Mission Statement
The purpose of Advances in Chronic Kidney Disease (ACKD) is to provide in-depth, scholarly review articles about the care and management of persons with early kidney disease and kidney failure, as well as those at risk for kidney disease. Emphasis is on articles related to the early identification of kidney disease; prevention or delay in progression of kidney disease; the multidisciplinary case management of patients with chronic kidney disease or kidney failure; organ effects of kidney disease; epidemiology and outcomes research in kidney disease; benefits and complications of the primary treatment methods, dialysis and transplantation; technical aspects of the delivery of uremia therapy; care of the critically ill patient with kidney failure in the intensive care setting; new therapies for kidney failure; and health care research in chronic kidney disease. The full spectrum of basic science through clinical care is covered in these reviews. Clinical care issues stress the multidisciplinary team approach to the care of kidney patients. Topics covered will be of interest to practicing nephrologists (pediatric and adult), nephrology fellows (pediatric and adult), nurses, technicians, dieticians, and social workers caring for patients with kidney disease. Each issue of ACKD includes a focused review section of several articles on a topic of current interest.

Preparing Manuscripts for Submission
All manuscripts must be submitted via the Elsevier Electronic System (EES) (http://ees.elsevier.com/ackd). The EES site provides instructions for manuscript submission as well as a tutorial for authors.

Manuscripts must be in Microsoft Word. All components of the electronic manuscript must appear within a single electronic file: references, figure legends, and tables must appear at the end of the manuscript. Reference citations in the text should follow numerical order and should be indicated with a superscript arabic numeral, e.g.,¹, not a number in parentheses.

All parts of the manuscript (including references and legends) must be typed double-spaced—that is, with a full line of space after every typed line. Please leave generous margins (at least one inch) on both sides and at the top and bottom of every page.
Your manuscript must include the following materials and information:
1. A cover page that includes the title of the article; a short title in addition to article title; name(s) of author(s); full mailing address, telephone and fax numbers of the primary author; institutional affiliations for all authors; email address for the corresponding author; and financial disclosure statement.

2. An informative abstract of the article (200 words or less). An informative abstract condenses the information in the article, focusing on the key conclusions and potential applications.

3. A Clinical Summary. The Clinical Summary should consist of 2-4 bullets (one sentence per bullet) that present the key findings or concepts in the article and perhaps comment on their implications.

4. A list of five key words for indexing. Please use terms in Index Medicus as examples to choose words that will both aptly describe the article and collocate the article with others on the subject.

5. Consecutively numbered pages, beginning with "1" on the first page of text (not the title page).

6. Electronic files for artwork or camera-ready artwork for any figures and/or tables that are not included as electronic files (see next page for details). Camera-ready artwork refers to glossy black and white prints. The lowest quality original accepted is ink jet/laser print output. Photocopies may not be used.

7. Acknowledgement of grant support when appropriate (“Supported in part by. . .”).

8. Letters of permission from copyright holders for any previously published illustrations, including modified figures/tables. Original figures and tables are strongly encouraged. Any required payment for reprint permission is the responsibility of the authors.

9. The names, telephone numbers and e-mail addresses of three potential peer reviewers.

Length of Manuscript

The page allotment for your article must be strictly enforced. The Word Limit for articles is approximately 3,500 words (text only - does not include abstract, references, tables, or figures). Exercise judgment in deleting text and/or converting verbose text to a table if necessary. To help you calculate page length, please consider (1) the text of the article, (2) references, and (3) figures and/or tables. Table and figure sizes can vary drastically; page estimations should be reflected accordingly.

