DESCRIPTION

*JACC: Clinical Electrophysiology* will encompass all aspects of the epidemiology, pathogenesis, diagnosis and treatment of cardiac arrhythmias. Submissions of original research and state-of-the-art reviews from cardiology, cardiovascular surgery, neurology, outcomes research, and related fields are encouraged. Experimental and preclinical work that directly relates to diagnostic or therapeutic interventions are also encouraged. In general, case reports will not be considered for publication.

EDITORIAL BOARD

**EDITOR-IN-CHIEF**
David J. Wilber, MD, FACC, Loyola University Medical Center, Division of Cardiology, Chicago, IL

**DEPUTY EDITOR**
Jagmeet Singh, MD, PhD, Massachusetts General Hospital, Boston, MA

**ASSOCIATE EDITORS**
James P. Daubert, MD, Duke University Health System, Department of Medicine, Durham, NC
Jonathan M. Kalman, MBBS, PhD, University of Melbourne, Melbourne, Victoria, Australia
Gregory F. Michaud, MD, Vanderbilt University Medical Center, Nashville, TN
Sanjiv Narayan, MD, PhD, Stanford University, Department of Medicine, Stanford, CA
Jeanne Poole, MD, University of Washington Seattle, Department of Medicine, Seattle, WA
Usha B. Tedrow, MD, MSc, Brigham and Women’s Hospital, Boston, MA
Atul Verma, MD, Paratek Pharmaceuticals, Inc., Boston, Toronto, Canada

**CME EDITOR**
Smit Vasaiwala, MD, Loyola University Medical Center, Division of Cardiology, Maywood, United States, Chicago, IL

**SOCIAL MEDIA EDITORS**
Tina Baykaner, MD, Stanford, CA
Rajeev K. Pathak, MD, Canberra, Australia
Prashanthan Sanders, MD, Adelaide, Australia
Smit Vasaiwala, MD, Chicago, IL

**STATISTICAL EDITOR**
Usman Baber, MD, MS, Icahn School of Medicine, New York, NY

**EXECUTIVE MANAGING EDITOR**
Meredith T. Hurt, Washington, DC
MANAGING EDITOR
Kimberly Trevey, Washington, DC

DIRECTOR, PRODUCT MANAGEMENT, DIGITAL PUBLISHING
Nandhini Kuntipuram, Washington, DC

EDITORIAL ASSISTANT
Megan Valdes, Washington, DC

ETHICS COMMITTEE
Holly Atkinson, MD, Icahn School of Medicine at Mount Sinai, Program in Health and Human Rights, New York, New York, NY
Lawrence S. Cohen, MD, Columbia University Medical Center, Department of Epidemiology, New York, New Haven, CT
Kim Fox, MD, Royal Brompton Hospital, Institute of Cardiovascular Medicine and Science, London, UK
Robert Frye, MD, Mayo Clinic, Division of Cardiovascular Diseases, Rochester, MN
Philip J. Landrigan, MD, Icahn School of Medicine at Mount Sinai, New York, NY
Richard L. Popp, MD, Stanford University School of Medicine, Stanford, Palo Alto, CA
Eric Prystowsky, MD, The Care Group (St. Vincent Hospital), Indianapolis, IN
James Willerson, MD, University of Texas Health Science Center at Houston, Department of Medicine, Houston, TX

EDITOR-IN-CHIEF, JACC
Valentin Fuster, MD, PhD, MACC, Icahn School of Medicine at Mount Sinai, Zena and Michael A. Wiener Cardiovascular Institute, New York, NY

EDITOR-IN-CHIEF, JACC: CARDIOVASCULAR IMAGING
Y. Chandrashekhar, MD, FACC, Minneapolis, MN

EDITOR-IN-CHIEF, JACC: CARDIOVASCULAR INTERVENTIONS
David J. Moliterno, MD, FACC, Lexington, KY

EDITOR-IN-CHIEF, JACC: HEART FAILURE
Christopher M. O’Connor, MD, FACC, Inova Heart and Vascular Institute, Falls Church, Fairfax, VA

EDITOR-IN-CHIEF, JACC: BASIC TO TRANSLATIONAL SCIENCE
Douglas L. Mann, MD, FACC, Washington University in St. Louis, Department of Medicine, St Louis, MO

