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DESCRIPTION

As the leader in its field, JACC publishes original peer-reviewed clinical and experimental reports on all aspects of cardiovascular disease. Topics covered include coronary artery and valve disease, congenital heart defects, vascular surgery, cardiomyopathy, drug treatment, new diagnostic techniques, findings from the laboratory, and large multicenter studies of new therapies. JACC also publishes abstracts of papers presented at the annual scientific sessions of the American College of Cardiology and the reports and recommendations of the Bethesda Conferences on current topics in cardiovascular disease.

Benefits to authors
We also provide many author benefits, such as a liberal copyright policy, special discounts on Elsevier publications and much more. Please click here for more information on our author services.

Please see our Guide for Authors for information on article submission. If you require any further information or help, please visit our Support Center.

JACC has also launched a series of specialist titles you are welcome to submit to: JACC: Basic to Translational Science JACC: CardioOncology JACC: Cardiovascular Imaging JACC: Cardiovascular Interventions JACC: Case Reports JACC: Clinical Electrophysiology JACC: Heart Failure

AUDIENCE

Specialists in Cardiovascular and Internal Medicine, Cardiovascular Surgery, Pediatric Cardiology, and General and Family Practitioners. For detailed, current information, browse the JACC Homepage http://www.cardiosource.com/jacc.html. Here you will find the current table of contents, complete with abstracts and full-text articles (for individual print subscribers), references, tables and figures. The JACC Homepage also features other important information on permissions, advertising contacts, and other related products. Come browse the leading web site for cardiologists at http://www.cardiosource.com/jacc.html.

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The Journal of the American College of Cardiology (JACC) publishes peer-reviewed articles highlighting all aspects of cardiovascular disease, including original investigations, experimental investigations with clear clinical relevance, state-of-the-art papers, and viewpoints. All manuscripts must be submitted online at https://www.jaccsubmit.org/. Manuscript submissions should conform to the guidelines set forth in the “Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations),” available online at http://www.icmje.org/recommendations/ and most recently updated in December 2019.

ARTICLE TYPES
JACC publishes the following manuscript types: Original Investigations, JACC State-of-the-Art Reviews, JACC Review Topics of the Week, JACC Historical Breakthroughs in Perspective, JACC Expert Panels, JACC Guideline Comparisons, JACC International, JACC Focus Seminars, Cardiovascular Medicine and Society, Research Letters, Letters to the Editor, and Fellows-in-Training & Early Career Sections. We also publish Editorial Comments for each Original Investigation, although these are specifically invited by the editorial board and should not be submitted as unsolicited articles. In general, case reports will not be considered for publication.

Proposals for JACC State-of-the-Art Review, JACC Review Topic of the Week, JACC Historical Breakthroughs in Perspective, JACC Expert Panel, JACC Guideline Comparison, JACC International, and JACC Focus Seminar submissions should first be emailed to the editorial office at jacc@acc.org to determine if the editor is interested in considering your review for publication. The majority of reviews are solicited by the editors; however, proposals may be considered.

Original Investigations
JACC Original Investigations should relate to cardiovascular science and medicine that may include studies conducted in humans or analyses of human data, or novel translational studies with direct clinical relevance that significantly advance the field.
Word count: No more than 5,000 words. The word count includes text from introduction through the conclusion, references, and figure legends. It excludes abstract, clinical perspectives, and tables. 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, Conclusions. The abstract should present essential data in 5 paragraphs. Use complete sentences. 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. Ann Intern Med 1990;113:69-76.” Condensed Abstract: Unstructured and no more than 100 words, stressing clinical implications 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 Clinical Perspectives: Required

JACC State-of-the-Art Review
The Present and Future: JACC State-of-the-Art Review: As with all submissions to JACC, JACC State-of-the-Art Reviews should focus on the patient. From basic mechanisms to clinical manifestations and interventional approaches to global health implications, such manuscripts will focus on a contemporary, controversial, or translational topic with 4 to 5 major sections written by multiple authors or author groups. Word count: no more than 10,000 words (text from the introduction to the conclusion, including references 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 Condensed Abstract: No more than 100 words, stressing clinical implications Figure Limit: None Table Limit: None Central Illustration: Required Clinical Perspectives: Not applicable

Please provide a list of 3-4 brief (85 characters, 15 words or fewer per bullet) 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.

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 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 jacc@acc.org.

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The Present and Future: JACC Review Topic of the Week: As with all submissions to JACC, Review Topics of the Week should focus on the patient. They provide a literature review on a contemporary topic of basic, translational, or clinical science. Such manuscripts may be written by a single author or an author group. Word count: no more than 5,000 words (text from the introduction to the conclusion, including references 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 Condensed Abstract: No more than 100 words, stressing clinical implications Figure Limit: None Table Limit: None Central Illustration: Required Clinical Perspectives: Not applicable

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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.

