Title (Please note: 20 words or less)
Shigeru Tsuyuki\textsuperscript{1,*}, Ayane Yamaguchi\textsuperscript{2,*}, Noriko Senda\textsuperscript{1}, Yukiko Kawata\textsuperscript{1,2}, Kosuke Kawaguchi\textsuperscript{2,\#}

\textsuperscript{1}Department of Breast Surgery, Osaka Red Cross Hospital, Osaka, 543-8555, Japan
\textsuperscript{2}Department of Breast Surgery, Graduate School of Medicine, Kyoto University, Kyoto, 606-8507, Japan
Please note: Author address must include the Affiliation, department, city, postcode, country.

*These authors contributed equally to this work
\#Correspondence: tyksgr@osaka-med.jrc.or.jp

Abstract
Please note:
1. Abstract length (for Research Articles, Brief reports, Reviews, Research highlights, and Hypotheses): 350 words or fewer.
2. The Abstract must not be structured into separate sections.

Keywords: (Please note: Three to ten keywords are allowed.)

List of abbreviations: ABC, ATP-binding cassette, TFEB, transcription factor EB. (Please note: Only comma can be used to separate abbreviation and their original terminology.)

Introduction

Materials (or patients) and methods

Results
(Please note: Subheadings should not be numbered.)

Discussion

Conflicting interests: The authors have declared that no competing interests exist.

Acknowledgements
Author contributions

(Please note: Author contributions must include all authors, identified by initials. For example: A.A. conceived the experiment, A.A., B.B. and B.A. conducted the experiment, C.A. and D.A. analyzed the results.)

References

Author names, Title. Journal Abbreviation Year Volume: Page number.

Examples of the reference style

Article within a journal

(Six or fewer authors)


(Seven or more authors)


Article in press with DOI

Smith JA, Jones B. Shoot organogenesis from Prunus leaves. Plant Genetics and Transgenics 2006; doi: 10.1008/s001090000065.

Figure and legends

Figure 7. Effect of nocodazole and ammonium chloride on PCSK9-mediated degradation of the LDLR.

HepG2 cells were cultured in media supplemented with nocodazole (20 μg/ml) or ammonium chloride (NH4Cl, 10 mM) for 30 min. The media were then replaced with conditioned media from HepG2 cells transiently transfected
with D374Y-PCSK9-FLAG plasmid or with empty plasmid, already containing ammonium chloride or nocodazole, and the incubation was continued for 3 h. Reprinted with permission [23].

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### Tables (Please note: Only three horizontal lines are accepted.)

Table 2. The metastasis of SLN and non-SLN in clinical node-positive cases

<table>
<thead>
<tr>
<th>Case #</th>
<th>Pathological response Grade</th>
<th>Positive SLN (n)</th>
<th>Removed SLN (n)</th>
<th>Positive LN in back-up Ax</th>
<th>Subtype</th>
</tr>
</thead>
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<td>0</td>
<td>3</td>
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</tr>
<tr>
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<td>2</td>
<td>0</td>
<td>Triple negative</td>
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<tr>
<td>10</td>
<td>2b</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>Triple negative</td>
</tr>
<tr>
<td>15</td>
<td>2a</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>ER+HER2-</td>
</tr>
</tbody>
</table>

Pathological response was evaluated according the Classification of response criteria established by the Japanese Breast Cancer Society\(^{20}\). Grade 0: No response, 1a: Mild response, 2a: Marked response with High grade changes, 2b: Marked response with Extremely high grade changes, 3: Complete response.

More information can be found at

**Author Guidelines.**