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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.

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/
MANUSCRIPT SUBMISSION

Journal of Nuclear Cardiology prefers to receive all manuscript submissions electronically. To submit a manuscript, please follow the instructions below:

Getting Started
1. Launch your web browser and go to the Journal of Nuclear Cardiology's Manuscript Central homepage (http://mc.manuscriptcentral.com/jnc).
2. Log-in or click the "Create Account" option if you are a first-time user of Manuscript Central.
3. If you are creating a new account:
   • After clicking on “Create Account” enter your name and e-mail information and click “Next”. Your e-mail information is very important.
   • Enter your institution and address information as prompted then click “Next.”
   • Enter a user ID and password of your choice (we recommend using your e-mail address as your user ID) and then select your areas of interest. Click “Finish” when done.
   • New requirement from March 2018, users must select a minimum of 3 (and maximum of 6) Areas of Interest from a pre-defined list of keywords.
4. Log-in and select “Author Center.”

Submitting Your Manuscript
5. After you have logged in, click the “Submit a Manuscript” link in the menu bar.
6. Enter data and answer questions as prompted; new requirement from March 2018, users must select a minimum of 3 (and maximum of 6) relevant Keywords/Attributes for their submission from a pre-defined list.
7. Click on the “Next” button on each screen to save your work and advance to the next screen.
8. You will be prompted to upload your files:
   • Click on the “Browse” button and locate the file on your computer. (Mac Users: Please be sure to include the “.doc” extension in your file name before uploading)
   • Select the description of the file in the drop down next to the Browse button.
   • When you have selected all files you wish to upload, click the “Upload” button.
9. Review your submission (in both PDF and HTML formats) before sending to the Editors. Click the “Submit” button when you are done reviewing.

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<thead>
<tr>
<th></th>
<th>Original Article</th>
<th>Brief Report</th>
<th>Review Article</th>
<th>Editorials</th>
<th>Debate Article</th>
<th>Theme Article</th>
<th>Images That Teach</th>
<th>Case-Presentation Corner</th>
<th>Technical Corner</th>
<th>Editor's Page</th>
<th>Letters to Editor</th>
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n/a – not applicable
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).

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

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:

1 Use only MD, PhD (or both) or similar degree (MBChB) or highest achieved degree (e.g. BS) and also include FASNC or MASNC if a Fellow or Master of ASNC respectively. If you have included the highest degree title achieved, you do not need to include any previously achieved qualification titles.
For books:

For chapters in books:

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 place tables and figures at the end of the manuscript file. Please submit high resolution images as separate files as well

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)
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- Definition: Black and white graphic with no shading
- Do not use faint lines and/or lettering and check that all lines and lettering within the figures are legible at final size
- All lines should be at least 0.1 mm (0.3 pt) wide
- Scanned line drawings and line drawings in bitmap format should have a minimum resolution of 1200 dpi

Halftone Art
- Definition: Photographs, drawing, or paintings with fine shading, etc.
- If any magnification is used in the photographs, indicate this by using scale bars within the figures themselves.
- Halftones should have a minimum resolution of 300 dpi

Combination Art
- Definition: a combination of halftone and line art (e.g., halftones containing line drawing, extensive lettering, color diagrams, etc.)
- Combination artwork should have a minimum resolution of 600 dpi

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- Color art is free of charge for online publication
If black and white will be shown in the print version, make sure that the main information will still be visible. Many colors are not distinguishable from one another when converted to black and white. A simple way to check this is to make a xerographic copy to see if the necessary distinctions between the different colors are still apparent.

- If the figures will be printed in black and white, do not refer to color in the captions.
- Color artwork should be submitted as RGP (8 bits per channel).

Figure Lettering
- To add lettering, it is best to use Helvetica or Arial (sans 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.

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- Figure parts should be denoted by lowercase letters (a, b, c, etc.).
- Figures should always be cited in text in consecutive numerical order.
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- 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.

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- 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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- 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 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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• Resolution: 16:9 or 4:3
• Maximum file size: 25 GB
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• Supported file formats: avi, wmv, mp4, mov, m2p, mp2, mpeg, flv, mxf, mts, m4v, 3gp

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Spreadsheets
• Spreadsheets should be converted to PDF if no interaction with the data is intended.
• If the readers should be encouraged to make their own calculations, spreadsheets should be submitted as .xls files (MS Excel).

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• Specialized formats such as .pdb (chemical), .wrl (VRML), .nb (Mathematica notebook), and .tex can also be supplied.

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• It is possible to collect multiple files in a .zip or .gz file.

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• Name the files consecutively, e.g. “ESM_3.mpg”, “ESM_4.pdf”.

