**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.***]

**Forename Surname1, Forename Surname1,2, Forename Surname3**

1Department, Institution, City Postcode, Country.

2Department, Institution, City, State Postcode, Country.

3Department, Institution, City Postcode, Province, Country.

**Correspondence to:** Prof./Dr. Forename Surname, Department, Institution, Detailed Address, City Postcode, Country. E-mail: [xxxx@xxxx.xxx](mailto:xxxx@xxxx.xxx); ORCID: xxxx

**Received: date month year**

[e.g.,1 Jan 2023]

**How to Use This Template**

***This template shows the manuscript structure that can be used in a commentary: Abstract, Keywords, Main Text, Declarations and References. Please note that each part has a corresponding style, which authors should follow. Please note that the fonts in gray show writing requirements. For any questions, you may contact the [editorialoffice@cardiovascularaging.com](mailto:editorialoffice@cardiovascularaging.com).***

**Abstract**

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

Abstract is a brief summary of an article, which helps the readers quickly ascertain the paper’s main content. In this part, authors may mention writing purpose, experimental methods, results and their significance in this research field, *etc*.

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

**[*Please suggest 3-8 keywords which can be used for describing the content of the manuscript and will enable the full text of the manuscript to be searchable online.*]**

**LEVEL 1 HEADING**

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

In this section, authors should describe the main text of the manuscript in detail. If necessary, 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**]

*Level 3 heading*

[e.g., *Data distributions, outliers and linear regression*]

***Tips:***

* ***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]

***Figure notes:***

* ***Figures should be cited in numeric order (e.g., Figure 1, Figure 2) and placed after the paragraph where it is first cited;***
* ***Figures can be submitted in format of tiff, psd, AI or jpeg, with resolution of 300-600 dpi;***
* ***Diagrams with describing words (including, flow chart, coordinate diagram, bar chart, line chart, and scatter diagram, etc.) should be editable in word, excel or PowerPoint format. Non-English information should be avoided;***
* ***Labels, numbers, letters, arrows, and symbols in figure should be clear, of uniform size, and contrast with the background;***
* ***Symbols, arrows, numbers, or letters used to identify parts of the illustrations must be identified and explained in the legend;***
* ***Internal scale (magnification) should be explained and the staining method in photomicrographs should be identified;***
* ***All non-standard abbreviations should be explained in the legend;***
* ***Authors should pay attention to the protection of patients’ rights, such as privacy and portrait, and obtain signed patient consent from authors before using any personal information of patients. The patient’s portrait with full characters and his/her real name is not allowed for use;***
* ***Permission for use of copyrighted materials from other sources, including re-published, adapted, modified, or partial figures and images from the internet, must be obtained. It is authors’ responsibility to acquire the licenses, to follow any citation instruction requested by third-party rights holders, and cover any supplementary charges.***

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

***Equation note:***

* ***Equations should be provided in editable form (image file format is not allowed).***

**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 | CHOP CVP | 251 67 | 17-82 45-87 | 69.8 29.9\* | 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] | CHOP CIOP | 105 106 | 22-66 25-67 | 70 52 | 4-year PFS: 56 4-year PFS: 40\* | 4-year OS: 65 4-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.

***Table notes:***

* ***Tables should be cited in numeric order and placed after the paragraph where it is first cited;***
* ***The table caption should be placed above the table and labeled sequentially (e.g., Table 1, Table 2);***
* ***Tables should be provided in editable form like DOC or DOCX format (picture is not allowed);***
* ***Abbreviations and symbols used in table should be explained in footnote;***
* ***Explanatory matter should also be placed in footnotes;***
* ***Non-English words should be avoided;***
* ***Permission for use of copyrighted materials from other sources, including re-published, adapted, modified, or partial tables from the internet, must be obtained. It is authors’ responsibility to acquire the licenses, to follow any citation instruction requested by third-party rights holders, and cover any supplementary charges.***

**DECLARATIONS**

**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:

This work was supported by Grant name XX (No. XXXX; No. XXX)...

If there is no grant:

None.

**Conflicts of interest**

If there are any potential conflicts of interest that may be perceived as inappropriately influencing the representation or interpretation of reported research results, please declare here.

If not, please write as “All authors declared that there are no conflicts of interest.”.

Some authors may be bound by confidentiality agreements. In such cases, in place of itemized disclosures, we will require authors to state “All authors declare that they are bound by confidentiality agreements that prevent them from disclosing their conflicts of interest in this work.”.

If authors are unsure whether conflicts of interest exist, please refer to the “Conflicts of Interest” of OAE **[Editorial Policies](https://cardiovascularaging.com/pages/view/editorial_policies)** for a full explanation.

**Ethical approval and consent to participate**

Not applicable.

**Consent for publication**

Not applicable.

**Copyright**

© The Author(s) 2023.

**REFERENCES**

Authors should cite references in sequence throughout the manuscript and indicate them in a superscript square bracket with one citation number[3], two separate citation numbers[4,5] or several consecutive citation numbers[6-9].

* ***We suggest that authors should cite appropriate, traceable and latest references be within recent 5 years;***
* ***Each reference should have a corresponding DOI number/website link;***
* ***If there are six authors or less, please list all the authors; If there are more than six authors, please list the first three authors with et al.;***
* ***The names of journals should be abbreviated according to the style used in Index Medicus (<http://www2.bg.am.poznan.pl/czasopisma/medicus.php?lang=eng>)****.* ***The names of journals should be Italic.***

Examples of references are shown below:

***Standard journal articles***

# *Six authors or less:*

# [Andersson](https://www.sciencedirect.com/science/article/pii/S1368764616300024" \l "!) 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]

***Standard journal articles (both personal authors and organization as author)***

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]

***Standard journal articles not in English (the title should be translated into English, and clarify the original language in the bracket)***

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)

***Standard journal articles ahead of print (DOI number should be given)***

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]

***Books***

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.

***Unpublished material***

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.

***For other types of references please refer to U.S. National Library of Medicine ([https://www.nlm.nih.gov/bsd/uniform\_requirements.html)](https://www.nlm.nih.gov/bsd/uniform_requirements.html)****.****The names of journals should be Italic.***