The following approximations are offered to help you calculate page length:

- Two 8½ x 11 pages, double-spaced, with 1.5-inch margins, in standard 10 or 12 point word processor type (approximately 275 words per page) = 1 printed page
- 30 references (all lines double-spaced) = 1 printed page
- 4 tables or figures with legends = 1 printed page

Example A manuscript contains 10 pages of text with 15 references and 6 tables:
- 10 pages of text = 5 printed pages
- 15 references = ½ printed page
- 6 figures or tables = 1½ printed pages
- TOTAL = 7 printed pages

References

Reference citations in the text should follow numerical order and should be indicated with a superscript arabic numeral, e.g., ¹, not a number in parentheses. References should be listed at the end of the manuscript in the order in which they are referred to in the text, not in alphabetical order; they must follow the style of the samples below. Manuscripts in press may be referenced. Manuscripts submitted for publication, but not yet accepted, should not be referenced, but may be listed as "unpublished data" in the text. All references must be complete when the manuscript is submitted for peer review. Abbreviations for titles of medical periodicals should conform to those in the latest edition of Medline/PubMed and should not include periods. ACKD citation style follows the AMA Manual of Style, which should be selected if using reference handling software (eg, EndNote, Reference Manager).

If you do use EndNote, it is recommended that you remove Endnotes codes before submission: https://service.elsevier.com/app/answers/detail/a_id/26093/supponiblehub/publishing/track/APOwiQryDv8U~WgrGica~yKgiPsqs0i75Mv8L~jz~PP~C/

Examples of References:

Journal article, up to six authors (list all authors):

Journal article, more than six authors (list first three authors, followed by et. al.):

Journal article in press:

Book Chapter:

Item presented at a meeting but not yet published:
Figures and Tables

All figures and tables must be cited in the text in numerical order using Arabic numbering. Each table should be on a separate page of the manuscript file double spaced, and should appear immediately after the references. The table number and title should be included above the table on the same page.

Figure legends should also be numbered with arabic numbers (Fig 1, Fig 2), and should be grouped on a separate page at the end of the manuscript files (following references). Legends should be sufficiently detailed to allow understanding without reference to the text.

Figures should not be embedded within the manuscript file; instead they should be submitted as separate files. In general, authors should minimize conversions between file types. Resolution should not be reduced except in cases where file size would otherwise be impractically large; in most cases, pixel-based images should have a resolution of at least 1200 dpi for line art (e.g., graphs, flow charts) or 500 dpi for photographs, micrographs, computed tomography scans, and related images. Color images should use CMYK color mode. The maximum width of illustrations after reduction is 6 inches. For full details on artwork instructions, please visit the Author Resource Center at [http://www.elsevier.com/authors](http://www.elsevier.com/authors).

Authors are responsible for the costs of printing color figures. At no cost to authors, figures may be printed in black and white, but published in color online.

Tables should be numbered with arabic numerals (Table 1, Table 2) in order of their text citation. Each table should be typed (double spaced throughout) on a separate page and should have a title. The maximum table width is 144 characters, including letters and spaces. Use spaces, not vertical rules, to separate columns. Abbreviations should be explained in a footnote.

Permissions:

If any figure or table has been previously published, including figures that have been modified, a copy of the permission license to reprint from the copyright holder must accompany the manuscript. Most journals (including ACKD) use the Copyright Clearance Center's Rightslink licensing solution for requests to reuse content. Rightslink provides an easy way to obtain a quote and copyright permission. You can either locate the article on the respective journal's website and click Request Permissions (usually to the right of the article), or you can go to [http://www.copyright.com/get-permissions/](http://www.copyright.com/get-permissions/) and enter the publication title. Authors are responsible for any permissions fees requested by the copyright holder.

The source of the figure or table should generally be included in the reference section of the manuscript. The legend should conclude with "Reprinted with permission" followed by the reference number or specific citation provided by the copyright holder, e.g., "Reprinted with permission from Smith et al.23" or "Adapted with permission from Smith et al. An in-depth study of diabetes. N Engl J Med 2011;33:1–15."

