**DESCRIPTION**

*JACC: Clinical Electrophysiology* is one of a family of specialist journals launched by the renowned *Journal of the American College of Cardiology (JACC)*. It encompasses 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.

The other specialist titles in this series are: *JACC: Basic to Translational Science* JACC: CardioOncology JACC: Cardiovascular Imaging JACC: Cardiovascular Interventions JACC: Case Reports JACC: Heart Failure

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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.

All submitted articles are reviewed by the Editor and Associate Editors. Articles are then sent out to two peer reviewers. All reviews are double-blinded. While all recommendations are discussed and considered by the group of Associate Editors, the final decision rests with the Editor-in-Chief. As a member of the JACC Family of Journals, this journal publishes only the highest quality content and is subject to the same rigorous, double-blind peer review standards as all the JACC journals.

Types of article

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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.

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• Supplemental Material: Not permitted.
• Abstract: Unstructured and no more than 100 words, stressing novelty and clinical implications
• Central Illustration: Required
• Clinical Perspectives: Required
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- Supplemental Material: Not permitted.
- Abstract: Unstructured and no more than 100 words, stressing novelty and clinical implications
- Clinical Perspectives: Required

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.
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IMAGES/VIGNETTES 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. The aim is to convey important concepts in cardiac electrophysiology using a series of images/tracings. Typical submissions would involve a series of clinical and/or basic science images that:

1. Comprehensively illustrate a typical spectrum of important classic features or significantly novel findings;

2. Provide unique insight into fundamental mechanisms of disease or pathophysiology; comprehensively illustrate major, but less well-known, facets of an abnormality; or clarify a new therapy;

3. Present hypothesis generating and/or cutting-edge concepts through images/tracings;

4. Present previously unavailable/unclear correlations between tracings/images and pathology.

Though often presented within the context of a clinical scenario, this section is not meant to be a vehicle for case reports. It is expected that submissions will typically involve images/tracings from one or several subjects. Only submissions that align closely with the above criteria will be processed for this section and will be subject to regular peer review. A series of approximately 10 to 20 images can be provided. Text should consist of a title page, an introduction of 150 words, a descriptive figure legend of up to 150 words per figure, and—only if absolutely necessary—up to 3 references. Video clips can be submitted in mp4 format (see "Video Requirements"). If movies are used, they must be linked to a specific figure and be mentioned in the text.

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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: Clinical Electrophysiology. 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. Letters should be submitted online at www.jaccsubmit-clinicalep.org. Replies will generally be solicited by the Editors.

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You also may submit original research articles of a focused nature as a research letter. These focused articles are limited to a total of 800 words including references (no more than 5), no more than 10 authors, and to 1 figure or table, with no supplemental material or abstract. Both Research Letters and Letters to the Editor are published under the heading "Letters".

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Please see our information on Ethics in publishing.

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**Reporting guidance**

For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.

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Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth ("sex assigned at birth"), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms "sex" and "gender" can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

**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.

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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.

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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.

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We request that all manuscripts be submitted online at http://www.jaccsubmit-clinical.ep.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.
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). 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). Authors are asked to consider the clinical implications of their report and identify applications in one or more 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 (https://ncats.nih.gov/index.php). 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.

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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.

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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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The abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used in the manuscript. On a separate page following the condensed abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The Editors may determine which lesser known terms should not be abbreviated. Please consult “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
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All publishable manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results. We subscribe to the statistics section of the “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.”

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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.

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Authors may submit supplemental material to accompany their article. The supplemental material should be essential to the understanding and interpretation of the primary manuscript and should contain original content that has not been previously published. The supplemental material will be posted online at the same time of publication of the article. Please upload all supplemental materials, with the exception of videos and large data sets (see below), as one separately uploaded Word document that is labeled "Supplemental Appendix." The pages of the Supplemental Appendix should be numbered consecutively. The first page of the Supplemental Appendix should list the title and page number of each element included in the document. The Supplemental Appendix document may include the following elements: Supplemental methods " Supplemental results " Supplemental tables (e.g., Supplemental Table 1, Supplemental Table 2) " Supplemental figures with accompanying figure legends (e.g., Supplemental Figure 1, Supplemental Figure 2) " All references that are cited within supplemental material should be placed in a separate reference section that is at the end of the supplemental material. The references should be formatted just as in the main manuscript and numbered and cited consecutively in the Supplemental Appendix. All supplemental material will undergo editorial and peer review at the same time as the main manuscript is being evaluated. Once the manuscript is accepted for final publication, the content of the supplemental material cannot be changed. LARGE DATA SETS Large data sets for gene expression microarrays, SNP arrays, and high-throughput sequencing studies should be deposited in a public data repository (1,2). Microarray data must be deposited in a public database that is compliant with Minimum Information About a Microarray Experiment (MIAME) guidelines (e.g., GEO). High-throughput sequencing data must be deposited in a public database that is compliant with Minimum Information About a Next-generation Sequencing Experiment (MINSEQE) guidelines. Please provide the relevant accession numbers in the text of the main manuscript. 1. Wheeler DL, Barrett T, Benson DA, et al. Database resources of the National Center for Biotechnology Information. Nucleic Acids Res 2007;35:D5-12. 2. Edgar R, Barrett T. NCBI GEO standards and services for microarray data. Nat Biotechnol 2006;24:1471-2.

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