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](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
Robyn 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, Auckland, 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. Chandra shekhar, 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, Montreal, 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. Ghazzal, MD, Beirut, Lebanon
C. Michael Gibson, MD, Boston, MA
Cindy L. Grines, MD, Detroit, MI
Eberhard Grube, MD, PhD, Siegberg, Germany
Edward L. Hannan, PhD, Rensselaer, NY
Robert A. Harrington, MD, Standford, CA
Tarek Helmy, MD, Cincinnati, OH
Richard Heuser, MD, Pheonix, AZ
John McB Hodgson, MD, Westlake, OH
L. Nelson Hopkins, MD, Buffalo, NY
Alice K. Jacobs, MD, Boston, MA
Niels P. Johnson, MD, Houston, TX
David E. Kandzari, MD, Atlanta, GA
Barry T. Katzen, MD, Miami, FL
Dean J. Kereiakes, MD, Cincinnati, OH
Morton J. Kern, MD, Long Beach, CA
Neal S. Kleiman, MD, Houston, TX
Michael A. Kutcher, MD, Winton-Salem, NC
Warren K. Laskey, MD, MPH, Albuquerque, NM
Martin B. Leon, MD, New York, NY
Henry Liberman, MD, Atlanta, GA
A. Michael Lincoff, MD, Cleveland, OH
Ehtisham Mahmud, MD, San Diego, CA
Raj Makkar, MD, Los Angeles, CA
J. Jeffrey Marshall, MD, Gainesville, GA
Bernhard Meier, MD, Bern, Switzerland
Gary S. Mintz, MD, Washington, DC
Gilles Montalescot, MD, PhD, Paris, France
Yukio Ozaki, MD, PhD, Toyoake, Japan
Seung Jung Park, MD, PhD, Seoul, South Korea
Jeffrey J. Popma, MD, Newton, MA
S. Tanveer Rab, MD, Atlanta, GA
Michael Ragosta, MD, Charlottetown, VA
Sunil V. Rao, MD, Durham, NC
Expedito E. Ribeiro, MD, DR PH, São Paulo, Brazil
Alfredo D. Rodriguez, MD, PhD, Buenos Aires, Argentina
Carlos Ruiz, MD, PhD, New York, NY
Robert S. Schwartz, MD, Minneapolis, MN
Patrick W. Serruys, MD, Rotterdam, the Netherlands
Ashok Seth, MBBS, New Delhi, India
Samin Sharma, MD, New York, NY
Mohamed Sobhy, MD, Alexandria, Egypt
Christian Spaulding, MD, Suresnes, France
Gregg W. Stone, MD, New York, NY
George A. Stouffer, MD, Chapel Hill, NC
Alec Vahanian, MD, Paris, France
George W. Vetrovec, MD, Richmond, VA
Robert N. Vincent, MD, CM, Atlanta, GA
Renu Virmani, MD, Gaithersburg, MD
Ron Waksman, MD, Washington, DC
William Weintraub, MD, Neward, DE
Mark H. Wholey, MD, Pittsburgh, PA
Willem Wijns, MD, PhD, Aalst, Belgium
David O. Williams, MD, Boston, MA
Alan Yeung, MD, Palo Alto, CA

2018-2019 OFFICERS
C. Michael Valentine, MD, FACC, President
Richard J. Kovacs, MD, FACC, Vice President
Howard "Bo" T. Walpole, Jr., MD, MBA, FACC, Treasurer
Andrew P. Miller, MD, FACC, Secretary and Board of Governors Chair
Timothy W. Attebery, DSc, MBA, FACHE, Chief Executive Officer

2018-2019 PUBLICATIONS AND EDITORIAL COORDINATION COMMITTEE
Paul L. Douglass, MD, MACC, Chair
Rhonda M. Cooper-DeHoff, MD, FACC, Annual Scientific Session Program Committee
Prasad C. Gunasekaran, MD, FIT Representative
Fadi G. Hage, MD, FACC
Spencer King III, MD, MACC
Fred M. Kusumoto, MD, FACC, Awards Committee
Renato D. Lopes, MD, PhD, FACC
Sandra M. Oliver-McNeil, DNP, ACNP-BC, AACC
Viviany R. Taqueti, MD, MPH, FAC
James E. Tcheng, MD, FACC, (Ex Officio) Chair, Digital Steering Committee
William J. Oetgen, MD, MBA, FACC, ACC Staff
Kimberly Murphy, ACC Staff
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 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.

