EDITORIAL OFFICE CONTACT INFORMATION

Office E-mail: AJKD@pennmedicine.upenn.edu

The *AJKD* Editorial Office is based at the Center for Clinical Epidemiology and Biostatistics, Perelman School of Medicine at the University of Pennsylvania, Philadelphia, Pennsylvania.

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Key updates to this document in 2020:

- Policy on prior dissemination updated (preprints identified as an exception)
- Patient protection policies for Case Reports clarified
- Document reorganized to better distinguish mandatory policies from style preferences not obligatory for initial submission
- Information added about preproof publication

The *American Journal of Kidney Diseases*, published monthly by Elsevier on behalf of the National Kidney Foundation (NKF), serves clinicians and scientists who treat and investigate kidney disease and associated conditions. *AJKD* is dedicated to providing high-quality, clinically relevant information in the form of original research articles, case reports, and a rich variety of educational features.

ARTICLE TYPES

Original Investigations

Original Investigations may evaluate pathogenesis, consequences, and treatment of kidney disease; kidney transplantation and dialysis therapies; and disorders of blood pressure and electrolyte and acid-base balance. Manuscripts must focus on clinical research; laboratory studies are suitable only if they are directly linked to measurements or outcomes in humans. Criteria for review include validity, clinical importance, and interest. An expedited consideration pathway, AJKD Express, is available for select manuscripts redirected from high-profile publications.

An Original Investigation includes a structured abstract of up to 300 words and is limited to 3,500 words (excluding abstract, references, the article information section, tables, and figure legends); most Original Investigations have no more than 50 references and 8 figures/tables/boxes in total. The body of the manuscript is organized into Introduction, Methods, Results, and Discussion sections.

Further information on subtypes of Original Investigation, organized alphabetically by study design, is provided in the remainder of this section. Authors should follow the listed reporting guidelines or consult materials at the Equator Network for guidance. Also, if reporting company-sponsored research, authors should consult the Good Publication Practice recommendations (GPP3). For studies using laboratory testing of biomarkers, *AJKD* endorses following the recommendations of the Consortium of Laboratory Medicine Journal Editors.

Case Series

A description of the clinical course of 11 or more actual individuals with a condition of interest. A case series typically focuses on the description of variations in clinical presentation and, unlike an observational study, does not pursue evaluation of research hypotheses.

Clinical Trial

An experimental study that assesses the effect of an intervention or compares the effects of 2 or more interventions. *AJKD* requires clinical trials to be registered (see clinical trial registration policy) and requires that the study protocol (with any amendments identified with date) be included in the initial submission as part of the confidential review process (publication of the protocol as supplementary material or its availability for data sharing would be at the authors' discretion).

For randomized controlled trials, authors should include a CONSORT flowchart and follow the CONSORT guidelines matching the study design, eg:

- Trial With Parallel Group Design (more info)
- Cluster-Randomized Trial
- Noninferiority and Equivalence Trial
- Pragmatic Trial
- Trial of Nonpharmacologic Treatment
- Trial With Patient-Reported Outcomes
- N-of-1 Trial (more info)

Authors should consider following the TIDieR guidance to describe the intervention. If appropriate, authors should follow CONSORT's recommendations for reporting of harms.

For nonrandomized trials evaluating behavioral and public health interventions, authors should follow the TREND guidelines.

Because adopting a shared set of key trial outcomes can help prevent selective reporting and facilitate comparisons and pooling of results across trials, *AJKD* recommends authors determine whether there is a core outcome set relevant to their trial; if so, *AJKD* encourages authors to include such outcomes in their trial or briefly mention the rationale for not adopting them. The COMET Initiative maintains a searchable database of core outcome sets.

Decision Analysis or Cost-Effectiveness Analysis

An analysis that weighs choices in clinical care by modeling the projected consequences of different strategies to identify the optimal choice and/or to inform clinical decision making or public policy. Authors should follow the recommendations of the Second Panel on Cost Effectiveness in Health and Medicine (JAMA 2016) or the CHEERS guidelines to report economic evaluations of health interventions.

Diagnostic Test Study

A study that compares the performance of 2 or more diagnostic tests or strategies. Authors should follow the STARD guidelines.

Observational Study

Cohort, Case-Control, Cross-sectional, Case-Cohort, and Ecological Studies

These studies observe and describe individuals or patients based on their exposure to a potential risk factor or an intervention with the purpose of assessing the validity of research hypotheses. In contrast to a trial, investigators do not deliver an

intervention or manipulate its use; ie, they do not assign patients to treatment or control groups.

Authors should follow the STROBE guidelines (more info), using the appropriate checklist for the design:

- Cohort Study
- Case-Control Study
- Cross-sectional Study

For case-cohort studies, authors may wish to review Sharp et al (PLOS One 2014) for reporting suggestions.

For ecological studies, authors may wish to review Dufault and Klar (Am J Epidemiol 2011) for reporting suggestions.

Genetic Association Study

A study that investigates associations between genetic factors and clinical measurements or disease outcomes. Authors should follow the STREGA guidelines.

