JACC Instructions for Authors

INTRODUCTION

The Journal of the American College of Cardiology (JACC) publishes peer-reviewed articles highlighting all aspects of cardiovascular disease, including original investigations, experimental investigations with clear clinical relevance, state-of-the-art papers, and viewpoints. All manuscripts must be submitted online at www.jaccsubmit.org. Manuscript submissions should conform to the guidelines set forth in the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),” available online at www.icmje.org/recommendations and most recently updated in December 2016.

ARTICLE TYPES

JACC publishes the following manuscript types: State-of-the-Art Reviews, Review Topics of the Week, Original Investigations, Research Letters, Letters to the Editor, and Fellows-in-Training & Early Career pages. We also publish Editorial Comments for each Original Investigation, although these are specifically invited by the editorial board and should not be submitted as unsolicited articles. In general, case reports will not be considered for publication.

Prosals for both State-of-the-Art Reviews and Review Topics of the Week should first be emailed to the editorial office at jacc@acc.org to determine if the editor is interested in considering your review for publication. The majority of reviews are solicited by the editors, however, proposals may be considered.

STATE-OF-THE-ART REVIEW. The Present and Future: State-of-the-Art Review: As with all submissions to JACC, State-of-the-Art Reviews should focus on the patient. From basic mechanisms to clinical manifestations and interventional approaches to global health implications, such manuscripts will focus on a contemporary, controversial, or translational topic with 4 to 5 major sections written by multiple authors or author groups.

- Word count: no more than 10,000 words (text from the introduction to the conclusion, plus references and figure legends)
- Abstract: Unstructured and no more than 150 words
- Condensed Abstract: No more than 100 words, stressing clinical implications
- Figure Limit: None
- Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Not required

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

REVIEW TOPIC OF THE WEEK. The Present and Future: Review Topic of the Week: As with all submissions to JACC, Review Topics of the Week should focus on the patient. They provide a literature review on a contemporary topic of basic, translational, or clinical science. Such manuscripts may be written by a single author or an author group.

- Word count: no more than 5,000 words (text from the introduction to the conclusion, plus references and figure legends)
- Abstract: Unstructured and no more than 150 words
- Condensed Abstract: No more than 100 words, stressing clinical implications
- Figure Limit: None
- Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Not required

ORIGINAL INVESTIGATIONS. JACC Original Investigations should relate to cardiovascular science and medicine that may include studies conducted in humans or analyses of human data, or novel preclinical studies with direct clinical relevance that significantly advance the field.

- Word count: No more than 5,000 words (text from the introduction to the conclusion, plus references and figure legends). If you are asked to revise your paper, the editors may specify an alternate word limit.
- Abstract: Structured with the following headings and no more than 250 words: Background, Objectives, Methods, Results, Conclusions. The abstract should present essential data in 5 paragraphs. Use complete sentences. All data in the abstract also must 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.”
- Condensed Abstract: No more than 100 words, stressing clinical implications
- Figure/Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Required

RESEARCH LETTERS. Both Research Letters and Letters to the Editor are published under the heading “Letters.” You may submit original investigations of a focused nature as a research letter.

- Word count: No more than 800 words, including references and figure legend
- References: No more than 5
- Authors: No more than 10
- Figures/Tables: 1 figure (in no more than 2 parts) or 1 table
- Online or Supplemental Material: Not permitted.

LETTERS TO THE EDITOR AND REPLIES. Focus on a specific manuscript that has appeared in JACC. Letters must be submitted within 3 months of the print issue date of the article. We will seek a reply to your letter from the authors of the original paper and publish together, when possible. Letters may be submitted about original research articles only. JACC does not consider letters to the editors on review articles, editorials, or any correspondence, including research letters.

- Word count: No more than 400 words, including references
- References: No more than 5
- Figures/Tables: No more than 1 figure (in no more than 2 parts) or table
- Please include the cited article as a reference.

EDITORIAL COMMENTS. The editors invite all Editorial Comments published in the Journal. If you are invited to write an editorial, specific requirements will be sent to you. Please do not submit unsolicited editorials.