EDITORIAL CONSULTANTS
Samuel J. Asirvatham, MD, Mayo Medical School, Department of Pediatrics, Rochester, MN
Angelo Auricchio, MD, PhD, Cardiocentro Ticino Foundation, Department of Cardiology, Lugano, Switzerland
Frank M. Bogun, MD, University of Michigan Medical School, Department of Internal Medicine, Ann Arbor, MI
Pedro Brugada, MD, PhD, Universitair Ziekenhuis Brussel, Heart Rhythm Management Centre, Brussels, Belgium
T. Jared Bunch, MD, Intermountain Medical Center, Eccles Outpatient Care Center, Murray, UT
David J. Callans, MD, University of Pennsylvania, Health System, Section of Cardiac Electrophysiology, Philadelphia, PA
A. John Camm, MD, St George’s University of London, Cardiovascular and Cell Sciences Research Institute, London, United Kingdom
Riccardo Cappato, MD, Istituto Clinico Humanitas, Rozzano, Italy, Milan, Italy
Minglong Chen, MD, Hospital of Nanjing Medical University, Division of Cardiology, Nanjing, China
Sumeet S. Chugh, MD, Cedars-Sinai Medical Center, Heart Institute, Los Angeles, CA
Stuart J. Connolly, MD, Hamilton General Hospital, Hamilton, Ontario, Canada
Paolo Della Bella, MD, Fondazione San Raffaele del Monte Tabor, Cardiology and Cardiothoracic Surgery Department, Milan, Italy
Kenneth A. Ellenbogen, MD, Virginia Commonwealth University Medical Center, Division of Cardiology, Richmond, VA
Patrick T. Ellinor, MD, PhD, Massachusetts General Hospital, Cardiovascular Research Center, Boston, MA
Andrew E. Epstein, MD, University of Pennsylvania, Cardiovascular Division, Philadelphia, PA
N.A. Mark Estes III, MD, Tufts Medical Center, Boston, MA
Michael R. Gold, MD, PhD, Medical University of South Carolina, Division of Cardiology, Charleston, SC
Warren M. Jackman, MD, University of Oklahoma Health Sciences Center, Heart Rhythm Institute, Oklahoma City, OK
Pierre Jais, MD, CHU Hopitaux de Bordeaux, Service de Rythmologie, Talence, Bordeaux, France
José Jalife, MD, University Michigan Ann Arbor, Center for Arrhythmia Research, Ann Arbor, MI
Josef Kautzner, MD, PhD, Institutu Klinicke a Experimentalni Mediciny, Department of Cardiology, Prague, Czech Republic
Young-Hoon Kim, MD, Korea University, Department of Internal Medicine, Seoul, South Korea
Hans Kottkamp, MD, Klinik Hirslanden, Department of Rhythmology, Zurich, Switzerland
Karl-Heinz Kuck, MD, Asklepios Klinik St. Georg, Department of Cardiology, Hamburg, Germany
Chu-Pak Lau, MD, Queen Mary Hospital Hong Kong, Hong Kong, China
Francis E. Marchlinski, MD, University of Pennsylvania Health System, Philadelphia, PA
John M. Miller, MD, Clian Health Partners, Indianapolis, IN
Arthur J. Moss, MD, University of Rochester Medical Center, Rochester, NY
Hiroshi Nakagawa, MD, PhD, University of Oklahoma Health Sciences Center, Oklahoma City, OK
Calambur Narasimhan, MD, DM, CARE Hospitals, Banjara Hills, Hyderabad, India
Andrea Natale, MD, Texas Cardiac Arrhythmia Institute at St. David’s Medical Center, Austin, TX
Stanley Nattel, MD, FACC, Université de Montreal, Montreal, Canada
Ken Okumura, MD, PhD, Hirosaki University School of Medicine, Department of Hypertension and Stroke Medicine, Hirosaki, Japan
Douglas L. Packer, MD, Mayo Clinic, Department of Cardiovascular Diseases, Rochester, MN
Jonathan P. Piccini, MD, MHS, Duke Clinical Research Institute, Durham, NC
Eric N. Prystowsky, MD, St. Vincent Medical Group, Indianapolis, IN
Vivek Y. Reddy, MD, Mount Sinai Hospital, Helmsley Center for Electrophysiology, York, New York, NY
Jeremy N. Ruskin, MD, Massachusetts General Hospital, Department of Medicine, Boston, MA
Prashanthan Sanders, PhD, Royal Adelaide Hospital, Centre for Heart Rhythm Disorders (CHRD), Adelaide, Australia (South Australia)
Richard J. Schilling, MBBS, MD, St Bartholomew’s Hospital, Department of Cardiology, London, United Kingdom
Kalyanam Shivkumar, MD, PhD, University of California, Los Angeles, Los Angeles, CA
William G. Stevenson, MD, Brigham and Women’s Hospital, Department of Cardiology, Boston, MA
Arthur A.M. Wilde, MD, PhD, Academic Medical Centre, University of Amsterdam, Department of Clinical and Experimental Cardiology, Amsterdam, the Netherlands

