the JACC Journals' social media page or slide presentations where the CI title cannot be seen well or is not included when cropped. Therefore, when possible, the image should include a boxed text header at the top of the figure explaining the background material or what the reader is seeing (eg, Mortality Data Among Patients with Diabetes Mellitus Undergoing CABG: 10-Year Freedom Trial). The title of the Central Illustration should be short (no more than 10 words) and does not need the same detailing (e.g., Long-term Survival). 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>. You may also wish to review our Central Illustration style guide, online here: (EJP link to come)

#### 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.

Please upload all supplemental materials, with the exception of videos and large data sets (see [Large Data Sets, 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 file 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.

#### VIDEOS

- Video submissions for viewing online should be submitted as MP4 files only. The *JACC: Cardiovascular Interventions* office will not accept any other file formats.
- 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.
- 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 than 5 megabytes. This is a suggested maximum. If files are larger, please contact the *JACC: Cardiovascular Interventions* office at [jaccint@acc.org](mailto:jaccint@acc.org).
- A video legends page giving a brief description of the content of each video should be included after the figure legends.

#### EDITORIAL POLICIES

All manuscripts must be submitted online at <https://www.jaccsubmit-interventions.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 published version of the manuscript.

#### ETHICS

Manuscript submissions should conform to the guidelines set forth in the ICMJE "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, available online at <http://www.icmje.org>, and most recently updated in May 2023."

**Ethical Approval:** Please denote that your study received the proper ethical oversight in 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 letter 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 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 *JACC: Cardiovascular Interventions* 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.

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.

#### ANIMAL STUDIES

Animal investigation must conform to the "Position of the American Heart Association on Research Animal Use," <https://www.ahajournals.org/doi/10.1161/01.hyp.7.4.655>, adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield needed information are not possible; 3) anesthesia must be used in all surgical interventions, all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC).

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

#### RESEARCH DATA

This journal encourages and enables you to share data that supports your research publication where appropriate, and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate



reproducibility and data reuse, this journal also encourages you to share your software, code, models, algorithms, protocols, methods and other useful materials related to the project. For more information on depositing, sharing and using research data and other relevant research materials, visit the research data page: <https://www.elsevier.com/authors/author-services/research-data>.

**Data Statement:** To foster transparency, we encourage you to state the availability of your data in your submission. If your data is unavailable to access or unsuitable to post, you will have the opportunity to indicate why during the submission process, for example by stating that the research data is confidential. For more information, visit the Data Statement page: <https://www.elsevier.com/authors/author-services/research-data/data-profile>.

#### 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.

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#### RELATIONSHIP WITH INDUSTRY POLICY

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