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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We request that all manuscripts be submitted online at JACCSubmit-CardioOncology.org.

Manuscript submissions should conform to the guidelines set forth in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” available online.

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JACC: CardioOncology

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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). 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.

Figures should be cited in numerical order in the text.

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

Figure titles should be short and followed by an approximately 2 to 3 sentence caption.

Your Central Illustration should be short and followed by an approximately 2 to 3 sentence caption.

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

TABLES
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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*Electrophoretic gels and blots*

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Data Management Guidelines

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