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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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One type of viewpoint is an International Perspective. These are submitted by leaders to describe the growth of cardio-oncology in their country, and reflect on the unique challenges that each country and its institutions face, as cardio-oncology clinical and research programs are built worldwide. An example can be found here, https://www.jacc.org/doi/10.1016/j.jaccao.2020.02.007. It is recommended that a query first be sent to jaccco@acc.org before submitting this manuscript.

**CLINICAL CASE CHALLENGE**

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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ABSTRACT
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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.
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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) (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 career.

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 (www.ncats.nih.gov/about/). 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.
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 mimicetic 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.


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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, with the title no more than 10 words. Legends should not exceed 150 words. See also Central Illustration, below. Figures should be cited in numerical order in the text. Please also include a citation for the Central Illustration if applicable. Supplemental figures should be cited as “Supplemental Figure 1, Supplemental Figure 2,” etc. Figure titles should be short and followed by an approximately 2-to 3-sentence caption. Your Central Illustration, if not an existing figure, should be listed last in your list of figure legends, unless it is an existing figure. For additional guidance, please refer to http://www.onlinejacc.org/content/74/22/2816.

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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 alphabetical order: a, b, c, d, e, 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.

FIGURES
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specify the statistical package, version number, and nondefault options used. Report all p values 3 digits after the decimal point. 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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