Prediction Study

A study that describes the development or use of a model designed to estimate risk of reaching a specific clinical end point within a defined period of time. Prediction models may also be referred to as prognostic (or predictive) indices, rules, tools, or instruments. Authors should follow the TRIPOD guidelines (more info); for risk prediction models involving genetic risk factors, authors should consult the GRIPS guidelines (more info).

Qualitative Study

A study used to gain an understanding about people's behaviors, attitudes, and values. Qualitative approaches include focus groups, in-depth or semi-structured interviews, observations, or document analysis. For qualitative research based on interviews and focus groups, authors should follow the COREQ guidelines.

Registry or Health Care Database Study

A study using routinely collected health or health care administrative data that seeks to draw inferences about patterns of health care delivery, clinical decision making, and their relationship to health outcomes. Authors may wish to review the RECORD guidelines for reporting suggestions.

Quality Improvement Study

A description of an initiative conducted to improve quality of care. The purpose of quality improvement studies is to modify human activities and not to produce new, generalizable knowledge. Improvement interventions are often adjusted in response to outcomes. These studies do not typically address the mechanisms through which interventions work. Authors should follow the SQUIRE guidelines (more info).

Systematic Review or Meta-analysis

A systematic review follows an explicit protocol to systematically identify, appraise, and synthesize the findings of studies that address a similar question; a meta-analysis (a quantitative synthesis of the results of the systematic review) is preferred whenever possible.

Authors should include a PRISMA flow diagram to report study yield and selection (if relevant, the format should be adapted according to the specific reporting guidelines being followed).

In addition, authors should consult the PRISMA guidelines (more info) and the MOOSE guidelines, along with relevant extensions (see below). For systematic reviews/meta-analyses of health care interventions, authors should be sure to evaluate risk of bias in the included studies (eg, using the tools at riskofbias.info).

For meta-analyses of gene-disease association studies, *AJKD* encourages authors to review the following resources: the Human Genome Epidemiology Network Review Handbook, Evangelou & Ioannidis (Nat Rev Genet 2013), and Sagoo et al (PLOS Med 2009).

For systematic reviews of prediction model studies, authors should use the PROBAST tool (more info) to assess these studies' risk of bias and applicability.

For synthesis of primary qualitative studies (including by thematic synthesis, meta-ethnography, and critical interpretive synthesis) authors should report the approach for conducting the literature search and selection, appraisal, and synthesis of findings in accordance with the ENTREQ framework.

For systematic reviews and meta-analyses of individual participant data, authors should follow the PRISMA-IPD guidelines.

For network meta-analyses, authors should follow the PRISMA network meta-analysis extension.

Authors of systematic reviews should prospectively register study protocols at the PROSPERO international registry, reporting the registration number at the end of the abstract. Authors submitting systematic reviews that were not prospectively registered must explain why; the editors will take this information into consideration when deciding whether to grant an exception to the registration requirement.

Research Letters

Research Letters report findings relevant to clinical practice or research in a concise format comprising up to 800 words of body text, 10 references, and a total of 2 figures or tables. Criteria for review include validity, clinical importance, and interest. Research Letters include an introduction, brief methods, key results, and a discussion, but no subheadings are used. Authors should use online supplementary

material for detailed methods or supporting data. Reports of cases are not suitable as Research Letters.

Case Reports

Case Reports present interesting, rare, and/or novel situations that bring to the attention of the experienced practitioner and others newly described clinical presentations, diagnostic dilemmas, or treatment responses that provide insights into mechanisms of disease. Criteria for review include clinical importance, originality, and the clarity of the case presentation. Limited to 1,500 words of body text and requiring an unstructured abstract (150-200 words), most Case Reports have no more than 20 references and 2 figures/tables/boxes in total. The format comprises an Introduction, Case Report, and Discussion.

In preparing Case Reports, authors should consult the CARE guidelines, with the understanding that certain items may not apply to all reports of cases.

Authors must ensure that Case Reports comply with *AJKD*'s policies regarding Patient/Participant Protections.

Features

AJKD features are designed to strengthen knowledge in the field of nephrology and to provide physicians with information enhancing their ability to provide patients the highest standard of care. Feature types for which ad hoc submissions are considered are described in this section.

Editorial

A focused commentary and narrative analysis concerning a current issue in nephrology. Editorials are limited to 1,500 words of body text and 1 figure, table, or box; in most cases, editorials have no more than 20 references.

Authors of Editorials discussing issues of payment policy, social policy, demographics, politics, and ethics should select the "Policy Forum" Section/Category during manuscript submission.

In a Few Words

An evocative work that illuminates the personal experiences and stories that define kidney disease. Submissions may be in the form of a nonfiction narrative essay (up to 1,000 words); poetry; or a striking image with explanatory caption (100-200 words; images may not include recognizable faces). Select images may be published as a journal cover rather than within the feature.

Submissions from physicians, allied health professionals, patients, or family members are welcome. Details may be omitted to preserve patient confidentiality, but fictionalized depictions may not be included. If a patient may be identifiable, the patient will need to sign the journal's consent form prior to publication. For images selected for publication, the copyright will remain with the creator, who will be asked to grant Elsevier a nonexclusive license to reproduce the work.

