Journal of Nuclear Cardiology check list for submissions

MANUSCRIPT ARTICLE TYPES

	Original article	Research letter	Editorial	State of the art review	How to use nuclear cardiology	Translational molecular imaging	Break-through technologies	Great debates	Case report	Best practices	Perspec-tives	Health policy	Editor's Page	Letter to the Editor
Maximum words	4,500	1,500	1,500	7,000	2,500	3,500	4,500	2,500	500	2,500	1,500	2,500	1,500	300
Structured abstract (250 words)	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Unstructured abstract (150 words)	No	No	No	Yes	No	Yes	Yes	No	No	No	No	No	No	No
Condensed abstract (100 words)	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No
Graphical abstract	Yes	Yes	No	No	No	No	No	No	No	No	No	No	No	No
Maximum tables	5	1	1	6	5	5	4	2	1	4	3	3	1	1
Maximum figures	5	1	1	10	5	10	6	2	4	5	2	2	2	1
Maximum references	50	5	15	150	30	50	30	50	5	30	5	15	5	5

MANUSCRIPT PREPARATION GUIDELINES

The following are additional manuscript preparation guidelines for submissions to the *Journal of Nuclear Cardiology*. Please note that these guidelines are provided as an aid and authors that adhere to the Minimum Submission Requirements provided below will have their manuscript considered for review.

Organize manuscripts in this order:

- Cover letter
- Rebuttal letter (required for revisions or appeals only)
- Manuscript file:

1. Title Page
2. Abstract
3. Introduction
4. Methods
5. Results
6. Discussion
7. Acknowledgments
8. Sources of Funding
9. Conflict of interest
10. References
11. Tables
12. Figures with Figure Legends
13. Supplemental material

Number all pages—including tables and Figures with legends. Abbreviations must be defined at first mention.

It is recommended for manuscripts to be typed, double-spaced using a 12-point font, including references, figure legends, and tables. Leave 1-inch margins on all sides.

Title Page. The title page should include:

1. Authors' names and academic degrees
2. Author's departmental and institutional affiliation(s)
3. Designate one author as the correspondent, and provide address, business and home telephone numbers, fax number and e-mail address.
4. Word count excluding title page and references
5. disclosure of potential conflicts of interest (mentioning each author separately by name) and sources of financial assistance, if any.)
6. Listed authors should include only those individuals who meet all of ICMJE's criteria for authorship.

Original article (4,500 words or less)

Title Page (as discussed above)

Abstract. Full-length papers for the Original Articles section or special sections of the *Journal* should include a summation of 250 words or less, to appear after the title page. Abstracts for papers to appear in the Original Articles section must be written in structured form with paragraphs labeled Background, Methods and Results, and Conclusions. Authors are encouraged to use the general outline described by the Ad Hoc Working Group for Critical Appraisal of the Medical Literature (Ann Intern Med 1987;106:598-604).

Graphical abstract, A graphical abstract is required for Original research articles, Research letters, State of the Art Review, Technical breakthrough, Translational molecular imaging, and Best practice series.

The Graphical Abstract should provide a visual summary of the main messages (take-home messages) of the manuscript.

- Size: 11.00 cm x 18.0 cm (height x width)
- Orientation: landscape
- Minimum resolution: 300 dpi
- Font: Times New Roman
- Font size: text should be 10-12 points, but no smaller than 8 points
- A figure legend should be included for the graphic element, which should define any abbreviations. This should be given in the 'Legends' section of the manuscript.

Abbreviations. Complex terms used frequently in the manuscript may be abbreviated. Abbreviated terms should be spelled out at first mention, followed by the abbreviation in parentheses. Authors are required to list up to 10 abbreviations after the abstract. A list of the suggested abbreviations is available at the end of this document.

Methods. The methods section should provide sufficient detail for the experiments to be reproduced and should provide sufficient information for the reader to understand the basic methods of the study. Additional methods and information may be included as Supplemental Material as needed.

- **Human studies**: all manuscripts involving human subjects must indicate that the study was approved by an institutional review board (IRB) along with the name of the IRB, and that the participants gave written informed consent (or that no informed consent was required). Describe the characteristics of human subjects or patients and indicate that the procedures followed were in accordance with institutional guidelines.

