TABLE OF CONTENTS

- Description p.1
- Abstracting and Indexing p.1
- Editorial Board p.1
- Guide for Authors p.6

DESCRIPTION

JACC: CardioOncology is one of a family of specialist journals launched by the renowned Journal of the American College of Cardiology (JACC). It serves to advance the cardiovascular care of cancer patients through the publication of rigorously executed, innovative science and dissemination of evidence-based knowledge. The journal seeks to transform the field of cardio-oncology and actively engage and educate the cardiovascular and oncology communities in pre-clinical, translational, and clinical research, as well as in best practices in cardio-oncology. Broad areas of interest include original research studies in disease mechanisms, in vitro and in vivo model systems, novel and conventional therapeutics (Phase I-IV), epidemiology, precision medicine, and primary and secondary prevention. Disease states of interest include, but are not limited to amyloidosis, cardiovascular risk factors, heart failure, and vascular disease.

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

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Authors should detail in their cover letters how their submission differs from existing publications on this topic. Word count: no more than 10,000 words (text from the introduction to the conclusion, including references and figure legends). No more than 2 corresponding authors. Abstract: Unstructured and no more than 150 words. Figure Limit: None. Table Limit: None. Central Illustration: Required. Highlights/Main Messages: Required. Clinical Perspectives: Not applicable.

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RESEARCH LETTERS

Articles are discrete, highly significant, innovative or novel discrete findings reported in a shorter format of 1,000 words or fewer in length. Word count: No more than 1,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text. 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. 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 animal care and use committee approval. State the animal-handling protocol in the body of your article.

VIEWPOINTS

Although usually invited, succinct opinion pieces relevant to a specific aspect of cardio-oncology will also be considered for JACC: CardioOncology. They should not exceed 2,000 words and should have an important and direct clinical implication. It is recommended that a query first be sent to jaccco@acc.org before submitting this manuscript. Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings.
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CLINICAL CASE CHALLENGES

These pieces will succinctly describe a clinical case in cardio-oncology that highlights a specific challenge in medical care. The step-by-step diagnostic and management approaches will be detailed. A clinical, evidence-based perspective on the current available literature to support the approach to care is mandatory and should be included. Word count: No more than 2,000 words (text from the introduction to the conclusion, including references and figure legends). Please refrain from using subheadings within the text. Abstract: Not required. Authors: No more than 10; no joint authorship permitted. References: No more than 10. Figures/Tables: 2 single-paneled figures OR 1 simple table and 1 single-paneled figure. Central Illustration: Not applicable. Clinical Perspectives: Not applicable. Videos or Supplemental Material: Not permitted.

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Cover Letter: 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. Ethical Approval: Please denote that your study received the proper ethical oversight in both your cover letter and the first paragraph of your 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 animal care and use committee approval. State the animal-handling protocol in your Methods. Rebuttal Letter (revisions or appeals only): This is a point-by-point response to the editors? and reviewers? comments. This is required. Tracked Changes Manuscript File (revisions or appeals only): Include a tracked changes version of the manuscript with every resubmission/revision. This is required. Manuscript file (see individual manuscript types and Manuscript Content for specific formatting. You may also email jaccco@acc.org for a template to assist with formatting your submission.) The entire manuscript (including tables) should be uploaded as a Microsoft Word document, with 1-inch margins and 12-point Times New Roman font. The title and abstract pages, including keywords and abbreviations, should be single-spaced. All text from the introduction to the end (including tables) should be double-spaced. Page numbering should start with the title page. Page 1: Title page. See also Manuscript Content, below. Page 2: Abstract, Key Words, Abbreviations list Text Perspectives or Highlights (if applicable) References Figure legends, listing both a title and caption for each figure, including the Central Illustration (if applicable). Do not include the caption in the Figure. Tables, each on a separate page Figures Supplemental material (if applicable). Please upload all supplemental material, with the exception of videos, as one separately uploaded Word document, labeled Supplemental Appendix. This should include all supplemental text, tables and figures, figure legends, etc.
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The order in which these items appear should also be the order in which they appear in your submission:

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- Title (no more than 15 words) and brief title of no more than 45 characters
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- Total word count
- Departments and institutions with which the authors are affiliated. Indicate the specific affiliations if the work is generated from more than one institution (use superscript letters a, b, c, d, and so on). List only the departments and institutions for co-authors.
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ABSTRACT

Provide a structured abstract of no more than 250 words for Original Investigations, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Background, Objectives, Methods, Results, and Conclusions. Use complete sentences. All data in the abstract must also appear in the manuscript text or tables.