Review

An authoritative exploration of a clinical, translational, or basic science topic of interest to practitioners. Clinically focused Reviews should describe the treatment, diagnosis, or pathogenesis of a disease process or its complications, emphasizing recent advances in the field. Articles pertaining to basic science topics should give particular attention to cellular and molecular mechanisms of disease and their relation to diagnostic approaches or therapeutic applications. Criteria for review include clinical relevance, comprehensiveness, and balance. These articles are limited to 3,500 words of body text; an unstructured abstract (150-200 words) is required, and most Reviews have no more than 80 references. The editors encourage the use of figures, tables, and boxes (up to 8 in total) to help convey the central concepts.

Perspective

An in-depth discussion of an issue of significance to the nephrology community that may be based in part on the author's opinions or professional experiences. Rarely, a Perspective may present new descriptive data used to support an opinion (data included to substantiate a conclusion related to a research hypothesis is not permitted). Criteria for review include originality, rigor of argument, and clinical relevance. Perspectives are limited to 3,000 words of body text and 4 figures/tables/boxes in total; an unstructured abstract (150-200 words) is required, and most Perspectives will have no more than 70 references.

Quiz

An educational feature that allows readers to test their knowledge of unusual but clinically important diagnostic or therapeutic problems. Cases may focus on evaluation of clinical findings, interpretation of laboratory values, or assessment of pathologic material or radiologic images. The first section includes a brief description of the case (200 words or fewer), a maximum of 4 figures/tables, and 1-4 brief questions that help elucidate the underlying problem. An answer to each question, further information regarding the clinical entity, and a brief statement of the final diagnosis are provided in the discussion section, which may include an additional 2-4 figures, tables, or boxes, and in most cases has no more than 400 words and 5 references.

Authors must ensure that all Quizzes comply with

AJKD's policies regarding Patient/Participant Protections.

Special Report

An article summarizing a scientific workshop or the conclusions of a working group. Criteria for consideration as a Special Report include the reputation and stature of the organizing entity; for initiatives that are not yet well established, a Perspective may be a more suitable article type.

Criteria for review include the importance and clinical relevance of the issue addressed, timeliness, the novelty and anticipated impact of the conclusions, and the appropriateness of the authors' expertise and backgrounds for the scope of the article.

If a report of a conference, the article should make clear the motivation, participants, sponsors, and scope of the meeting, and should specify if the conclusions are endorsed as an official position of the sponsor. For such submissions, the review process will focus on making constructive suggestions for placing the report in context, rather than requesting changes to the recommendations/outcomes of the conference.

Special Reports are limited to 4,000 words of body text, and an unstructured abstract (150-200 words) is required; most reports have no more than 80 references and 8 figures/tables/boxes in total.

OTHER CONTENT

Letters to the Editor

A Letter to the Editor responds to an article in *AJKD* and should not exceed 250 words of body text (up to 5 references and 1 figure or table may also be included) and 3 authors. Priority will be given to letters submitted within 4 weeks of the article's date of online or print publication, whichever occurs first. In exceptional circumstances where preliminary observations may be of interest (eg, a health crisis like the COVID-19 pandemic), Letters that are not linked to an *AJKD* article may be considered.

Custom Features

Contributions to the Atlas of Renal Pathology, Core Curriculum, In the Literature, and In Practice series are typically by invitation only, but individuals who wish to propose a topic may contact the editorial office. Other custom features, including clinical practice guidelines, guideline commentaries, and kidney disease surveillance reports, may occasionally publish.

SUBMISSION POLICIES

Submission of a manuscript is understood to signify that the authors have complied with all policies in this document. Individuals who violate these policies are subject to forfeiture of acceptance, if applicable, or editorial action including, but not limited to disclosure of violations to relevant entities (employers, funding agencies, etc) and/or the wider public via publication of an erratum, editorial, editorial expression of concern, or retraction.

Originality

Related Submissions

When submitting a manuscript to *AJKD*, authors must confirm that the manuscript is not under active consideration elsewhere, and must provide confidential copies of related manuscripts.

Presubmission Dissemination

General Policies

In general, manuscripts are not considered for publication if the article or its key features have already been disseminated in print or online. The exceptions to this policy comprise specific research uses: (1) printing or online posting of a dissertation or thesis; (2) abstracts published in connection with scientific meetings; and (3) preprints. To avoid lessening priority for later publication, authors should not seek out press coverage of items 1-3, and if contacted by reporters, should not offer more detail than already disseminated. Further requirements for item 3 are listed below. For other situations not anticipated by items 1-3, authors should contact the editorial office prior to submission to request a custom exception.

