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DESCRIPTION

*JACC: Cardiovascular Interventions* encompasses the entire field of *interventional cardiovascular medicine*, including cardiac (coronary and non-coronary) peripheral and cerebrovascular interventions. *JACC: Cardiovascular Interventions* publishes studies that will impact the practice of interventional cardiovascular medicine including:

- Clinical trials that provide evidence to inform and alter practice guidelines
- Experimental studies that point to improved technologies and mechanistic understanding
- In-depth discussions of topics of interest by respected experts in the field.

Since interventional cardiovascular medicine is a highly visual specialty, the print journal is augmented by electronic publication allowing the latest technologies to be employed.

AUDIENCE

Primary: • Board-certified physicians in Internal Medicine with subspecialties in Cardiovascular Disease and Interventional Cardiology • Board-certified physicians in Radiology with subspecialties in Vascular and Interventional Radiology • Board-certified physicians in Thoracic Surgery

Secondary: • Invasive radiologists, cardiac catheterization and angiography technicians, and cardiac catheterization lab staff

IMPACT FACTOR

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INTRODUCTION

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ARTICLE TYPES: Other Paper Categories

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Research Correspondence: Letters of original investigative work are considered Research Correspondence and are published as such in the To The Editor section. Research Correspondence should be ≥800 words (including text, references, and figure legend), and are limited to 10 authors, 5 references, and 1 table OR 1 figure. Online supplemental material is not permitted. For more information see: Research Correspondence: One Good Point, One Great Figure (or Table).

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Provide a Structured Abstract of 250 words, presenting essential data in 5 paragraphs introduced by separate headings in the following order: Objectives, Background, Methods, Results, and Conclusions. Use complete sentences. All data in the Abstract must also 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 Abstract is appropriate for review articles.

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Immediately after the abstract, provide a maximum of 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, 'and', 'of'). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

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The abbreviations of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used in the manuscript. On a separate page following the Condensed Abstract, list the selected abbreviations and their definitions (e.g., TEE = transesophageal echocardiography). The Editors may determine which lesser-known terms should not be abbreviated. Please consult Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals (ICMJE Recommendations), available from www.ICMJE.org for appropriate use of units of measure.

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