[Cohort profile]

Below is an example of a cohort profile.

**Title Write the title in lowercase characters except for the first word’s first character and any proper nouns, which should be capitalized.**

**Abstract**

A short free form summary (150 – 200 words) should describe why the cohort was set up, cohort participants, data collection phases, main categories of data, and data access.

Keywords: Cohort studies; Educational measurement; Program evaluation; Republic of Korea; Research design (It is mandatory to use MeSH terms through MeSH on Demand, available at: https://www.nlm.nih.gov/mesh/MeSHonDemand.html). The use of other terms is negotiable with the editorial board.

**Background**

What was the rationale for setting up the cohort including the original research questions it was set up to address? Where is it located and how is it funded?   
  
**Study participants**

Describe the study design; the methods used to recruit participants; numbers invited and numbers who entered the study (give response proportion); and differences between responders and non-responders at baseline (ideally as a table of socio-demographic characteristics comparing responders to non-responders or responders to the general population from which the responders came). 

**Ethical considerations**

**Measurements**

Give broad categories for each follow-up phase, e.g.

|  |  |
| --- | --- |
| **Phase** | **Measurements** |
| Baseline 1935-40 | Fasting blood samples taken, DNA extracted, fasting glucose, lipids, insulin assayed, serum aliquots stored at –80OC Self-reported socio-economic position Anthropometric measures: weight, height, waist & hip circumference Blood pressure Self-reported major behavioural CVD risk factors |
| Follow-up 1950 | Questionnaire only:  Self-reported major diseases and treatment  Self-reported socio-economic position and behaviours |
| Ongoing | All participants are flagged with routine data sources providing deaths since baseline and cancer registry entries since 1980 |

Provide descriptions of unusual measurements (e.g. specialised scans; unique assays) and/or measurements that have been undertaken in sub-groups of the cohort.   
  
This section should describe any linkages to morbidity, mortality and other routine data sources.

**Key findings (and publications)**

This should not be an exhaustive list, but an indicative summary of the most important findings generated by the cohort. If there is a web-page with a complete list of publications please note this and supply the web-address. We strongly encourages authors to illustrate one or two of their main findings with a table or figure, in addition to describing the findings in the text. Please note it is expected that descriptions of key findings, albeit brief, will inform the reader what has been found rather what has been examined.  
  
**Strength and weakness**

Please make sure both strengths and weaknesses are covered. It may be useful to readers setting up new cohorts to state briefly what you would do differently if you could start again and anything you regret leaving out. You may also comment on anything you feel is particularly valuable but might not be possible today because of data protection or other difficulties.

**Data accessibility**

The purpose of cohort profiles is to foster collaboration and maximise use of existing data. If the data are open access a web address must be provided. If an application is required to access the data, indicate where the application form can be found and the process for submitting an application. If access to the data is more limited please describe opportunities for collaboration. In all cases the name and contact details of a researcher to whom enquiries and queries can be submitted must be provided.   
  
**Conclusions**

Deduce the conclusion from the results, avoiding statements not described in the methods or results. If there were research hypotheses or questions in the introduction section, they should be answered.

**References**

Number references in the order they appear in the text.

In text and tables, identify references with superscript arabic numerals (for example, ….. the leading cause of death in Korea.1,2 ).

Cite published articles, website materials, or monographs. But the citation of grey materials (mass media, abstract, personal communication, thesis, etc) is not allowed.

List all authors up to 6; if more than 6, list the first 6 followed by "et al."

Abbreviate names of journals according to the journals list in PubMed.

The issue numbers should be written after the volume labels.

KAMJE member journals are recommended for references.

1. Park MS, Chung SY, Chang Y, Kim K. Physical activity and physical fitness as predictors of all-cause mortality in Korean workers. Ann Occup Environ Med2009;24(1):13-9.
2. Dodson MV, Hausman GJ, Guan L, [Du M](http://www.ncbi.nlm.nih.gov/pubmed/?term=Du%20M%5BAuthor%5D&cauthor=true&cauthor_uid=20827399), [Rasmussen TP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Rasmussen%20TP%5BAuthor%5D&cauthor=true&cauthor_uid=20827399), [Poulos SP](http://www.ncbi.nlm.nih.gov/pubmed/?term=Poulos%20SP%5BAuthor%5D&cauthor=true&cauthor_uid=20827399), et al. Skeletal muscle stem cells from animals I. Basic cell biology.Int J Biol Sci2010;6(5):465-74.
3. Hong GD, Kim C, Park J. *JKMS Reference Style: A Guide for Authors*. 5th ed. Seoul, Korea: Daehakro Press; 2017.

4. Floch MH. Probiotics, probiotics and dietary fiber. In: Buchman A, editor. *Clinical Nutrition: a Guide for Gastroenterologists*. Thorofare, NJ: SLAK Incorporated; 2005, 18-24.

5. WHO statistical information system. <http://www.who.int/whosis/en/menu.cfm>. Updated 2015. Accessed April 15, 2017.

**Legends for figures**

Prepare figure legends on a separate page.

The legends should contain a precise description so that the figure can be understood by readers without reading the main text.

Make each Figure a separate file.

Figure captions must be in a short and informative phrase.

Make whole caption and subcaptions or explanations for multiple figures in one Fig. number.

Mark A, B, C in order on the left higher corner of each figure in case of multiple figures. If the image in the left higher portion should not be masked by the mark, the location of the mark could be changed.

For submission of drawings, photos, graphs, or combined figures, PPT and PDF formats are acceptable. For graphs, the x-axis and y-axis should be drawn with adequate lines.

*Example.*

**Fig. 1.** Association of xxx to yyy. (**A**) Transcriptional activity of zzz in some luciferase reporter in HEK293 cells. (**B**) The interaction between endogenous aaa and bbb.

**Supplementary materials**

(Please upload supplementary files to the submission system. Each supplementary file must be cited within the main text and have a descriptive title.)

**Example:**  
Supplement 1. STROBE checklist for observational studies.

Supplement 2. Audio recording of the abstract (It will be requested before final PDF production).

**If no supplementary material is available, write**: None

**Table**

Prepare tables at the end of the text.

Make each Table on a separate page

The Table title should contain a precise description so that readers can understand the table content without reading the main text.

Make the Table title on the left top of each Table and short.

Mark footnotes as superscripted lower-case letters in order: a, b, c, d, ……

Do not use vertical lines.

The P-value should be written as a capital letter using a Roman character.