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DESCRIPTION

*JACC: Heart Failure* publishes the most important findings on the pathophysiology, diagnosis, treatment, and care of heart failure patients. The goal of the Journal is to improve our understanding of the disease, clinical trial, clinical outcomes, and advances in therapies through timely, insightful scientific communication. The Journal embraces interdisciplinary relationships with neuroscience, pulmonary medicine, nephrology, electrophysiology, and surgery as they relate to heart failure. In addition, the Journal includes articles concerning pharmacogenetics, biomarkers, and metabolomics.

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INTRODUCTION

Instructions For Authors

JACC: Heart Failure publishes peer-reviewed articles on all aspects of heart failure, including original clinical studies, experimental investigations with clear clinical relevance, and state-of-the-art papers. Case reports will not be considered for publication. The journal will be predominantly focused on human heart failure, including heart failure clinical trials (Phases I to IV); heart failure registries (including methodology and design papers); and personalized medicine (including the areas of pharmacogenetics, biomarkers, and metabolomics). We also believe that interdisciplinary relationships with neuroscience, pulmonary medicine, nephrology, electrophysiology, and surgery as they relate to heart failure will be of particular interest.

We request that all manuscripts be submitted online at https://www.jaccsubmit-heartfailure.org.


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Studies should be in compliance with human studies committees and animal welfare regulations of the authors' institutions and Food and Drug Administration guidelines.

Human studies must be performed with the subjects' written informed consent. Authors must provide the details of this procedure and indicate that the institutional committee on human research has approved the study protocol. If radiation is used in a research procedure, the radiation exposure must be specified in the Methods.

Studies on patients or volunteers require ethics committee approval and informed consent, which should be documented in your paper. Patients have a right to privacy. Therefore, identifying information, including patients’ images, names, initials, or hospital numbers, should not be included in videos, recordings, written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and you have obtained written informed consent for publication in print and electronic form from the patient (or parent, guardian, or next of kin where applicable). If such consent is made subject to any conditions, the editorial office must be made aware of all such conditions.

Written consents must be provided to the editorial office on request. Even where consent has been given, identifying details should be omitted if they are not essential. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note. If such consent has not been obtained, personal details of patients included in any part of the paper and in any supplementary materials (including all illustrations and videos) must be removed before submission.
Animal investigation must conform to the “Position of the American Heart Association on Research Animal Use,” adopted by the AHA on November 11, 1984. If equivalent guidelines are used, they should be indicated. The AHA position includes: 1) animal care and use by qualified individuals, supervised by veterinarians, and all facilities and transportation must comply with current legal requirements and guidelines; 2) research involving animals should be done only when alternative methods to yield needed information are not possible; 3) anesthesia must be used in all surgical interventions, and all unnecessary suffering should be avoided and research must be terminated if unnecessary pain or fear results; and 4) animal facilities must meet the standards of the American Association for Accreditation of Laboratory Animal Care (AAALAC).

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Page numbering should begin with the title page.

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**Letters to the Editor.** A limited number of letters will be published. Letters to the Editor should have no more than 500 words, 5 references, 1 figure/table, and no more than 5 authors. They should focus on a specific article that has appeared in *JACC: Heart Failure*. Letters must be submitted within 3 months of the print issue date of the article. No original data may be included. Type letters double-spaced and include the cited article as a reference. Provide a title page that includes authors’ names and institutional affiliations and a complete address for correspondence. These can be submitted online at https://www.jaccsubmitheartfailure.org. Replies will generally be solicited by the Editors.

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The text should be structured as Introduction, Methods, Results, and Discussion. 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.

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ACKNOWLEDGMENTS
Acknowledgments or appendices must contain 100 words or less. Anything exceeding this limit will appear in the online version only. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

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The authors of original research papers should outline the clinical relevance and translational outlook recommendations for their manuscripts. These should be listed in the manuscript after the Text and before the Acknowledgments and References. The perspectives describe the implications of the study for current practice. The translational outlook places the work in a futuristic context, emphasizing directions for additional research, or clinical utility of the work. These should be no longer than 1 paragraph (i.e. 3 to 4 sentences).

Authors are asked to consider the clinical implications of their paper and identify areas of clinical relevance that could be used by clinician readers 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).

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Use *Index Medicus* (National Library of Medicine) abbreviations for journal titles. It is important to note that when citing an article from the *JACC: Heart Failure*, the correct citation format is J Am Coll Cardiol HF

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List all authors if 6 or fewer, otherwise list the first 3 and add et al.; do not use periods after the authors’ initials. Please do provide inclusive page numbers as in example below.


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