Terminology and Style

We request that authors contributing to ACKD adhere to the National Kidney Foundation policy regarding CKD terminology. Specifically, please note the following guidelines:

1. The use of “kidney” is preferable to “renal” (i.e., kidney function, not renal function; patient with CKD, not renal patient)

2. The use of “the estimated GFR” is preferable to “serum creatinine” whenever the available data permits the calculation

3. The use of “stages of kidney disease” is preferable to “nephropathy"

4. The use of “pre-ESRD” is not preferable

For more, please see the Kidney Disease Outcomes Quality Initiatives guidelines at [http://www.kdoqi.org](http://www.kdoqi.org).

ACKD Style

When preparing your manuscript, please follow the guidelines set forth in Appendix A: ACKD Style Notes for Authors and Standard Abbreviations.

The Peer Review Process

Once manuscripts are submitted to the Editorial Office, they will send each manuscript to two reviewers, who are given two weeks to return their comments. Upon receipt of the reviews, the Editorial Office may share parts of the reviews with you or may communicate with you directly about the reviewer's suggestions and comments. You will generally be given at least two weeks to complete any needed revisions of your manuscript. The revisions will be reviewed by the Guest Editor before he or she submits the final, revised version to the Editor and the Managing Editor.

Copyright

Upon acceptance of an article, authors will be asked to complete a 'Journal Publishing Agreement' (see more information on this). An e-mail will be sent to the corresponding author confirming receipt of the manuscript together with a 'Journal Publishing Agreement' form or a link to the online version of this agreement.

Subscribers may reproduce tables of contents or prepare lists of articles including abstracts for internal circulation within their institutions. Permission of the Publisher is required for resale or distribution outside the institution and for all other derivative works, including compilations and translations. If excerpts from other copyrighted works are included, the author(s) must obtain written permission from the copyright owners and credit the source(s) in the article. Elsevier has preprinted forms for use by authors in these cases.
**Author rights**
As an author you (or your employer or institution) retain certain rights. For more information on author rights see [www.elsevier.com/copyright](http://www.elsevier.com/copyright).

**Elsevier supports responsible sharing**
Find out how you can [share your research](http://www.elsevier.com/shareyourresearch) published in Elsevier journals.

**Role of the Funding Source**
You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

**Funding Body Agreements and Policies**
Elsevier has established a number of agreements with funding bodies which allow authors to comply with their funder's open access policies. Some funding bodies will reimburse the author for the Open Access Publication Fee. Details of [existing agreements](http://www.elsevier.com/openaccesspricing) are available online.

After acceptance, open access papers will be published under a noncommercial license. For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

**Open Access**
This journal offers authors a choice in publishing their research:

**Subscription**
- Articles are made available to subscribers as well as developing countries and patient groups through our [universal access programs](http://www.elsevier.com/univaccess).
- No open access publication fee payable by authors.

**Open access**
- Articles are freely available to both subscribers and the wider public with permitted reuse.
- An open access publication fee is payable by authors or on their behalf, e.g. by their research funder or institution.

Regardless of how you choose to publish your article, the journal will apply the same peer review criteria and acceptance standards.

For open access articles, permitted third party (re)use is defined by the following [Creative Commons user licenses](http://creativecommons.org/licenses):

- [Creative Commons Attribution-NonCommercial-NoDerivs (CC BY-NC-ND)](http://creativecommons.org/licenses/by-nc-nd/)

For non-commercial purposes, let others distribute and copy the article, and to include in a collective work (such as an anthology), as long as they credit the author(s) and provided they do not alter or modify the article.

For authors requiring a commercial CC BY license, you can apply after your manuscript is accepted for publication.

The open access fee for this journal is **$2,500**, excluding taxes. There is a 20% discount off the open access fee for members of the National Kidney Foundation. The NKF member price is **USD $2,000**, excluding taxes. Learn more about Elsevier's pricing policy: [http://www.elsevier.com/openaccesspricing](http://www.elsevier.com/openaccesspricing).

