**Commentary**

**Title: concisely convey the main topic(s) of the research**

[***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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**Abstract**

[***Suggestions: No more than 250 words. No citations. Define abbreviations at their first mention.***]

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

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* ***All drugs and chemicals used, including generic name(s), dose(s), and route(s) of administration, should be identified precisely.***

**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).

***Tips:***

* ***Results should be presented in a logical sequence;***
* ***Avoid redundant explanations to all the data from the tables or illustrations.***

|  |  |
| --- | --- |
| **A** | 图二**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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|  |  |
| --- | --- |
|  | (1) |

***Equation note:***

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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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**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.

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**Ethical approval and consent to participate**

Not applicable.

**Consent for publication**

Not applicable.

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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.

***Chapter in a book***

Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. pp. 93-113.

***Online resource***

FDA News Release. FDA approval brings first gene therapy to the United States. Available from: <https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm574058.htm>. [Last accessed on 30 Oct 2017]

***Conference proceedings***

Harnden P, Joffe JK, Jones WG, editors. Germ cell tumours V. Proceedings of the 5th Germ Cell Tumour Conference; 2001 Sep 13-15; Leeds, UK. New York: Springer; 2002.

***Conference paper***

Christensen S, Oppacher F. An analysis of Koza’s computational effort statistic for genetic programming. In: Foster JA, Lutton E, Miller J, Ryan C, Tettamanzi AG, editors. Genetic programming. EuroGP 2002: Proceedings of the 5th European Conference on Genetic Programming; 2002 Apr 3-5; Kinsdale, Ireland. Berlin: Springer; 2002. pp. 182-91.

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Tian D, Araki H, Stahl E, Bergelson J, Kreitman M. Signature of balancing selection in Arabidopsis. *Proc Natl Acad Sci* U S A. Forthcoming 2002.

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