How to format submissions to the UBCMJ: an overview

John A. Smith, BSc1,2; Jane B. Doe, MPH1; Robert E. Baker, MD1,3; Elizabeth R. Lee, PhD3; Alexander Y. Park, MD, PhD1,2

1. Faculty of Medicine, University of British Columbia, Vancouver, BC, Canada V6T 1Z3
2. Centre for Heart Lung Innovation, St. Paul’s Hospital, BC, Canada V6Z 1Y6
3. The Lung Centre, Vancouver General Hospital, Vancouver, BC, Canada V5Z 1M9

Corresponding Author:
Alexander Y. Park, MD, PhD
Faculty of Medicine
The University of British Columbia
317-2194 Health Sciences Mall
Vancouver, BC, Canada V6T 1Z3

Author contributions:
- Literature search: JAS, AYP
- Data collection: JAS, JBD, AYP
- Study design: JAS, JBD, AYP
- Analysis of data: JAS, JBD, REB, ERL, AYP
- Manuscript preparation: JAS, JBD, REB, ERL, AYP
- Review of manuscript: JAS, JBD, REB, ERL, AYP

Funding: This project was funded by the University of British Columbia Medical Journal Alumni Foundation. The funding organization was not involved in study design, data collection and analysis, interpretation of results, writing of the manuscript, or decision to submit the article for publication.

Conflict of interest: No conflicts of interest to declare.

Abstract word count: 249
Manuscript word count: 1,439

Number of figures: 1
Number of tables: 1

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

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 numbers at bottom right corner
ABSTRACT

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

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

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

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

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.
INTRODUCTION

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

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

METHODS

Sub-heading 1

Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods section with the use of sub-headings improves readability.

Provide your research ethics certificate number here if your study required ethics approval.

Sub-heading 2

Provide a detailed outline of your methodology and statistical analysis. Organizing your Methods section with the use of sub-headings improves readability.

Provide your research ethics certificate number here if your study required ethics approval.

RESULTS

Sub-heading 3

State findings from your research in this section. Using sub-headings that correspond to the ones in the Methods section may help with the organization of your manuscript.

Sub-heading 4

State findings from your research in this section. Using sub-headings that correspond to the ones in the Methods section may help with the organization of your manuscript.
DISCUSSION

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

CONCLUSIONS

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

The authors would like to acknowledge the patients who allowed us to conduct this research. We would also like to thank the hospital staff that contributed to patient recruitment. This work was supported by the University of British Columbia Medical Journal Alumni Foundation.
REFERENCES

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.

Vancouver style, double spaced
(https://guides.lib.monash.edu/ld.php?content_id=14570618)
Figure 1 Frequency distributions of daily step count and weekly MVPA minutes in patients with fibrotic ILD measured by waist activity monitors at baseline and 6-month follow-up. Dashed line indicates a minimum of 150 MVPA minutes/week recommended by physical activity guidelines; the percentage indicates the portion of patients who met this recommendation.

Abbreviation: MVPA, moderate-to-vigorous physical activity.
Table 1. Unadjusted association of baseline clinical variables with physical activity at baseline and at 6-month follow-up.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline (n=111)</th>
<th>6-month follow-up (n=91)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Daily steps</td>
<td>MVPA (min/week)</td>
</tr>
<tr>
<td>Age, years</td>
<td>-0.39 (&lt;0.001)</td>
<td>-0.36 (&lt;0.001)</td>
</tr>
<tr>
<td>Male sex</td>
<td>- (0.52)</td>
<td>- (0.26)</td>
</tr>
<tr>
<td>Ever-smoker</td>
<td>- (0.042)</td>
<td>- (0.01)</td>
</tr>
<tr>
<td>Pack-years</td>
<td>-0.13 (0.20)</td>
<td>-0.18 (0.08)</td>
</tr>
<tr>
<td>Body mass index, kg/m²</td>
<td>-0.13 (0.17)</td>
<td>-0.15 (0.12)</td>
</tr>
<tr>
<td>IPF vs. non-IPF</td>
<td>- (0.17)</td>
<td>- (0.72)</td>
</tr>
<tr>
<td>FVC, % -predicted</td>
<td>0.41 (&lt;0.001)</td>
<td>0.40 (&lt;0.001)</td>
</tr>
<tr>
<td>DLCO, % -predicted</td>
<td>0.55 (&lt;0.001)</td>
<td>0.54 (&lt;0.001)</td>
</tr>
<tr>
<td>Depression (HADS)</td>
<td>-0.30 (0.001)</td>
<td>-0.17 (0.07)</td>
</tr>
<tr>
<td>Anxiety (HADS)</td>
<td>-0.05 (0.57)</td>
<td>-0.01 (0.86)</td>
</tr>
<tr>
<td>Sleep quality (PSQI)</td>
<td>-0.15 (0.12)</td>
<td>-0.09 (0.36)</td>
</tr>
<tr>
<td>Pain severity (BPI-SF)</td>
<td>-0.22 (0.02)</td>
<td>-0.16 (0.10)</td>
</tr>
</tbody>
</table>

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

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