Preprint Policy

Posting a manuscript as a preprint does not violate *AJKD*'s originality policies provided the following conditions are met. The existence of the preprint, including unique identifier or hyperlink, must be explicitly noted by authors when responding to the submission questions posed by the Editorial Manager system; if the preprint is posted after the manuscript is submitted to *AJKD*, authors must notify the editorial office. The preprint may not be updated based on the final *AJKD* publication or (assuming the manuscript is not rejected by *AJKD*) revised versions of the *AJKD* manuscript. The preprint server must be listed in the ASAPbio directory. The licensing terms applied to the preprint must be compatible with *AJKD*'s copyright (and, if relevant) open access license agreements; if the terms require open access publishing, authors must be willing to pay the associated fee. If the manuscript posted as a preprint is published by *AJKD*, the author must update the preprint record to link to the final published article.

The journal does not have a formal process to examine preprints and any associated comments as part of the peer-review and decision making processes, but given that it is publicly accessible,

editors and reviewers may view this material during manuscript evaluation.

Reuse of Copyrighted Material

Any text, figure, table, or data from other sources (including a thesis or dissertation) must be clearly attributed. Except for articles solicited by the journal, for all borrowed material, authors are responsible for applying for permission from the relevant publisher(s) for both print and electronic rights and are responsible for paying any permissions fees. In addition to providing proof of permission to the editorial office, authors must include appropriate wording in the figure legend or a table note to indicate the source of the material.

Supplementary material is governed by the same copyright transfer policies as the article; if supplementary material has been reproduced from another source, the authors must provide documentation granting permission for its reuse in *AJKD*.

To monitor compliance with the journal's requirements regarding attribution, accepted manuscripts are screened using plagiarism detection software. Consistent with the position of the US Office of Research Integrity, *AJKD* does not consider "limited use of identical or nearly-identical phrases which describe a commonly used methodology or previous research" to constitute plagiarism.

Authorship

The full name of each author and his/her affiliation must be listed on the title page of the manuscript.

Each author must meet all 4 of the following conditions; moreover, each person fulfilling these conditions must be listed as an author.

(1) the individual made a substantial contribution to conception and design of the work, to data acquisition, to data analysis, or to data interpretation; and

(2) the individual drafted the article and/or revised it for important intellectual content; and

(3) the individual approved the submitted version of the manuscript; and

(4) the individual agrees to be personally accountable for the individual's own contributions and to ensure that questions pertaining to the accuracy or integrity of any portion of the work, even one in which the author was not directly involved, are appropriately investigated and resolved, including with documentation in the literature if appropriate.

If revision is requested, item 3 also applies to any revised submissions that contain substantive changes relevant to the author's contributions. Item 4 is intended to make clear that the responsibilities of authorship are not limited to direct accountability for the parts of the work that the author performed, but also cover knowing which co-authors are responsible for which other parts of the work, and having confidence in the accuracy and integrity of these co-authors. If questions arise about an aspect of a study or article, the authors have a collective responsibility to ensure the issue is resolved.

Any individual who does not qualify as an author but who contributed to the work described in the manuscript must be named in the Acknowledgements. In particular, if medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed. Authors may also express thanks or note assistance in the Acknowledgements. Authors are responsible for informing all those listed that they are being mentioned in the manuscript and for obtaining their approval prior to publication.

For Original Investigations and Research Letters, a brief description of the contribution of each individual listed as an author must be provided, eg:

Authors' Contributions: research idea and study design: AB, CD, EFG; data acquisition: HIJ; data analysis/interpretation: AB, EFG; statistical analysis: KL; supervision or mentorship: EFG, MN. Each author contributed important intellectual content during manuscript drafting or revision and agrees to be personally accountable for the individual's own contributions and to ensure that questions pertaining to the accuracy or integrity of any portion of the work, even one in which the author was not directly involved, are appropriately investigated and resolved, including with documentation in the literature if appropriate.

At their discretion, the editors may request this information for other article types.

Potential Conflicts of Interest for Authors

AJKD's conflict of interest (COI) policies generally follow those of the ICMJE Recommendations. Authors must disclose all relationships that could be viewed as a potential COI. Editors may use information in COI disclosures as the basis for editorial decisions.

Support

Except for In a Few Words and Letters and their Replies, each article must report any support for the work described in the submission, whether directed to an author or that individual's institution. Types of support include, but are not limited to:

- grants, active or pending (including industry grants)
- consulting fees or honoraria related to the study
- funding of travel related to the study
- fees related to data monitoring boards, statistical analysis, end point committees, etc
- funds for writing or reviewing the manuscript
- nonmonetary support (eg, writing or administrative assistance), or provision of medicines or equipment
- employment

For research articles, authors should specify whether or not the funders or their institution had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication. Authors must inform the editors if the sponsor imposed any limits on authors' access to all of the study's data; upon request, authors must confidentially share with the journal any such agreements.

For other article types, authors should specify whether or not the funders or their institution had a role in defining the content of the manuscript.

Financial Disclosure

Each article except for In a Few Words must list financial relationships between each author (or the author's institution) and entities that did not support the study, but that might reasonably be considered to be relevant stakeholders. For manuscripts that discuss tests or treatments, relationships with entities offering alternatives to those tests or treatments are considered pertinent. The types of relationships include, but are not limited to:

- patents (planned, pending, or issued) or royalties
- employment or consultancy
- board membership
- payment or reimbursement of travel/accommodation expenses for expert testimony or lectures (including service on speakers' bureaus)
- stock/stock options
- a first-degree relative with any such relationship

The disclosure must cover the 36 months prior to manuscript submission, unless there are prior relationships that could reasonably represent or create the perception of a COI, such as long-term financial relationships that have now ended. If no financial COI is identified, a statement such as "Drs X, Y, and Z declare that they have no relevant financial interests" must be included. In general, however, authors should disclose information even when there is a question as to whether a relationship constitutes a COI.