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JACC Historical Breakthroughs in Perspective
JACC Historical Breakthroughs in Perspective: Addressing the historical foundations of all aspects of cardiovascular practice, highlighting the important moments of breakthrough since its inception, and examining the recent literature in a comprehensive manner. Written by a group of experts who have substantially contributed to the developments being covered. No more than 10,000 words, including the references and figure legends. Follow the requirements listed for JACC State-of-the-Art Reviews (although they are not categorized as a JACC State-of-the-Art Review when published). Please include “: JACC Historical Breakthroughs in Perspective” at the end of the manuscript title.
NOTE: JACC Historical Breakthroughs in Perspective 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 jacc@acc.org.

JACC Expert Panel
JACC Expert Panel: Written by a group of key opinion leaders from multiple institutions and aiming to provide insight and guidance for a particular clinical situation wherein the Clinical Practice Guidelines are not substantial. Authors should be limited to those who have contributed substantially to the field. No more than 10,000 words or 5,000 words (as specified in the invitation), including the references and figure legends. Follow the requirements listed for JACC State-of-the-Art Review or JACC Review Topic of the Week, as appropriate (although they are not categorized as a JACC State-of-the-Art Review or JACC Review Topic of the Week when published). Please include “: JACC Expert Panel” at the end of the manuscript title. NOTE: JACC Expert Panel 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 jacc@acc.org.
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**JACC Guideline Comparison:** Review comparing the US and European guidelines for a particular cardiovascular condition, highlighting areas where differences exist and discussing implications for clinical practice. Authors should be limited to key opinion leaders. No more than 5,000 words, including the references and figure legends. Follow the requirements listed for JACC Review Topic of the Week (although they are not categorized as a JACC Review Topic of the Week when published). Please include “: JACC Guideline Comparison” at the end of the manuscript title. **NOTE:** JACC Guideline Comparison 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 jacc@acc.org.

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**JACC International:** Focusing on cardiovascular care in other regions of the world. No more than 5,000 words, including the references and figure legends. Follow the requirements listed for JACC Review Topic of the Week (although they are not categorized as a JACC Review Topic of the Week when published). Please include “: JACC International” at the end of the manuscript title. **NOTE:** JACC International 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 jacc@acc.org.

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**JACC Focus Seminar:** Groups of related manuscripts commissioned to be published all in one issue or in consecutive issues. Each article is no more than 10,000 words or 5,000 words (as specified in the invitation), including the references and figure legends. Follow the requirements listed for JACC State-of-the-Art Review or JACC Review Topic of the Week, as appropriate (although they are not categorized as a JACC State-of-the-Art Review or JACC Review Topic of the Week when published). Please include “: JACC Focus Seminar” at the end of the manuscript title. **NOTE:** JACC Focus Seminar 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 jacc@acc.org.

**Cardiovascular Medicine and Society**

These submissions should focus on the impact that government policy (federal, state, and local) and social considerations have on cardiovascular care and its global delivery systems. Such manuscripts may be written by a single author or an author group.

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**Research Letters**

Both Research Letters and Letters to the Editor are published under the heading “Letters.”

You may submit original investigations of a focused nature as a research letter.

Word count: No more than 800 words, including references and figure legend References: No more than 5 Authors: No more than 10; no joint authorship permitted; no joint corresponding authors Figures/Tables: 1 simple figure (in no more than 2 parts) or 1 simple table (no larger than 1 page with 12-point Times New Roman font and 1-inch margins) Online or Supplemental Material: Not permitted.

**Letters to the Editor and Replies**

Focus on a specific manuscript that has appeared in JACC. Letters must be submitted within 3 weeks of the print issue date of the article. We will seek a reply to your letter from the authors of the original paper and publish the letter and the reply together, when possible. Letters may be submitted about original investigation articles only. JACC does not consider letters to the editors on review articles, editorials, or any correspondence, including research letters. Letters to the editor on guidelines are also no longer considered. Letters to the editor and replies are now published only in the online version of the journal and do not appear in print issues.

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These articles focus on topics that are specifically germane to FITs and early career cardiologists, and carry a maximum of 1,500 words and no more than three authors. The submissions must be substantive, engaging in hard-hitting topics. In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). We would encourage specificity when choosing a topic on which to write, as opposed to something that is too broad. All authors must be within 7 years of medical training. Please note that these articles will be reviewed and may be rejected by the JACC Editors. These should NOT be submitted online but e-mailed to jacc@acc.org.

