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DESCRIPTION

JACC: Cardiovascular Interventions encompasses the entire field of interventional cardiovascular medicine, including cardiac (coronary and non-coronary) peripheral and cerebrovascular interventions. JACC: Cardiovascular Interventions publishes studies that will impact the practice of interventional cardiovascular medicine including:

• Clinical trials that provide evidence to inform and alter practice guidelines
• Experimental studies that point to improved technologies and mechanistic understanding
• In-depth discussions of topics of interest by respected experts in the field.

Since interventional cardiovascular medicine is a highly visual specialty, the print journal is augmented by electronic publication allowing the latest technologies to be employed.

AUDIENCE

Primary: • Board-certified physicians in Internal Medicine with subspecialties in Cardiovascular Disease and Interventional Cardiology • Board-certified physicians in Radiology with subspecialties in Vascular and Interventional Radiology • Board-certified physicians in Thoracic Surgery
Secondary: • Invasive radiologists, cardiac catheterization and angiography technicians, and cardiac catheterization lab staff

IMPACT FACTOR

2018: 9.544 © Clarivate Analytics Journal Citation Reports 2019

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INTRODUCTION

JACC: Cardiovascular Interventions publishes peer-reviewed articles that encompass the entire field of interventional cardiovascular medicine: case selection and management; procedural techniques; complications of coronary intervention; catheter-based management of non-coronary arterial disease; anatomy and anatomic variants; pharmacology; and cardiovascular imaging and physiologic assessment. Submissions of Original Research Papers, State-of-the-Art Reviews, Images in Intervention, Research Correspondence, and Viewpoints are encouraged. In general, case reports will not be considered for publication except if including exceptional images for Images in Intervention. Although many disciplines have aspects that may relate to interventional cardiovascular medicine, it is not the intent of JACC: Cardiovascular Interventions to recruit papers on general electrophysiology, cardiac or vascular surgery, or other interventional specialties. All manuscripts should be submitted online at http://www.jaccsubmit-interventions.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 December 2016. English language help service: Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (before submission). Please contact authorsupport@elsevier.com for further information.

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ARTICLE TYPES: Other Paper Categories

State-of-the-Art Reviews: Editors will consider both invited and uninvited review articles. Papers should generally be 78,000 words (including text, references, and figure legends). There is no limit to the number of figures or tables. All State-of-the-Art Reviews should include a Central Illustration. (See Manuscript content section for more information about Central Illustrations.) To increase the search engine optimization (SEO) of the JACC: Cardiovascular Interventions content, we are now requesting that authors provide 3-4 brief bullet points (90-120 total words maximum) 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. Authors should detail in their cover letters how their submission differs from existing reviews on the subject. For more about State-of-the-Art Reviews, see State-of-the-Art Reviews: Gemstones.

Images in Intervention: The Editors will consider clinical or basic science images including studies in motion that illustrate important either classic or novel findings in the field of interventional cardiology. The text should be a description of 7400 words (including text, references, and figure legends). Movie clips may be submitted in any of the standard formats (see “Video Requirements”). These papers
should contain at least 1 still image. Although often presented within the context of a case, the images in this section are not intended as a vehicle for case reports. For more information about Images in Intervention, see Images in Intervention – Icons.

**Research Correspondence:** Letters of original investigative work are considered Research Correspondence and are published as such in the To The Editor section. Research Correspondence should be 7800 words (including text, references, and figure legend), and are limited to 10 authors, 5 references, and 1 table OR 1 figure. Online supplemental material is not permitted. For more information see: Research Correspondence: One Good Point, One Great Figure (or Table).

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**Human and Animal Rights**

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needed information are not possible; 3) anesthesia must be used in all surgical interventions; all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC). The JACC Journals program has a 7-member ethics committee which oversees quality control and will look into the issues of concern, if any.

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Provide a Structured Abstract of 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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Provide a Condensed Abstract of 100 words, stressing clinical implications, for the expanded table of contents. Include no data that do not also appear in the manuscript text or tables.

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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 from www.ICMJE.org for appropriate use of units of measure.

Acknowledgments

Acknowledgments or appendices must be 100 words. Text 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 Interventions prior to publication.

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The final version of all Original Research Papers and State-of-the-Art Reviews should include 1 Central Illustration, which summarizes the main point of the manuscript or at least a major section of the manuscript (it can be simple and hand-drawn). If one of the figures already provided in your manuscript is a key figure summarizing the major findings, you may designate that figure as the Central Illustration in the legend. The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. The purpose of these illustrations is to provide a snapshot of your paper in a single visual or conceptual manner. This illustration should be accompanied by a legend (title and caption). The Central Illustration should be an original image and, for copyright reasons, should not be adapted or reprinted from another source.

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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 from http://www.ICMJE.org and most recently updated in April 2013. In the Methods section, 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 more sophisticated statistical methods (beyond t tests, chi-square, simple linear regression), specify the statistical package, version number, and nondefault options used. For more information on statistical review, see Glantz SA. It is all in the numbers. J Am Coll Cardiol 1993;21:8357.
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http://www.microsoft.com/windows/windowsmedia/

http://www.microsoft.com/windows/windowsmedia(players.aspx)

Quick Time files require Quick Time software (free) from Apple
2. Videos should be brief whenever possible (<25 min). Longer videos will require longer download times and may have difficulty playing online. Videos should be restricted to the most critical aspects of your research. A longer procedure can be restructured as several shorter videos and submitted in that form.

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4. A video legends page giving a brief description of the video content should be provided for each video.

5. If your paper is accepted for publication you may wish to supply the editorial office with several different resolutions of your video files. This will allow viewers with slower connections to download a lower resolution version of your video.

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