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, 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, FACC
James E. Tcheng, MD, FACC, (Ex Officio), Chair, Digital Steering Committee
William J. Oetgen, MD, MBA, FACC, ACC Staff
Kim Murphy, ACC Staff
GUIDE FOR AUTHORS

INTRODUCTION

JACC: Clinical Electrophysiology will encompass all aspects of the epidemiology, pathogenesis, diagnosis and treatment of cardiac arrhythmias. Submissions of original research and state-of-the-art reviews from cardiology, cardiovascular surgery, neurology, outcomes research, and related fields are encouraged. Experimental and preclinical work that directly relates to diagnostic or therapeutic interventions are also encouraged. In general, case reports will not be considered for publication.

Types of article

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

STATE-OF-THE-ART PAPERS AND TOPIC REVIEW PAPERS. The Editors will consider invited review articles. For uninvited review articles, please submit a proposal to the editorial office at jacccep@acc.org before submitting your article. Such manuscripts must adhere to preferred length guidelines and require an unstructured abstract of no more than 250 words. All State-of-the-Art Reviews and Review Topics should develop at least 1 Central Illustration (that may be a hand-drawn figure), which summarizes the entire manuscript or at least a major section of the manuscript. The figure may incorporate multiple panels including key figures or graphics, or short text lists summarizing key points or variables. 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 snapshot of your paper in a single visual, conceptual manner. This illustration must be accompanied by a legend (title and caption). The Central Illustration legend should be listed first in your list of figure legends, unless it is an existing figure. Please also provide a list of 3-4 brief bullet points (15 words or fewer for each bullet, or 85 characters for each bullet) that highlight the main message 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. Example of bullet points: "• Cardiovascular aging is a biological phenomenon, leading to a progressive decline in function and structure. "• Calorie restriction and adjusted diurnal rhythm of feeding are powerful interventions for the prevention of cardiovascular disease. "• Lowered intake of protein and nutritional modulation of the gut microbiome can have additional cardioprotective roles. "• Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can potentiate the effects of a healthy diet.

Word count: no more than 10,000 words (text from the introduction to the conclusion, plus references and figure legends).

Abstract: Unstructured and no more than 250 words.

Condensed Abstract: No more than 100 words, stressing clinical implications.

Figure Limit: None

Table Limit: None

Central Illustration: Required
Clinical Perspectives: Not required

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

Review Topic

Word count: no more than 5,000 words (text from the introduction to the conclusion, plus references and figure legends).

Abstract: Unstructured and no more than 250 words

Condensed Abstract: No more than 100 words, stressing clinical implications

Figure Limit: None

Table Limit: None

Central Illustration: Required

Clinical Perspectives: Not required

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

**IMAGES IN CLINICAL ELECTROPHYSIOLOGY.** 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 clinical electrophysiology. 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

**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: David J. Wilber MD, FACC, Editor-in-Chief, *JACC: Clinical Electrophysiology*, Heart House, 2400 N Street, NW, Washington, DC 20037. Tel: 202-375-6136; Fax: 202-375-6819. 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.
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 in a footnote on the title page, as should all institutional affiliations of the authors (including corporate appointments). Other kinds of 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 conflict of interest 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, 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: Clinical Electrophysiology 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 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, written transfer of copyright to the American College of Cardiology Foundation, signed by all authors, will be required. Elsevier Inc. will maintain copyright records for the College.

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 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: Clinical Electrophysiology*, 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.

*Elsevier supports responsible sharing*

Find out how you can share your research published in Elsevier journals.