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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. Rebuttal Letter (revisions or appeals only) Manuscript file (see individual manuscript types and Manuscript Content for specific formatting, and you may also email jacc@acc.org for a template on how to format 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, Condensed Abstract, Key Words, Abbreviations list Text Perspectives: Core Clinical Competencies and Translational Outlook implications (on a separate page after the conclusions, and only for Original Investigation submissions) OR Highlight bullet points (for review articles only) References Figure titles and captions, including a title and caption for the Central Illustration (if applicable) Tables, each on a separate page Figures Supplemental material

Please upload all online materials, with the exception of videos, as one separately uploaded Word document, labeled Online Appendix. This should include all supplemental text, tables and figures, figure legends, etc.

MANUSCRIPT CONTENT
The order in which these items appear should also be the order in which they appear in your submission.

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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, 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. Ann Intern Med 1990;113:6976.”
An unstructured 150-word abstract should be provided for either type of review article.

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 (eg, ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD) may be listed. On a separate page following the abstract, list the selected abbreviations and their definitions (eg, 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)” 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, in the Discussion sections. Every reference, figure, and table should be cited in the text in numerical order according to order of mention.

Clinical Perspectives
The authors should delineate clinical competencies and translational outlook recommendations for their manuscripts. These competencies should not restate the questions underlying the work but describe the implications of the study and how the new information can be integrated into current practice based on the 6 domains delineated by the Accreditation Council on Graduate Medical Education (ACGME) and adopted by the American College of Cardiology Foundation (ACCF). These should be listed in the manuscript after the text and before the references. Please review the examples provided below. The competencies describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research.

Clinical Competencies
Competency-based learning in cardiovascular medicine addresses the 6 domains promulgated by the 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 (http://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 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.

**Clinical Trials**

EXAMPLE 1: For a Clinical Trial [N Engl J Med 2012;367:2375-84]:

**PERSPECTIVES**

Competency in Medical Knowledge: CABG surgery is the preferred method of revascularization for patients with diabetes and multivessel coronary artery disease.

Competency in Patient Care: The diabetic patient with coronary symptomatology, prior to the diagnostic catheterization, should be made aware that if multivessel disease is identified and intervention is indicated, surgical consultation should be entertained.

Translational Outlook 1: Although this is a relatively short-term study (median of 3.8 years), longer-term follow up of FREEDOM will lead to better understanding of the comparative benefit by CABG, specifically on mortality.

Translational Outlook 2: Compliance to medication is nonsatisfactory in patients with coronary artery disease. Comparing the compliance of FREEDOM patients taking a "polypill" approach (including aspirin, statin, and an angiotensin-converting enzyme inhibitor) with the compliance of patients treated conventionally with individual agents should be undertaken.

**Translational Science Studies**


**PERSPECTIVES**

Competency in Medical Knowledge: Inflammation is one of the major determinants of atherosclerotic plaque instability. Positron emission tomography with F18-labeled FDG has been employed for the identification of the macrophages in high-risk patients. Imaging with mannose, the isomer of glucose, may have an advantage because a subset of macrophages in high-risk plaques develop mannose receptors.

Translational Outlook 1: Although circulating biomarkers of inflammation, such as hs-CRP, provide reliable information of systemic inflammation, detection of inflammation at the plaque level may allow identification of the high-risk plaques.

Translational Outlook 2: Plaque imaging with sugars, although feasible, must in a randomized fashion investigate whether treatment of individual high-risk plaques would favorably influence major adverse outcomes in atherosclerotic disease.

**Review Article**

EXAMPLE 3: For a Review Article [Lancet 2014;383:955-62]:

**PERSPECTIVES**

Competency in Medical Knowledge 1: Selection of antithrombotic therapy for prevention of thromboembolism in patients with atrial fibrillation must consider several clinical factors, including the patient's values and preferences.

Competency in Medical Knowledge 2: The oral direct thrombin inhibitor, dabigatran, and factor Xa inhibitors, rivaroxaban, apixaban, and edoxaban (so-called novel oral anticoagulants or NOACs) avoid the dietary restrictions and need for routine coagulation monitoring that are cumbersome aspects of anticoagulation with vitamin K antagonists such as warfarin.

Competency in Patient Care: All 3 NOACs currently approved for clinical use in the United States represent advances over warfarin because of their more predictable pharmacological profiles, fewer drug interactions, and considerably lower risk of intracranial bleeding than warfarin, but these advantages come at greater monetary cost, and there is presently no approved antidote or validated strategy rapid reversal of anticoagulation induced by any of the NOACs.

Competency in Interpersonal & Communication Skills: It is important to discuss the available options with patients who are candidates for the newer agents.

Translational Outlook 1: The mechanism by which each of the NOACs evaluated to date cause less intracerebral hemorrhage than well-managed warfarin anticoagulation requires further investigation.

Translational Outlook 2: Additional research is needed to understand the safety and efficacy of the NOACs, alone or in combination with patients with mechanical prosthetic heart valves to overcome the toxicity of this type of anticoagulation in the limited studies undertaken to date that contraindicate their use in patients who have undergone heart valve replacement with mechanical prostheses.
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