

Instructions for Authors

JACC: Cardiovascular Interventions will encompass the entire field of interventional cardiovascular medicine, including cardiac (coronary and noncoronary), peripheral, and cerebrovascular interventions. Submissions of original research, state-of-the-art reviews, and editorials and viewpoints from cardiology, vascular surgery, neurology, radiology, hematology, vascular biology, materials science, outcomes research, and related fields are encouraged. In general, case reports will not be considered for publication.

Although many disciplines have aspects that may relate to interventional cardiovascular medicine, it is not the intent of *JACC: Cardiovascular Interventions* to recruit papers on electrophysiology, cardiac surgery, or other interventional specialties.

We request that all manuscripts be submitted online at <http://www.jaccsubmit-interventions.org>.

Manuscript submissions should conform to the guidelines set forth in the “Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication,” available from <http://www.ICMJE.org> and most recently updated in April 2010.

English language help service: Upon request, Elsevier will direct authors to an agent who can check and improve the English of their paper (before submission). Please contact authorsupport@elsevier.com for further information.

Author Enquiries

For enquiries relating to the submission of articles or to articles currently being reviewed, please contact the *JACC: Cardiovascular Interventions* editorial office at jaccint@acc.org. For information on articles that have been accepted for publication, please visit Elsevier’s Authors Home at www.elsevier.com/authors. Elsevier’s Authors Home also provides the facility to track accepted articles and set up e-mail alerts to inform you of when an article’s status has changed, as well as detailed artwork guidelines, copyright information, frequently asked questions, and more. Authors can order copies of the issue in which their article appears at a discounted rate; please contact Elsevier Health Sciences Division, Subscription Customer Service, 3251 Riverport Lane, Maryland Heights, MO 63043, Tel: 1-800-654-2452, E-mail: journalscustomerservice-usa@elsevier.com.

Exclusive Submission/Publication Policy

Manuscripts are considered for review only under the conditions that they are not under consideration elsewhere and that the data presented have not appeared on the Internet or have not been previously published (including symposia, proceedings, transactions, books, articles published by invitation, and preliminary publications of any kind except abstracts not exceeding 400 words). On acceptance, written transfer of copyright to the American College of Cardiology Foundation, signed by all authors, will be required. Elsevier Inc. will maintain copyright records for the College.

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Relationship With Industry Policy

The Editors require authors to disclose any relationship with industry and financial associations from within the past 2 years that might pose a conflict of interest in connection with the submitted article in both the cover letter and on the title page. All sources of funding for the work should be acknowledged in a footnote on the title page, as should all institutional affiliations of the authors (including corporate appointments). Other kinds of associations, such as consultancies, stock ownership, or other equity interests or patent-licensing arrangements, should be disclosed to the Editors in the cover letter at the time of submission. If no conflict of interest exists, please state this in the cover letter and on the title page. Relationship with industry guidelines apply to authors of all the following: Original Research Papers, State-of-the-Art Papers, Editorials and Viewpoints, Images, Editorial Comments, and Letters to the Editor.

ALL FORMS ARE NOW SIGNED AND SUBMITTED ELECTRONICALLY. Once a manuscript is accepted, the authors will be sent links to complete electronic Copyright Transfer and Relationship with Industry forms. Only the corresponding author may electronically sign the copyright form; however, ALL AUTHORS ARE REQUIRED TO ELECTRONICALLY SIGN A RELATIONSHIP WITH INDUSTRY FORM. Once completed, a PDF version of the form is e-mailed to the author. Authors can access and confirm receipt of forms by logging into their account online. Each author will be alerted if his form has not been completed by the deadline.

Only authors appearing on the final title page will be sent a form. YOU CANNOT ADD AUTHORS AFTER ACCEPTANCE OR ON PROOFS. After a paper is sent to the publisher, the links to the electronic forms will no longer be active. In this case, authors will be sent links to download hard copy forms that they may mail or fax to the *JACC: Cardiovascular Interventions* office.

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.

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, 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).