**Green open access**
Authors can share their research in a variety of different ways and Elsevier has a number of green open access options available. We recommend authors see our [green open access page](http://www.elsevier.com/openaccess) for further information. Authors can also self-archive their manuscripts immediately and enable public access from their institution's repository after an embargo period. This is the version that has been accepted for publication and which typically includes author-incorporated changes suggested during submission, peer review and in editor-author communications. Embargo period: For subscription articles, an appropriate amount of time is needed for journals to deliver value to subscribing customers before an article becomes freely available to the public. This is the embargo period and it begins from the date the article is formally published online in its final and fully citable form. [Find out more](http://www.elsevier.com/openaccess).

This journal has an embargo period of 12 months.

**Conflict of Interest Policy**
*ACKD* policies and procedures generally follow those of the International Committee of Medical Journal Editors, as published in the "Uniform Requirement for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (updated October 2007; [www.icmje.org](http://www.icmje.org)).

A conflict of interest exists when an author, reviewer, or editor has financial or personal relationships with other persons or organizations that may inappropriately influence or bias his or her actions. There is a potential for a conflict of interest whether or not an individual believes that a relationship affects his or her scientific judgment. Conflicts can occur as the result of employment, consultancies, stock ownership, honoraria, paid expert testimony or opinions, personal and family relationships, or academic competitive pressures. All participants in the peer review and publication process must disclose all relationships that could be viewed as a potential conflict of interest.

Authors must disclose at the time of manuscript submission all financial and interpersonal relationships that could be viewed as presenting a potential conflict of interest. These include, but are not limited to, any financial relationship that involves conditions or tests or treatments discussed in the manuscript or alternatives to tests or treatments. Authors should disclose information even when there is a question as to whether a relationship constitutes a conflict. Potential conflicts should be listed for each author on the page following the title page; a summary of relevant information will be published with the manuscript.
Proofs and Publication

All manuscripts must be submitted in their final form to the Guest Editor according to the timeline above. When the final version of your manuscript is submitted by the Guest Editor and the Managing Editor to the Editor, it will be edited and sent to the issue manager at Elsevier. Approximately four weeks after the manuscripts are sent to Elsevier, the corresponding author will receive an email with the PDF file of the proof. This email includes instructions for correcting and returning the proof using Adobe Reader. If using the PDF annotations function is not feasible, the corrections can be listed with corresponding page and line numbers and returned to Elsevier via email or noted on a printout of the PDF and sent via fax. Please return the proof within 48 hours. You will not receive second proofs, so please ensure all necessary corrections are made and all queries are answered.

Offprints

The corresponding author will, at no cost, receive a customized Share Link providing 50 days free access to the final published version of the article on ScienceDirect. The Share Link can be used for sharing the article via any communication channel, including email and social media. For an extra charge, paper offprints can be ordered via the offprint order form which is sent once the article is accepted for publication. Both corresponding and co-authors may order offprints at any time via Elsevier's Webshop. Corresponding authors who have published their article open access do not receive a Share Link as their final published version of the article is available open access on ScienceDirect and can be shared through the article DOI link.

Submission Checklist

Prior to submission, please ensure that your manuscript includes the following:

- Name of the author designated as the corresponding author, along with their:
  - E-mail address
  - Full postal address
  - Telephone and fax numbers
  - 5 indexing words (refer to Index Medicus)

- Conflict of Interest statement on title page

- Clinical Summary of key findings or concepts

- High-resolution files of all figures

- Permissions to reuse copyrighted material

- Complete tables

- Complete and verified references

- Does the length and word count of your manuscript fit within the guidelines given to you by the guest editor?
APPENDIX A