**LANGUAGE SERVICES**

*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 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-clinicalep.org](http://www.jaccsubmit-clinicalep.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](http://www.ICMJE.org) and most recently updated in April 2010.

**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.

**PERSPECTIVES**

The authors should delineate clinical competencies and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. Please review the examples provided below. The competencies describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research.

**Clinical Competencies.** Competency-based learning in cardiovascular medicine addresses the 6 domains promulgated by the Accreditation Council on Graduate Medical Education (ACGME) and endorsed by the American Board of Internal Medicine (Medical Knowledge, Patient Care and Procedural Skills, Interpersonal and Communication Skills, Systems-Based Practice, Practice-Based Learning, and Professionalism) ([http://www.acgme.org/acgmeweb](http://www.acgme.org/acgmeweb)). The ACCF has adopted this format for its competency and training statements, career milestones, lifelong learning, and educational programs. The ACCF also has developed tools to assist physicians in assessing, enhancing, and documenting these competencies ([http://www.acc.org/education-and-meetings/maintenance-of-certification-information-hub?w_nav=MN](http://www.acc.org/education-and-meetings/maintenance-of-certification-information-hub?w_nav=MN)). Authors are asked to consider the clinical implications of their report and identify applications in one or more of these competency domains that could be used by clinician readers to enhance their competency as professional caregivers. This applies not only to physicians in training, but to the sustained commitment to education and continuous improvement across the span of their professional careers.
Translational Outlook. Translating biomedical research from the laboratory bench, clinical trials, or global observations to the care of individual patients can expedite discovery of new diagnostic tools and treatments through multidisciplinary collaboration. Effective translational medicine facilitates implementation of evolving strategies for prevention and treatment of disease in the community. The Institute of Medicine identified two areas needing improvement: testing basic research findings in properly designed clinical trials and, once the safety and efficacy of an intervention has been confirmed, more efficiently promulgating its adoption into standard practice (Sung NS, Crowley WF, Genel M. The meaning of translational research and why it matters. JAMA 2008;299:3140-8). The National Institutes of Health (NIH) has recognized the importance of translational biomedical research, emphasizing multifunctional collaborations between researchers and clinicians to leverage new technology and accelerate the delivery of new therapies to patients (www.ncats.nih.gov/about/about.html). Authors are asked to place their work in the context of the scientific continuum, by identifying impediments and challenges requiring further investigation and anticipating next steps and directions for future research.

AUTHORSHIP/COVER LETTER
Manuscripts must be submitted with a cover letter stating: 1) the paper is not under consideration elsewhere; 2) none of the paper’s contents have been previously published; 3) all authors have read and approved the manuscript; and 4) the full disclosure of any potential conflict of interest (see “Relationship With Industry Policy”). Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.

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.

TITLE PAGE
Include the full 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, printer’s proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an email address for the corresponding author.

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.

TEXT
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 “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. Signed letters of permission from all individuals listed in the acknowledgments must be submitted to JACC: Clinical Electrophysiology.
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 “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. 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;21:835-7.”

CENTRAL ILLUSTRATIONS
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.

ARTWORK
Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, should be used to create the art, but not presentation software such as Powerpoint, CorelDraw, or Harvard Graphics. 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 (5" x 7"). 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.

NONELECTRONIC 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 author’s last name (and the corresponding author’s 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
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: Clinical Electrophysiology editorial office during the revision process. Be sure to include correspondence, with the manuscript number, explaining the change.

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 AS WELL AS A 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:

*, †, ‡, x, §, ll, #, **, ††, 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 original publisher and author is required. Cite the source of the table in the footnote.

**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 TEXTS**

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. The reference should only include the first 3 authors of any paper, followed by "et al."

**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.


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: Clinical Electrophysiology, the correct citation format is J Am Coll Cardiol EP.

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 (<2–5 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 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.
It is important to note that when citing an article from the *JACC: Clinical Electrophysiology*, the correct citation format is *J Am Coll Cardiol EP*.

**AUTHOR INQUIRIES**

For enquiries relating to the submission of articles or to articles currently being reviewed, please contact the *JACC: Clinical Electrophysiology* editorial office at jacccep@acc.org. For information on articles that have been accepted for publication, please visit Elsevier’s Authors Home at 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, journalscustomerservice-usa@elsevier.com.

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