

字型:Times New Roman，字體大小:除了題目(title)用 14，每個段落的標題都是 12
Avoidance of Contralateral Neck Irradiation in Nasopharyngeal Carcinoma-**a**
case report (投 case report 要加上 a case report)

作者排法

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必須有 running title,50 個字母內

Running title: Nasopharyngeal carcinoma

不含這一頁及 Reference，總字數需在 1,000-1,500 間。

以下每一個段落 section(abstract, introduction...) 需獨立一頁

Abstract 總字數不超過 500 個字(內文行距為單行間距)

Nasopharyngeal carcinoma (NPC) is not an uncommon disease in the world. Definitive radiotherapy or concurrent chemoradiotherapy (CCRT) are the standard treatments. However, the large treatment field of radiotherapy with elective nodal irradiation will result in adverse effects, which may make the discontinuation of treatment course happens and make worse the quality of life of patients. Here we reported a NPC patient achieved complete response of primary tumor, and no failure was observed over in-radiation and out-of-radiation field, with the treatment of involved-field radiotherapy to only the gross tumor of primary area and regional neck lymph nodes.

Key words 3-5 個: Nasopharyngeal carcinoma, Elective nodal irradiation, radiotherapy, chemoradiotherapy, lymph node

以下段落須單獨一頁(Introduction...), 內文行距為兩倍行高(double space), 每個章節段落左右對齊

Introduction 引用為中括。句尾-置句點前。

Along with the internationalization of education, there is increased use of English for Specific Purposes (ESP), including English for Medical Purposes (EMP) [1]. EMP in healthcare institutes (HCIs) is essential in many aspects, such as attracting international patients to institutions, assisting medical professional personnel to transition to international medical graduate programs in American institutions or to attend international conferences, and preparing complex documents for Joint Commission International Accreditation. Global flows of medical doctors and patients are changing [2] creating changed global dynamics and increased demand for English language skills in HCIs. Taiwan medical centers provide not only clinical services but also generate medical researches (Appendix 1). Improvement of English not only facilitates each institutional goal, but also strengthens users' communication skills and enhances opportunities for international research projects.....

Case Presentation

A 78-year-old man, a retired officer, was relatively well until he found a painless right submandibular lymphadenopathy in early June 2016. He then visited the outpatient department of otolaryngology for checkup. According to his statement, the right submandibular lymphadenopathy was noted about the past one month. Physical examination showed a 2.0 x 1.5 cm mass at his right submandibular area with elastic consistency.

With suspicion of malignancy from nasopharynx, nasopharyngoscopy was then performed and it revealed the bulging mass over right side of nasopharynx, and biopsy was done during the examination. The pathological report of biopsy revealed Non-keratinizing carcinoma, undifferentiated (lymphoepithelioma) (WHO-2B).

Undergoing staging work-up, head and neck MRI showed an enhancing mass lesion about 17 x 28 x 31 mm in size involving the right nasopharynx with para- and retropharyngeal extension, and also lymphadenopathy at the right level II with largest size about 18 mm is noted. The laboratory data of initial EBV viral load was 2270 IU/mL. There is not any distant metastasis. The final stage was clinical T2N1M0, according to AJCC 7th cancer staging system.

Discussion

NPC is not an uncommon disease in the world, and generally, CCRT is the main modality of treatments, whereas radiotherapy plays a role in either local control or overall survival [1,2]. On the other hand, the large treatment field of radiotherapy also results in adverse effects, which may make the discontinuation of treatment course happens.

The reason why radiotherapy is established as the treatment of choice for NPC is because the disease's radiosensitivity and good response reported [1–4]. Although some reviews ever suggest that, in stage I patients of NPC, it can be reasonable that radiotherapy field includes nasopharynx only [1,2]. However, most NPC patients present as advanced stages with as high as 85% regional neck lymph nodes involved [5], hence, RT field often consists of almost whole neck lymph node areas including involved and high- and low-risk ones [1,5].

The possible side effects during and after radiotherapy in NPC patients are mucosal inflammation, xerostomia, hearing impairment, trismus, fibrosis of the neck, and dental complications [3,4,6]. With this large RT field, it may cause severe side effects resulting in interruption of RT treatment course causing a poor compliance and a poor treatment outcome [7]. Based on a research by Bese NS et al., the interruption of RT would resulted in a decreased local control rate in patients of head and neck cancer [8]. More than that, severe late complication, such as trismus and fibrosis of the neck, after large-field radiotherapy with bilateral neck lymph node region included, may disturbance the patients' quality of life [6].

References (這裡的行距，不需要 double space!)

1. Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98
2. America Association of Oral and Maxillofacial Surgeons. Wisdom teech. Rosemont, IL:AAOMS,2008. Available at http://www.aaoms.org/wisdom_teech.php. Accessed November 15,2008.
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寫法如投稿規則 instruction for authors 6.5，重點整理如下

1.參考文獻格式-Vancouver style: authors' surnames and initials、article title、abbreviated journal name、year、volume and inclusive page number

舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98

2.作者群只取到第3個，第4個後一律以 et al. 表示。

舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98

3.盡量附上 DOI，如果真的沒有，要參考 Website，必須提供 Author Information、Article Title、Website address and the date you accessed the information.