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**Brief Reports**

Brief Reports should follow the same general structure as Original Articles (as described above), with the following differences:

- **Length.** Brief reports must be 2,500 words or less
- **Abstract.** Brief reports must contain a structured abstract of 150 words or less
- **Table/Figure.** Brief reports can contain at most 1 table, and at most 1 figure (color, minimum 300 dpi)
- **References.** No more than 10 references should be included

Specifications and placement of the following items remain the same as stated in the ‘Original Articles’ section: Abbreviations, New Knowledge Gained, Laboratory Values, and the Conflict of Interest disclosure statement

**Images That Teach**

JNC will consider original, high quality images showing novel findings, subject to revision. Text should consist of a title page, text of 300 words or less, including an introduction, a brief case summary and no more than 3 references. No abstract is needed, and a very brief author list is recommended. We accept submission of up to 5 images with figures legends that can be very descriptive (up to 250 words each). Images should be of high quality (at least 300 dpi), using color where appropriate and with labeling of abnormalities where necessary to direct the reader.

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. **EKG** – electrocardiogram/graphy/graph  
9. **EF** – ejection fraction  
10. **ED** – end diastolic  
11. **EDV** – end diastolic volume  
12. **ES** – end systolic  
13. **ESV** – end-systolic volume  
14. **FDG** – fluorodeoxyglucose  
15. **HDL** – high density lipoprotein  
16. **HF** – heart failure  
17. **HFR** – heart rate  
18. **LV** – left ventricular  
19. **LBBB** – left bundle branch block  
20. **LAD** – left anterior descending coronary artery  
21. **LAD** – left anterior oblique  
22. **LCx** – left circumflex coronary artery  
23. **LDL** – low density lipoprotein  
24. **LM** – left main coronary artery  
25. **LVEF** – left ventricular ejection fraction  
26. **MET** – metabolic equivalent of task  
27. **MI** – myocardial infarction  
28. **MI** – maximally predicted heart rate  
29. **MV** – mitral valve  
30. **NC** – normal control  
31. **NSTEMI** – non-ST elevation myocardial infarction  
32. **PET** – positron emission tomography  
33. **PCI** – percutaneous coronary intervention  
34. **PDA** – posterior descending artery  
35. **PFG** – percutaneous femoral graft  
36. **PVC** – premature atrial contraction  
37. **PVD** – peripheral vascular disease  
38. **Q** – question  
39. **Qp** – pulmonary blood flow/system blood flow  
40. **RBC** – red blood cell  
41. **RBBB** – right bundle branch block  
42. **RTPA** – recombinant tissue plasminogen activator  
43. **RU** – retrograde upper  
44. **SPECT** – single photon emission computerized tomography  
45. **SVG** – saphenous vein graft  
46. **Tc** – technetium  
47. **TBPA** – thrombolytic therapy  
48. **Tl** – thallium  
49. **TID** – twice daily  
50. **Tl201** – thallium-201  
51. **TR** – tricuspid regurgitation  
52. **tPA** – thrombolytic therapy  
53. **LAD** – left anterior descending coronary artery  
54. **LV** – left ventricular  
55. **LVEF** – left ventricular ejection fraction  
56. **R** – right  
57. **RBBB** – right bundle branch block  
58. **RVEF** – right ventricular ejection fraction  
59. **RV** – right ventricular  
60. **SMA** – superior mesenteric artery  
61. **SPECT** – single photon emission computerized tomography  
62. **SDS** – summed difference score  
63. **ST** – ST segment  
64. **STEMI** – ST elevation myocardial infarction  
65. **T** – TABLE  
66. **Tc** – technetium  
67. **Tc99m** – technetium-99m  
68. **TDI** – tissue Doppler imaging  
69. **TGA** – transposition of great arteries  
70. **TTE** – transthoracic echocardiogram  
71. **TTPA** – thrombolytic therapy  
72. **UA** – unstable angina  
73. **US** – ultrasound  
74. **VE** – ventilation perfusion  
75. **X** – X-RAY  
76. **X-ray** – (with capital X)  
77. **Xs** – x-rays  
78. **SUGGESTED STANDARD ABBREVIATIONS AND RULES**

**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/m² body mass index of 29 kg/m²**  
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 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**  
14. **Use generic names only**  
15. **Use myocardial perfusion SPECT imaging instead of**  
16. **Use stress/rest (not stress-rest)**  
17. **Use US measurement with European in parentheses**  
18. **Use stress/rest (not stress-rest)**  
19. **Use US measurement with European in parentheses**  
20. **Use stress/rest (not stress-rest)**  
21. **Use US measurement with European in parentheses**
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