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DESCRIPTION

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

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: Clinical Electrophysiology**

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GUIDE FOR AUTHORS

JACC: Heart Failure Instructions for Authors

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.

ARTICLE TYPES

ORIGINAL RESEARCH PAPERS

Original research papers should present original research conducted by the investigators that resulted in reportable findings. Such papers should contribute new information that is important to the field of study. Original research papers should include an introduction, hypothesis and purpose, methods, results, discussion, and implications for clinical practice. Manuscripts should be ≤5,000 words (including text, 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 sex-specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials, or specifically state that no sex-based differences were present. For original research dealing with genetic associations, authors should refer to the following article: Ginsburg GS, Shah SH, McCarthy JJ. Taking cardiovascular genetic association studies to the next level. J Am Coll Cardiol. 2007;50:930–2. Authors: No more than two corresponding authors; no more than two joint authors in any position. Abstract: Structured with the following headings and no more than 250 words: Background, Objectives, Methods, Results and Conclusions. The abstract should present essential data in 5 paragraphs. Use complete sentences. All data in the abstract also must appear in the manuscript texts or tables. Results: Please report all P-values to three digits after the decimal point. Study limitations (required): Please include the limitations of your investigation at the end of the discussion section of your manuscript. Figure/Table Limit: None Central Illustration: Required (See Manuscript Content section for more information about Central Illustrations) Clinical Perspectives: Required (See Manuscript Content section for more information about Clinical Perspectives) Ethical Approval (required): Please denote that your study received proper ethical oversight in both your cover letter and Methods section. 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 approval from an animal care and use committee approval. State the animal-handling protocol in your Methods. Diversity information: Authors are encouraged to submit this information, and it will be considered as a criterion for strength, especially in clinical trials and research papers. The authors are also encouraged to explain the diversity of the study's leadership (principal investigators, steering and other committees) and author list in the Methods section of the manuscript. If there is a lack of diversity, an explanation of this must be stated in the Limitations section of the manuscript.

STATE-OF-THE-ART REVIEWS

State-of-the-Art review papers should focus on a specific topic and review original research on that topic. Authors should summarize the state of current research on a topic, provide analysis and comparison, identify gaps and inconsistencies, and suggest future steps to solve identified problems. Manuscripts should be no more than 7,500 words (including text, references, and figure legends). Authors should detail in their cover letters how their submission differs from existing reviews on the subject. Authors: No more than two corresponding authors; no more than two joint authors in any position Abstract: Unstructured and no more than 150 words Figure Limit: None Table Limit: None Central Illustration: Required Highlights: Required (See Manuscript Content section for more information about Highlights) Clinical Perspectives: Not applicable
Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright. NOTE: *JACC: Heart Failure* State-of-the-Art Review submissions must be invited by the Editor-in-Chief or proposed to and approved by the Editor-in-Chief prior to submission. Please submit proposals to jacchf@acc.org.

**REVIEW TOPIC OF THE MONTH**
These submissions will provide a focused review of an important area that can adequately be covered in a relatively succinct format, as compared with State-of-the-Art reviews. Though there are focused reviews in *JACC: Heart Failure*, the Review Topic of the Month articles would create a streamline of "hot" topics as well as foundational topics that would be critical for readiness for the American Board of Internal Medicine (ABIM) or other certifications. Submission should be ≤3,000 words [text from the introduction to the conclusion, including references (50 maximum) and figure legends]. Authors: No more than two corresponding authors; no more than two joint authors in any position Abstract: Unstructured and no more than 150 words Figure Limit: None Table Limit: None Central Illustration: Required Highlights: Required (See Manuscript Content section for more information about Highlights) Clinical Perspectives: Not applicable

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright. NOTE: *JACC: Heart Failure* Review Topic of the Month submissions must be invited by the Editor-in-Chief or proposed to and approved by the Editor-in-Chief prior to submission. Please submit proposals to jacchf@acc.org.

**METHODOLOGY AND MECHANISMS CORNER**
These submissions will include methodology papers on clinical trial design, endpoints, subgroup analyses, comparative effectiveness, statistical analysis important in heart failure. Articles will also include mechanism papers on pathophysiological pathways and conceptual paradigms that provide insights in development of cardiomyopathy, heart failure and its complications, and mechanisms by which therapies confer benefits. Follow the requirements listed for State-of-the-Art Reviews (although they are not categorized as a State-of-the-Art Review when published). Please include "Methodology and Mechanisms Corner" at the end of the manuscript title.

