The American Journal of Kidney Diseases 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 evaluate pathogenesis and treatment of kidney disease and hypertension, acid-base and electrolyte disorders, dialysis therapies, and kidney transplantation. Manuscripts must focus on clinical research; laboratory studies are suitable only if they are directly linked to measurements or outcomes in humans.

An Original Investigation includes a structured abstract of up to 300 words and is limited to 3,500 words (excluding abstract, references, acknowledgements, tables, and figure legends) organized into Introduction, Methods, Results, and Discussion sections. The Introduction and Discussion should not include any subheadings.

Criteria for review include validity, originality, and clinical importance. Reporting requirements vary by study design, which are listed in alphabetical order below. In all cases, use AJKD’s structured abstract headings, even if the reporting guideline recommends a different format.

**Case Series**

A retrospective description of the clinical course of more than 10 individuals or patients with a condition of interest. Unlike an observational study, a case series does not require a predictor.

**Clinical Trial**

An experimental study that assesses the effect of an intervention or compares the effects of 2 or more interventions. AJKD requires registration in a public trials registry (see clinical trial registration policy).

For randomized controlled trials, include a CONSORT flowchart to report flow through enrollment, allocation, follow-up, and analysis. Prepare the manuscript according to the appropriate CONSORT checklist. If appropriate, also follow CONSORT’s checklist for reporting of harms. Design-specific CONSORT checklists include:

- Trial with Parallel Group Design
- Cluster-Randomized Trial
- Noninferiority and Equivalence Trial
- Pragmatic Trial
- Trial of Herbal Medicine Intervention
- Trial of Nonpharmacologic Treatment
- Trial with Patient-Reported Outcomes

For nonrandomized trials evaluating behavioral and public health interventions, follow the guidance in the TREND checklist.

**Decision Analysis or Cost-Effectiveness Analysis**

An analysis that weighs choices in a clinical scenario by modeling the projected consequences of different strategies in order to identify the optimal choice or to inform clinical decision making or public policy. Follow the CHEERS checklist to report economic evaluations of health interventions.

**Diagnostic Test Study**

A study that compares the performance of 2 or more diagnostic tests. Report participant flow through enrollment, testing, and results using the STARD flow diagram and follow the reporting recommendations in the STARD checklist.

AJKD endorses the recommendations of the Consortium of Laboratory Medicine Journal Editors regarding methodological information to included in studies involving laboratory testing for biomarkers.

**Observational Study**

A study that observes and describes individuals or patients based on their exposure to a potential risk factor or an intervention. In contrast to a trial, investigators do not deliver an intervention or manipulate its use; ie, they do not assign patients to treatment and control groups. Follow the STROBE checklist pertaining to the study design:

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

For genetic association studies, follow the STREGA checklist.

Although no dedicated guidelines are available for reports from registries, AJKD also considers observational studies of this type.

**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, follow the COREQ guidance and checklist.

**Quality Improvement Report**

A description of an activity that was conducted as an initiative to improve quality of care and that does not follow the design of a prospective research study such as a clinical trial or an observational study. Follow the SQUIRE checklist for reporting.

**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, which contains a quantitative syn-
thesis of the results of the systematic review, is preferred, whenever possible.

Include a PRISMA flow diagram to report study yield and selection. If the articles included in the systematic review/meta-analysis report health care interventions, follow the PRISMA checklist (more info); if they are observational studies, follow the MOOSE guidance and checklist.

For meta-analyses of gene-disease association studies, consult the following sources for guidance:

- Human Genome Epidemiology Network Review Handbook (PDF free to view)
- Sagoo et al. Systematic reviews of genetic association studies. PLoS Med; 2009. (PDF free to view)

Methodologies for the synthesis of primary qualitative studies include thematic synthesis, meta-ethnography, and critical interpretive synthesis; these methods inform the approach for conducting the literature search and selection, appraisal, and synthesis of findings. Authors reporting synthesis of qualitative research should follow the ENTREQ guidance and checklist.

Authors of systematic reviews are encouraged to prospectively register study protocols at the PROSPERO international registry, reporting the registration number in the Methods section.

