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

ABSTRACTING AND INDEXING

Scopus
PubMed/Medline

EDITORIAL BOARD

EDITOR-IN-CHIEF
Kalyanam Shivkumar, MD, PhD, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA

DEPUTY EDITOR
Noel G. Boyle, MD, PhD, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA

GUEST EDITOR-IN-CHIEF
William G. Stevenson, MD, Vanderbilt University Center, Nashville, TN, USA

EDITORS-IN-CHIEF

JACC
Valentin Fuster, MD, PhD, MACC, Mount Sinai Health System, New York, NY, USA

JACC: CARDIOVASCULAR INTERVENTIONS
David J. Moliterno, MD, FACC, University of Kentucky, Lexington, KY, USA
CME/MOC/ECME EDITOR
Kenneth A. Ellenbogen, MD, Virginia Commonwealth University Medical Center, Richmond, VA, USA

SECTION EDITOR - INNOVATIONS
Joshua D. Moss, MD, University of California, San Francisco, San Francisco, CA, USA

SECTION EDITOR - IMAGES IN EP
Roderick Tung, MD, University of Chicago Medicine Center for Arrhythmia Care, Chicago, IL, USA

GLOBAL SECTION EDITORS
Aimé Bonny, MD, MSc, University of Douala, Douala, Cameroon
Minglong Chen, MD, The First Affiliated Hospital of Nanjing Medical University, Nanjing, China
Nicolas Lelouche, MD, PhD, CHU Henri Mondor, APHP, Créteil, France
Yoav Michowitz, MD, Hebrew University of Jerusalem and Shaare Zedek Medical Center, Jerusalem, Israel
Calambur Narasimhan, MD, DM, CARE Hospital, Hyderabad, India
Luis Carlos Sánchez Morales, MD, CardioInfantil Foundation-Cardiac Institute, Bogota, Colombia
Kyoko Soejima, MD, PhD, Kyorin University of School of Medicine, Tokyo, Japan
Eduardo Back Sternick, MD, PhD, Biocor Institute, Nova Lima, Brazil

SCHOLARS IN RESIDENCE
Muhammad R. Afzal, MD, The Ohio State University Wexner Medical Center, Columbus, OH, USA
Duc H. Do, MD, MS, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA
Veronica Dusi, MD, PhD, Fondazione IRCCS Policlinico San Matteo Pavia, Italy
David Hamon, MD, PhD, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA
Anthony Li, MD, St. George's University of London, London, UK
Shumpei Mori, MD, PhD, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA
Jorge Romero, MD, Albert Einstein College of Medicine at Montefiore-Einstein Center for Heart and Vascular Care, Bronx, NY, USA
Tanyanan Tanawuttiwat, MD, MPH, Indiana University School of Medicine, Indianapolis, IN, USA

ALLIED HEALTH PROFESSIONALS
Mary P. Orencole, BSN, MS, ANP, Massachusetts General Hospital, Boston, MA, USA
Julie Sorg, RN, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA

SOCIAL MEDIA EDITORS
Janet K. Han, MD, UCLA Cardiac Arrhythmia Center, UCLA Health System, Los Angeles, CA, USA
John M. Mandrola, MD, Baptist Health Louisville, Louisville, KY, USA

2020-2021 OFFICERS
Athena Poppas, MD, FACC, President, Rhode Island, The Miriam and Newport Hospital, Providence, RI, USA
Dipti Itchhaporia, MD, FACC, Vice President, Hoag Memorial Hospital, Presbyterian, Newport Beach, CA USA
Howard "Bo" T. Walpole, Jr., MD, MBA, FACC, Treasurer, Northeast Georgia Health System, Gainesville, GA, USA
Daniel M. Philbin, Jr., MD, FACC, Secretary and Board of Governors Chair, New England Heart and Vascular Institute in Manchester, Manchester, NH, USA
Cathleen C. Gates, Acting, American College of Cardiology (ACC) Chief Executive Officer, Washington, DC, USA