Other Disclosures

If there are relevant nonfinancial associations (personal, professional, political, institutional, religious, or other) that may reasonably represent or create the perception of a COI related to the submitted work, authors should include this information in the "Enter Comments" text box provided during the submission process. When authors are uncertain about the need to disclose, they should err on the side of so doing.

Patient/Participant Protections

Authors of manuscripts reporting research studies involving human participants or data (including quality improvement activities) must comply with all applicable research ethics requirements. In general, the manuscript must include a statement that the research was approved by the appropriate research ethics committee (eg, an institutional review board [IRB]), quoting the approval number. However, if the relevant ethics committee exempted the study from the need for approval, the name of the committee and its rationale for the exemption must be provided; in cases where authors cannot provide this information, a detailed explanation must be supplied for the editors' consideration. In all cases, the research must have been conducted according to principles having their origin in the Declaration of Helsinki. Studies related to transplantation must comply with the Declaration of Istanbul. Declarations of research ethics compliance appear in the Methods section of Original Investigations, and in the body, supplementary material, or Article Information of other article types.

Authors of Case Reports should follow their institution's policies about whether research ethics review is required. If such review is obligatory, the manuscript must include a statement about ethics review/approval.

Manuscripts reporting research studies (including quality improvement activities) must either state that written, informed consent was obtained from all participants or explain why individual-level informed consent was not obtained (eg, due to an IRB waiver). If investigators have potential COIs, these must be disclosed to study participants, and a statement should be included in the manuscript to indicate that such disclosure was made.

Whenever possible, and regardless of the article type, authors should avoid including any information identifying individual patients or participants. If identifying information is necessary, the patient or participant (or legal representative) must be shown the manuscript and sign a written publication consent form before publication. Authors may use the *AJKD* form (Patient Consent for Publication of Identifying Material in AJKD), or may use another form that contains equivalent elements. To preserve patient confidentiality, these forms should be held by the treating institution and must not be provided to *AJKD*. However, prior to acceptance, authors will be required to attest that a signed form has been obtained, and to provide a blank copy of the form if the *AJKD* version was not used.

Since they typically include detailed case descriptions, Case Reports are generally considered to contain identifying information and therefore publication consent must be obtained (see previous paragraph). If it is the authors' contention that formal

consent is not required because the manuscript text cannot identify the individual(s) concerned and any images are entirely anonymized (eg, pathology slides), then the authors must attest that this conclusion was verified by an appropriate authority at the authors' institution and must specify the identity of this authority. Possible types of verification may be the ruling of a Privacy Officer that the magnitude of the risk of identifying the individual is negligible, or a waiver of the requirement for authorization of disclosure of protected health information from a Privacy Board or an IRB.

Clinical Trial Registration

To help limit publication bias and to aid in the identification of clinical trials for meta-analyses, *AJKD* requires authors of manuscripts pertaining to clinical trials to prospectively register their study in a public trials registry. *AJKD* defines a clinical trial as any research project that prospectively assigns participants to an intervention (with or without a comparison group) to study the cause-and-effect relationship between a health-related intervention and a health-related outcome. Interventions include but are not restricted to drugs or devices, surgical procedures, behavioral treatments, quality improvement interventions, educational initiatives, process-of-care changes, and preventive care. This definition includes phase 1 to 4 studies of drugs or other treatments.

For trials that were completed before 2006, authors may instead cite a published peer-reviewed article describing the study.

A list of acceptable registries is maintained on the WHO Primary Registries page. Authors must include the minimum required information at the time of registration, and are encouraged to update the record with the full journal citation when the results are published. Investigators studying devices must make their registry posting public prior to device approval.

If authors have failed to prospectively register their trial, the manuscript should explain when registration was completed and the reason for the delay; the editors will take this information into consideration when deciding whether to grant an exception to the prospective registration requirement.

Data Sharing

In recognition of the increased attention given to reproducibility of research findings, and to enhance opportunities for research collaboration, each manuscript reporting a clinical trial must include a data sharing statement. *AJKD* does not currently have a particular data sharing expectation (beyond the stipulation that data be available for editors' inspection, as detailed in the Research and Publication Integrity section); the requirement is simply that authors be transparent about their data sharing intentions. Data sharing statements should specify the type of data that will be shared (eg, deidentified, individual participant data underlying the results presented in the manuscript); whether other documents will be available (eg, study protocol, statistical analysis plan, analytic code); if data will be available, the start and end dates of this availability; with whom data will be shared (eg, anyone, researchers with a methodologically sound proposal); the types of analyses to be allowed (eg, any, meta-analysis); and the procedure for requesting access. Authors are encouraged to review the table in the ICMJE's publication regarding data sharing for further detail on the type of information to be included in data sharing statements and possible wording of such statements.

