**Review**

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[***Suggestions: No more than 16 words.*** ***No abbreviations except for standardized ones e.g., DNA, RNA, gene or protein names, etc.***]

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**Keywords:** Hypertension, atherosclerosis*,* clinical research, cardiovascular disease*,* epidemiology research, aging

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**INTRODUCTION**

The introduction is a beginning section of a manuscript which states the purpose of the study, overviews or summarizes previous findings and progress related to this study, and indicates its significance in this research field. It is generally followed by the body and discussion.

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[e.g., **MAIN TEXT**]

In this section, authors should describe the main text of the review in detail. It may contain a summary of representative studies in a specific field, the methods, results in previous studies, their advantages and disadvantages, authors’ opinions on the topic, *etc*. We suggest that authors may set headings (level 1 heading, level 2 heading, level 3 heading, *etc.*) to separate different cases or situations.

**Level 2 heading**

[e.g., **Statistical analyses**]

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**Table 1** (other forms: Tables 1 and 2; Tables 1-3),**Equation (1)** [other forms: Equations (2) and (3); Equations (4-6)] and **Figure 1** (other forms: Figure 1A and B; Figure 2A-C; Figures 1 and 2A; Figures 1, 2A and 3-5) show the examples of diagrams. All the tables, equations and figures should be cited in sequence in the main content near to the first time they appear. For supplementary material, authors may cite table, equation and figure like **Supplementary Table 1**, **Supplementary Equation (1)** and **Supplementary Figure 1**. For details, you may refer to **[Supplementary Material Template](https://cardiovascularaging.com/files/tpl/jca/Template_for_Supplementary_Material_jca.docx)**.

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**Table 1. This is a table caption. A summary description of this table should be written here**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Authors** | **Regimen** | ***n*** | **Age (year)** | **CR (%)** | **2-year (3-year) EFS/PFS (%)** | **2-year (3-year) OS (%)** |
| Our current study | CHOPCVP | 25167 | 17-8245-87 | 69.829.9\* | 55.3 (46.0)18.0 (12.0)\* | 58.0 (52.0)25.0 (19.0)\* |
| Khaled *et al.*[1] | CHOP | 40 | 19-75 | 67 | 54 (54) | 82 (71) |
| Burton *et al.*[2] | CHOPCIOP | 105106 | 22-6625-67 | 7052 | 4-year PFS: 564-year PFS: 40\* | 4-year OS: 654-year OS: 56# |

This part is footer. \**P* < 0.05, #*P* ≥ 0.05. EFS: event-free survival; PFS: progression-free survival; OS: overall survival; CHOP: cyclophosphamide, doxorubicin, vincristine, and prednisone; CVP: cyclophosphamide, vincristine, and prednisone; CIOP: cyclophosphamide, idarubicin, vincristine, and prednisone; CR: complete response. This table is cited with permission from Li *et al*.[1] published in xxx

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|  |  |
| --- | --- |
|  | (1) |

***Equation note:***

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|  |  |
| --- | --- |
| **A** | 图二(清晰版)**B** |
| **C** |

**Figure 1.** We present examples of electron micrograph, non-editable and editable images in Figure 1A-C. A: description of what the Figure 1A is; B: description of what the Figure 1B is; C: description of what the Figure 1C is. DC: dendritic cells; MHC: major histocompatibility complex; NK: natural killers; WS: Withania somnifera. This figure is quoted with permission from XX *et al*.[2]

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In this part, authors should summarize the principle conclusions of the study. In details, it may contain a summary of key findings, a statement about strengths and limitations of the studies, or the implications of the work for future research, *etc*. An attractive and interesting conclusion is always welcome.

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**Acknowledgments**

Anyone who contributed towards the article but does not meet **[the criteria](http://www.icmje.org/recommendations/browse/roles-and-responsibilities/defining-the-role-of-authors-and-contributors.html)** for authorship, including those who provided professional writing services or materials, should be acknowledged. Authors should obtain permission to acknowledge from all those mentioned in the Acknowledgments section. This section is not added if the author does not have anyone to acknowledge.

**Authors’ contributions**

Single author:

The author contributed solely to the article.

Two or more authors:

Made substantial contributions to conception and design of the study and performed data analysis and interpretation: Salas H, Castaneda WV;

Performed data acquisition, as well as provided administrative, technical, and material support: Castillo N, Young V

**Availability of data and materials**

Not applicable.

**Financial support and sponsorship**

If there are sources of funding for the study reported, any relevant grant numbers and the link of funder’s website should be provided if any. The role of the funding body in the experiment design, collection, analysis and interpretation of data, and writing of the manuscript should be declared:

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**Ethical approval and consent to participate**

Not applicable.

**Consent for publication**

Not applicable.

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# [Andersson](https://www.sciencedirect.com/science/article/pii/S1368764616300024%22%20%5Cl%20%22%21) D.I., Hughes D., Kubicek-Sutherland, J.Z. Mechanisms and consequences of bacterial resistance to antimicrobial peptides. *Drug Resist Updats.* 2016; 26: 43-57.[PMID: 27180309 DOI:10.1016/j.drup.2016.04.002]

***More Than six authors:***

Weaver DL, Ashikaga T, Krag DN, et al. Effect of occult metastases on survival in node-negative breast cancer. *N Engl J Med.* 2011;364:412-21. [PMID: 21247310 DOI: 10.1056/NEJMoa1008108]

***Standard journal articles (organization as author)***

Diabetes Prevention Program Research Group. Hypertension, insulin, and proinsulin in participants with impaired glucose tolerance. *Hypertension* 2002;40:679-86. [PMID: 12411462]

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Vallancien G, Emberton M, Harving N, van Moorselaar RJ; Alf-One Study Group. Sexual dysfunction in 1,274 European men suffering from lower urinary tract symptoms. *J Urol.* 2003;169:2257-61. [PMID: 12771764 DOI: 10.1097/01.ju.0000067940.76090.73]

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Zhang X, Xiong H, Ji TY, Zhang YH, Wang Y. Case report of anti-N-methyl-D-aspartate receptor encephalitis in child. *J Appl Clin Pediatr.* 2012;27:1903-7. (in Chinese)

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Odibo AO. Falling stillbirth and neonatal mortality rates in twin gestation: not a reason for complacency. *BJOG.* 2018; Epub ahead of print [PMID: 30461178 DOI: 10.1111/1471-0528.15541]

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Sherlock S, Dooley J. Diseases of the liver and billiary system. 9th ed. Oxford: Blackwell Sci Pub; 1993. pp. 258-96.

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