DESCRIPTION

_JACC: CardioOncology_ 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.

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JACC: CardioOncology, an open access journal, 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 preclinical, translational, and clinical research, as well as 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 to 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. State-of-the-art reviews, including primers in research and clinical medicine, will offer the most current information in the aforementioned areas that will serve to accelerate scientific discovery and improve patient care. JACC: CardioOncology will also publish Research Letters, Clinical Case Challenges, Viewpoints, and Letters to the Editor. Regardless of manuscript type, each publication should answer the question: “How does this work potentially impact the clinical care of cancer patients?”

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

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All submitted articles are reviewed by the Editor and Associate Editors. Articles are then sent out to two peer reviewers. All reviews are double-blinded. While all recommendations are discussed and considered by the group of Associate Editors, the final decision rests with the Editor-in-Chief. As a member of the JACC Family of Journals, this journal publishes only the highest quality content and is subject to the same rigorous, double-blind peer review standards as all the JACC journals.

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ETHICS
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. Clinical trials should be registered. 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
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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, 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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**JACC: CardioOncology** publishes the following manuscript types: Original Investigations, State-of-the-Art Reviews, Primers in Cardio-Oncology, Research Letters, Clinical Case Challenges, Viewpoints, and Letters to the Editor. Regardless of manuscript type, each publication should answer the question: “How does this work potentially impact the clinical care of cancer patients?”

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JACC: CardioOncology is not restricted to page length, however the Editors prefer that original research manuscripts not exceed 5,000 words (including text from the introduction to conclusion, references and figure legends; the word count does not include the Title Page, Abstract Page, nor Tables). Note that if you are asked to revise your paper an alternate word limit may be specified by the Editors. All original research papers should develop at least 1 Central Illustration which summarizes the entire manuscript or at least a major section of the manuscript. This Central Illustration will serve the purpose of a visual abstract for the paper. Illustrations and tables should be limited to
those necessary to highlight key data. Please provide gender specific data, when appropriate, in describing outcomes of epidemiologic analyses or clinical trials; or specifically state that no gender-based differences were present.

The manuscript document should be arranged as follows: 1) title page; 2) structured abstract (of no more than 250 words) and keywords; 3) abbreviations list; 4) text; 5) Clinical Perspectives (Clinical Implications and Translational Outlook); 6) acknowledgments (if applicable); 7) funding sources; 8) references; 9) figure titles and legends; and 10) tables. Figures are uploaded as separate files, as detailed below. There are no limitations on the number of figures and tables, as long as the manuscript falls within the designated word count. Word count: No more than 5,000 words (text from the introduction to the conclusion, including references and figure legends; the word count does not include the title page, abstract page, nor tables). No more than 2 corresponding authors and no more than 2 first authors. 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.” 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

OTHER PAPER CATEGORIES
The following information should be noted for these manuscript types:

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The Editors will consider both invited and volunteered review articles on a highly relevant topic in cardio-oncology. Such manuscripts must adhere to preferred length guidelines of no more than 10,000 words and require an unstructured abstract of no more than 150 words, a central illustration that highlights the main message of the review, and Highlights which includes 3 to 4 brief bullet points that highlight the main messages of the review. Authors should detail in their cover letters how their submission differs from existing reviews on the subject. Word count: no more than 10,000 words (text from the introduction to the conclusion, including references and figure legends; the word count does not include the title page, abstract page, nor tables) No more than 2 corresponding authors and no more than 2 first authors. Abstract: unstructured and no more than 150 words Figure limit: None Table limit: None Central Illustration: Required Clinical Perspectives: Not required Highlights: Required

Please provide a list of 3 to 4 brief (15 words or fewer) 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.

Highlights Example: Doxorubicin chemotherapy results in an increased risk of heart failure. Most recent studies have suggested doxorubicin-damaged endothelial cells can trigger the development and progression of cardiomyopathy. The endothelium represents a novel target for improving the detection, management, and prevention of doxorubicin-induced cardiomyopathy.

PRIMERS IN CARDIO-ONCOLOGY
The Editors will consider both invited and volunteered evidence-based, rigorously developed articles regarding research methodology in both basic and clinical science; best clinical practices; cardio-oncology training and career development; health care innovation; or explanation of cardiovascular or oncologic drug therapies (including mechanisms of action and relevance to cardio-oncology). No more than 2 corresponding authors and no more than 2 first authors.

Two types of manuscripts, of differing manuscript length, will be acceptable: A shorter format of 2,000 words or fewer in length, with no more than a total of 2 single-paneled figures or a simple table, no more than 10 references, no more than 10 authors, no abstract or highlights, and no Supplemental Appendices; A longer format with no more than 10,000 words, requiring an unstructured abstract of no more than 150 words, a central illustration that highlights the main message of the review (see State-of-the-Art Reviews guidelines), and highlights (3 to 4 brief bullets). Authors should detail in their cover letters how their submission differs from existing publications on this topic.
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Articles are discrete, highly significant, innovative or novel findings reported in a shorter format of 2,000 words or fewer in length. These may be invited or volunteered manuscripts. They should have no more than a total of 2 single-paneled figures or a simple table, with 10 references or less and no more than 10 authors. This manuscript type does not allow for a Supplemental Appendix.

VIEWPOINTS
Although usually invited, succinct opinion pieces relevant to a specific aspect of cardio-oncology will also be considered for JACC: CardioOncology. They should not exceed 2,000 words (including text, references, and figure legend) and should have an important and direct clinical implication. They should have no more than a total of 2 single-paneled figures or a simple table, with 10 references or less and no more than 10 authors. It is recommended that a query first be sent to jaccco@acc.org before submitting this manuscript. This manuscript type does not allow for a Supplemental Appendix.