Clinical trials that began enrolling participants on or after January 1, 2019, should include a data sharing plan when registering the trial (see Clinical Trial Registration section), and should update the registry record if the plan is subsequently modified.

Research and Publication Integrity

AJKD endorses the Singapore Statement on Research Integrity, which lists the responsibilities of researchers in upholding research integrity. *AJKD* considers irresponsible and unethical research practices to include fabrication (invention of data), falsification (tampering with data, including images), misrepresentation (plagiarism, duplicate publication, misattribution), intentional failure to disclose COIs, or any other behavior that lessens the reliability or integrity of the research record. *AJKD* takes seriously its responsibility to respond to suspicions or allegations of misconduct according to its misconduct handling policy.

For all Original Investigations and Research Letters, authors have a responsibility to report methodology accurately, clearly, and with sufficient detail such that the findings can be independently confirmed, and to retain the underlying data for at least 3 years after study completion, unless questions have been raised regarding the conduct of the research, in which case all relevant data must be retained until all such matters are resolved. Collectively, the authors are responsible for ensuring that the article is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

When important supporting information for an article is too extensive for print publication (eg, a lengthy study questionnaire), it should be submitted as online-only supplementary material. Supplementary material should also be provided in lieu of stating "data not shown."

AJKD's expectations for image processing are that (1) adjusting contrast/levels or rescaling is acceptable if performed across the entire image; and (2) if certain parts of an image have been altered (other than obscuring confidential patient information), the authors must explain what has been done in a text box provided during the submission process. The editors may at their discretion request to inspect raw data or unprocessed images.

MANUSCRIPT PREPARATION GUIDANCE

Provided the manuscript complies with *AJKD*'s Submission Policies, is clear and complete, and is double spaced with numbered pages, initial submissions do not need to have specific formatting (ie, editors will not penalize submissions that do not follow journal style). For completeness, information on *AJKD* style is provided in this section, but in general format/style changes will not be required unless revision is requested.

Title Page

Aside from the full name and affiliation of each author, in *AJKD* style the title page lists terminal academic degree(s) of each author, the corresponding author's contact information, and word counts for the abstract (if present) and the body of the manuscript.

In *AJKD* style, titles should be concise and descriptive. Reports of studies should not summarize the results in the title. For Original Investigations, a subtitle stating the study design is recommended.

Manuscript Body

Use of 12-point Times New Roman and an unjustified right-hand margin is preferred. Line numbers should be avoided.

Word limits are provided in the Article Types section of this document. For initial submission, authors may exceed these limits if they are concerned about omission of key information; if revision is requested, the editors will provide guidance on appropriate reductions or the use of supplementary online material.

Abstract

In *AJKD* style, abstracts for Case Reports and Features are unstructured, should be 150-200 words, and should be followed by a list of index (key) words.

Abstracts for Original Investigations are 300 words or fewer, structured, and followed by a list of index words. The structured headings vary by study design, as shown below (these headings may differ from reporting guidelines).

Case Series
- Rationale & Objective
- Study Design
- Setting & Participants
- Findings *or* • Observations
- Limitations
- Conclusions

Clinical Trial
- Rationale & Objective
- Study Design
- Setting & Participants
- Intervention(s)
- Outcomes
- Results
- Limitations
- Conclusions
- Funding
- Trial Registration

Decision Analysis/ Cost-Effectiveness Analysis
- Rationale & Objective
- Study Design
- Setting & Population
- Intervention(s)
- Outcomes
- Model, Perspective, & Timeframe
- Results
- Limitations
- Conclusions

Diagnostic Test Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Tests Compared
- Outcome(s)
- Results
- Limitations
- Conclusions

Observational Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Exposure(s) *or* • Predictor(s)*
- Outcome(s)**
- Analytical Approach
- Results
- Limitations
- Conclusions

*Omit for qualitative studies. If a prediction study, replace with "New Predictors & Established Predictors".

**Omit for qualitative studies.

Quality Improvement Study
- Rationale & Objective
- Study Design
- Setting & Participants
- Quality Improvement Activities
- Outcome(s)
- Analytical Approach
- Results
- Limitations
- Conclusions

Systematic Review or Meta-analysis
- Rationale & Objective
- Study Design
- Setting & Study Populations
- Selection Criteria for Studies***
- Data Extraction
- Analytical Approach
- Results
- Limitations
- Conclusions
- Registration

***Use the heading "Search Strategy & Sources" if a systematic review of qualitative studies.

Units of Measurement

In *AJKD* style, values are expressed in US conventional units; international equivalents or conversions are not necessary in running text. However, conversion factors are provided in figure legends and table notes, as appropriate, eg, "Conversion factors for units: serum creatinine in mg/dL to μmol/L, ×88.4; urea nitrogen in mg/dL to mmol/L, ×0.357."

A list of conversion factors is available for download.

