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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.

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AUDIENCE

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• 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

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INTRODUCTION

Introduction

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The Editors will consider both invited and uninvited review articles. Papers should generally be 8,000 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. 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 400 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. Letters of original investigative work are considered Research Correspondence and are published as such in the To The Editor section. Research Correspondence should be 800 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). Succinct opinion pieces will be considered on occasion. These should be 2,500 words (including text, references, and figure legend) and believed to have
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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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