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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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.

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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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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.

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

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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-clinicaep.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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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
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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.

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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).

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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.

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.

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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.

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.

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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.”

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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.

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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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