TABLE OF CONTENTS

- Description p.1
- Audience p.1
- Impact Factor p.1
- Abstracting and Indexing p.2
- Editorial Board p.2
- Guide for Authors p.6

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.

Benefits to authors
We also provide many author benefits, such as a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our support pages: http://help.elsevier.com/app/answers/list/p/8045

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

2017: 9.881 © Clarivate Analytics Journal Citation Reports 2018
ABSTRACTING AND INDEXING

Scopus
MEDLINE®

EDITORIAL BOARD

EDITOR-IN-CHIEF
David J. Moliterno, MD, Lexington, KY

DEPUTY EDITORS
Habib Samady, MD, Atlanta, GA
Stephan Windecker, MD, Bern, Switzerland

ASSOCIATE EDITORS
Fernando A. Alfonso, MD, PhD, Madrid, Spain
Dominick J. Angiolillo, MD, Jacksonville, FL
Jean-Philippe Collet, MD, PhD, Paris, France
Stephen G. Ellis, MD, Cleveland, OH
Samir Kapadia, MD, Cleveland, OH
Takeshi Kimura, MD, Kyoto, Japan
Bon-Kwon Koo MD, PhD, Seoul, South Korea
Julinda Mehilli, MD, Munich, Germany
E. Murat Tuzcu, MD, Dubai, United Arab Emirates
Christopher J. White, MD, New Orleans, LA
Khaled M. Ziada, MD, Lexington, KY

ASSOCIATE EDITORS-IMAGING
Vasilis C. Babaliaros, MD, Atlanta, GA
Adrian W. Messerli, MD, Lexington, KY
Marco Valgimigli, MD, PhD, Bern, Switzerland

STATISTICAL EDITOR
Michael Szarek, PhD, MS, New York, NY

CME EDITOR
Bill D. Gogas, MD, PhD, Atlanta, GA

SOCIAL MEDIA EDITORS
Joseph Foley, MD, Bristol, TN
Akhil Narang, MD, Emeritus Editor-in-Chief

EXECUTIVE MANAGING EDITOR
Meredith Hurt, Washington, DC

MANAGING EDITOR
Robbyn M. Schuchart, Washington, DC

WEB EDITOR
Kimberly Young, Washington, DC

EDITORIAL ASSISTANT
Kortney Frederick, Washington, DC

SENIOR ADVISING EDITORS
Antonio Colombo, MD, Milan, Italy
David R. Holmes Jr., MD, MACC, Rochester, MN
Harvey White, MD, Aucklang, New Zealand

GUEST EDITORS
H. Vernon Anderson, MD, Houston, TX
Robert J. Applegate, MD, Winston-Salem, NC
Eric R. Bates, MD, Ann Arbor, MI
John W. Hirshfeld, Jr., MD, Philadelphia, PA
Adnan Kastriti, MD, Munich, Germany
Charanjit Rihal, MD, Rochester, MN
EDITOR-IN-CHIEF, JACC
Valentin Fuster, MD, PhD, MACC, New York, NY

EDITOR-IN-CHIEF, JACC: Cardiovascular Imaging
Y. Chandrashekhar, MD, FACC, Minneapolis, MN

EDITOR-IN-CHIEF, JACC: Heart Failure
Christopher M. O’Connor, MD, FACC, Fairfax, VA

EDITOR-IN-CHIEF, JACC: Clinical Electrophysiology
David J. Wilber, MD, FACC, Chicago, IL

EDITOR-IN-CHIEF, JACC: Basic to Translational Science
Douglas L. Mann, MD, FACC, St. Louis, MO

VICE PRESIDENT, PUBLISHING
Kimberly Murphy, Washington, DC

ETHICS COMMITTEE
Holly Atkinson, MD, New York, NY
Lawrence S. Cohen, MD, New Haven, CT
Kim Fox, MD, London, UK
Robert Frye, MD, Rochester, MN
Philip J. Landrigan, MD, New York, NY
Richard L. Popp, MD, Palo Alto, CA
Eric Prystowsky, MD, Indianapolis, IN
James Willerson, MD, Houston, TX