Reporting *P* Values

In *AJKD* style, numerical values are always be reported for *P*, even if they are nonsignificant. If the *P* value is greater than or equal to 0.9, it should be reported as 0.9, eg, 0.97 become 0.9. *P* values from 0.001 through 0.9 (inclusive) are rounded to one nonzero digit, eg, 0.0105 rounds to 0.01 and 0.0452 rounds to 0.05. Except for genetic association studies, *P* values less than 0.001 are reported as <0.001, eg, 0.0009 and 1.92×10^{-6} become <0.001.

Reference Style

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Tables should be numbered and have titles. Ideally, each table will be on a separate page of the manuscript file, ordered immediately after the references. Additional information may be included in notes below the table.

Each figure should have a legend (figure title and other explanatory text), ideally placed at the end of the manuscript file, after the references or tables (if present), rather than in the figure file itself.

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For photographs of identifiable persons, the authors must obtain a signed release consenting to publication.

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Authors may provide editors with the names of persons they feel should not review their manuscript because of a potential COI. However, when possible, authors should explain the reason(s) for their concerns. Editors will try to avoid inviting individuals to review who have potential COIs, and will ask those who are invited to review to declare any relevant

competing interests. Further information is available in the Potential Reviewer Conflicts and Review Policy sections.

Original Investigations, Research Letters, and selected other content is discussed at weekly editorial meetings attended by a team generally including the Editor-in-Chief (EIC), Deputy Editors, Associate Editors, and International Editors. Essentially all research articles will undergo statistics/methods review before being invited for revision; in addition, manuscripts with pathology or radiology content will generally undergo additional screening by an individual with appropriate expertise.

The Potential Editor Conflicts section describes workflows for managing manuscripts that may pose COIs for editors.

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Authors should not publicize reviews received from *AJKD*; however, if the manuscript is rejected by *AJKD*, authors may include the reviews in submissions to other journals.

Author Appeal Policy

It is very rare that editorial decisions are overturned. However, authors who believe that their manuscript was rejected due to a misunderstanding or mistake may email the editorial office to explain why they believe the decision to be in error. Appeals must include substantive new information with direct bearing on the decision (eg, a well-reasoned argument providing compelling evidence that a key critique raised in the rejection letter relied on incorrect or outdated information). A difference of opinion as to the interest, novelty, or suitability of the manuscript for the journal is not sufficient reason for an appeal.

The appeal will be considered by the EIC and other relevant editors. The journal's response to the appeal will be final. Even if the journal agrees to reconsider the manuscript, acceptance is not guaranteed, and the reconsideration process may involve previous or new reviewers or editors and substantive revision.

Conflict of Interest Policy

AJKD's COI policy is generally based on the ICMJE Recommendations. A COI may exist when financial or personal relationships with other persons or organizations may inappropriately influence or bias actions. There is a potential for a COI whether or not an individual believes that a relationship affects his or her scientific judgment. COIs can occur as the result of financial relationships, personal and family relationships, or academic competitive pressures.

Potential Author COIs

The Financial Disclosure section explains how authors must disclose potential COIs.

Potential Reviewer COIs

Individuals should not serve as peer reviewers if they work in the same institution as any of the authors (or will be joining that institution or are applying for a job there); are or have been within the past 2 years mentors, mentees, close collaborators (in clinical care or research), or joint grant holders; and/or have a close personal relationship with any of the authors. However, if the manuscript pertains to a large consortium to which a potential reviewer has contributed data but has not otherwise been involved, *AJKD* does not consider this to be a disqualifying condition. In addition, prior review of the manuscript for another journal does not necessarily disqualify an individual, provided that the reviewer considers the submission in its current form and according to *AJKD*'s criteria.

Editors will try to avoid inviting individuals to review who have a COI as described in the preceding paragraph. Editors will also attempt to honor authors' requests to exclude potential reviewers, provided that the reason for exclusion is a true COI and that rigorous and comprehensive review is possible if these individuals are excluded.

At the time they are invited to review, individuals must disclose any COIs that could bias their opinions, and they must disqualify themselves from reviewing when appropriate. If a COI becomes apparent during the review process, the reviewer must contact the editorial office and, when appropriate, ask to be recused.

Potential Editor COIs

Editors and editorial office staff must not use information gained in the course of their duties for private gain. Records pertaining to potential editor COIs will be kept on file in the editorial office. Authors and reviewers who require this information should contact editorial office staff.

AJKD's procedures for managing editors' potential COIs are intended to balance the benefit of having a consistent group of knowledgeable editors evaluate manuscripts against the risk of making biased decisions. In crafting the journal's policies, the editors have taken into account the nature of the potential COI, the responsibilities of each editor role, and the article type. A summary of editor COI handling procedures is available; in addition, except for In a Few Words, a summary of the manuscript consideration process will appear in the Article Information section of each published article.

Correction Policy

AJKD will publish errata to correct important errors in published articles. The corresponding author of the article being corrected will be asked to verify and approve the wording of the erratum. Page charges are never levied for errata.

