**Case Report**

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*This template shows the manuscript structure that can be used in a case report: Abstract, Keywords, Introduction, Case Report, Discussion, 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 editorial office.*

**Abstract**

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, background, case presentation, conclusion, *etc*.

**Keywords:** Color duplex sonography; interleukin-6; Helicobacter pylori; lymph node dissection; DNA; Foxp3; Notch

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The introduction is a beginning section of a manuscript which states the academic background of the study, overviews or summarizes previous findings and results related to this study, simply describes the case information and indicates the purpose of writing the article, etc. It is generally followed by the body and discussion.

**CASE REPORT**

In this section, authors should describe each case as detailed as possible, including background of the case, specific information of the patients involved, operations applied, results at each stages and post analysis, etc. We suggest that authors may set headings (level 2 heading, level 3 heading, etc.) to separate

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**DISCUSSION**

In this part, authors should discuss the significance of the study, emphasize its value and state expectation on future studies that may need to be carried out. In details, it may include summary of key findings, strengths and limitations of the study, controversies raised by this study, and future research directions, *etc*.

**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

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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)...

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None.

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**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].

1. Park, J. Y., and Nam, J. H. (2015) Progestins in the Fertility-Sparing Treatment and Retreatment of Patients With Primary and Recurrent Endometrial Cancer. Oncologist20, 270

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**Figure Legend**

**Figure 1**. The anatomical features of the thoracic intervertebral foramen (TIF), according to 3D dorsal (A) and lateral (B) views of the thoracic vertebra. The presence of intervertebral articular processes (IAP), transverse processes, ribs, and visceral structures partially shield TIF (A), which is composed of upper, lower, anterior, and posterior walls. The posterior wall involves IAP (B).



**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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