EDITORIAL CONSULTANTS
J. Dawn Abbott, MD, Providence, RI
Alexandre Abizaid, MD, PhD, São Paulo, Brazil
R. David Anderson, MD, Gainesville, FL
Steven R. Bailey, MD, San Antonio, TX
Theodore A. Bass, MD, Jacksonville, FL
Peter B. Berger, MD, Danville, PA
Rafael Beyar, MD, DSC, Haifa, Israel
Balram Bhargava, MD, New Delhi, India
Deepak L. Bhatt, MD, MPH, Newton, MA
John A. Bittl, MD, Ocala, FL
Peter C. Block, MD, Atlanta, GA
Raoul Bonan, MD, Montréal, Canada
Emmanouil S. Brilakis, MD, PhD, Minneapolis, MN
Jeffrey A. Brinker, MD, Baltimore, MD
Bruce R. Brodie, MD, Greensboro, NC
Brigitta C. Brott, MD, Birmingham, AL
David J. Cohen, MD, Kansas City, MO
Howard A. Cohen, MD, Philadelphia, PA
Marco A. Costa, MD, PhD, Cleveland, OH
Alain Cribier, MD, Rouen, France
George D. Dangas, MD, PhD, New York, NY
Carlo Di Mario, MD, PhD, Florence, Italy
Jean Fajadet, MD, Toulouse, France
David Faxon, MD, Boston, MA
William F. Fearon, MD, Standford, CA
Marc D. Feldman, MD, San Antonio, TX
Runlin Gao, MD, Beijing, China
Junbo Ge, MD, Shanghai, China
Philippe Genereaux, MD, New York, NY
Ziyad M. B. Khazzal, MD, Beirut, Lebanon
C. Michael Gibson, MD, Boston, MA
Cindy L. Grines, MD, Detroit, MI
Eberhard Grube, MD, PhD, Siegburg, Germany
Edward L. Hannan, PhD, Rensselaer, NY
Robert A. Harrington, MD, Standford, CA
Tarek Helmy, MD, Cincinnati, OH
Richard Heuser, MD, Phoenix, AZ
John McB Hodgson, MD, Westlake, OH
Jay Giri, MD, Philadelphia, PA
Adam Greenbaum, MD, Atlanta, GA
Yader Sandoval, MD, Minneapolis, MN
Marco Valgimigli, MD, DrPH, FACC, Bern, Switzerland
Poonam Velagapudi, MD, New York, NY
Stephen Windecker, MD, FACC, Bern, Switzerland
GUIDE FOR AUTHORS

INTRODUCTION

Introduction

JACC: Cardiovascular Interventions will encompass the entire field of interventional cardiovascular medicine, including cardiac (coronary and noncoronary), peripheral, and cerebrovascular interventions. Submissions of original research, state-of-the-art reviews, and editorials and viewpoints from cardiology, vascular surgery, neurology, radiology, hematology, vascular biology, materials science, outcomes research, and related fields are encouraged. In general, case reports will not be considered for publication.

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 electrophysiology, cardiac surgery, or other interventional specialties.

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. 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) references; 8) figure titles and legends; and 9) tables. Page numbering should begin with the title page.

Other Paper Categories

The following information should be noted for these paper types:

State-of-the-Art Papers. The Editors will consider both invited and uninvited review articles. Such manuscripts must adhere to preferred length guidelines and require an unstructured abstract of no more than 250 words. Authors should detail in their cover letters how their submission differs from existing reviews on the subject.

Editorials and Viewpoints. Succinct opinion pieces will also be considered. These papers should have a brief unstructured abstract.

Images in Intervention. The editors will consider clinical or basic science images including studies in motion that illustrate either important classic or novel findings in the field of interventional cardiology. Text should consist of a title page and a description of no more than 300 words, including up to 4 references and a figure legend. Movie clips may be submitted in any of the standard formats (see “Video Requirements”). Although often presented within the context of a case, the images in this section are not intended as a vehicle for case reports.

Interventional Issues. Manuscripts for this category are invited by the Editors. This section addresses business, health policy, and practice issues in manuscripts of 2,000 words or less. Please email the editors at jaccint@acc.org if you wish to propose a piece for this section.

Editorial Comments. The editors invite all Editorial Comments published in the Journal.

Letters to the Editor. A limited number of letters will be published. They should not exceed 500 words and should focus on a specific article that has appeared in JACC: Cardiovascular Interventions. Letters must be submitted within 3 weeks of the print issue date of the article. No original data may be included. Type letters double-spaced and include the cited article as a reference. Provide a title page that includes authors’ names and institutional affiliations and a complete address for correspondence. These can be submitted online at http://www.jaccsubmit.org. Replies will generally be solicited by the Editors.

