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This document provides an example of an ACS Featured Article.

FONT

The preferred file format is a Microsoft Word document. Please use 12 pt Arial or Times New Roman fonts throughout. Line spacing should be 1.5 or 2. There should be a space between each paragraph/bullet point.

TITLE PAGE

Title: maximum 200 characters

Authors: include those who have contributed intellectually and practically. For all authors please include first name, middle initial (if appropriate) and last name

Institutions: primary and affiliated institutions, including Department, Institution, City and Country

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Keywords: 5 keywords maximum

STRUCTURED ABSTRACT

The structured abstract is limited to 300 words. The abstract should contain the following subheadings: *Background*, *Methods*, *Results*, and *Conclusions*.

Background: preferably 2 to 3 sentences about the targeted patient population, the current management or treatment controversies and the primary objective(s) of the study

Methods: one paragraph about patient population, intervention, design, data collection and statistical analysis

Results: one paragraph about the main research results, including demographic data, primary outcome measures (eg.

short-, mid- or long-term outcomes) and secondary outcome measures

Conclusions: Preferably one sentence on the main conclusion and/or the study's clinical implications. This should be limited to the primary results of the study, without any further discussions

BODY OF TEXT

The following sections must be written in proper narrative prose with complete sentences. The word limit is 3000 words. A Featured Article should follow the IMRaD style (*Introduction*, *Methods*, *Results* and *Discussion*).

Introduction: should be succinct, in no more than three paragraphs, focusing on three broad points: 1) targeted patient population; 2) clinical setting and controversies in management and 3) primary and secondary objectives of the study

Methods: preferably three or four paragraphs that focus on the following subheadings: *Patients*, *Interventions*, *Study Design*, *Data Collection*, and/or *Statistical Analysis*

Results: preferably include structured subheadings, for example: *Demographic Data*, *Perioperative Outcomes*, *Survival Outcomes*, and *Univariate or Multivariate Analysis*

Discussion: should be structured, comprise no more than five paragraphs and follow this overall structure, although you do not need to signpost these elements with subheadings: 1) statement of principal findings; 2) discussion of the principal findings in relation to other studies (important differences in results); 3) weaknesses and limitations of the study (sample size, confounding factors, lost to follow up and other reasons for bias); 4) meaning of the study: generalizability to other populations and implications for clinicians and policymakers; and 5) unanswered questions and future research

REFERENCE

40 references maximum

ACKNOWLEDGEMENT

Study funding/potential competing interests

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