



# JACC: CARDIOVASCULAR IMAGING

A Journal of the American College of Cardiology

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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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Primary: • Board-certified physicians in Internal Medicine with subspecialties in Cardiovascular Disease and Clinical Cardiac Electrophysiology • Board-certified physicians in Nuclear Medicine • Board-certified physicians in Radiology with subspecialties in Vascular and Interventional Radiology  
Secondary: • Board-certified physicians in Internal Medicine with subspecialty in Interventional Cardiology • General practicing cardiologist, angiography technicians

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*JACC: Cardiovascular Imaging* publishes research articles on current and future clinical applications of noninvasive and invasive imaging techniques including echocardiography, CT, CMR, nuclear, angiography, and other novel techniques. *JACC: Cardiovascular Imaging* also publishes manuscripts related to basic science and molecular imaging with potential clinical applicability. It provides a forum for encouraging a lively and vigorous debate on all aspects of imaging, including imaging algorithms and the hierarchy of various imaging modalities.

### **General Guidelines for Submission of Original Research Papers**

Because of the printed page limitations, the Editors require that manuscripts not exceed 4,500 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. 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. Although usually invited, succinct opinion pieces will also be considered for *JACC: Cardiovascular Imaging*.

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The *JACC* Journals have an ethics committee comprised of 7 members, which oversees quality control and will look into the issues of concern, if any.

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### **Submission**

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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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Authors must agree to the following ICJME statements. These questions will be part of the submission process and manuscripts will not be reviewed until they are confirmed: 1) The paper is not under consideration elsewhere; 2) none of the paper's contents, with the exception of abstracts, have been previously published; 3) all authors have read and approved the manuscript; 4) 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; 5) the full disclosure of any relationship with industry (see "Relationship with Industry Policy") or that no such relationship exists. Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.

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Include the title (no more than 15 words), authors' names (including full first and last names and middle initial and degrees), total word count, and a brief title of no more than 45 characters. List the departments and institutions with which the authors are affiliated, and indicate the specific affiliations

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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 "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at <http://www.icmje.org/recommendations> and most recently updated in December 2016, for appropriate use of units of measure.

### **Acknowledgments**

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 "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available at <http://www.icmje.org/recommendations> and most recently updated in December 2016. 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.

### **PERSPECTIVES [NEW FEATURE]**

The authors should delineate clinical competencies 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 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 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/education-and-meetings/maintenance-of-certification-information-hub?w\\_nav=MN](http://www.acc.org/education-and-meetings/maintenance-of-certification-information-hub?w_nav=MN)).

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;299:3140–3148).

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>).

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In addition to the unstructured abstract for the State-of-the-Art Review, please provide a list of 3-4 brief bullet points (15 words or fewer for each bullet, or 85 characters for each bullet) 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: phenomenon, leading to a progressive decline in function and structure. Calorie restriction and adjusted diurnal rhythm of feeding are powerful interventions for the prevention of cardiovascular disease. Lowered intake of protein and nutritional modulation of the gut microbiome can have additional cardioprotective roles. Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can potentiate the effects of a healthy diet.

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### *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](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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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: Cardiovascular Imaging*, the correct citation format is J Am Coll Cardiol Img.

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