Research Correspondence. Research Correspondence papers are original research articles of a focused nature. These papers are limited to a total of 1,000 words including references (no more than 5), and to one figure or table. These papers do not need an abstract.
Contact Details for Submission
Please do not send hard copy manuscript submissions. If the manuscript absolutely cannot be submitted online, mail a disk containing all files to: Spencer B. King III, MD, MACC, Editor-in-Chief, JACC: Cardiovascular Interventions, 3655 Nobel Drive, Suite 630, San Diego, CA 92122. Tel: [+1] [858] 558-3411; Fax: [+1] [858] 558-3148. This disk must include files for the cover letter, manuscript, tables, and figures. If supplementary materials such as in press references are included, these files must also be on the disk.

Ethics
Studies should be in compliance with human studies committees and animal welfare regulations of the authors institutions and Food and Drug Administration guidelines.

Human and Animal Rights
Human studies must be performed with the subjects written informed consent. Authors must provide the details of this procedure and indicate that the institutional committee on human research has approved the study protocol. If radiation is used in a research procedure, the radiation exposure must be specified in the Methods.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian or next of kin where applicable). If such consent is made subject to any conditions, the editorial office must be made aware of all such conditions.

Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Animal investigation must conform to the Position of the American Heart Association on Research Animal Use, adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield 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).

Relationship With Industry Policy
The Editors require authors to disclose any relationship with industry and financial associations from within the past 2 years that might pose a conflict of interest in connection with the submitted article in both the cover letter and on the title page. All sources of funding for the work should be acknowledged on the title page, as should all institutional affiliations of the authors (including corporate appointments). This includes associations, such as consultancies, stock ownership, or other equity interests or patent-licensing arrangements, should be disclosed to the Editors in the cover letter at the time of submission. If no relationship with industry exists, please state this in the cover letter and on the title page. Relationship with industry guidelines apply to authors of all the following: Original Research Papers, State-of-the-Art Papers, Editorials and Viewpoints, Images, Research Correspondence, Editorial Comments, and Letters to the Editor.

ALL FORMS ARE NOW SIGNED AND SUBMITTED ELECTRONICALLY. Once a manuscript is accepted, the authors will be sent links to complete electronic Copyright Transfer and Relationship with Industry forms. Only the corresponding author may electronically sign the copyright form; however, ALL AUTHORS ARE REQUIRED TO ELECTRONICALLY SIGN A RELATIONSHIP WITH INDUSTRY FORM. Once
completed, a PDF version of the form is e-mailed to the author. Authors can access and confirm receipt of forms by logging into their account online. Each author will be alerted if his form has not been completed by the deadline.

Only authors appearing on the final title page will be sent a form. YOU CANNOT ADD AUTHORS AFTER ACCEPTANCE OR ON PROOFS. After a paper is sent to the publisher, the links to the electronic forms will no longer be active. In this case, authors will be sent links to download hard copy forms that they may mail or fax to the JACC:Cardiovascular Interventions office.

Exclusive Submission/Publication Policy
The manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data presented have not appeared on the internet or have not been previously published (including symposia, proceedings, transactions, books, articles published by invitation, and preliminary publications of any kind except abstracts not exceeding 400 words). On acceptance, transfer of copyright to the American College of Cardiology Foundation will be required. Elsevier Inc. will maintain copyright records for the College.

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Articles should make no assumptions about the beliefs or commitments of any reader, should contain nothing which might imply that one individual is superior to another on the grounds of race, sex, culture or any other characteristic, and should use inclusive language throughout. Authors should ensure that writing is free from bias, for instance by using 'he or she', 'his/her' instead of 'he' or 'his', and by making use of job titles that are free of stereotyping (e.g. 'chairperson' instead of 'chairman' and 'flight attendant' instead of 'stewardess').

Author Contribution
Each author must have contributed significantly to the submitted work. If there are more than 4 authors, the contribution of each must be substantiated in the cover letter. If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship. To save space, if group members have been listed in JACC:Cardiovascular Interventions, the article should be referenced rather than reprinting the list.

Authorship
The Editors consider authorship to include all of the following: 1) conception and design or analysis and interpretation of data, or both; 2) drafting of the manuscript or revising it critically for important intellectual content; and 3) final approval of the manuscript submitted. Participation solely in the collection of data does not justify authorship but may be appropriately acknowledged in the Acknowledgment section.