CLINICAL CASE CHALLENGES
These pieces will succinctly describe a clinical case in cardio-oncology that highlights a specific challenge in medical care. The step-by-step diagnostic and management approaches will be detailed. A clinical, evidence-based perspective on the current available literature to support the approach to care is mandatory and should be included. This piece should not exceed 2,000 words (including text, references, and figure legend), with no more than a total of 2 single-paneled figures or a simple table, no more than 10 references, and no more than 10 authors. This manuscript type does not allow for a Supplemental Appendix.

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Include the full title, authors' names (including full first name and middle initial and degrees), total word count, and a brief title of no more than 15 words. List the departments and institutions with which the authors are affiliated, and indicate the specific affiliations if the work is generated from more than one institution (use the footnote symbols given under “Tables”). Also provide information on grants, contracts, and other forms of financial support, and list the cities and states of all foundations, funds and institutions involved in the work. Include any relationship with industry (see “Relationship With Industry Policy”). If there are no relationships with industry, this should be stated. Under the heading, “Address for correspondence,” give the full name and complete postal address of the author to whom communications, author proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an e-mail address for the corresponding author.

STRUCTURED ABSTRACT
Provide a structured abstract of no more than 300 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;113:69—76.” An unstructured abstract is appropriate for review articles.

TEXT
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.

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, 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 “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” most recently updated in April 2010, for appropriate use of units of measure.

STATISTICS
All publishable manuscripts will be reviewed for appropriateness and accuracy of statistical methods and statistical interpretation of results.

We subscribe to the statistics section of the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” and most recently updated in April 2010. In the Methods section, provide a subsection detailing the statistical methods, including specific methods used to summarize the data, methods used for hypothesis testing (if any), and the level of significance used for hypothesis testing. When using more sophisticated statistical methods (beyond t tests, chi-square, simple linear regression), specify the statistical package, version number, and nondefault options used. For more information on statistical review, see “Glantz SA. It is all in the numbers. J Am Coll Cardiol 1993;21:835-7. “

PERSPECTIVES
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 Acknowledgments and 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.

ACKNOWLEDGMENTS
Acknowledgments or appendices should be concise. Signed letters of permission from all individuals listed in the acknowledgments must be submitted to JACC: CardioOncology.

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.

**REFERENCES**

Identify references in the text by Arabic numerals in parentheses on the line. The reference list should be typed double-spaced on pages separate from the text. The references should be numbered consecutively in the order in which they are mentioned in the text. A reference must be listed within the main paper, and not the Supplemental Appendix, if it is referenced in the main text of the paper.

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. Use Index Medicus (National Library of Medicine) abbreviations for journal titles. Use the following style and punctuation for references:

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Figures and graphs submitted in electronic format should be provided in EPS or TIF format. Graphics software such as Photoshop and Illustrator, NOT presentation software such as Powerpoint, CorelDraw, or Harvard Graphics, should be used to create the art. Color images must be at least 300 DPI. Gray scale images should be at least 300 DPI. Line art (black and white or color) should be at least 1200 DPI and combinations of gray scale images and line art should be at least 1200 DPI. Lettering should be of sufficient size to be legible after reduction for publication.

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Our editors encourage authors to submit figures in color, as we feel it improves the clarity and visual impact of the images. If your original submission contains any line art or black and white figures that you would like to change to color, please e-mail the revised color figures to the JACC: CardioOncology editorial office during the revision process. Be sure to include correspondence, with the manuscript number, explaining the change. Decimals, lines, and other details must be strong enough for reproduction. Designate special features with arrows. All symbols, arrows, and lettering on halftone illustrations must contrast with the background.

TABLES
 Tables should be typed double-spaced on separate sheets, 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.
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. Tables should be self-explanatory, and the data presented in them should not be duplicated in the text or figures. If previously published tables are used, written permission from the copyright holder (typically the original publisher) is required. Cite the source of the table in the legend.

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JACC: CardioOncology uses a single-blind peer-review system, meaning that the authors are blinded to the identity of the reviewers and as a general rule, although there are exceptions, the reviewers are blinded to each other. While the JACC: CardioOncology Associate Editor may be identified at the end of the review process, all correspondence concerning a manuscript should be addressed to the JACC: CardioOncology editorial staff at jaccco@acc.org. At initial submission, a manuscript is reviewed by editorial staff for compliance with journal style and to make sure the submission is clear and legible for reviewers and editors. Once the editorial staff have checked the paper, it is assigned to the JACC: CardioOncology Editor-in-Chief, who will assign it to an Associate Editor. The Associate Editor then determines if it should be sent for peer review or if it is not of sufficient priority for JACC: CardioOncology. All reviewers and editors are asked to report any potential conflicts of interest, and when those exist the manuscript is reassigned to a different editor or reviewer. Once 2 reviews have been completed, the submission is reviewed by all JACC: CardioOncology at the editorial board meeting. The group then comes to one of the four decisions below: Accept. The manuscript is acceptable for publication in its current form. However, minor edits may be made by the JACC: CardioOncology medical editors, illustrators, or the publisher, and authors will need to work with the appropriate contacts to ensure these changes are incorporated post-acceptance. Minor Revision. It is important to note that this decision does not guarantee acceptance. However, less significant edits are required than a Revision Required decision. Revision Required. The manuscript is unacceptable for publication in its current form. However, the editors are willing to reconsider a thoroughly revised manuscript. The authors must respond to all reviewer and editor comments and the submission will be rereviewed and treated as a new submission. Reject. The manuscript is unacceptable for publication and/or is not an appropriate fit for JACC: CardioOncology.

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