

# JOURNAL OF NUCLEAR CARDIOLOGY

## INSTRUCTIONS FOR AUTHORS

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## **Novel/novelty as defined by JNC**

The terms novel/novelty are frequently used by authors, reviewers, and editors to highlight the merits or demerits of a manuscript, and hence to recommend acceptance or rejection. The editors of JNC have adapted and contextualized the dictionary meanings of "novel" and "novelty," as well as brainstormed the usages within the field, in order to arrive at an agreed-upon definition. The main purpose for doing this is to ensure consistency in our review and editorial processes, so that the usage of the terms in our letters to authors can be clearly and fully understood. We believe that it is offensive and unproductive to label a work as "lacking novelty" without clear guidelines as to what "novelty" entails.

The editors define novel/novelty as:

- 1- Research that addresses a question that has not been categorically answered by previous work
- 2- Research that is an original work, that does not replicate previously performed studies
- 3- Research that provides an answer to a previously unanswered question, provides the solution to an unsolved problem, or otherwise improves existing methods
- 4- Research that rejects what is believed to be already established
- 5- Research that complements/confirms emerging, yet not completely established concepts
- 6- Research that reveals an established concept to be based on incomplete or erroneous data
- 7- Research that provides/rejects proof of an existing application. Almost all large clinical trials fall in this category.

Furthermore:

We believe that the JNC "New Knowledge Gained" section is a good testimony of novelty. If there is *true* new knowledge gained by the work, then there is innovation. That is why JNC requires all authors of original articles to include this section.

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## MANUSCRIPT PREPARATION

### Original Articles (4,500 words or less)

***Please note that (when necessary) manuscripts that are likely to be accepted for publication may be selected by the Editor to undergo independent statistical review.***

**Title Page.** The title page should include authors' names and academic degrees; departmental and institutional affiliations of each author; and sources of financial assistance, if any. Listed authors should include only those individuals who have made a significant, creative contribution. Designate one author as the correspondent, and provide address, business and home telephone numbers, fax number and e-mail address. Proofs will be sent to the corresponding author, as well as an order form for reprints at a later date.

**Abstract.** Full-length papers for the Original Articles section or special sections of the Journal should include a summation of 200 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).

**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 on page 8 at the end of this document.

**New Knowledge Gained:** Add a few lines at the end of the Discussion section on “New Knowledge Gained” based on your own assessment. 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).

**Conflict of Interest disclosure statement.** A disclosure statement must be included in the manuscript text before the References section. For full instructions, please see the “Conflict of Interest” 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

#### **Artwork:**

*Electronic Figure Submission*

- Supply all figures electronically
- Indicate what graphics program was used to create the artwork

- For vector graphics, the preferred format is EPS; for halftones, please use TIFF format. MS Office files are also acceptable.
- Vector graphics containing fonts must have the fonts embedded in the files
- Save and name your figure files with "Fig" and the figure number (e.g., Fig1.eps)

#### *Line Art*

- Definition: Black and white graphic with no shading
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- Color artwork should be submitted as RGP (8 bits per channel).

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#### *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.

#### *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

#### *Figure Placement and Size*

- When preparing your figures, size figures to fit in the column width.
- For most journals the figures should be 39 mm, 84 mm, 129 mm, or 174 mm wide and not higher than 234 mm.

*Accessibility (in order to give people of all abilities and disabilities access to the content of your figures, please make sure of the following)*

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- All figure lettering has a contrast ratio of at least 4.5:1

#### **Electronic Supplementary Material:**

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- Supply all supplementary material in standard file formats.
- Please include in each file the following information: article title, journal name, author names; affiliation and e-mail address of the corresponding author.
- To accommodate user downloads, please keep in mind that larger-sized files may require very long download times and that some users may experience other problems during downloading.

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- Supported file formats: avi, wmv, mp4, mov, m2p, mp2, mpg, mpeg, flv, mxf, mts, m4v, 3gp

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This new section replaces **Nuclear Cardiology Bullets**, so any case reports submitted will be returned to the author for possible reformatting according to the instructions cited above and then resubmission if desired.

## 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 three references and should be prepared in the same style as other manuscripts. Letters can describe unusual findings in one or more cases such as an unknown side effect to an imaging agent. No abstract or images will be published with Letters to the Editor.

## 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

- (1) 3VD – three vessel disease
- (2) 2VD – two vessel disease
- (3) 1VD – one vessel disease
- (4) ACS – acute coronary syndrome
- (5) CABG – coronary artery bypass grafting
- (6) CAD – coronary artery disease
- (7) ECG – electrocardiogram
- (8) ECG EKG – electrocardiogram/graphy/graph
- (9) FEV – forced expiratory volume
- (10) HDL – high density lipoprotein
- (11) HF – heart failure
- (12) IVUS – intravascular ultrasound
- (13) keV – kilo electron volt(s)
- (14) LAD – left anterior descending coronary artery
- (15) LBBB – left bundle branch block
- (16) LCx – left circumflex coronary artery
- (17) LDL – low density lipoprotein
- (18) LM – left main coronary artery
- (19) MET – metabolic equivalent of task
- (20) MI – myocardial infarction
- (21) MPHr – maximally predicted heart rate
- (22) NSTEMI – non-ST elevation myocardial infarction
- (23) PA – postero-anterior
- (24) PCI – percutaneous coronary intervention
- (25) PDA – posterior descending artery
- (26) PTCA – percutaneous transluminal coronary angioplasty
- (27) PVC – premature ventricular contraction
- (28) RA – right atrium
- (29) RCA – right coronary artery
- (30) R – R interval Use hyphen RR interval
- (31) ST segment – no hyphen
- (32) STEMI – ST elevation myocardial infarction
- (33) SVG – saphenous vein graft
- (34) TG – triglycerides
- (35) tPA – thrombolytic therapy

### IMAGING-SPECIFIC

- (1) BMIPP – beta-methyl-p-iodophenylpentadecanoic acid
- (2) ED – end diastolic
- (3) EDV – end diastolic volume
- (4) EF – ejection fraction
- (5) ES – end systolic
- (6) ESV – end-systolic volume
- (7) FDG – fluorodeoxyglucose
- (8) DTPA – diethylamine triamine pentacetic acid
- (9) keV – kilo electron volt(s)
- (10) LAO – left anterior oblique
- (11) LHR – lung-to-heart ratio
- (12) LV – left ventricular
- (13) MBq – megabecquerel
- (14) mCi – millicurie
- (15) MIBG – Iodine-123-metaiodobenzylguanidine
- (16) MIBI – sestamibi
- (17) MPI – myocardial perfusion imaging

- (18) MUGA – multigated acquisition study
- (19) PET – positron emission tomography
- (20) QP/QS – pulmonary blood flow/system blood flow
- (21) RBC – red blood cell
- (22) RNA – radionuclide angiocardiology
- (23) ROI – region of interest
- (24) RV – right ventricular
- (25) SDS – summed difference score
- (26) SPECT – single photon emission computerized tomography
- (27) SRS – summed rest score
- (28) SSS – summed stress score
- (29) SV – stroke volume
- (30) Tc-99m – technetium-99m
- (31) TID – transient ischemic dilation
- (32) TI-201 – thallium-201
- (33) V/Q – ventilation perfusion

### RULES

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

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