**[ACP Original Article]**

**Original article title**

**ABSTRACT**

The abstract should be within 250 words in the following structure and should not include bibliographic references nor references to figures or tables.

**Purpose:**

**Methods:**

**Results:**

**Conclusion:**

**Keywords:** Up to 5 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**

The Introduction should address the purpose of the article concisely and include background reports that are relevant to the purpose of the paper. Conclusions or findings should not appear in the Introduction.

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 a hyphen 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].”

**METHODS**

The Methods section should clearly list all inclusion and exclusion criteria, methods of research, and variables evaluated and should state how outcomes were assessed. All terms should be adequately defined and statistical information should be sufficiently detailed so that a study can be repeated.

**Ethical statements**

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 BLIND (No. \*\*\*\*). Written informed consent was obtained from the patient. OR The requirement for informed consent was waived.”

**Description of participants**

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.

**RESULTS**

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

**DISCUSSION**

The Discussion should 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. Describe the conclusions according to the purpose of the study but avoid unqualified statements that are not adequately supported by the data. Conclusions may be stated briefly in the last paragraph of the Discussion section.

**REFERENCES**

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**FIGURE LEGENDS**

Please note that the actual figures 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.

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

(notes on specific parts) aCalculated using the Du Bois formula.

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