Copyright
Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.

For gold open access articles: Upon acceptance of an article, authors will be asked to complete an 'Exclusive License Agreement' (more information). Permitted third party reuse of gold open access articles is determined by the author's choice of user license.

Author rights
As an author you (or your employer or institution) have certain rights to reuse your work. More information.
Elsevier supports responsible sharing
Find out how you can share your research published in Elsevier journals.

Green open access
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our open access page for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. Find out more.

This journal has an embargo period of 12 months.

Language Services
Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (before submission). Please visit our Support Center for further information.

Informed Consent and Patient Details
Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.

Submission
We request that all manuscripts be submitted online at http://www.jaccsubmit-interventions.org.


Text
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.

Cover Letter
Manuscripts must be submitted with a cover letter stating that: 1) the paper is not under consideration elsewhere; 2) none of the papers contents have been previously published; 3) all authors have read and approved the manuscript; and 4) the full disclosure of any relationship with industry (see Relationship with Industry Policy). Exceptions must be explained. The corresponding author should be specified in the cover letter. All editorial communications will be sent to this author.

The corresponding author will be whom we contact for submission queries. A short paragraph telling the editors why the authors think their paper merits publication priority may be included in the cover letter. Potential reviewers may be suggested in the cover letter, as well as reviewers to avoid.

Title Page
Include the title, authors names (including full first name 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 if the work is generated from more than one institution (use the footnote symbols given under Tables). Also provide information on grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds and institutions involved in the work. Include any relationship with industry (see Relationship with Industry Policy). If there are no relationships with industry, this should be stated. Under the heading, Address for correspondence, give the full name and complete postal address of the author to whom communications, printers proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an e-mail address.
**Structured Abstract**
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. A nonstructured abstract is appropriate for review articles.

**Condensed Abstract**
Provide a condensed abstract of no more than 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.

**Keywords**
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.

**Abbreviations**
To save space in the Journal, up to 10 abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. 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 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 April 2010, for appropriate use of units of measure.

**Acknowledgments**
Acknowledgments or appendices must contain 100 words or less. Anything exceeding this limit will appear in the online version only. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

**CLINICAL PERSPECTIVES (NEW FEATURE)**
The authors should outline the following in their manuscripts: What's known? (what is the background that generates the question that is being addressed); What's new? (What did this study add;) and What's next? (what is needed to improve our knowledge base. These should be listed in the manuscript after the Text and before the Acknowledgments and References. These should be no longer than 1 paragraph, i.e. 3-4 sentences. Authors are asked to consider the clinical implications of their paper and identify areas of clinical relevance that could be used by clinician readers 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.

**CENTRAL ILLUSTRATION (NEW FEATURE)**
All state-of-the-art reviews should develop at least 1 central illustration drawing or figure (that may be a simple/rough hand-drawn figure), which summarizes the entire manuscript or at least a major section of the manuscript. Our in-house medical illustrators will create the final printable versions of these figures in consultation with the authors and the editors. The purpose of these illustrations is to provide a snap shot of your paper in a single visual, conceptual manner. This illustration must be accompanied by a legend.

**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 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 AmColl Cardiol 1993;21:8357.
Artwork
Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as Power point, CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) and combinations of gray scale images and line art should be at least 1200 DPI. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm x 18 cm (500 x 700). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

Decimals, lines, and other details must be strong enough for reproduction. Use only black and white? not gray? in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations must contrast with the background.

Non-Electronic Artwork
Upon provisional acceptance, we may request 2 sets of glossy or laser prints (clean copies will suffice). Two sets of glossy prints should be provided for all half-tone or color illustrations. All graphs and line drawings must be professionally prepared on a computer and reproduced as high quality laser prints. Indicate the first authors last name (and the corresponding authors last name within parentheses, if different) and the figure number on the back of each figure, preferably on an adhesive label. Figure title and caption material must appear in the legend, not on the figure.

Note: if we request hardcopies, they will not be returned to authors.