An unstructured 150-word abstract should be provided for review articles and primers.

KEYWORDS

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?). Be sparing with abbreviations. 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.

ABBREVIATIONS

Up to 10 abbreviations (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD) may be listed. On a separate page following the abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The editors will determine which lesser-known terms should not be abbreviated. Consult ?Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),? available at http://www.icmje.org, for appropriate use of units of measure.

TEXT
Use Times New Roman 12-point font. The text 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.

**CLINICAL PERSPECTIVES**

These are for original investigations 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 References. Please review the examples provided below.

The implications describe the consequences of the study for current practice. The translational outlook identifies the potential barriers to clinical translation, emphasizing directions for additional research.

**Competency in Medical Knowledge or Competency in Patient Care**

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. 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 and the potential impact on the clinical care of cancer patients. 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;299:3140-3148). 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. 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. Authors should briefly reflect on how their work potentially impacts the clinical care of cancer patients.

Example 1:

**Competency in Medical Knowledge:** In patients treated for breast cancer with doxorubicin with or without trastuzumab, early changes in circulating levels of the arginine-nitric oxide metabolites arginine, asymmetric dimethylarginine, and monomethylarginine are associated with cardiac dysfunction, and oxidative stress markers are associated with cardiac dysfunction.

**Translational Outlook:** Further research is needed to assess the prophylactic and therapeutic utility of measuring these biomarkers of oxidative stress in women with breast cancer undergoing anthracycline chemotherapy.

Example 2:
Competency in Medical Knowledge: In patients receiving immune checkpoint inhibitors therapy for cancer, myocarditis develops at a median of 34 days. Elevation of serum troponin levels may signal the need to consider myocarditis. Checking troponin levels at baseline and at each 21-day infusion cycle or at alternate cycles for those receiving 14-day infusion therapy may be useful.

Translational Outlook: Future studies should determine the response of ICI-related myocarditis to escalating doses of corticosteroids and other immunotherapies such as infliximab, intravenous immunoglobulin, mycophenolate, and antithymocyte globulin.

HIGHLIGHTS

These are for State-of-the-Art Reviews and Primers only. Please provide a list of 3 to 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.

REFERENCES

Identify references in the text by numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text; references should 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 the authors initials. Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; however, these may be included in the text in parentheses. 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. Use Index Medicus (National Library of Medicine) abbreviations for journal titles. Use the following style and punctuation for references:


Material presented at a meeting but not published. Provide authors, presentation title, full meeting title, meeting dates, and meeting location. EXAMPLE: 20. Rollman B. Blended Collaborative Care for Treating Heart Failure and Co-Morbid Depression-Hopeful Heart. Presented at: American College of Cardiology Annual Scientific Sessions; March 16, 2019; New Orleans, LA.

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All figures must have a number, title, and caption. Figure legends should explain each figure, and include a TITLE for each figure, and a respective CAPTION that includes the purpose of the figure, and brief method, results, and discussion statements pertaining to the figure. All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used in the Figure (arrows, circles, etc.) must be explained. Target length should be 50-100 words per figure.

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Supplemental figures should be cited as "Online Figure 1, Online Figure 2," etc.

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If the figure has been previously published, cite the figure source in the legend.

All abbreviations used in the figure should be identified in alphabetical order at the end of each legend (see also Figures).

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Each table should be on a separate page, 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. Tables should be self-explanatory, and the data presented in the Tables should not be duplicated in the text or figures. 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. If previously published tables are used, written permission from the original publisher/author is required. Cite the source of the table in the footnote.

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