- **Experimental animals**: all manuscripts involving experimental animals must indicate that the study was approved by an institutional animal care and use committee (IACUC). The manuscript must include the species, strain, number used, and pertinent descriptive characteristics. All studies involving animals should be conducted in accordance with the National Institutes of Health (NIH) Guide for the Care and Use of Laboratory Animals, or the equivalent. When describing surgical procedures, identify the preanesthetic and anesthetic agents used and the amounts, concentrations, routes, and frequency of administration of each. Paralytic agents are not considered acceptable substitutes for anesthetics. For other invasive procedures on animals, report the analgesic or tranquilizing drug used. If none were used, provide justification for exclusion.

  In experiments involving genetically engineered mice, inbred strain background effects have become an important concern. Detailed descriptions of the source and strain background are critical to the interpretation of data from genetically manipulated mice. The description of the mice must include the number of backcrosses and the source of the mice. Stock numbers should be supplied for commercial suppliers. Imprecise descriptions such as "mice are on a C57BL/6 background" are not acceptable.

- **Independent data access and analysis:** A specific comment in the manuscript is required attesting that at least one author had full access to all the data in the study and takes responsibility for its integrity and the data analysis. The Editors reserve the right to ask for additional information from the corresponding author regarding measures that were taken to minimize bias and verify the integrity of the primary data and any analyses performed.

STARD Guidelines. Authors of diagnostic accuracy papers must also provide a STARD 2015 checklist, completed as fully as possible, when uploading their manuscript via the journal's submission system. The STARD 2015 checklist is available for download at: STARD 2015 checklist. For further information, please

visit: http://www.equator-network.org/ reporting-guidelines/stard/.

New Knowledge Gain and Clinical implications: Add a few lines at the end of the Discussion section on "New Knowledge Gained and Clinical Implications". Please note that this is different from "Conclusions."

Laboratory Values. Laboratory values should be described in both the International System of Units (SI units) and in metric mass units. The SI units should be stated first and the metric units in parentheses immediately thereafter. Conversion tables are available (see JAMA 1986;225:2329-39 or Ann Intern Med 1987;106:114-29).

Devices. The first mention of a device should use the following format: Device Name (Manufacturer, Location). Following this, device name only can be used.

Disclosures and Funding. A disclosure statement must be included in the manuscript text before the References section. For full instructions, please see the "Disclosures and acknowledgement" section above.

References. Number references according to order of appearance in the text, following the format set forth in "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" (Ann Intern Med 1997;126:36- 47), with journal abbreviations according to *Cumulated Index Medicus.* If the reference is to an abstract, letter or editorial, place the appropriate term in brackets after the title. Please do not use abstracts that are more than 2 years old.

EXAMPLES OF REFERENCES **(if more than six authors, list first six and add "et al"):**

For journal articles:
Oleske J, Minnefor A, Cooper R Jr, Smith PB, Oswald BR, Atkinson J, et al. Immune deficiency syndrome in children. JAMA 1983;249:2345-9.

For books:
Bradley EL. Medical and surgical management. Philadelphia: WB Saunders; 1982. p. 72-95.

For chapters in books:
Bohl I, Wallenfang T, Bothe H, Smith PB, Oswald BR, Atkinson J, et al. The effect of glucocorticoids in the combined treatment of experimental brain abscess in cats. In: Scheifer W, Klinger M, Brock M, editors. Brain abscess and meningitis: subarachnoid hemorrhage-timing problems. Berlin: Springer Verlag; 1981. p. 125-33.

Tables:

- All tables are to be numbered using Arabic numerals
- Tables should always be cited in text in consecutive numerical order
- For each table, please supply a table heading
- The table title should explain clearly and concisely the components of the table
- Identify any previously published material by giving the original source in the form of a reference at the end of the table caption
- Footnotes to tables should be indicated by superscript lower-case letters (or asterisks for significance values and other statistical data) and included beneath the table body
- Please submit high resolution images as separate files as well

Artwork:
Electronic Figure Submission

- Save and name your figure files with "Fig" and the figure number (e.g., Fig1.eps)

Figure Lettering

- To add lettering, it is best to use Helvetica or Arial (san serif fonts)
- Keep lettering consistently sized throughout your final-sized artwork, usually about 2-3mm (8-12

pt)
- Variance of type size within an illustration should be minimal, e.g., do not use 8-pt type on an axis and 20-pt type for the axis label
- Avoid effects such as shading, outline letters, etc.
- Do not include titles or captions into your illustrations

Figure Numbering
- All figures are to be numbered using Arabic numerals
- Figure parts should be denoted by lowercase letters (a, b, c, etc.)
- Figures should always be cited in text in consecutive numerical order
- If an appendix appears in your manuscript and it contains one or more figures, continue the consecutive numbering of the main text. Do not number the appendix figures, "A1, A2, A3, etc." Figures in online appendices (Electronic Supplementary Material) should, however, be numbered separately, for example Supplementary Figure 1, etc.