Color Artwork
Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as Power point, CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) and combinations of gray scale images and line art should be at least 1200 DPI. Lettering should be of sufficient size to be legible after reduction for publication. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm x 18 cm (500 x 700). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

THERE IS NO FEE FOR THE PUBLICATION OF COLOR FIGURES. Our editors encourage authors to submit figures in color, as we feel it improves the clarity and visual impact of the images. If your original submission contains any line art or black and white figures that you would like to change to color, please mail two sets of high quality, glossy prints of all color figures to the JACC:Cardiovascular Interventions editorial office during the revision process. Be sure to include correspondence, with the manuscript number, explaining the change.

Decimals, lines, and other details must be strong enough for reproduction. Use only black and white? not gray? in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations must contrast with the background.

Figure Captions
Figure legends should be typed double-spaced on pages separate from the text; figure numbers must correspond with the order in which they are mentioned in the text. ALL FIGURES MUST HAVE A TITLE AND CAPTION. The title should be short and followed by a 2 to 3 sentence caption. For example, Figure 1: Title - Caption, etc. 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. If previously published figures are used, written permission from the original publisher is required. See STM Guidelines for details: http://www.stmassoc.org/permissions-guidelines/. Cite the source of the figure in the legend.
Tables
Tables should be typed double-spaced on separate sheets, 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.

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.

Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the copyright holder (typically the original publisher) is required. Cite the source of the table in the legend.

References
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.

Citations in Text
Identify references in the text by arabic numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text; references must be numbered consecutively in the order in which they are mentioned in the text.

Data references
This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them in your text and including a data reference in your Reference List. Data references should include the following elements: author name(s), dataset title, data repository, version (where available), year, and global persistent identifier. Add [dataset] immediately before the reference so we can properly identify it as a data reference. The [dataset] identifier will not appear in your published article.

Reference Style
Periodical

List all authors if 6 or fewer, otherwise list the first 3 and add et al.; do not use periods after the authors initials. Please do provide inclusive page numbers as in example below.


Doi-based citation for an article in press

If the ahead-of-print date is known, provide as in example below.


If the ahead-of-print date is unknown, omit as in example below.


Chapter in book

Provide authors, chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers.

**Book (personal author or authors)**

Provide a specific (not inclusive) page number.


**Online media**

Provide specific URL address and date information was accessed.


**Material presented at a meeting but not published**

Provide authors, presentation title, full meeting title, meeting dates, and meeting location.


**Journal Abbreviations Source**

Use Index Medicus (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *JACC: Cardiovascular Interventions*, the correct citation format is J Am Coll Cardiol Intv.

**Video Requirements**

Inclusion of videos in the published paper is at the discretion of the Editors.

1. Video submissions for viewing online should be one of the following formats: Audio Video Interleave (.avi), MPEG (.mpg), or Quick Time (.qt, .mov).

   AVI files can be displayed via Windows Media Player
   MPEG files can be displayed via Windows Media Player

   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.

3. It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be no larger than 5 megabytes. This is a suggested maximum. If files are larger please contact the *JACC: Cardiovascular Interventions* office.

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.

**Permissions**

No part of materials published in *JACC: Cardiovascular Interventions* may be reproduced without written permission of the publisher. Some materials qualify for gratis usage. See STM Guidelines for details: [http://www.stm-assoc.org/permissions-guidelines/](http://www.stm-assoc.org/permissions-guidelines/). Permission may be sought directly from Elsevier’s Global Rights Department. Phone: 215-239-3804 or 44- 1865-843-830. Fax: 44-1865-853-333. E-mail: healthpermissions@elsevier.com. Requests may also be completed online via the Elsevier home page ([https://www.elsevier.com/permissions](https://www.elsevier.com/permissions)).

**Journal Citation**

It is important to note that when citing an article from the JACC: Cardiovascular Interventions, the correct citation format is *J Am Coll Cardiol Intv*.

**Author Inquiries**

For inquiries relating to the submission of articles or to articles currently being reviewed, please contact the *JACC: Cardiovascular Interventions* editorial office at jaccint@acc.org. For information on articles that have been accepted for publication, please visit Elsevier’s Authors Home at [https://www.elsevier.com/authors](https://www.elsevier.com/authors). Elsevier’s Authors Home also provides the facility to track accepted articles and set up e-mail alerts to inform you of when an article’s status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions, and more. Authors can order copies of the issue in which their article appears at a discounted rate; please contact Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043. Tel: 1-800-654-2452, E-mail: journalscustomerservice-usa@elsevier.com.

© Copyright 2018 Elsevier | [https://www.elsevier.com](https://www.elsevier.com)