FELLOWS-IN-TRAINING & EARLY CAREER PAGE. These articles are a maximum of 1,500 words and focus on topics that are of unique relevance to FITs and the younger cardiologist community. However, the submissions must be substantive, engaging in hard-hitting topics that impact their daily practice. In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). Also, we would encourage specificity when choosing a topic on which to write, as opposed to something that is too broad to have true impact. All authors must be within 10 years of medical school. Please note that these articles will be reviewed and may be rejected by the JACC Editors. These should NOT be submitted online but e-mailed to jacc@acc.org.

MANUSCRIPT ORGANIZATION

- Cover Letter: A short paragraph telling the editors why the authors think their paper merits publication may be included in the cover
letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid. However, final reviewer assignment is determined by the editors.

- Rebuttal Letter (revisions or appeals only)
- Manuscript file (see individual manuscript types and Manuscript Content for specific formatting, and you may also email jacc@acc.org for a template on how to format your submission)
  - The entire manuscript (including tables) should have 1-inch margins and use Times New Roman 12 pt as the font. The title and abstract pages, including keywords and abbreviations, should be single-spaced. All text from the introduction to the end (including tables) should be double-spaced. Page numbering should start with the title page.
  - Page 1: Title page: See also Manuscript Content, below
  - Page 2: Abstract, Condensed Abstract, Key Words, Abbreviations list
  - Text
  - Perspectives: Core Clinical Competencies and Translational Outlook implications (on a separate page after the conclusions, and only for Original Investigation submissions)
  - References
  - Figure titles and legends, including a title and caption for the Central Illustration (if necessary)
  - Tables, each on a separate page
- Figures
- Supplemental material

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 7 words
- Authors’ names (including full first name, middle initial, and degrees—MD, PhD, etc.)
- Total word count
- Departments and institutions with which the authors are affiliated. Indicate the specific affiliations if the work is generated from more than one institution (use superscript letters a, b, c, d, and so on). List only the departments and institutions for co-authors. The full address is required for the corresponding author.
- Funding: Information on grants, contracts, and other forms of financial support. List the cities and states of all foundations, funds, and institutions involved in the work.
- Disclosures: This must include the full disclosure of any relationship with industry. (See Relationship with Industry section.) If there are no relationships with industry, this should be stated.
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- Acknowledgements: 100 words or less. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

ABSTRACT. Provide a structured abstract of no more than 250 words for Original Investigations, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, Conclusions. All data in the abstract also must 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 150-word abstract should be provided for either type of review article.

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

ABBREVIATIONS. Up to 10 abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. On a separate page following the abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The editors will determine which lesser-known terms should not be abbreviated. Consult “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),” available at www.icmje.org/recommendations, for appropriate use of units of measure.

TEXT. Use Times New Roman 12-pt font. The text should be structured as: Introduction, Methods, Results, Discussion, and Conclusions. Use headings and subheadings in the Methods, Results, and, particularly in the Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention.

CLINICAL PERSPECTIVES. The authors should delineate clinical competencies and translational outlook recommendations for their manuscripts. These competencies should not restate the questions underlying the work but describe the implications of the study and how the new information can be integrated into current practice based on the 6 domains delineated by the Accreditation Council on Graduate Medical Education (ACGME) and adopted by the American College of Cardiology Foundation (ACCF). These should be listed in the manuscript after the text and before the 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 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) (http://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 (www.acc.org/education-and-meetings/products-and-resources/competencies). Authors are asked to consider the clinical implications of their report and identify applications in one or more 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;299:3140–8). 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 (http://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.

CLINICAL TRIALS

EXAMPLE 1: For a Clinical Trial [N Engl J Med 2012;367:2375–84]:

PERSPECTIVES

Competency in Medical Knowledge: CABG surgery is the preferred method of revascularization for patients with diabetes and multivessel coronary artery disease.

Competency in Patient Care: The diabetic patient with coronary symptomatology, prior to the diagnostic catheterization, should be made aware that if multivessel disease is identified and intervention is indicated, surgical consultation should be entertained.