Figure Captions
- Each figure should have a concise caption describing accurately what the figure depicts. Include the captions in the text file of the manuscript, not in the figure file.
- Figure captions begin with the term Fig. in bold type, followed by the figure number, also in bold type
- No punctuation is to be included after the number, nor is any punctuation to be placed at the end of the caption
- Identify all elements found in the figure in the figure caption; and use boxes, circles, etc., as coordinate points in graphs
- Identify previously published material by giving the original source in the form of a reference citation at the end of the figure caption

Accessibility (to give people of all abilities and disabilities access to the content of your figures, please make sure of the following)
- All figures have descriptive captions (blind users could then use a text-to-speech software or a text-to-Braille hardware)
- Patterns are used instead or in addition to colors for conveying information (color-blind users would then be able to distinguish the visual elements)
- All figure lettering has a contrast ratio of at least 4.5:1

Electronic Supplementary Material:
Submission
- Supply all supplementary material in one file (PDF or Word), please note that this file will not be typeset and should be provided in the final clean version.

Audio, Video, and Animations
- Resolution: 16:9 or 4:3
- Maximum file size: 25 GB
- Minimum video duration: 1 sec
- Supported file formats: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp

Numbering
- If supplying any supplementary material, the text must make specific mention of the material as a citation, like that of figures and tables
- Refer to the supplementary files as "Supplementary Figure or Table", e.g., "

Processing of supplementary files
- Electronic supplementary material will be published as received from the author without any

conversion, editing, or reformatting

Accessibility
To give people of all abilities and disabilities access to the content of your supplementary files, please make sure that

- The manuscript must contain a descriptive caption for each supplementary material
- Video files do not contain anything that flashes more than three times per second (so that users prone to seizures caused by such effects are not put at risk)

Permissions. Direct quotations, tables, or illustrations that have appeared in copyrighted material must be accompanied by written permission for their use from the copyright owner and original author along with complete information as to source. Permission from the patient, or parent or guardian of a minor child, is required for publication of recognizable likenesses. Patient initials should not be used. Articles appear in both the print and online versions of the *Journal*, and wording of the letter should specify permission *in all forms and media*. Failure to get electronic permission rights may result in the images not appearing in the online version.

Research letter

You may submit original investigations of a focused nature as a research letter.

Length. 1,500 words or less

Table/Figure. Research letters can contain at most 1 table, and at 1 figure

References. No more than 5 references should be included.

Supplemental material. Not permitted

Specifications and placement of the following items remain the same as stated in the 'Original Articles' section: Abbreviations, New Knowledge Gained, Laboratory Values, and Disclosure and Funding statements

State of the art review

State-of-the-art reviews are authoritative, comprehensive clinical and translational reviews of topics of high relevance to the nuclear cardiology and imaging communities. The reviews will summarize and critically assess research in the field and outline gaps in evidence as well as needs for future research. These reviews are typically invited by the editors. However, unsolicited contributions will also be considered.

How to use nuclear cardiology

Focused and practical reviews that feature common technical and clinical challenges in nuclear cardiology imaging. This may include how to use advances in technology (e.g., image quantification), instrumentation, protocols, or advancements in artificial intelligence.

Translational molecular imaging

Focused reviews that feature topics in molecular imaging of relevance to the understanding of cardiovascular pathophysiology or applications on the verge of clinical translation.

Breakthrough technologies

Focused reviews that feature technical innovations in nuclear cardiology including advancements in image processing, instrumentation, radiopharmaceuticals, and applications of artificial intelligence.

Great debates

This series will feature discussions of controversial topics in nuclear cardiology including technical and clinical

challenges. One statement is proposed on a controversial topic. Authors write in favor or against the statement.

Case report
JNC will consider original, high-quality images showing novel findings relevant to the clinical practice of nuclear cardiology. Text should consist of a title page, text of 300 words or less, including an introduction, a brief case summary and no more than 5 references. Authors must include a statement of patient consent or IRB approval. Authors should provide a short “Key points” section for publication.

Best practices
This series will feature focused, patient-centered discussions regarding contemporary practice of nuclear cardiology. Topics will feature discussions of methods, interventions, techniques, interpretation, and reporting of nuclear cardiology studies based on high-quality evidence to help improve clinical practice, patient, and health outcomes.

Perspectives
Short opinion pieces authored by leading experts around the world, fellows in training, and members of the nuclear cardiology team including technologists, physicists, radiochemists/radiopharmacists addressing a wide range of topics affecting the clinical practice of nuclear cardiology. Perspectives will challenge prevailing views or discuss a controversial issue to stimulate discussion.