2020-2021 SCIENTIFIC PUBLICATIONS COMMITTEE (SPC)
Viviany R. Taqueti, MD, MPH, FACC, Chair, Brigham and Women's Hospital, Boston, MA, USA
Rhonda M. Cooper-DeHoff, PharmD, MS, FACC, University of Florida Health, Gainesville, FL, USA
John U. Doherty, MD, FACC, Jefferson University Hospitals, Philadelphia, PA, USA
Islam Y. Elgindy, MD, FACC, Weill Cornell-Qatar, Doha, Qatar
Prasad C. Gunasekaran, MD, Mercy Heart Hospital, Springfield, MO, USA
Fadi G. Hage, MD, FACC, The University of Alabama at Birmingham, Birmingham, AL, USA
Fred M. Kusumoto, MD, FACC, Mayo Clinic, Jacksonville, FL, USA
Renato D. Lopes, MD, PhD, FACC, Duke University School of Medicine, Durham, NC, USA
Sandra M. Oliver-McNeil, DNP, ACNP-BC, Wayne State University, Detroit, MI, USA
Syed Tanveer Rabb, MBBS, MACC, Emory Hospital, Atlanta, GA, USA
Janice B. Sibley, MS, MA, Executive Vice President, Education and Publishing, Washington, DC, USA
Justine Varieur Turco, MA, ACC Divisional Senior Director, Publishing, Washington, DC, USA
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.

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

GENERAL GUIDELINES FOR SUBMISSION OF ORIGINAL RESEARCH PAPERS

Because of the printed page limitations, the Editors require that manuscripts not exceed 5,000 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. 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.

Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and your Methods section. For manuscripts reporting data on human subjects, not institutional review board/ethics committee approval (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments, note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received animal care and use committee approval. State the animal-handling protocol in your Methods.

The manuscript should be arranged as follows: 1) title page; 2) structured abstract and key words; 3) condensed abstract; 4) abbreviations list; 5) text; 6) acknowledgments (if applicable); 7) references; 8) figure titles and legends; and 9) tables. Page numbering should begin with the title page.

OTHER PAPER CATEGORIES

The following information should be noted for these paper types:

INNOVATIONS IN CLINICAL ELECTROPHYSIOLOGY. This article type is intended to present highly novel clinical findings or procedural approaches in a small number of patients. Ideal studies for Innovations in Clinical Electrophysiology are not suited for a case report or a full clinical study and must include data from at least 3 patients. You may also submit original investigations of a focused nature under Innovations in Clinical Electrophysiology. Submitted manuscripts will undergo an expedited review:

• Word count: No more than 2000 words, including references and figure legends
• References: No more than 10
• Authors: No more than 10; no joint authorship permitted
• Figures/Tables: No more than two figures (each containing ≤ 4 subpanels). Figures may be substituted by concise tables.
• Supplemental Material: Not permitted.
• Abstract: Unstructured and no more than 100 words, stressing novelty and clinical implications
• Central Illustration: Required
• Clinical Perspectives: Required
INNOVATIONS IN BASIC/TRANSLATIONAL ELECTROPHYSIOLOGY. This article type is intended to present brief, focused, and highly innovative basic/translational research findings in cardiac electrophysiology. You may also submit original investigations of a focused nature under Innovations in Basic/Translational Electrophysiology. Submitted manuscripts will undergo an expedited review:

- Word count: No more than 2000 words, including references and figure legends
- References: No more than 10
- Authors: No more than 10; no joint authorship permitted
- Figures/Tables: No more than two figures (each containing ≤ 4 subpanels). Figures may be substituted by concise tables.
- Supplemental Material: Not permitted.
- Abstract: Unstructured and no more than 100 words, stressing novelty and clinical implications
- Central Illustration: 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. "•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").

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"). Although often presented within the context of a case, the images in this section are not intended as a vehicle for case reports.