Translational Outlook 1: Although this is a relatively short-term study (median of 3.8 years), longer-term follow up of FREEDOM will lead to better understanding of the comparative benefit by CABG, specifically on mortality.

Translational Outlook 2: Compliance to medication is nonsatisfactory in patients with coronary artery disease. Comparing the compliance of FREEDOM patients taking a “polypill” approach (including aspirin, statin, and an angiotensin-converting enzyme inhibitor) with the compliance of patients treated conventionally with individual agents should be undertaken.

TRANSLATIONAL SCIENCE STUDIES


PERSPECTIVES

Competency in Medical Knowledge: Inflammation is one of the major determinants of atherosclerotic plaque instability. Positron emission tomography with F18-labeled FDG has been employed for the identification of the macrophages in high-risk patients. Imaging with mannose, the isomer of glucose, may have an advantage because a subset of macrophages in high-risk plaques develop mannose receptors.

Translational Outlook 1: Although circulating biomarkers of inflammation, such as hs-CRP, provide reliable information of systemic inflammation, detection of inflammation at the plaque level may allow identification of the high-risk plaques.

Translational Outlook 2: Plaque imaging with sugars, although feasible, must in a randomized fashion investigate whether treatment of individual high-risk plaques would favorably influence major adverse outcomes in atherosclerotic disease.

META-ANALYSIS OR REVIEW ARTICLE

EXAMPLE 3: For a Meta-Analysis or a Review Article [Lancet 2014;383:955–62]:

PERSPECTIVES

Competency in Medical Knowledge 1: Selection of antithrombotic therapy for prevention of thromboembolism in patients with atrial fibrillation must consider several clinical factors, including the patient’s values and preferences.

Competency in Medical Knowledge 2: The oral direct thrombin inhibitor, dabigatran, and factor Xa inhibitors, rivaroxaban, apixaban, and edoxaban (so-called novel oral anticoagulants or NOACs) avoid the dietary restrictions and need for routine coagulation monitoring that are cumbersome aspects of anticoagulation with vitamin K antagonists such as warfarin.

Competency in Patient Care: All 3 NOACs currently approved for clinical use in the United States represent advances over warfarin because of their more predictable pharmacological profiles, fewer drug interactions, and considerably lower risk of intracranial bleeding than warfarin, but these advantages come at greater monetary cost, and there is presently no approved antidote or validated strategy rapid reversal of anticoagulation induced by any of the NOACs.

Competency in Interpersonal & Communication Skills: It is important to discuss the available options with patients who are candidates for the newer agents.

Translational Outlook 1: The mechanism by which each of the NOACs evaluated to date cause less intracerebral hemorrhage than well-managed warfarin anticoagulation requires further investigation.

Translational Outlook 2: Additional research is needed to understand the safety and efficacy of the NOACs, alone or in combination in patients with mechanical prosthetic heart valves to overcome the toxicity of this type of anticoagulation in the limited studies undertaken to date that contraindicate their use in patients who have undergone heart valve replacement with mechanical prostheses.

REFERENCES

- Identify references in the text by numerals in parentheses on the line.
- The reference list should be typed double-spaced on pages separate from the text; references must be numbered consecutively in the order in which they are mentioned in the text. List all authors if 6 or fewer, otherwise list the first 3 and add “et al.” Do not use periods after author initials.
- Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; these may be cited in the text in parentheses. Do not cite abstracts that are older than 2 years. Identify abstracts by the abbreviation “abstr” in parentheses. If letters to the editor are cited, identify them with the word “letter” in parentheses.
- 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, the correct citation format is J Am Coll Cardiol.
- Use the following style and punctuation for references:
  - DOI-based citation for an article in press.

Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location. EXAMPLE: “20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC.”

FIGURE LEGENDS

- All figures must have a number, title, and caption.
- Figures should be cited in numerical order in the text.
- Supplemental figures should be cited as “Online Figure 1, Online Figure 2,” etc.
- Figure titles should be short and followed by a 2 to 3 sentence caption.
- Your Central Illustration, if not an existing figure, should be listed first.
- If the figure has been previously published, cite the figure source in the legend.
- All abbreviations used in the figure should be identified in alphabetical order at the end of each legend (see also Figures).