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright. NOTE: *JACC: Heart Failure* Methodology and Mechanisms Corner submissions must be invited by the Editor-in-Chief or proposed to and approved by the Editor-in-Chief prior to submission. Please submit proposals to jacchf@acc.org.

**COMMENTARY**
There will be two types of submissions for Commentary articles: 1) Leading Edge Commentary and 2) Early Career Corner: Leading Edge Commentary. These articles will be brief opinion essays covering a wide range of timely, "hot" and cutting-edge topics in heart failure with an intent to stimulate discussion. Most of these articles will be written by maximum of three authors. Worldview with international collaboration, multidisciplinary viewpoints, or point/counter point approaches will be encouraged. These articles will be ≤3,000 words in length and have no more than 10 references. Early Career Corner. This section will include original submissions, editorial perspectives by trainees and early career faculty with a focus on career development, education, practice readiness, and changes in heart failure training and care. Submissions will have a maximum of three authors. This corner will also entail content that will be helpful in board certification and maintenance of certification in advanced heart failure and cardiac transplantation. These articles will be ≤1,000 words in length and have no more than 5 references.

**IMPLEMENTATION PERSPECTIVES ("HOW TO" CORNER)**
These articles are envisioned for clinicians to share successful strategies for patient care, implementations, and practice management. These submissions will also disseminate advances and new approaches for personalized medicine and original, high-quality submissions reflecting new models of care. Submission should be ≤3,000 words [text from the introduction to the conclusion, including references and figure legends]; please refrain from using subheadings within the text. Authors: No more than 10; no joint authorship permitted Abstract: Not applicable References: No more than 10 Figures/Tables: Two single-paneled figures OR one simple table and one single-paneled figure Central Illustration: Not applicable Highlights: Required (See Manuscript Content section for more information about Highlights) Clinical Perspectives: Not applicable
You may submit original reports of preliminary data and findings or studies with small numbers demonstrating the need for further investigation as Research Letters, which are published as such in the Letters to the Editor section. These can include scientific studies with brief content and results such as phase II trial results, investigator-initiated studies funded by federal or society research grants (NIH K, R grant recipients), and/or emerging investigators. Research Letters should be ≤1,000 words (including text, references, and figure legend). Abstract: Not applicable Authors: No more than 10; no joint authorship permitted References: No more than 5 Figures/Tables: No more than 1 simple figure (in no more than 2 parts) or 1 simple table Central Illustration: Not applicable Clinical Perspectives: Not applicable Supplemental Material: Not permitted Address the manuscript's clinical question and findings with two bullets on the first page of your submission, totaling no more than 40 words: What is the clinical question being addressed? What is the main finding? Ethical Approval (required): Please denote that your study received the proper ethical oversight in both your cover letter and the body of the article. For manuscripts reporting data on human subjects, note approval from institutional review board/ethics committee (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.

LETTERS TO THE EDITOR AND REPLIES
We welcome readers to submit formal comments on the content of articles published in JACC: Heart Failure. Such comments should provide constructive scientific remarks. Readers may submit these comments as a Letter to the Editor within 3 months of the article's online publication date. Letters should be ≤400 words (including text and references). Replies will be solicited by the Editors and study authors will have 10 days to respond. The author's reply should be ≤400 words (including text and references) unless the author is responding to multiple letters in which case the reply should be ≤800 words (including text and references). Titles must be ≤15 words (not including the labels "To the Editor" and "Reply"). Replies to multiple letters need a title that is generic and encompasses all of the letters to which they are responding. Both letters and replies are limited to 5 authors, 5 references, and 1 table OR 1 figure in 1 or 2 panels. Please include the cited article as the first reference.

EDITORIAL COMMENTS
All Editorial Comments published in JACC: Heart Failure are invited by the Editors. If you are invited to write an editorial, specific requirements will be sent to you. Papers should be ≤1,500 words (including text, references, and figure legends) and must include the cited article as a reference. In some cases, a table or figure may be helpful and appropriate. Please do not submit unsolicited editorials.

