



JACC: HEART FAILURE

A Journal of the American College of Cardiology

AUTHOR INFORMATION PACK

TABLE OF CONTENTS

•	Description	p.1
•	Impact Factor	p.1
•	Editorial Board	p.1
•	Guide for Authors	p.6



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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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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>).

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.

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 *JACC: Heart Failure*, the correct citation format is J Am Coll Cardiol HF

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], <https://doi.org/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], <https://doi.org/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

A maximum of 5 figures will be permitted in print, however, additional figures can be submitted for an online only supplement. 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 AND CAPTION.

The title should be short and followed by a 2 to 3 sentence 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.

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Abbreviations should be listed in a footnote under the table in alphabetical order. Footnote symbols should appear in the following order: *, †, ‡, §, ||, ¶, #, **, ††, etc.

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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

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<https://support.microsoft.com/en-us/help/18612/windows-media-player>

<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>

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