EDITORIAL COMMENTS

The editors invite all Editorial Comments published in JACC: Clinical Electrophysiology.

LETTERS TO THE EDITOR

A limited number of letters will be published. They should not exceed 500 words and should focus on a specific article that has appeared in JACC: 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.

RESEARCH LETTERS

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".

Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and in the body of the article. For manuscripts reporting data on human subjects, note institutional review board/ethics committee approval (or formal review and exemption), including the specific name of the board or committee. For studies involving animal experiments,
note that the study complied with all institutional and national requirements for the care and use of laboratory animals and, if applicable, received animal care and use committee approval. State the animal-handling protocol in the body of your article.

CONTACTING US
The mailing address for the JACC: Clinical Electrophysiology editorial office and the Editor-in-Chief is: Kalyanam Shivkumar, MD, PhD, Editor-in-Chief, JACC: Clinical Electrophysiology; Heart House, 2400 N Street, NW, Washington, DC 20037; Tel: 202-375-6136; Fax: 202-375-6819; E-mail: jacccep@acc.org

Ethics in publishing
Please see our information pages on Ethics in publishing and Ethical guidelines for journal publication.

ETHICS
Studies should be in compliance with human studies committees and animal welfare regulations of the authors’ institutions and Food and Drug Administration guidelines. All papers submitted to the journal will be subject to plagiarism checks.

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, excepting abstracts that do not exceed 400 words). On acceptance, transfer of copyright to the American College of Cardiology Foundation will be required. Elsevier will maintain copyright records for the College. Sharing of data from manuscripts that are under review or accepted but not yet published is expressly forbidden, unless permission is received from the JACC Journals Editorial Office. We ask that authors disclose this information during the submission process. JACC Journals does not consider the posting of manuscripts to a preprint server a prior publication, if they have not undergone peer review and provided that the following conditions are met: 1) when submitting a manuscript to a JACC journal, authors must acknowledge preprint server deposition and provide all associated accession numbers or DOIs; 2) versions of a manuscript that have been altered as a result of our peer review process may not be deposited; 3) the preprint version cannot have been indexed in MEDLINE or PubMed; and 4) upon publication in a JACC journal, authors are responsible for updating the archived preprint with a DOI and link to the published version of the article. Should the paper be accepted and published in a JACC journal, that JACC journal DOI should be considered to be the one representing this published work in all credits, citation, and attribution.

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.

SUBMISION DECLARATION AND VERIFICATION
Submission of an article implies that the work described has not been published previously (except in the form of an abstract, a published lecture or academic thesis, see "Multiple, redundant or concurrent publication" [https://www.elsevier.com/authors/journal-authors/policies-and-ethics] for more information), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. To verify originality, your article may be checked by the originality detection service Crossref Similarity Check [https://www.elsevier.com/editors/perk/plagiarism-complaints/plagiarism-detection].

Use of inclusive language
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

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.

**Open access**
Please visit our Open Access page for more information.

**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 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.

**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.

TABLES
Tables should be typed double-spaced on separate sheets, with the table number and title centered above the table and explanatory notes below the table. Use arabic numbers. Table numbers must correspond with the order cited in the text.

ALL TABLES MUST HAVE A TITLE.

Abbreviations should be listed in a footnote under the table in alphabetical order. Footnote symbols should appear in the following order:

*, †, ‡, §, ||, #, **, ††, etc.
Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the original publisher and author is required. Cite the source of the table in the footnote.

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


**Doi-based citation for an article in press.** If the ahead-of-print date is known, provide as in example below.


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


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


**Book** (personal author or authors). Provide a specific (not inclusive) page number.


**<Online media.** Provide specific URL address and date information was accessed.


**Material presented at a meeting but not published.** Provide authors, presentation title, full meeting title, meeting dates, and meeting location.

**JOURNAL ABBREVIATIONS SOURCE**

Use Index Medicus (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *JACC: 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.

**JOURNAL CITATION**

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