MANUSCRIPT ORGANIZATION
Cover Letter (not required for Editorial Comments) Rebuttal Letter (revision, appeal, or de novo submission only) Manuscript File

a) Title Page with title (≤15 words), author names, author affiliations, author/funding disclosures, running title (≤7 words), corresponding author contact information (including mailing address, phone, fax, and email address), and word count (beginning with text and ending with the last figure legend; not including tables)

b) Abstract (Structured Abstract of ≤250 words for Original Research Papers, Unstructured Abstract of ≤150 words); Clinical Trial Registration (if applicable); Key Words, 3-6; Abbreviations List, ≤10 Abbreviations

c) Text

d) Clinical Perspectives (core clinical competencies and translational outlook implications on a separate page after the conclusions, and only for Original Research Papers)

e) Acknowledgments (if appropriate)

f) References

g) Figure Titles and Legends
h) Tables (each on a separate page)

Figures/Central Illustration Supplemental Material (uploaded as one single Microsoft Word document containing all supplemental figures and tables)

**FORMATTING**

Please use Times New Roman 12-point font with 1-inch margins. The Title Page, Abstract(s), Key Words, and Abbreviations should be single-spaced. The remaining text should be double-spaced. Page numbering should begin with the Title Page.

**REPORTING SEX- AND GENDER-BASED ANALYSES**

**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.

**DEFINITIONS**

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.

**Reporting sex- and gender-based analyses**

**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.

**Definitions**

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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.

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This journal encourages you to cite underlying or relevant datasets in your manuscript by citing them
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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.

Preprint references
Where a preprint has subsequently become available as a peer-reviewed publication, the formal
publication should be used as the reference. If there are preprints that are central to your work or that
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MANUSCRIPT CONTENT
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A short paragraph telling the editors why the authors think their paper merits publication may
be included in the cover letter. Potential reviewers may be suggested in the cover letter, as
well as reviewers to avoid. However, final reviewer assignment is determined by the editors. The
corresponding author should be specified in the cover letter and on the title page. All editorial
communications and submission queries will be sent to this author. Cover letters must include the
following 4 ICJME Statements: The paper is not under consideration elsewhere; None of the paper’s
contents have been previously published; All authors have read and approved the manuscript; The
full disclosure of any potential conflict of interest (see "Relationship with Industry Policy") or that no
such relationship exists. Exceptions must be explained. If there is no conflict of interest, this should
also be stated in the cover letter.

Ethical Approval (required): Please denote that your study received the proper ethical oversight in both
your cover letter and 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 approval from animal care and use committee. State the animal-handling
protocol in the body of your research correspondence or the Methods section of your manuscript.

TITLE PAGE
Include the full title (no more than 15 words), authors’ names (full given name, middle initial, and
surname), degree, total word count, and a running title of ≤7 words. 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 superscript letters \textsuperscript{\textit{a}, \textit{b}, \textit{c}, \textit{d}, and so on). Provide information on clinical trials, grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds and institutions involved in the work. This must include the full disclosure of any relationship with industry (see "Relationship with Industry Policy"). If there are no relationships with industry, this should be stated. Corresponding author contact information: Under the heading, "Address for Correspondence," provide the full name and complete postal address of the author to whom communications should be sent. Also provide telephone and fax numbers, an email address, and a Twitter handle, if available. Please also provide a short tweet summarizing your paper to your title page. The tweet should be approximately 280 characters, including spaces. Please include up to three hashtags with your tweet (Example: \#ACCIntl, \#ACCFIT, \#WomenInCardiology, \#CVD, \#HeartFailure). You may also review our hashtag guide. Please note that the editors will review your content, and it may not ultimately be published on the @JACCJournals Twitter account. The corresponding author will be the sole contact for all submission queries.

\textbf{Word Count:} Word count should include text, references, and figure legends.

\textbf{ABSTRACT}
Provide a structured abstract of no more than 250 words for Original Research Papers, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, Conclusions. All data in the abstract also must appear in the manuscript text or tables. For general information on preparing structured abstracts, see "Haynes RB, Mulrow CD, Huth EJ, Altman DG, Gardner MJ. More informative abstracts revisited. \textit{Ann Intern Med}. 1990;113:69-76." An unstructured 150-word abstract should be provided for State-of-the-Art Reviews and Review Topic of the Month and Methodology and Statistical Corner submissions.

\textbf{KEY WORDS}
Immediately after the abstract, provide a maximum of 6 key words, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). These key words will be used for indexing purposes, and therefore should be different than the terms/words already used in the title of the paper.

