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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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.

ARTICLE TYPES
*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.

Proposals 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, 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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**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, 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.

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 translational studies with direct clinical relevance that significantly advance the field.

Word count: No more than 5,000 words. The word count includes text from introduction through the conclusion, references, and figure legends. It excludes abstract, clinical perspectives, and tables. 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 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: Unstructured and no more than 100 words, stressing clinical implications.

Study limitations (required): Please include the limitations of your investigation at the end of the discussion section of your manuscript.

Figure/Table Limit: None

Central Illustration: Required

Clinical Perspectives: Required

Cardiovascular Medicine and Society

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.

Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends).

Abstract: Not required

Authors: No more than 10; no more than two corresponding authors; no joint authorship permitted.

References: No more than 10.

Figures/Tables: 1 simple table OR 1 figure (in no more than 2 parts). Note: No more than 2 figures including the Central Illustration.

Central Illustration: Not required

Online or Supplemental Material: Not permitted.

Clinical Perspectives: Not 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; no more than two corresponding authors; no joint authorship permitted.

Figures/Table: 1 simple figure (in no more than 2 parts) or 1 simple table (no larger than 1 page with 12-point Times New Roman font and 1-inch margins).

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 weeks 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 the letter and the reply together, when possible. Letters may be submitted about original investigation articles only. JACC does not consider letters to the editors on review articles, editorials, or any correspondence, including research letters. Letters to the editor on guidelines are also no longer considered.

Word count: No more than 400 words, including references and a figure legend, if applicable.

References: No more than 5.

Figures/Table: 1 simple figure (in no more than 2 parts) or 1 simple table (no larger than 1 page with 12-point Times New Roman font and 1-inch margins). Please include the cited article as the first reference.

Authors: No more than 5; no joint authorship permitted; no joint corresponding authors.

Title: Unique title of 15 words or less that does not include the title of the original investigation paper.

Title page: Required

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 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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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 be uploaded as a Microsoft Word document, with 1-inch margins and 12-point Times New Roman 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) OR Highlight bullet points (for review articles only) References Figure titles and captions, including a title and caption for the Central Illustration (if applicable) Tables, each on a separate page Figures Supplemental material

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.

MANUSCRIPT CONTENT
The order in which these items appear should also be the order in which they appear in your submission.

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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;113:6976.”
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.

REFERENCES
Identify references in the text by numerals in parentheses on the line.
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 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. Websites must be cited as references.
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:

**Periodical.** Do not use periods after the authors' initials. Please provide inclusive page numbers:

Example: “5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993;21:835-7.” **DOI-based citation for an article in press.**


**FIGURE LEGENDS**

Figure legends should be an in-depth explanation of each figure, including a figure TITLE and a CAPTION that includes the purpose of the figure, and brief method, results, and discussion statements pertaining to the figure. All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained. Target length should be 50-100 words per figure.

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 last. If the figure has been previously published, cite the figure source in the legend.

**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 (or copyright holder, if not the publisher) is required. Cite the source of the table in the footnote.

**CENTRAL ILLUSTRATION**

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