

Capitalization: sentence case
Arial, 15 pt, centered

All authors, their affiliations, and degrees are listed here. Affiliations for each author should be indicated using superscripts with the corresponding list below.

How to format submissions to the UBCMJ: an overview

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Literature search: JAS, AYP
Data collection: JAS, JBD, AYP
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Indicate each author's contribution to the manuscript using their initials.

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All submissions must disclose any source of funding or potential conflicts of interest.

Abstract word count: 249

Manuscript word count: 1,439

Number of figures: 1

Number of tables: 1

ALL SUBMISSIONS MUST HAVE A TITLE PAGE, REGARDLESS OF THE ARTICLE TYPE

In general, manuscript should be written in:

- Times New Roman (12 pt) or Arial (11 pt), with the exception of major headings (see details)
- Margins: 2.54 cm all around
- Line numbers along the left margin
- Page number at bottom right corner

40 **ABSTRACT**

41

42 **Background and purpose:** Please provide a brief background on your research topic. Clearly
43 state the purpose or central message of your manuscript. This section is generally 2-3 sentences.

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45 **Methods:** Highlight the main methodology and statistical analyses used in your paper.

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47 **Results:** Summarize the key findings of your research. The Results section generally tends to be
48 the longest section of your abstract.

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50 **Conclusions:** A brief 1-2 sentence summary of your main findings or take-home message.

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Original research, case reports, reviews, and commentaries require an abstract.

All abstracts have 250-word limit, with the exception of commentaries (100-word limit).

**Abstract for original research should be structured, as shown here. Headings do not count
towards the 250-word limit.**

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55 INTRODUCTION

56 Provide relevant background information for readers to understand the context of your research.

57 Conclude this section with a clear statement regarding the purpose of this manuscript.

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59 METHODS

60 Sub-heading 1

61 Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods

62 section with the use of sub-headings improves readability. Provide your research ethics

63 certificate number here if your study required ethics approval.

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65 Sub-heading 2

66 Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods

67 section with the use of sub-headings improves readability. Provide your research ethics

68 certificate number here if your study required ethics approval.

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70 RESULTS

71 Sub-heading 3

72 State findings from you research in this section. Using sub-headings that correspond to the ones

73 in the Methods section may help with the organization of your manuscript.

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75 Sub-heading 4

76 State findings from you research in this section. Using sub-headings that correspond to the ones

77 in the Methods section may help with the organization of your manuscript.

78 **DISCUSSION**

79 Begin with a brief one-paragraph summary of your key methodology. Provide interpretation and
80 implications of your findings. Discuss potential limitations or biases (and how you addressed
81 them).

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83 **CONCLUSIONS**

84 A one-paragraph summary of key methodology and findings.

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89 **ACKNOWLEDGEMENTS**

90 The authors would like to acknowledge the patients who allowed us to conduct this research. We
91 would also like to thank the hospital staff that contributed to patient recruitment. This work was
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94 **REFERENCES**

