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DESCRIPTION

JACC: Heart Failure publishes the most important findings on the pathophysiology, diagnosis, treatment, and care of heart failure patients. The goal of the Journal is to improve our understanding of the disease, clinical trial, clinical outcomes, and advances in therapies through timely, insightful scientific communication. The Journal embraces interdisciplinary relationships with neuroscience, pulmonary medicine, nephrology, electrophysiology, and surgery as they relate to heart failure. In addition, the Journal includes articles concerning pharmacogenetics, biomarkers, and metabolomics.

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INTRODUCTION

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JACC: Heart Failure publishes peer-reviewed articles on all aspects of heart failure, including original clinical studies, experimental investigations with clear clinical relevance, and state-of-the-art papers. Case reports will not be considered for publication. The journal will be predominantly focused on human heart failure, including heart failure clinical trials (Phases I to IV); heart failure registries (including methodology and design papers); and personalized medicine (including the areas of pharmacogenetics, biomarkers, and metabolomics). We also believe that interdisciplinary relationships with neuroscience, pulmonary medicine, nephrology, electrophysiology, and surgery as they relate to heart failure will be of particular interest.

We request that all manuscripts be submitted online at https://www.jaccsubmit-heartfailure.org.


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Studies should be in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines.

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.

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The JACC Journals have an ethics committee comprised of 7 members, which oversees quality control and will look into the issues of concern, if any.

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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 must meet the full criteria and requirements for authorship. To save space, if group members have been listed in JACC:Heart Failure, the article should be referenced rather than reprinting the list. The Editors consider authorship to include all of the following: 1) conception and design or analysis and interpretation of data, or both; 2) drafting of the manuscript or revising it critically for important intellectual content; 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); and 4) agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved (http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-co-authors.html).
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**ACKNOWLEDGMENTS**
Acknowledgments or appendices must contain 100 words or less. Anything exceeding this limit will appear in the online version only. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.
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Authors are asked to consider the clinical implications of their paper and identify areas of clinical relevance that could be used by clinician readers 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 2 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 (http://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.

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