**[JTI Original Article]**

**Original article title**

Indicate the study’s design in the title.

**Running title:** Provide a running title of less than 50 characters including letters and spaces.

**ABSTRACT**

The abstract should be within 300 words in the following structure and should not include bibliographic references nor references to figures or tables.

**Purpose:**

**Methods:**

**Results:**

**Conclusions:**

**Keywords:** Up to five keywords should be listed. MeSH (Medical Subject Headings of Index Medicus; https://meshb.nlm.nih.gov/search) terminology is preferred for the keyword selection.

**INTRODUCTION**

**Background**

Address the purpose of the article concisely and include background reports that are relevant to the purpose of the paper. Reference citations in the text should be identified by numbers in square brackets according to their quotation order. When more than two quotations of the same authors are indicated in the main body, a comma must be placed between a discontinuous set of numbers, whereas an en dash must be placed between the first and last numerals of a continuous set of numbers: “Negotiation research spans many disciplines [1]. This result was later contradicted by Cho [2], Kim and Lee [3], and Choi et al. [4]. This effect has been widely studied [3–6,8].”

**Objectives**

State specific objectives, including any prespecified hypotheses. Conclusions or findings should not appear in this section.

**METHODS**

**Ethics statement**

All articles using clinical samples or data and those involving animals must include information on the Institutional Review Board/Institutional Animal Care and Use Committee approval or waiver and informed consent. An example is “We conducted this study in compliance with the principles of the Declaration of Helsinki. The study’s protocol was reviewed and approved by the Institutional Review Board of OO (No. OO). Written informed consent was obtained from the patient. OR Informed consent was waived.”

**Study design and setting**

Present key elements of study design early in the paper. Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection.

**Participants**

Clearly list all inclusion and exclusion criteria and methods of research. Ensure the correct use of the terms “sex” (when reporting biological factors) and “gender” (identity, psychosocial, or cultural factors), and, unless inappropriate, report the sex and/or gender of study participants, the sex of animals or cells, and describe the methods used to determine sex and gender. If the study was done involving an exclusive population, for example, in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer). Authors should define how they determined race or ethnicity and justify their relevance.

**Data collection**

Provide the variables evaluated and should state how outcomes were assessed.

**Statistical analysis**

Statistical information should be sufficiently detailed.

**RESULTS**

Present the data from the study. Figures and tables used in the main body must be indicated as “Fig.” and “Table”: “Magnetic resonance imaging of the brain revealed… (Figs. 1–3, Table 1).”

**DISCUSSION**

Summarize the key results with reference to study objectives. Emphasize the new and important aspects of the study, including the conclusions. Do not repeat the results in detail or other information that is included in the Introduction or Results sections.

**Limitations**

Discuss the limitations of the study.

**Conclusions**

Describe the conclusions according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data.

**REFERENCES**

In principle, the number of references is limited to 30 for original articles.

1. Yeo KH, Park CY, Kim HH. Abdomino-perineal organ injuries caused by cultivators. J Trauma Inj 2015;28:60–6.

2. Mattox KL, Moore EE, Feliciano DV. Trauma. 7th ed. McGraw Hill; 2013.

3. Burlew CC, Moore EE. Emergency department thoracotomy. In: Mattox KL, Moore EE, Feliciano DV, editors. Trauma. 7th ed. McGraw Hill; 2013. p. 236–50.

4. World Health Organization (WHO). World health statistics 2021: a visual summary [Internet]. WHO; 2021 [cited 2021 Feb 1]. Available from: https://www.who.int/data/stories/world-health-statistics-2021-a-visual-summary

5. Sharma N, Sharma P, Basu S, et al. The seroprevalence and trends of SARS-CoV-2 in Delhi, India: a repeated population-based seroepidemiological study [Preprint]. Posted 2020 Dec 14. medRxiv 2020.12.13.20248123. https://doi.org/10.1101/2020.12.13.20248123

6. Winchester DE, Wen X, Xie L, Bavry AA. Evidence of pre-procedural statin therapy: a meta-analysis of randomized trials. J Am Coll Cardiol 2010 Aug 31 [Epub]. https://doi.org/10.1016

7. 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. The 5th European Conference on Genetic Programming; 2002 Apr 3–5; Kinsdale, Ireland. Springer; 2002. p. 182–91.

**FIGURE LEGENDS**

Please note that the actual figure files should be uploaded separately.

**Fig. 1.** Brief title preferably in phrases. Legend text preferably in sentences.

**Fig. 2.** Brief title preferably in phrases. (A) Legend text. (B) Legend text preferably in sentences.

**Table 1.** A brief, specific, descriptive title

| Characteristic | Total  (n=578) | Prophylaxis  (n=171) | No prophylaxis  (n=407) | P-value |
| --- | --- | --- | --- | --- |
| Age (yr) | 49.0 (37.0‒56.0) | 49.0 (38.5‒57.5) | 49.0 (37.0‒56.0) | 0.21 |
| Male sex | 363 (62.8) | 87 (50.9) | 276 (67.8) | <0.01 |
| Body mass index (kg/m2) | 22.6 (20.5‒24.6) | 22.0 (20.4‒24.5) | 22.8 (20.6‒24.7) | 0.17 |
| Body surface areaa) | 1.7±0.2 | 1.6±0.2 | 1.7±0.2 | <0.01 |
| Cause of ESRD |  |  |  | 0.14 |
| IgA nephropathy | 104 (18.0) | 23 (13.5) | 81 (19.9) |  |
| Diabetes | 101 (17.5) | 32 (18.7) | 69 (17.0) |  |
| Hypertension | 51 (8.8) | 19 (11.1) | 32 (7.9) |  |
| ADPKD | 47 (8.1) | 17 (9.9) | 30 (7.4) |  |
| Nephrotic syndrome | 43 (7.4) | 13 (7.6) | 30 (7.4) |  |
| Autoimmune disease | 8 (1.4) | 4 (2.3) | 4 (1.0) |  |
| Other | 38 (6.6) | 5 (2.9) | 33 (8.1) |  |
| Unknown | 96 (16.6) | 30 (17.5) | 66 (16.2) |  |

(Example of footnotes)

(General note) Values are presented as median (interquartile range) or number (%).

(Abbreviation) ESRD, end stage renal disease; IgA, immunoglobulin A; ADPKD, autosomal dominant polycystic kidney disease.

(Notes on specific parts) a)Calculated using the Du Bois formula.

(Notes on significance) \*P<0.05; \*\*P<0.01; \*\*\*P<0.001.

(Source note) Adapted from Kim et al. [3], with permission from Elsevier.