Authorship/Cover Letter

Each author must have contributed significantly to the submitted work. If there are more than 4 authors, the contribution of each must be substantiated in the cover letter. If authorship is attributed to a group (either solely or in addition to 1 or more individual authors), all members of the group must meet the full criteria and requirements for authorship. To save space, if group members have been listed in *JACC: Cardiovascular Interventions*, the article should be referenced rather than reprinting the list. The Editors consider authorship to include all of the following: 1) conception and design or analysis and interpretation of data, or both; 2) drafting of the manuscript or revising it critically for important intellectual content; and 3) final approval of the manuscript submitted. Participation solely in the collection of data does not justify authorship but may be appropriately acknowledged in the Acknowledgment section.

Manuscripts must be submitted with a cover letter stating: 1) the paper is not under consideration elsewhere; 2) none of the paper's contents have been previously published; 3) all authors have read

and approved the manuscript; and 4) the full disclosure of any potential conflict of interest (see "Relationship With Industry Policy"). Exceptions must be explained. If there is no conflict of interest, this should also be stated in the cover letter.

The corresponding author should be specified in the cover letter. All editorial communications will be sent to this author. The corresponding author will be whom we contact for submission queries.

General Guidelines for Submission of Original Research Papers

Because of the printed page limitations, the Editors require that manuscripts not exceed 4,500 words (including references and figure legends). Note that if you are asked to revise your paper an alternate word limit may be specified by the Editors. 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 should be arranged as follows: 1) title page; 2) structured abstract and key words; 3) condensed abstract; 4) abbreviations list; 5) text; 6) acknowledgments (if applicable); 7) references; 8) figure titles and legends; and 9) tables. Page numbering should begin with the title page.

Other Paper Categories

The following information should be noted for these paper types:

State-of-the-Art Papers. The Editors will consider both invited and uninvited review articles. Such manuscripts must adhere to preferred length guidelines and require an unstructured abstract of no more than 250 words. Authors should detail in their cover letters how their submission differs from existing reviews on the subject.

Editorials and Viewpoints. Succinct opinion pieces will be considered. These papers should have a brief unstructured abstract.

Images in Intervention. The editors will consider clinical or basic science images including studies in motion that illustrate either important classic or novel findings in the field of interventional cardiology. Text should consist of a title page and a description of no more than 300 words, including up to 4 references and a figure legend. Movie clips may be submitted in any of the standard formats (see "Video Requirements"). Although often presented within the context of a case, the images in this section are not intended as a vehicle for case reports.

Interventional Issues. Manuscripts for this category are invited by the Editors. This section addresses business, health policy, and practice issues in manuscripts of 2,000 words or less. Please email the editors at jaccint@acc.org if you wish to propose a piece for this section.

Editorial Comments. The editors invite all Editorial Comments published in *JACC: Cardiovascular Interventions*.

Letters to the Editor. A limited number of letters will be published. They should not exceed 500 words and should focus on a specific article that has appeared in *JACC: Cardiovascular Interventions*. Letters must be submitted within 3 weeks 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. Letters should be submitted online at www.jaccsubmit-interventions.org. Replies will generally be solicited by the Editors.

Manuscript Content

Title Page

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 45 characters. 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, printer's proofs, and reprint requests should be sent. Also provide telephone and fax numbers and an email address for the corresponding author.

Structured Abstract

Provide a structured abstract of no more than 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;113:69–76." An unstructured abstract is appropriate for review articles.

Condensed Abstract

Provide a condensed abstract of no more than 100 words, stressing clinical implications, for the expanded table of contents. Include no data that do not also appear in the manuscript text or tables.

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 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 "Uniform Requirements for Manuscripts Submitted to

Biomedical Journals: Writing and Editing for Biomedical Publication," available from <http://www.ICMJE.org> and 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," available from <http://www.ICMJE.org> 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."

Acknowledgments

Acknowledgments or appendices must contain 100 words or less. Anything exceeding this limit will appear in the online version only. Signed letters of permission from all individuals listed in the acknowledgments must be submitted to *JACC: Cardiovascular Interventions*.

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; references must be numbered consecutively in the order in which they are mentioned in the text.

Do not cite personal communications, manuscripts in preparation, or other unpublished data in the references; these may be cited 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. It is important to note that when citing an article from the *Journal of the American College of Cardiology: Cardiovascular Interventions*, the correct citation format is *J Am Coll Cardiol Intv*.

Use the following style and punctuation for references:

Periodical

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.

5. Glantz SA. It is all in the numbers. *J Am Coll Cardiol* 1993; 21:835–7.

Doi-based citation for an article in press

If the ahead-of-print date is known, provide as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials.