General Guidelines for Submission of Original Research Papers

The Editors will consider manuscripts of original studies with direct clinical relevance. Because of printed-page limitations, the Editors require that manuscripts be 4,500 words (this word count includes text, references, and figure legends). The final version of all Original Research Papers should include a Central Illustration. (See Manuscript content section for more information about Central Illustrations.) 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 sex-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that no sex-based differences were present. 1) Cover Letter (not required for Editorial Comments) 2) Rebuttal Letter (revision or appeal only) 3) Manuscript File a. Title Page with title (15 words) author names, author affiliations, author/funding disclosures, running title (7 words) and word count (beginning with text and ending with the last figure legend; not including tables) b. Structured Abstract of 250 words (for Original Research Papers) c. Key Words, 3-5 d. Condensed Abstract of 100 words (for Original Research Papers) e. Unstructured Abstract of 250 words (for State-of-the-Art Reviews, Viewpoints, and Interventional Issues manuscripts only) f. Abbreviations List, 10 Abbreviations g. Text h. Perspectives (for Original Research Papers) i. Acknowledgments (if appropriate) j. References k. Figure Titles and Legends l. Tables (each on a separate page) 4) Figures/Central Illustration 5) Supplemental Material

Other Paper Categories

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
a meaningful impact for the readership. While an invitation is not required for a Viewpoint, it is recommended to send a brief query to jaccint@acc.org before embarking on such opinion pieces. The Editors invite all Editorial Comments published in JACC: Cardiovascular Interventions. If you are invited to write an editorial, specific requirements will be sent to you. Papers should be 1,500 words (including text, references, and figure legends) and must include the cited article as a reference. In some cases, a table or figure may be helpful and appropriate. Manuscripts for this category are invited by the Editors. This section addresses business, health policy, and practice issues in manuscripts of 2,500 words (including text, references, and figure legends).

Contact Details for Submission
Please do not send hard copy manuscript submissions. All manuscripts must be submitted online at http://www.jaccsubmit-interventions.org.

Ethics
Studies should be in compliance with human studies committees and animal welfare regulations of the authors institutions and U.S. 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 written, 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 from subjects 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 provide an explanation to the reader. In any case where appropriate patient permission has not been obtained, personal details of the patient must be removed from all parts of the paper and in any supplemental materials (including all illustrations and videos) before submission. In general, we believe that even de-identified images from patients should include patient permission if possible. Animal investigation must conform to the Position of the American Heart Association (AHA) 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). The JACC Journals program has a 7-member ethics committee which oversees quality control and will look into the issues of concern, if any.

Relationship With Industry Policy
The Editors require authors to disclose any relationship with industry and other relevant entitiesfinancial or otherwisewithin 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 in a footnote 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, which should be disclosed to the Editors in the cover letter at the time of submission. If no conflict of interest exists, please state this in the cover letter and on the title page. The JACC Journals program prefers the term Relationships with Industry and Other Entities as opposed to the term Conflict of Interest, because, by definition, it does NOT necessarily imply a conflict. When all relationships are disclosed with the appropriate detail regarding category and amount, and managed appropriately for building consensus and voting, the JACC Journals program believes that potential bias can be avoided, and the final published document is strengthened since the necessary expertise is accessible. 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/her 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**

Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data presented have not meaningfully 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). This policy includes Images in Intervention. On acceptance, written transfer of copyright to the American College of Cardiology Foundation (ACCF), signed by all authors, will be required. Elsevier will maintain copyright records for the ACCF. The published journal article cannot be shared publicly, for example, on ResearchGate or Academia.edu, to ensure the sustainability of peer-reviewed research in journal publications.

**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 author 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. 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 Acknowledgments 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**
All text from the Introduction to the end of the manuscript should be double-spaced. Page numbering should start with the Title Page. The text for Original Research Papers should be structured as Introduction, Methods, Results, Discussion, and Conclusions. 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. Statistics: All publishable original research 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. 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 appropriate), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond t-tests, chi-square, or 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.
Cover Letter
The corresponding author should be specified in the cover letter. All editorial communications and submission queries will be sent to this author. See also Authorship. Cover letters must include the following 4 ICJME Statements: 1) the paper is not under consideration elsewhere;

Title Page
Include the full title (15 words), authors names (full given name, middle initial, and surname), degree, total word count, and a running title of 7 words. 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 superscript letters a, b, c, d, and so on). Provide information on clinical trials, grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds and institutions involved in the work. This must include the full disclosure of 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 email address for the corresponding author. Word Count: Word count should include text, references, and figure legends.

Structured Abstract/Unstructured Abstract
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.

Condensed Abstract
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.

