DESCRIPTION

JACC: Basic to Translational Science, an open access journal, serves a forum for advancing the field of Translational Cardiovascular Medicine, and as a platform for accelerating the translation of novel scientific discoveries into new therapies that improve clinical outcomes for patients affected with or at risk for Cardiovascular Disease. Thematic areas of interest include pre-clinical research; clinical trials; personalized medicine; novel drugs, devices, and biologics; proteomics, genomics and metabolomics; and early phase clinical trial methodology.

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Introduction

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All submitted articles are reviewed by the Editor and Associate Editors. Articles are then sent out to two peer reviewers. All reviews are double-blinded. While all recommendations are discussed and considered by the group of Associate Editors, the final decision rests with the Editor-in-Chief. As a member of the JACC Family of Journals, this journal publishes only the highest quality content and is subject to the same rigorous, double-blind peer review standards as all the JACC journals.

Peer Review

The JACC Journals use a single-blind peer-review process. Papers are assigned an Associate Editor, who can assign up to two peer reviewers, although more can be assigned if necessary.

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JACC: Basic to Translational Science is not restricted to page length, however the Editors prefer that manuscripts not exceed 5,500 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. 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.

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) Funding Sources 8) references; 9) figure titles and legends; and 10) tables.

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The text should be structured as Introduction, Methods, Results, and Discussion. 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.

For accepted papers, authors will be asked to provide a list of bulleted highlights and a summary to replace the abstract (see Visual Abstract instructions).

Perspectives
The authors should delineate clinical implications and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. Please review the examples provided below. The implications describe the consequences of the study for current practice. The translational outlook identifies the potential barriers to clinical translation, emphasizing directions for additional research. Clinical Competencies. Competency-based learning in cardiovascular medicine addresses the 6 domains promulgated by the Accreditation Council on Graduate Medical Education (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/Lifelong-Learning-and-MOC/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.

**Perspectives**

**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 two 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;299:3140–3148).

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.

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Provide a structured abstract of no more than 250 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 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;113:6976." An unstructured abstract is appropriate for review articles.

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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
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