舉例: America Association of Oral and Maxillofacial Surgeons. Wisdom teech. Rosemont, IL: AAOMS,2008. Available at http://www.aaoms.org/wisdom_teech.php. Accessed November 15,2008.

4.每個 reference 後面加上 DOI 範例

舉例: Ho FC, Tham IW, Earnest A, et al. Patterns of regional lymph node metastasis of nasopharyngeal carcinoma: a meta-analysis of clinical evidence. BMC Cancer 2012;12:98. doi:10.1186/1471-2407-12-98

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圖範例：

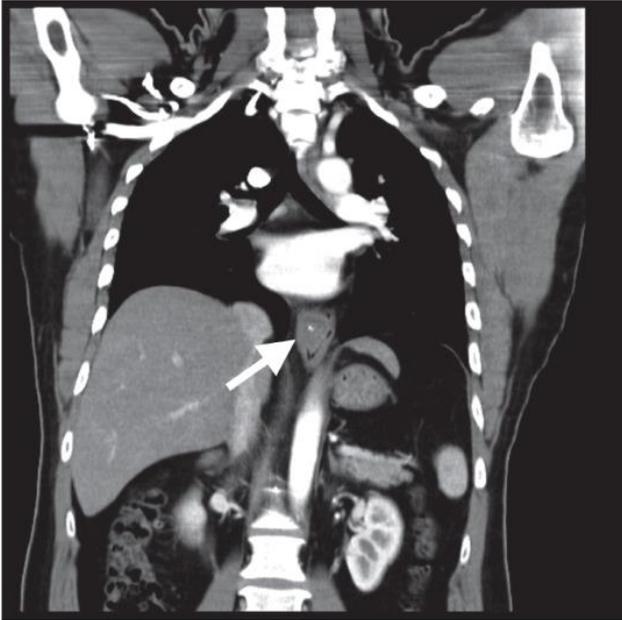


Figure 3. Chest computed tomography revealed a hemangioma in the low esophagus (arrow).

寫法如投稿規則，重點整理如下：

1. 圖除了放在 manuscript 內，投稿時還要與 Manuscript 分開上傳。
2. 投稿規則上 Figure 的說明

General guidelines

The number of figures should be restricted to the minimum necessary to support the textual material. Figures should have an informative figure legend and be numbered in the order of their citation in the text. All symbols and abbreviations should be defined in the figure legend in alphabetical order. Items requiring explanatory footnotes should follow the same style as that for tables as described in Section 6.6.

Patient identification should be obscured. All lettering should be done professionally and should be in proportion to the drawing, graph or photograph. Photomicrographs must include an internal scale marker, and the legend should state the type of specimen, original magnification and stain.

Figures must be submitted as separate picture files at the correct resolution (see Section 6.7.2 below). The files should be named according to the figure number and format, e.g., “Figure 1.tif”, “Figure 2.jpg”.

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- Regardless of the application used, when your electronic artwork is finalized, please “save as” or convert the images to one of the following formats (note the resolution requirements for line drawings, halftones, and line/halftone combinations given below): EPS: Vector drawings. Embed the font or save the text as “graphics”.
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表範例

Table 2. Hazard ratios for the development of depression in the overall migraine population and in subgroups of gender and age

Gender and age	Migraine group major depression/total (%)	Comparison group major depression/total (%)	HR (95% CI)
Female			
Age < 40	45/673 (6.7)	41/2,019 (2.0)	3.4 (2.2–5.2)
Age ≥ 40	55/628 (8.8)	39/1,884 (2.1)	4.4 (2.9–6.7)
Total	100/1,301 (7.7)	80/3,903 (2.0)	3.9 (2.9–5.2)
Male			
Age < 40	12/262 (4.6)	9/786 (1.1)	4.1 (1.7–9.6)
Age ≥ 40	9/222 (4.1)	9/666 (1.4)	3.1 (1.2–7.7)
Total	21/484 (4.3)	18/1,452 (1.2)	3.6 (1.9–6.7)
Age < 40	57/935 (6.1)	50/2,805 (1.8)	3.5 (2.4–5.1)
Age ≥ 40	64/850 (7.5)	48/2,550 (1.9)	4.1 (2.9–6.0)
Overall	121/1,785 (6.8)	98/5,355 (1.8)	3.8 (2.9–5.0)

CI: confidence interval; HR: hazard ratio.

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Tables should supplement, not duplicate the text. They should have a concise table heading, be self-explanatory, and numbered consecutively in the order of their citation in the text. Items requiring explanatory footnotes should be denoted using superscripted lowercase letters (a, b, c, etc.), with the footnotes arranged under the table in alphabetical order. Asterisks (*, **) are used only to indicate the probability level of tests of significance. Abbreviations used in the table must be defined and placed after the footnotes in alphabetical order. If you include a block of data or table from another source, whether published or unpublished, you must acknowledge the original source.