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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 uses 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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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
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**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.”

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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 – non-ST elevation myocardial infarction
(33) SV – stroke volume
(34) Tc-99m – technetium-99m
(35) TID – transient ischemic dilation

IMAGING-SPECIFIC
(1) BMIPP – beta-methyl-p-iiodophenylpentadecanoic 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 – diethylenetriamine pentaacetic 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) MBG – 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 angiography
(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^2 body mass index of 29 kg/m^2
(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 ECG-gated
(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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Journal of Nuclear Cardiology
Editor-in-Chief: Iskandrian, A.E.
ISSN: 1071-3581 (print version)
ISSN: 1532-6551 (electronic version)
Journal no. 12350