**DESCRIPTION**

*JACC: Cardiovascular Imaging* provides readers with a broad, balanced view of all aspects of **cardiovascular imaging**. The Journal includes original clinical research on non-invasive and invasive **imaging techniques** including **echocardiography**, **CT**, **CMR**, **nuclear**, **optical imaging**, and **cine-angiography**. Advances in basic science and molecular imaging which are likely to substantially influence the clinical practice of medicine in the next decade (in diagnostic performance, understanding of the athrogenetic basis of the disease, and therapy) are also featured. Other content will emphasize imaging for the practicing cardiologist, advocacy and practice management, and state-of-the-art reviews.

*JACC: Cardiovascular Imaging* Maintains a strong clinical focus with a broad appeal to the practicing clinician. Highlights the unique as well as complementary nature of each imaging modality within the "imaging continuum," helping clinicians navigate through "modality parochialism" to scientifically identify which modality works best in what situation, and eventually developing "imaging algorithms." Creates a dynamic continuing education forum for practicing clinicians with the obvious goal of improving patient care and outcomes. Harnesses the web to create a live, dynamic and interactive publication, in terms of content, learning, critique, and debate.

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Though often presented within the context of a clinical scenario, this section is not meant to be a vehicle for case reports or a substitute for “Images in Medicine“ like features. It is expected that submissions will typically involve images from a number of subjects. Only submissions that align closely with the above criteria will be processed for this section and will be subject to regular peer review.

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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) (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/maintenance-of-certification-information-hub?w_nav=MN).

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;299:3140–3148).

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 (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.

**NEW FEATURE:**

In addition to the unstructured abstract for the State-of-the-Art Review, please provide a list of 3-4 brief bullet points (30 words or fewer per bullet) 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 is a biological phenomenon caused by the accumulation over time of damage at the cellular, tissue, and organismal level leading to a progressive decline in function and structure. Calorie restriction, intermittent fasting, and adjusted diurnal rhythm of feeding are powerful interventions for the prevention of cardiovascular dysfunction and cardiovascular disease. Lowered intake of protein, specific amino acids, and saturated fatty acids and nutritional modulation of the gut microbiome can have additional cardioprotective roles. Regular endurance and resistance exercise, mindfulness-based stress reduction programs, and some calorie-restriction mimetic medications can potentiate the beneficial effects of a healthy diet.

**Non-Electronic Artwork**

Upon provisional acceptance, we may request 2 sets of glossy or laser print (clean copies will suffice) hard copies of the figures. Glossy prints should be provided for all half-tone or color illustrations. All graphs and line drawings must be professionally prepared on a computer and reproduced as high quality laser prints. Indicate the first author’s last name (and the corresponding author’s last name within parentheses, if different) and the figure number on the back of each figure, preferably on an adhesive label. Figure title and caption material should appear on the legends page in the manuscript, not on the figure. If we request hard copies of figures, they will not be returned to authors. After acceptance of the manuscript, the graphs and schematic figures of the manuscripts may be redrawn by the art department to maintain consistency in *JACC: Cardiovascular Imaging*. 
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