\textbf{ABBREVIATIONS}
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 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 "Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations)," available from \textit{www.icmje.org} for appropriate use of units of measure.

\textbf{TEXT}
All text should be double-spaced. Page numbering should start with the Title Page. The text for Original Research Papers should be structured as Introduction, Methods, Results, Discussion, and Conclusions. 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. All supplemental figures, tables, and appendices should also be cited in the text.

\textbf{CLINICAL PERSPECTIVES}
These are for Original Research Papers only. The authors should delineate clinical implications and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. The competencies describe the implications of the study for current practice. The translational outlook identifies the potential barriers to clinical translation, emphasizing directions for additional research.

\textit{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) (\textit{www.acgme.org}). 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 (\textit{https://www.acc.org/education-and-meetings/products-and-resources/competencies}).
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 in need of 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;299:3140-3148).

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/translation).

Authors are asked to position 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.

**HIGHLIGHTS**

These are for State-of-the-Art Reviews, Review Topic of the Month, and Implementation Perspectives only.

Please provide a list of 3-4 brief (of no more than 15 words each) bullet points that highlight the main messages 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. Example:

Cardiovascular aging leads to a progressive decline in function and structure. Calorie reduction and adjusted diurnal rhythm of feeding may help to prevent cardiovascular disease. Lowered intake of protein and nutritional modulation of the gut microbiome can be cardioprotective. Regular exercise, stress-reduction programs, and calorie-restriction mimetic medications can impact a healthy diet.

**ACKNOWLEDGMENTS**

Acknowledgments must be ≤100 words.

**REFERENCES**

Identify references in the text by numerals in parentheses on the line. The reference list should be double-spaced on pages separate from the text; journal titles should be italicized. References must be numbered consecutively in the order in which they are mentioned in the text. List all authors if 6 or fewer, otherwise list the first 3 and add "et al." Do not use periods after author initials. Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; these may be cited in the text in parentheses by name rather than by number. 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. Websites must be cited as references (i.e., any URLs cited in the text or tables must be included as references rather than in the text or table). Use Index Medicus (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *JACC: Heart Failure*, the correct citation format is *J Am Coll Cardiol HF*. Use the following style and punctuation for references: Periodical. Do not use periods after the authors' initials. Please provide all page numbers: EXAMPLE: "5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol*. 1993;21:835-837." DOI-based citation for an article in press. If the ahead-of-print date is known, please provide. EXAMPLE: "16. Winchester D, Wen X, Xie L, et al. Evidence for preprocedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol*. Published online Sept 28, 2010. https://doi.org/10.1016/j.jacc.2010.09.028." If the ahead-of-print date is unknown, please omit. EXAMPLE: "16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. *J Am Coll Cardiol*. Published online Sept 28, 2010. https://doi.org/10.1016/j.jacc.2010.09.028."

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Removal of irrelevant or blank lanes from a gel is permissible; however, such alterations must be noted in the figure legend and boundaries between the nonadjacent or rearranged lanes must be clearly marked in the figure.

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A scale bar should be included with all microscopy images. The measured resolution at which an image was acquired and any subsequent processing or averaging that enhances the resolution must be clearly stated. Adjustments should be applied over the entire image.

Microscopy settings for comparable controls and samples should be the same between experiments. Any necessary nonlinear, pseudo color, or color adjustments made to images must be stated in the figure legend. Any manipulation of threshold and expansion or contraction of signal ranges should be avoided.

Authors should not combine images obtained separately, at different times, or from different locations, into a single image, unless specifically stated in the figure legend.

**Data Visualization Guidelines**

Figures representing data need to be designed and presented in a way that allows readers to understand and critically interpret the data. Authors must ensure that figures use easily distinguishable colors/lines/symbols and are color-blind-safe.

Continuous data and small sample sizes should be represented with figures that show full data distribution, such as dot or scatterplots. Bar graphs should be avoided except when showing counts or proportions. Authors should consider adding a flowchart or study design diagram when appropriate. Flow charts should provide information about excluded observations and reasons for exclusion at each phase of the study.

**Data Management Guidelines**

As outlined by ORI, data management is one of the essential areas of responsible conduct of research (https://ori.hhs.gov/education/products/clinicaltools/data.pdf). Authors are expected to maintain all of the primary data used for their research submission, so that it can be evaluated by the reviewers and editors. At a minimum the retention of data after manuscript publication should conform to the policies within the authors' organization and the funding organization.

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