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

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

CENTRAL ILLUSTRATION. All Original Investigations, State-of-the-Art Reviews, and Review Topics of the Week should develop at least 1 Central Illustration (that may be a hand-drawn figure), which summarizes the entire manuscript or at least a major section of the manuscript. Our in-house medical illustrators will create the final printable versions of these figures in consultation with the authors and the editors. 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 legend should be listed first in your list of figure legends, unless it is an existing figure.

FIGURES

- Figures and graphs should be provided in EPS or TIF format.
- Color images must be at least 300 DPI. Gray scale images should be at least 300 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 legends should be typed double-spaced on pages separate from the text.
- 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 is required. See STM Guidelines for details: http://www.stm-assoc.org/copyright-legal-affairs/permissions/permissions-guidelines/.
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- Video submissions for viewing online should be one of the following formats: AudioVideo Interleave (.avi), MPEG (.mpg), or QuickTime (.qt, .mov). AVI files can be displayed via Windows Media Player. MPEG files can be displayed via Windows Media Player: https://support.microsoft.com/en-us/help/18612/windows-media-player. QuickTime files require QuickTime software (free) from Apple: http://www.apple.com/quicktime/download/index.html.
- Videos should be brief whenever possible (less than 5 minutes). 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.
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- A video legends page giving a brief description of the video content should be provided for each video.

EDITORIAL POLICIES

All manuscripts must be submitted online at http://www.jaccsubmit.org.

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 www.icmje.org/recommendations and most recently updated in December 2016.

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,
The JACC Journals program prefers the term Relationships with Industry and Other Entities as opposed to the term Conflict of Interest, because, by definition, it does not necessarily imply a conflict. When all relationships are disclosed with the appropriate detail regarding category and amount, and managed appropriately for building consensus and voting, the JACC Journals program believes that potential bias can be avoided and the final published document is strengthened since the necessary expertise is accessible.

**REVIEW PROCESS.** JACC uses a single-blind peer-review system, meaning that the authors are blinded to the identity of the reviewers and as a general rule, although there are exceptions, the reviewers are blinded to each other. While the JACC Associate Editor will be identified at the end of the review process, all correspondence concerning a manuscript should be addressed to the JACC editorial staff at jacc@acc.org. At initial submission, a manuscript is reviewed by editorial staff for compliance with journal style and to make sure the submission is clear and legible for reviewers and editors. Once the editorial staff have checked in the paper, it is assigned to the JACC Editor-in-Chief, who will assign it to an Associate Editor. The Associate Editor then determines if it should be sent for peer review or if it is not of sufficient priority for JACC. All reviewers and editors are asked to report any potential conflicts of interest, and when those exist the manuscript is reassigned to a different editor or reviewer. Once 2 reviews have been completed, the submission is reviewed by all JACC associate editors in a weekly meeting. The group then comes to one of the four decisions below:

- **Accept.** The manuscript is acceptable for publication in its current form. However, minor edits may be made by the JACC medical editors, illustrators, or the publisher, and authors will need to work with the appropriate contacts to ensure these changes are incorporated post-acceptance.
- **Minor Revision.** It is important to note that this decision does not guarantee acceptance. However, less significant edits are required than a Revision Required decision.
- **Revision Required.** The manuscript is unacceptable for publication in its current form. However, the editors are willing to reconsider a thoroughly revised manuscript. The authors must respond to all reviewer and editor comments and the submission will be re-reviewed and treated as a new submission.
- **Reject.** The manuscript is unacceptable for publication and/or is not an appropriate fit for JACC.

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

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

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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. In the Methods section, provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond t tests, chi-square, simple linear regression), specify the statistical package, version number, and nondefault options used. For more information on statistical review, see “Glantz SA. It is all in the numbers. J Am Coll Cardiol 1993;21:835-7.”

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