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
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.

CLINICAL PERSPECTIVES (NEW FEATURE)
For Original Research Papers, authors should outline the following:

CENTRAL ILLUSTRATION (NEW FEATURE)
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.
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 Am Coll Cardiol 1993;21:8357.

Figures
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 PowerPoint 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) should be at least 1,200 DPI and combinations of gray scale images and line art should be at least 1,200 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 18 cm (5 7). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will resize 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 email the revised 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 halftone illustrations must contrast with the background.

Non-Electronic Artwork
Upon provisional acceptance, we may request 2 sets of glossy or laser print (clean copies will suffice) hard copies of the figures. 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 legend material should appear on the legends page in the manuscript, not on the figure. Note: If we request hard copies, 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 PowerPoint 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) should be at least 1,200 DPI and combinations of gray scale images and line art should be at least 1,200 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 18 cm (5 7). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will resize 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 email the revised 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 halftone illustrations must contrast with the background.
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 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. ALL FIGURES MUST HAVE A TITLE. For example, Figure 1. Title: Kaplan-Meier Survival Estimates for the Occurrence of the Primary Endpoint. Legend: Plot of survival functions for transcatheter intervention versus surgical intervention. If previously published figures are used, written permission from the original publisher is required: see STM Guidelines for details: http://www.stm-assoc.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. Abbreviations should be listed in a footnote under the table in alphabetical order. Footnote symbols should appear in the following order: *, **, †, ‡, §, ¶, ††, ‡‡, ¶¶, †††, ‡‡‡, ¶¶¶, ††††, ‡‡‡‡, ¶¶¶¶, etc. ALL TABLES MUST HAVE A TITLE. 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. In such cases, cite the source of the table in the legend.

References
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. The references should be numbered consecutively in the order in which they are cited in the text. Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; however, these may be included in the text in parentheses. Do not cite abstracts that are older than 2 years. Identify abstracts by the abbreviation abstr in parentheses. If To the Editor are cited, identify them with the word letter in parentheses. 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. Use the following style and punctuation for references:

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

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

http://www.microsoft.com/windows/windowsmedia/


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
JACC: Cardiovascular Interventions supports the need for authors to share, disseminate, and maximize the impact of their research. Details on how authors can reuse and post their own articles are provided at https://www.elsevier.com/__data/assets/pdf_file/0007/55654/AuthorUserRights.pdf. For general information on requesting permission to reuse material published in JACC: Cardiovascular Interventions, please visit https://www.elsevier.com/about/our-business/policies/copyright/permissions. Some requests from other STM signatory publishers qualify for gratis reuse. See the STM website for details http://www.stm-assoc.org. Questions about obtaining permission? Contact the Permissions Helpdesk at permissionshelpdesk@elsevier.com or 1-800-523-4069 ext. 3808

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

For information on articles that have been accepted for publication, please visit Elsevier's Authors Home at https://www.elsevier.com/authors/journal-authors. Elsevier's Authors Home also provides the facility to track accepted articles (http://www.elsevier.com/trackarticle) 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. You are also welcome to contact Customer Support via http://support.elsevier.com. Authors can order copies of the issue in which their article appears at a discounted rate. For this service, 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. For enquiries relating to the submission of articles or to articles currently under review, please contact the JACC: Cardiovascular Interventions editorial office at jaccint@acc.org. All manuscripts must be submitted online at www.jaccsubmit-interventions.org. Authors who are having trouble may e-mail jaccint@acc.org or call the number below. The mailing address for the JACC: Cardiovascular Interventions editorial office and the Editor-in-Chief is: David J. Moliterno, MD Editor-in-Chief, JACC: Cardiovascular Interventions Heart House 2400 N Street NW Washington, DC, 20037 Tel: 202-375-6136 Fax: 202-375-6819 e-mail: jaccint@acc.org

**Open Access**

This journal offers authors a choice in publishing their research. Open Access: Articles are freely available to both subscribers and the wider public with permitted reuse. An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution. Subscription: Articles are made available to subscribers as well as developing countries and patient groups through our universal access programs. No open access publication fee payable by authors. Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards. For open access articles, permitted third party (re)use is defined by the following Creative Commons user licenses. The open access fee for this journal is US$3000, excluding taxes. Learn more about Elsevier's pricing policy. CC BY for funded authors only: Elsevier has established a number of agreements with funding bodies, which allow authors to comply with their funders open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of existing agreements are available online. After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication. CC BY-NC-ND license: For non-commercial purposes, lets others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

© Copyright 2018 Elsevier | https://www.elsevier.com