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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).

JACC has an ethics committee comprised of 5 cardiologists, which oversees quality control and will look into the issues of concern, if any.

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The manuscript should be arranged as follows: 1) Title page; 2) Structured Abstract and Key Words; 3) Abbreviations list; 4) Text; 5) Perspectives: Core Clinical Competencies and Translational Outlook implications, they are presented on a separate page and will be published in a box; 6) Acknowledgments (if applicable); 7) References; 8) Figure titles and legends; 9) Tables. Page numbering should begin with the title page. Authors are required to present a Central Illustration that summarizes the main focus of the paper (visual image of the discussion section). This may be a sketch or a finished figure. The JACC staff illustrator can assist you free of charge in finishing the figure, if the paper is accepted for publication.

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**PERSPECTIVES.** The authors should delineate clinical competencies 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 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 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) (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.cardiosource.org/Lifelong-Learning-and-MOC/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 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 two 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 (www.ncats.nih.gov/about/about.html). 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.

**EXAMPLE 1: For a Clinical Trial [N Engl J Med 2012;367:2375-84]:**

**PERSPECTIVES**

**Competency in Medical Knowledge:** Coronary artery bypass (CABG) surgery is the preferred method of revascularization for patients with diabetes and multivessel coronary artery disease.

**Competency in Patient Care:** The diabetic patient with coronary symptomatology, prior to the diagnostic catheterization, should be made aware that if multivessel disease is identified and intervention is indicated, surgical consultation should be entertained.
Translational Outlook 1: Although this is a relatively short-term study (median of 3.8 years), longer term follow up of FREEDOM will lead to better understanding of the comparative benefit by CABG, specifically on mortality.

Translational Outlook 2: Compliance to medication is nonsatisfactory in patients with coronary artery disease. Comparing the compliance of FREEDOM patients taking a “polypill” approach (including aspirin, statin, and an angiotensin-converting enzyme inhibitor) with the compliance of patients treated conventionally with individual agents should be undertaken.


PERSPECTIVES

Competency in Medical Knowledge: Inflammation is one of the major determinants of atherosclerotic plaque instability. Positron emission tomography with F18-labeled fluorodeoxyglucose (FDG) has been employed for the identification of the macrophages in high-risk patients. Imaging with mannose, the isomer of glucose, may have an advantage because a subset of macrophages in high-risk plaques develop mannose receptors.

Translational Outlook 1: Although circulating biomarkers of inflammation, such as hs-CRP, provide reliable information of systemic inflammation, detection of inflammation at the plaque level may allow identification of the high-risk plaques.

Translational Outlook 2: Plaque imaging with sugars, although feasible, must in a randomized fashion investigate whether treatment of individual high-risk plaques would favorably influence major adverse outcomes in atherosclerotic disease.

EXAMPLE 3: For a Meta-Analysis or a Review Article [Lancet 2014;383:955–62]:

PERSPECTIVES

Competency in Medical Knowledge 1: Selection of antithrombotic therapy for prevention of thromboembolism in patients with atrial fibrillation must consider several clinical factors, including the patient’s values and preferences.

Competency in Medical Knowledge 2: The oral direct thrombin inhibitor, dabigatran, and factor Xa inhibitors, rivaroxaban, apixaban, and edoxaban (so-called novel oral anticoagulants or NOACs) avoid the dietary restrictions and need for routine coagulation monitoring that are cumbersome aspects of anticoagulation with vitamin K antagonists such as warfarin.

Competency in Patient Care: All 3 NOACs currently approved for clinical use in the United States represent advances over warfarin because of their more predictable pharmacological profiles, fewer drug interactions, and considerably lower risk of intracranial bleeding than warfarin, but these advantages come at greater monetary cost, and there is presently no approved antidote or validated strategy rapid reversal of anticoagulation induced by any of the NOACs.

Competency in Interpersonal & Communication Skills: It is important to discuss the available options with patients who are candidates for the newer agents.

Translational Outlook 1: The mechanism by which each of the NOACs evaluated to date cause less intracerebral hemorrhage than well-managed warfarin anticoagulation requires further investigation.

Translational Outlook 2: Additional research is needed to understand the safety and efficacy of the NOACs, alone or in combination in patients with mechanical prosthetic heart valves to overcome the toxicity of this type of anticoagulation in the limited studies undertaken to date that contraindicate their use in patients who have undergone heart valve replacement with mechanical prostheses.

ACKNOWLEDGMENTS. 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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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 office.

4. A video legends page giving a brief description of the video content should be provided for each video.

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