



JACC: CARDIOVASCULAR IMAGING

A Journal of the American College of Cardiology

AUTHOR INFORMATION PACK

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DESCRIPTION

JACC: Cardiovascular Imaging provides readers with a broad, balanced view of all aspects of **cardiovascular imaging**. The Journal includes original clinical research on non-invasive and invasive **imaging techniques** including **echocardiography, CT, CMR, nuclear, optical imaging, and cine-angiography**. Advances in basic science and molecular imaging which are likely to substantially influence the clinical practice of medicine in the next decade (in diagnostic performance, understanding of the aetiological basis of the disease, and therapy) are also featured. Other content will emphasize imaging for the practicing cardiologist, advocacy and practice management, and state-of-the-art reviews.

JACC: Cardiovascular Imaging Maintains a strong clinical focus with a broad appeal to the practicing clinician. Highlights the unique as well as complementary nature of each imaging modality within the "imaging continuum," helping clinicians navigate through "modality parochialism" to scientifically identify which modality works best in what situation, and eventually developing "imaging algorithms." Creates a dynamic continuing education forum for practicing clinicians with the obvious goal of improving patient care and outcomes. Harnesses the web to create a live, dynamic and interactive publication, in terms of content, learning, critique, and debate.

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Secondary: • Board-certified physicians in Internal Medicine with subspecialty in Interventional Cardiology • General practicing cardiologist, angiography technicians

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General Guidelines for Submission of Original Research Papers

Because of the printed page limitations, the Editors require that manuscripts not exceed 4,000 words (including references and figure legends). Note that if you are asked to revise your paper an alternate word limit may be specified by the Editors. An outcomes expert/associate editor will review such manuscripts after provisional acceptance. If needed, the Editors will work with the authors in revising the manuscript to highlight the important features of the manuscript. Illustrations and tables should be limited to those necessary to highlight key data. Please provide gender-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that no gender-based differences were present. Basic science or experimental studies should have potential clinical applicability. We would prefer manuscripts that offer an algorithmic approach to the use of diagnostic modalities for the best cost-effective use in clinical medicine.

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

Other Paper Categories

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

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

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

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

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

Editorial Comments and Editorial Viewpoints. Up to 5 manuscripts in every issue will be accompanied by editorial comments. Of these, 2–3 manuscripts may carry a dynamic editorial, comprised of an online 5-min discussion between the authors, editorialist, and the Editor, recorded through Cardiosource Video Network (CVN). Although usually invited, succinct opinion pieces will also be considered for *JACC: Cardiovascular Imaging*.

iStory (Historical Perspective). Manuscripts for this category are invited by the Editors. These manuscripts include brief contributions of the historical innovations that have made a landmark impact on the field of cardiovascular imaging. This feature may also offer insights into where the field is going.

iBiz (Business and Advocacy). Manuscripts for this category are invited by the Editors. They are brief write-ups on the business of imaging, advocacy, reimbursement, legislation, and policy matters related to cardiovascular imaging.

iForum (Debates in Imaging). Important topics, which may have significant bearing on cardiovascular imaging, will be published. The Editors will identify a topical subject and invite expert opinions from 2 luminaries from 2 different vantage points on the issue.

iMail (Letters to the Editor). This section is intended to highlight recent development or other important pieces of information. In addition, it will also carry routine letters commenting or critiquing specific articles that have appeared in *JACC: Cardiovascular Imaging*. A limited number of letters (maximum 500 words) will be published. Please include the cited article as a reference. If needed, replies to the letter will be solicited by the Editors from the authors. After a certain amount of time has passed, the Editors may no longer accept letters for a particular article.

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If the manuscript absolutely cannot be submitted online, mail a CD containing all files to: Jagat Narula, MD, PhD, FACC, Editor-in-Chief, *JACC: Cardiovascular Imaging*, 3655 Nobel Drive, Suite 630, San Diego, CA 92122. Tel: [+1] [858] 558-3411; Fax: [+1] [858] 558-3148. This disk should include files for the cover letter, manuscript, tables, and figures. If supplementary materials such as “in press” references are included, these files should also be stored on the disk.

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Studies should be in compliance with human studies committees and animal welfare regulations of the authors’ institutions and Food and Drug Administration guidelines.

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Studies on patients or volunteers require ethics committee approval and informed consent which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients’ images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian 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.

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All manuscripts should be submitted online at <http://www.jaccsubmit.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 April 2010.

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

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Manuscripts should be submitted with a cover letter stating: 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; and 4) the full disclosure of any potential conflict of interest (see "Relationship with Industry Policy"). Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.

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Structured Abstract

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

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

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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: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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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 "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 April 2010, for appropriate use of units of measure.

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Acknowledgments or appendices should contain 100 words or less. Anything exceeding this limit will appear in the online version only. Signed letters of permission from all individuals listed in the acknowledgments must be submitted to *JACC: Cardiovascular Imaging*.

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 "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 April 2010. In the Methods sections, provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any) and the level of significance used for hypothesis testing. When using statistical methods beyond *t* tests, chi-square, and simple linear regression), specify the statistical package, version number, and non-default options used. For more information on statistical review, see "Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7." All manuscripts are reviewed by the outcomes editor as well.

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

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5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835–7.

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16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 Sept 28 [E-pub ahead of print], <http://dx.doi.org/10.1016/j.jacc.2010.09.028>.

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16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol* 2010 [E-pub ahead of print], <http://dx.doi.org/10.1016/j.jacc.2010>.

Chapter in book

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

27. Meidell RS, Gerard RD, Sambrook JF. Molecular biology of thrombolytic agents. In: Roberts R, editor. *Molecular Basis of Cardiology*. Cambridge, MA: Blackwell Scientific Publications, 1993:295–324.

Book (personal author or authors)

Provide a specific (not inclusive) page number.

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

Online media

Provide specific URL address and date information was accessed.

10. Henkel J. Testicular Cancer: Survival High With Early Treatment. FDA Consumer magazine [serial online]. January– February 1996. Available at: http://www.fda.gov/fdac/features/196_test.html. Accessed August 31, 1998.

Material presented at a meeting but not published

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

20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC.

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