J Am Coll Cardiol 2010 Sept 28 [E-pub ahead of print], doi: 10.1016/j.jacc.2010.09.028.

If the ahead-of-print date is unknown, omit as in example below.

16. Winchester D, Wen X, Xie L, et al. Evidence for pre-procedural statin therapy: meta-analysis of randomized trials. J Am Coll Cardiol 2010 [E-pub ahead of print], doi: 10.1016/j.jacc.2010.

Chapter in book

Provide authors, chapter title, editor(s), book title, publisher location, publisher name, year, and inclusive page numbers.

27. Meidell RS, Gerard RD, Sambrook JF. Molecular biology of thrombolytic agents. In: Roberts R, editor. Molecular Basis of Cardiology. Cambridge, MA: Blackwell Scientific Publications, 1993:295–324.

Book (personal author or authors)

Provide a specific (not inclusive) page number.

23. Cohn PF. Silent Myocardial Ischemia and Infarction. 3rd edition. New York, NY: Marcel Dekker, 1993:33.

Online media

Provide specific URL address and date information was accessed.

10. Henkel J. Testicular Cancer: Survival High With Early Treatment. FDA Consumer magazine [serial online]. January–February 1996. Available at: http://www.fda.gov/fdac/features/196_test.html. Accessed August 31, 1998.

Material presented at a meeting but not published

Provide authors, presentation title, full meeting title, meeting dates, and meeting location.

20. Eisenberg J. Market forces and physician workforce reform: why they may not work. Paper presented at: Annual Meeting of the Association of Medical Colleges; October 28, 1995; Washington, DC.

Figure Legends

Figure legends should be typed double-spaced on pages separate from the text; figure numbers must correspond with the order in which they are mentioned in the text.

ALL FIGURES MUST HAVE A TITLE AS WELL AS A CAPTION.

For example, Figure 1: Title - Caption, etc.

All abbreviations used in the figure should be identified either after their first mention in the legend or in alphabetical order at the end of each legend. All symbols used (arrows, circles, etc.) must be explained.

If previously published figures are used, written permission from the original publisher is required. See STM Guidelines for details: <http://www.stm-assoc.org/permissions-guidelines/>. Cite the source of the figure in the legend.

Figures

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. The optimal size is 12 points. Symbols should be of a similar size. Figures should be no smaller than 13 cm × 18 cm (5" × 7"). Please do not reduce figures to fit publication layout. If the manuscript is accepted for publication, the publisher will re-size the figures accordingly.

ALL FIGURES MUST HAVE A TITLE AND A LEGEND.

There is no fee for the publication of color figures. 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 email the revised color figures to the *JACC: Cardiovascular Interventions* 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. *Use only black and white, not gray*, in charts and graphs. Place crop marks on photomicrographs to show only the essential field. Designate special features with arrows. All symbols, arrows, and lettering on half-tone illustrations must contrast with the background.

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.

Note: If we request hard copies, they will not be returned to authors.

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.

Video Requirements

Inclusion of videos in the published paper is at the discretion of the Editors.

1. Video submissions for viewing online should be one of the following formats: Audio Video Interleave (.avi), MPEG (.mpg), or Quick Time (.qt, .mov). AVI files can be displayed via Windows Media Player MPEG files can be displayed via Windows Media Player <http://www.microsoft.com/windows/windowsmedia/> <http://www.microsoft.com/windows/windowsmedia/players.aspx> Quick Time files require Quick Time software (free) from Apple <http://www.apple.com/quicktime/download/index.html>

2. Videos should be brief whenever possible (<2–5 min). Longer videos will require longer download times and may have difficulty playing online. Videos should be restricted to the most critical aspects of your research. A longer procedure can be restructured as several shorter videos and submitted in that form.

3. It is advisable to compress files to use as little bandwidth as possible and to avoid overly long download times. Video files should be no larger than 5 megabytes. This is a suggested maximum. If files are larger please contact the *JACC: Cardiovascular Interventions* office.

4. A video legends page giving a brief description of the content of each video should be included in the manuscript. Please note that ALL videos must be linked to figures or panels of a figure(s).

5. If your paper is accepted for publication you may wish to supply the editorial office with several different resolutions of your video files. This will allow viewers with slower connections to download a lower resolution version of your video.

Please do not send hard copy manuscript submissions

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