Health policy
This series will feature health policy discussions that impact the clinical practice of nuclear cardiology. This includes perspectives on high quality research articles, health economics within and outside the USA, implementation science, challenges and opportunities with clear policy implications that are relevant for the field of cardiovascular imaging and nuclear cardiology.

Editorials
The editors invite all Editorial Comments published in the Journal. Please include a list of abbreviations.

Editorial Correspondence (Letters to the Editor)
Letters pertaining to articles published in the *Journal* or to related topics should include no more than 300 words and five references. Letters may be submitted about original investigation articles only and should not include material that has not been peer reviewed.

News Items
Announcements of scheduled meetings, symposia, or postgraduate courses of national interest may be sent for consideration to the Editor at least 5 months in advance of the meeting date. News items of general interest to the nuclear cardiologists will also be considered.

SUGGESTED STANDARD ABBREVIATIONS AND RULES

GENERAL

3VD – three vessel disease
2VD – two vessel disease
1VD – one vessel disease
ACS – acute coronary syndrome
CABG – coronary artery bypass grafting
CAD – coronary artery disease
ECG – electrocardiogram
ECG EKG – electrocardiogram/graphy/graph
FEV – forced expiratory volume
HDL – high density lipoprotein
HF – heart failure
IVUS – intravascular ultrasound
keV – kilo electron volt(s)
LAD – left anterior descending coronary artery
LBBB – left bundle branch block
LCx – left circumflex coronary artery
LDL – low density lipoprotein
LM – left main coronary artery
MET – metabolic equivalent of task
MI – myocardial infarction
MPHR – maximally predicted heart rate
NSTEMI – non-ST elevation myocardial infarction
PA – postero-anterior
PCI – percutaneous coronary intervention
PDA – posterior descending artery
PTCA – percutaneous transluminal coronary angioplasty
PVC – premature ventricular contraction
RA – right atrium
RCA – right coronary artery
R – R interval Use hyphen RR interval
ST segment – no hyphen
STEMI – ST elevation myocardial infarction
SVG – saphenous vein graft
TG – triglycerides

tPA – thrombolytic therapy

IMAGING-SPECIFIC

BMIPP – beta-methyl-p-iodophenylpentadecanoic acid
ED – end diastolic
EDV – end diastolic volume
EF – ejection fraction
ES – end systolic
ESV – end-systolic volume
FDG – fluorodeoxyglucose
DTPA – diethylamine triamine pentacetic acid
keV – kilo electron volt(s)
LAO – left anterior oblique
LHR – lung-to-heart ratio
LV – left ventricular
MBq – megabecquerel
mCi – millicurie
MIBG – Iodine-123-metaiodobenzylguanidine
MIBI – sestamibi
MPI – myocardial perfusion imaging
MUGA – multigated acquisition study
PET – positron emission tomography
QP/QS – pulmonary blood flow/system blood flow
RBC – red blood cell
RNA – radionuclide angiocardiography
ROI – region of interest
RV – right ventricular
SDS – summed difference score
SPECT – single photon emission computerized tomography
SRS – summed rest score
SSS – summed stress score
SV – stroke volume
Tc-99m – technetium-99m
TID – transient ischemic dilation
Tl-201 – thallium-201
V/Q – ventilation perfusion

RULES

Abbreviate mCi, MBq, R, mR, etc.
Beats per minute BPM 55 beats per minute
Beta blockers No hyphen (ex., beta-blocker)
Body mass index, use abbreviation, BMI
Body mass index of kg/m^2 body mass index of 29 kg/m^2
Doses of radiopharmaceuticals should have 2 units of measure – mCi and MBq (conversion factor: 1 mCi = 37 MBq)
Ejection fraction should be in percents rather than decimals
Gated should always be ECG-gated or non ECG-gated
Leads should be in roman numerals with subscript numbers
Long terms (i.e., ECG, PTCA, CABG, and PET) should be written out on first use within an item with the abbreviation in parentheses
Mark units for all labs (creatinine, etc.)
mrem – millirem
Radiopharmaceutical names should be written out (e.g., Carbon-11 palmitate, Nitrogen-13 ammonia, Rubidium-82 chloride, Fluorine-18 fluorodeoxyglucose)
Use generic pharmaceutical names only
Use myocardial perfusion SPECT imaging instead of study
Use stress/rest (not stress-rest)
X-ray – (with capital X)
Use US measurement with European in parentheses