

JACC Instructions for Authors

INTRODUCTION

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. 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> and most recently updated in December 2015.

ARTICLE TYPES

JACC publishes the following manuscript types: State-of-the-Art Reviews, Review Topics of the Week, Original Investigations, Research Letters, Letters to the Editor, and Fellows-in-Training & Early Career pages. 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 both State-of-the-Art Reviews and Review Topics of the Week 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.

STATE-OF-THE-ART REVIEW. The Present and Future: State-of-the-Art Review: As with all submissions to 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, plus references and figure legends)
- 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 required

Please be sure you have obtained or will obtain permission for previously published tables, figures, or any material for which you cannot grant copyright.

REVIEW TOPIC OF THE WEEK. The Present and Future: 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, plus references and figure legends)
- 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 required

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 preclinical studies with direct clinical relevance that significantly advance the field.

- Word count: No more than 5,000 words (text from the introduction to the conclusion, plus references and figure legends). If you are asked to revise your paper, the editors may specify an alternate word limit.
- 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.”
- Figure/Table Limit: None
- Central Illustration: Required
- Clinical Perspectives: Required

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
- Figures/Tables: 1 figure (in no more than 2 parts) or 1 table
- 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 months 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 together, when possible. Letters on Editorial Comments or previously published correspondence, including research letters, will not be considered.

- Word count: No more than 400 words, including references
- References: No more than 5
- Figures/Tables: No more than 1 figure (in no more than 2 parts) or table
- Please include the cited article as a reference.

EDITORIAL COMMENTS. The editors invite all Editorial Comments published in the Journal. If you are invited to write an editorial, specific requirements will be sent to you. Please do not submit unsolicited editorials.

FELLOWS-IN-TRAINING & EARLY CAREER PAGE. These articles are a maximum of 1,500 words and focus on topics that are of unique relevance to FITs and the younger cardiologist community. However, the submissions must be substantive, engaging in hard-hitting topics that impact their daily practice. In terms of style, they must be formal in their presentation, as these are not blogs, and include citations (if relevant). Also, we would encourage specificity when choosing a topic on which to write, as opposed to something that is too broad to have true impact. All authors must be within 10 years of medical school. 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.

MANUSCRIPT ORGANIZATION

- 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 have 1-inch margins and use Times New Roman 12 pt as the 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
 - 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)
 - References
 - Figure titles and legends, including a title and caption for the Central Illustration (if necessary)
 - Tables, each on a separate page
 - Figures
 - Supplemental material
- Page numbering should begin with the title page.

MANUSCRIPT CONTENT

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

TITLE PAGE

- Title (no more than 15 words) and brief title of no more than 45 characters
 - Authors' names (including full first name, middle initial, and degrees—MD, PhD, etc.)
- Total word count
- Departments and institutions with which the authors are affiliated. Indicate the specific affiliations if the work is generated from more than one institution (use superscript letters ^a, ^b, ^c, ^d, and so on)
- Funding: Information on grants, contracts, and other forms of financial support. List the cities and states of all foundations, funds, and institutions involved in the work.
- Disclosures: This must include the full disclosure of any relationship with industry. (See Relationship with Industry section.) If there are no relationships with industry, this should be stated.
- Corresponding author contact information: Under the heading, "Address for correspondence," provide the full name and complete postal address of the author to whom communications should be sent. Also provide telephone and fax numbers, and an e-mail address. The corresponding author will be the sole contact for all submission queries.

- Acknowledgements: 100 words or less. Letters of permission from all individuals listed in the acknowledgments are the responsibility of the corresponding author.

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;113:69–76."

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 of common terms (e.g., ECG, PTCA, CABG) or acronyms (GUSTO, SOLVD, TIMI) may be used throughout the manuscript. On a separate page following the abstract, list the selected abbreviations and their definitions (e.g., 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)," available at <http://www.icmje.org>, for appropriate use of units of measure.

TEXT. Use Times New Roman 12-pt 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 (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 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

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