Misconduct Handling Policy

The *AJKD* editors recognize their role in making all reasonable efforts to maintain the integrity of the scholarly record, and will generally follow COPE recommendations when they suspect or receive credible allegations of a breach of journal policies. Any reports of potential misconduct submitted to the journal should include as much detailed information as possible to assist the editors in their investigation. Because of the time and resources required to thoroughly investigate allegations, *AJKD* must prioritize investigations on the basis of the most compelling evidence.

In exceptional circumstances, the EIC may reach the conclusion that, in order to investigate possible misconduct, manuscript or review records must be shared confidentially with, for example, another journal office or with an author's institution. In general, however, *AJKD* will first contact the author(s) to request an explanation concerning an allegation or suspicion of misconduct.

When authors are unable to provide an explanation that the journal deems satisfactory, they are subject to editorial action including but not limited to contact with relevant institutions and/or regulatory bodies to disclose violations and/or request an investigation and/or publication of an editorial, editorial expression of concern, and/or retraction.

Regardless of the editors' efforts to prevent, detect, and respond to misconduct, authors remain ultimately responsible for the validity of their work and publications.

Complaint Policy

As a member of COPE, *AJKD* seeks to follow the COPE Core Practices. Authors, readers, reviewers, or members of the public who have a well-founded concern that the journal's conduct deviates from the Core Practices should email the EIC via the editorial office. Complainants who believe that the matter has not been satisfactorily resolved may contact COPE by the process laid out by COPE's Facilitation and Integrity Subcommittee.

Advertising Policy

Editorial independence is crucial to scholarly publishing, and the editorial team has full authority to decide on the content of the journal. The criteria for editorial decision making regarding journal content do not include any perceived effect on advertising revenue. The editors have the right to review all new advertising proposed for the journal and may reject any advertising deemed not in keeping with the journal's mission.

Supplement Policy

AJKD will consider publication of sponsored supplements that are of interest to its readers and demonstrate scientific validity. The content must be of sufficient informational value and quality to warrant a separate journal issue and must have a unifying theme. Submission of a supplement from a symposium or conference must occur in a timely fashion; in general, supplements will not be published if the publication date is more than 12 months after the event. No more than 2 supplements per month will be published. Publication costs must be borne entirely by the sponsor(s). Further information on sponsorship opportunities may be obtained from Elsevier.

Following initial contact with Elsevier, a written proposal for the supplement must be submitted to the editorial office for the EIC's consideration. The proposal must contain:

- The Guest Editor's or Coordinator's name, affiliation, and contact information;
- Topic(s) to be covered by the supplement, with a preliminary table of contents;
- If the supplement is to be based on a conference or symposium, information on dates, venue, and financial supporter(s);
- An estimate of the total number of double-spaced manuscript pages; and
- Sponsor(s) of the supplement.

A Guest Editor is a subject expert who is responsible for the content of the supplement, ensuring the quality of each component manuscript and its contribution to a cohesive, coherent whole. The Guest Editor is responsible for ensuring that all manuscripts are in final form before submitting. The Guest Editor may elect to write an introductory piece, but each article must be able to stand on its own. In the absence of a Guest Editor, the authors are fully responsible for ensuring that the articles are consistent with one another and that their manuscripts are in final form before submitting. In such cases, a Coordinator is responsible for handling all submissions and facilitating communications between the authors and the editorial office.

AJKD can provide information on the journal's production schedule and can recommend deadlines for receipt of materials that are intended to allow enough time for review, revision, and reconsideration of the supplement manuscripts. However, any estimated publication date is simply a projection based on the information available at the outset; whether it can be met will depend on submission of the completed manuscripts in a timely fashion, the nature of the review required, and the extent of mandatory revisions. Ideally, a supplement based on a conference or symposium should be planned so that authors provide the manuscripts to the Guest Editor or Coordinator at the time of the meeting.

The manuscripts must be prepared and submitted according to standards governing regular journal content. Manuscripts that do not follow journal format will be returned for editing before review; furthermore, the editorial office will not begin the consideration process until all of the manuscripts for the supplement are received.

All supplements will undergo appropriate review of their contents. The review process depends on the number and length of the manuscripts and the nature of their content. Manuscripts will almost invariably require revision; in addition, the EIC reserves the right to reject portions of the supplement, or the entire supplement. The editorial office will contact the Guest Editor or Coordinator regarding the decision to accept, reject, or require additional revisions. Once a supplement has been accepted it is formally scheduled for publication; changes to the publication date at this stage cannot be accommodated.

The supplement must contain a statement indicating the source(s) of funding. It is the responsibility of the Guest Editor or Coordinator to disclose to the editorial office at the time of submission any restrictions or expectations communicated to the Guest Editor or Coordinator by the sponsor(s) regarding the contents of the supplement. Furthermore, the Guest Editor or Coordinator must state what, if any, financial relationship they may have with the sponsor of the supplement. Likewise, all authors should disclose what, if any, financial relationship they have with the sponsor of the supplement, or the manufacturer of any products (or competing products) that are discussed in their manuscripts. Each manuscript must list any support received. If medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed. Additionally, if the sponsor has a financial interest in a product either directly or indirectly discussed in the manuscript, this relationship should be identified, along with the name of the product. Information about sponsorship and related products will be published with each article in the supplement.

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