DESCRIPTION

As the leader in its field, JACC publishes original peer-reviewed clinical and experimental reports on all aspects of cardiovascular disease. Topics covered include coronary artery and valve disease, congenital heart defects, vascular surgery, cardiomyopathy, drug treatment, new diagnostic techniques, findings from the laboratory, and large multicenter studies of new therapies. JACC also publishes abstracts of papers presented at the annual scientific sessions of the American College of Cardiology and the reports and recommendations of the Bethesda Conferences on current topics in cardiovascular disease.

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Specialists in Cardiovascular and Internal Medicine, Cardiovascular Surgery, Pediatric Cardiology, and General and Family Practitioners. For detailed, current information, browse the JACC Homepage http://www.cardiosource.com/jacc.html. Here you will find the current table of contents, complete with abstracts and full-text articles (for individual print subscribers), references, tables and figures. The JACC Homepage also features other important information on permissions, advertising contacts, and other related products. Come browse the leading web site for cardiologists at http://www.cardiosource.com/jacc.html.

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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 https://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 http://www.icmje.org/recommendations/ and most recently updated in December 2019.

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JACC publishes the following manuscript types: State-of-the-Art Reviews, Review Topics of the Week, Original Investigations, Cardiovascular Medicine and Society, 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.

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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, including references and figure legends) Authors: No more than two corresponding authors; no more than two joint authors in any position 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 applicable

Please provide a list of 3-4 brief (85 characters, 15 words or fewer per bullet) bullet points that highlight the main messages of the review. The first bullet should provide the translational/clinical context or background that establishes the relevance or need for this review. The second bullet should speak to the main message and focus of the review, including any recommendations made by the authors. The final bullet should summarize where the field needs to move forward from this point.

Example: Cardiovascular aging leads to a progressive decline in function and structure. Calorie reduction and adjusted diurnal rhythm of feeding may help to prevent cardiovascular disease. Lowered intake of protein and nutritional modulation of the gut microbiome can be cardioprotective. Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can impact a healthy diet.

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These submissions should focus on the impact that government policy (federal, state, and local) and social considerations have on cardiovascular care and its global delivery systems. Such manuscripts may be written by a single author or an author group.

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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 focus on topics that are specifically germane to FITs and early career cardiologists, and carry a maximum of 1,500 words and no more than three authors. The submissions must be substantive, engaging in hard-hitting topics. In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). We would encourage specificity when choosing a topic on which to write, as opposed to something that is too broad. All authors must be within 7 years of medical training. 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.

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Please upload all online materials, 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.

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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;113:6976.” 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 than the terms/words already used in the title of the paper.

Abbreviations
Up to 10 abbreviations (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD) may be listed. 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)” for appropriate use of units of measure.

Text
Use Times New Roman 12-point 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 (http://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 of these competency domains that could be used by clinician-readers to enhance their competency as professional caregivers. This applies not only to physicians-in-training, but to the sustained commitment to education and continuous improvement across the span of their professional careers.

Translational Outlook
Translating biomedical research from the laboratory bench, clinical trials, or global observations to the care of individual patients can expedite discovery of new diagnostic tools and treatments through multidisciplinary collaboration. Effective translational medicine facilitates implementation of evolving strategies for prevention and treatment of disease in the community. The Institute of Medicine identified 2 areas needing improvement: testing basic research findings in properly designed clinical trials and, once the safety and efficacy of an intervention has been confirmed, more efficiently promulgating its adoption into standard practice (Sung NS, Crowley WF, Genel M. The meaning of translational research and why it matters. JAMA 2008;299:3140-8). 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]:

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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.

Review Article
EXAMPLE 3: For 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.

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