Vancouver style , double spaced
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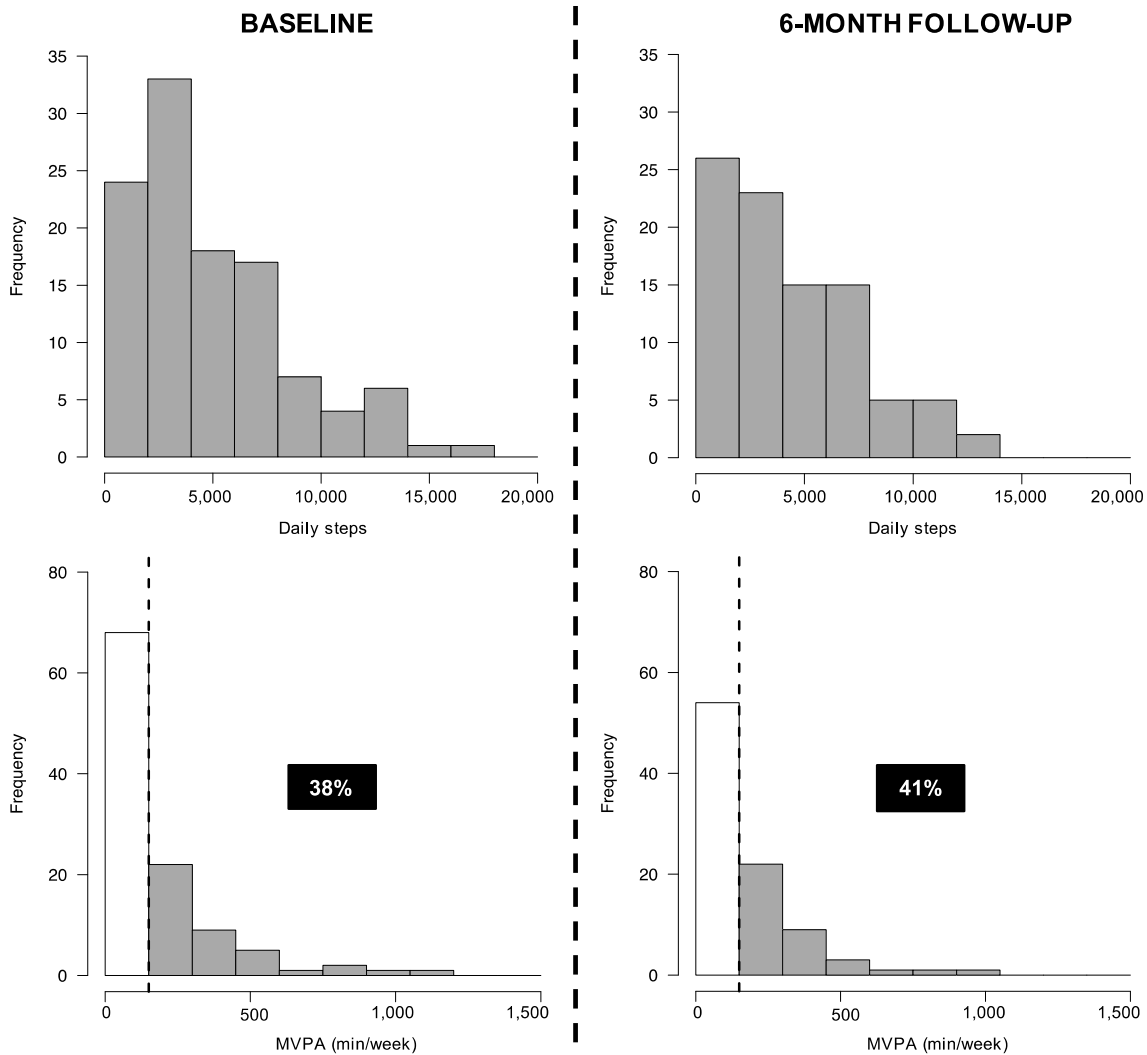
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117 **FIGURES**
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119 **Figure. 1** Frequency distributions of daily step count and weekly MVPA minutes in
 120 patients with fibrotic ILD measured by waist activity monitors at baseline and 6-month
 121 follow-up. Dashed line indicates a minimum of 150 MVPA minutes/week recommended by
 122 physical activity guidelines; the percentage indicates the portion of patients who met this
 123 recommendation.
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125
 126 Abbreviation: MVPA, moderate-to-vigorous physical activity.
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Figures and tables should NOT be embedded within the text. They should be placed after references as shown here.

Descriptive captions for figures should be placed BELOW the figure.

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129 **TABLES**

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131 **Table 1. Unadjusted association of baseline clinical variables with physical activity at**
 132 **baseline and at 6-month follow-up.**

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Variables	Baseline (n=111)		6-month follow-up (n=91)	
	Daily steps	MVPA (min/week)	Daily steps	MVPA (min/week)
Age, years	-0.39 (<0.001)	-0.36 (<0.001)	-0.37 (<0.001)	-0.41 (<0.001)
Male sex	- (0.52)	- (0.26)	- (0.82)	- (0.71)
Ever-smoker	- (0.042)	- (0.01)	- (0.13)	- (0.07)
Pack-years	-0.13 (0.20)	-0.18 (0.08)	-0.23 (0.04)	-0.29 (0.009)
Body mass index, kg/m ²	-0.13 (0.17)	-0.15 (0.12)	-0.05 (0.62)	-0.02 (0.88)
IPF vs. non-IPF	- (0.17)	- (0.72)	- (0.03)	- (0.18)
FVC, %-predicted	0.41 (<0.001)	0.40 (<0.001)	0.37 (<0.001)	0.30 (0.004)
DLCO, %-predicted	0.55 (<0.001)	0.54 (<0.001)	0.66 (<0.001)	0.56 (<0.001)
Depression (HADS)	-0.30 (0.001)	-0.17 (0.07)	-0.31 (0.003)	-0.28 (0.008)
Anxiety (HADS)	-0.05 (0.57)	-0.01 (0.86)	-0.04 (0.71)	-0.02 (0.86)
Sleep quality (PSQI)	-0.15 (0.12)	-0.09 (0.36)	-0.08 (0.47)	-0.07 (0.48)
Pain severity (BPI-SF)	-0.22 (0.02)	-0.16 (0.10)	-0.12 (0.27)	-0.06 (0.56)

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135 Data shown are Spearman rank correlations with *p*-values in brackets. The Wilcoxon rank sum
 136 test was used for categorical variables.

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138 Abbreviations: BPI-SF, Brief Pain Inventory short form; DLCO, diffusing capacity of the lungs
 139 for carbon monoxide; FVC, forced vital capacity; HADS, Hospital Anxiety and Depression
 140 Scale; IPF, idiopathic pulmonary fibrosis; IQR, interquartile range; MVPA, moderate-to-
 141 vigorous physical activity; PSQI, Pittsburgh Sleep Quality Index.

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Descriptive captions for tables should be placed ABOVE the table.

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