ACKD Style Notes for Authors

- All tables and figures must have titles and captions/legends and must be cited in text
- All references must conform to the format described in the Guidelines for Contributing Authors
- For pharmaceutical agents/drugs, devices, and laboratory assays/kits, provide location (city, state, country) of manufacturer at first mention
- CKD and ESRD do not need to be defined at their first use
- Use Arabic numerals for the stages of CKD as in CKD Stage 4
- Use of plurals with abbreviations: Use CPMs, not CPM, when discussing more than one CPM. Example: The committee presented 4 new CPMs.
- Units of Measurement:
  - Units should be expressed in US conventional units throughout; international equivalents or conversions are not necessary in running text (the abstract and body of the manuscript).
  - Conversion factors must be provided in figure legends and table notes, as appropriate, as shown in the following examples:
    - In figure legends:
      Conversion factors for units: serum creatinine in mg/dL to mol/L, ×88.4; urea nitrogen in mg/dL to mmol/L, ×0.357. No conversion necessary for serum potassium in mEq/L and mmol/L, ferritin in ng/mL and μg/L, and PTH in pg/mL and ng/L.
    - In tables:
      |                      | Patient 1 | Patient 2 |
      |----------------------|-----------|-----------|
      | Serum creatinine (mg/dL) | 0.6       | 1.2       |
      | Serum urea nitrogen (mg/dL) | 8         | 18        |
      | Serum sodium (mEq/L)    | 139       | 141       |

  *Note: Conversion factors for units: serum creatinine in mg/dL to mol/L, ×88.4; serum urea nitrogen in mg/dL to mmol/L, ×0.357. No conversion necessary for serum sodium in mEq/L and mmol/L.*

- Units should be preceded by a space when following a number. Examples: 117 mg/dL, 5 m, 4 mmol/L.
- Use of millilitre, decilitre and liter. Use mL, dL, and L, as in 5 mL, 12 mg/dL, and 40 g/L.
- Abbreviation of grams: Units should be expressed as “g” not “gm.” Example: There were 13 g or 13,000 mg of enzyme.
- Four-digit numbers: Use no commas in numbers less than 10,000. Example: There were 9999 passengers aboard the ship.
- Use of > and < signs: Use >35 versus > 35.
- Use of = sign and mathematical operators (+, -, ÷, ×, ±): A space should precede and follow each = sign. [15 × (13 + 27)] ÷ 6 = 100
- Use of / as division sign: No space should precede or follow the “/” sign. 30/5 = 6
• Use of “anti”, “non”, and “under” as prefixes: In general, for the purpose of clarity, follow these terms with hyphens when the same letter will appear twice, if non-hyphenated. Examples include “anti-inflammatory”, “non-numerical”, and “under-recognized.”
• Use of commas for items in a series. For series of 3 or more, set off each item with a comma, including a terminal comma before the word, “and.” Example: The grocery list included milk, eggs, and ham.
• Use of et al in text. Do not use et al in the body text of a manuscript. Lok and colleagues, or Lok and others, and Lok and associates versus Lok et al.
• Use of id est (ie): Do not use as “i.e.” but simply as “ie.” Use “ie” sparingly. Example: Forests help provide us with books, ie, paper is made of wood from trees.
• Use of exempli gratia (eg): Do not use as “e.g.” but simply as “eg.” Use “eg” sparingly. Example: The automobile had many desired features, eg, an MP3 player.
• Use of et al: Do not follow “al” with a period.
• Suggestion: AJKD, NKF, KDOQI, DOQI, KT/V, and USRDS do not need to be spelled out
• Suggestion: Use U.S. English spellings where possible, eg, hemoglobin versus haemoglobin
Standard Abbreviations for ACKD

To improve readability, only standard abbreviations should be used and all abbreviations should be expanded at first mention. Abbreviations in titles, abstracts, and running heads should be avoided. Following is a list of standard abbreviations for ACKD:

- ACE, angiotensin-converting–enzyme
- ACR, albumin-to-creatinine ratio
- ADH, antidiuretic hormone
- ADP, adenosine diphosphate
- ADPKD, autosomal dominant polycystic kidney disease
- AKI, acute kidney injury
- AKIN, Acute Kidney Injury Network
- ANCOVA, analysis of covariance
- MANOVA, multivariate analysis of variance
- MANCOVA, multivariate analysis of covariance
- ANOVA, analysis of variance
- ARB, angiotensin-receptor blocker
- ARF, acute renal failure
- ASN, American Society of Nephrology
- AST, American Society of Transplantation
- ATP, adenosine triphosphate
- ATPase, adenosine triphosphatase
- AVF, arteriovenous fistula
- AVG, arteriovenous graft
- AVP, arginine vasopressin
- BEE, basal energy expenditure
- BMI, body mass index
- BP, blood pressure
- BPH, benign prostatic hypertrophy
- BSA, body surface area
- BUN, blood urea nitrogen
- cAMP, cyclic adenosine monophosphate
- CAPD, continuous ambulatory peritoneal dialysis
- CCPD, continuous cycling peritoneal dialysis
- Chr, content of hemoglobin in reticulocytes
- CI, cardiac index
- CKD, Chronic Kidney Disease
- CMS, Center for Medicare and Medicaid Services
- CO, cardiac output
- CPG, clinical practice guideline
- CPM, clinical performance measure
- CRBSI, catheter-related bloodstream infection
- CRP, c-reactive protein
- CRRT, continuous renal replacement therapy
- CVVH, continuous venovenous hemofiltration
- CVVHDF, continuous venovenous hemodiafiltration
- DEA, Drug Enforcement Administration
- DKA, diabetic ketoacidosis
- DKD, diabetic kidney disease
- DM, diabetes mellitus
- DT, distal tubule
- ECF, extracellular fluid
- eGFR, estimated glomerular filtration rate
- EPO, erythropoietin
- ERPF, effective renal plasma flow
- ESA, erythropoiesis-stimulating agent
- ESKD, end-stage kidney disease
- ESRD, end-stage renal disease
- ESWL, extracorporeal shock wave lithotripsy
- ET, endothelin
- FDA, Food and Drug Administration
- FE, fractional excretion
- FENa, fractional excretion of sodium
- FF, filtration fraction
- FGF, fibroblast growth factor
- GFR, glomerular filtration rate
- GH, growth hormone
- Hb, hemoglobin
- Hct, hematocrit
- HD, hemodialysis
- HF, hemofiltration
- Hgb, hemoglobin
- HTN, hypertension
- IDPN, intradialytic parenteral nutrition
- IL, interleukin
- IGF, insulin-like growth factor
- IMCD, inner medullary collecting duct
- iPTH, intact parathyroid hormone
- KDIGO, Kidney Disease: Improving Global Outcomes
- MCD, medullary collecting duct
- MDRD, Modification of Diet in Renal Disease
- NO, nitric oxide
- nPCR, normalized protein catabolic ratio
- nPNA, normalized protein nitrogen appearance
- NSAID, non-steroidal anti-inflammatory drug
- NSS, normal saline solution
- OMCD, outer medullary collecting duct
- OPTN, Organ Procurement and Transplantation Network
- PCNL, percutaneous nephrolithostomy
- PD, peritoneal dialysis
- PKD, polycystic kidney disease
- PNA, protein nitrogen appearance
- PT, proximal tubule
- PTH, parathyroid hormone
QALY, quality of life-years adjusted
QoL, quality of life
RCC, renal cell carcinoma
RCT, randomized controlled trial
rHuEpo, recombinant human erythropoietin
RPF, renal plasma flow
RRT, renal replacement therapy
RTA, renal tubular acidosis
SGA, subjective global assessment
SHBG, sex hormone binding globulin
TAL, thick ascending limb
TALH, thick ascending limb of Henle

TBG, thyroid-binding globulin
TBW, total body water
TGF, transforming growth factor
TNF, tumor necrosis factor
TPN, total parenteral nutrition
TSAT, transferrin saturation
TSH, thyroid stimulating hormone
UACR, urine albumin-to-creatinine ratio
UNOS, United Network for Organ Sharing
URR, urea reduction ratio
UTI, urinary tract infection