Research Letters

Research Letters report research findings relevant to clinical practice in a concise format comprising up to 800 words, 10 references, and a total of 2 figures or tables. Research Letters include an introduction, brief methods, key results, and a discussion in separate paragraphs (no subheadings are used); a standard title page should be included. Online supplementary material is encouraged for detailed methods or supporting information. Since reports of cases do not include methods, they are not suitable as potential Research Letters.

Case Reports

Case Reports should be succinct and original and should have a single, well-defined message. They are limited to 1,400 words and no more than 2 figures or tables; an unstructured abstract (up to 200 words) is required. Case Reports consist of an Introduction, Case Report, and Discussion. The number of individuals or patients should be 10 or fewer. Authors should consult the CARE checklist (more info) for clinical case reporting, but since not all reports of cases fit naturally with these guidelines, discretion should be used in applying each item. Criteria for review include clinical plausibility and originality. A maximum of 8 authors is generally recommended.

Features

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

Editorial

A brief piece which provides focused commentary and analysis concerning a current issue in nephrology. Editorials may have up to 1,400 words and may include 1 figure or table; a maximum of 3 authors is generally recommended. Editorials are usually invited but may be submitted without invitation. Because authorship of editorials requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

In a Few Words

A nonfiction narrative essay which gives voice to the personal experiences and stories that define kidney disease. Submissions from physicians, allied health professionals, patients, or family members are welcome, and may concern the personal, ethical, or policy implications of any aspect of kidney disease in adults and children. Details may be omitted to preserve patient confidentiality, but information should not be changed. Footnotes or references are discouraged. Essays may have up to 1,600 words, and should be e-mailed to AJKD@tuftsmedicalcenter.org.

In Practice

A review providing in-depth guidance on clinical topics beyond nephrology that affect nephrologists daily. This feature begins with a clinical vignette and then examines special considerations in the day-to-day treatment of patients with chronic kidney disease. These articles may have up to 4,000 words; an unstructured abstract of up to 200 words is required. The editors encourage the use of figures and tables (up to 8 total) to help present the central concepts. A maximum of 6 authors is generally recommended. In Practice articles are usually invited, but may be submitted without invitation. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

In Translation

An authoritative analysis of developments in basic science with diagnostic or therapeutic implications for the clinical practice of nephrology. This feature includes a clinical vignette and describes the pathogenesis of a disease process or its complications as well as recent advances in the field, giving particular attention to cellular and molecular mechanisms of disease and their relation to diagnostic ap-
proaches or therapeutic applications. The article may have up to 4,000 words and 8 figures or tables; an unstructured abstract of up to 200 words is required. In Translation is organized into the following sections: Background (250 words), Case Vignette (300 words), Pathogenesis, Recent Advances, and Summary. A maximum of 6 authors is generally recommended. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

**Narrative Review**

A review that covers a clinical, translational, or basic science topic of interest to practitioners, and which is not suitable as an In Practice or In Translation article. Criteria for review include originality, comprehensiveness, and balance of viewpoints. These articles may have up to 4,000 words and must include an unstructured abstract of up to 200 words. The editors encourage the use of figures and tables to help convey the central concepts. A maximum of 6 authors is generally recommended. Because authorship of reviews requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter of such manuscripts.

**Perspective**

An in-depth commentary on an issue of significance to the nephrology community. Perspectives include an abstract of up to 200 words, may have up to 3,500 words and may include 4 figures or tables; a maximum of 3 authors is generally recommended. Perspectives are usually invited but may be submitted without invitation. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

**Quiz Page**

An image-based educational feature that recurs monthly and often is featured on the cover of AJKD. The first section includes a concise clinical history (200 words or fewer), a maximum of 4 figures, and 1 to 4 brief questions pertaining to the case. An answer to each question, further information regarding the clinical entity, and a brief statement of the final diagnosis are provided in a separate answer section, which may include an additional 2 to 4 figures and in most cases has no more than 400 words. For initial submission, Quiz Pages should include a standard title page. A maximum of 4 authors is generally recommended.

**Special Report**

An article summarizing the activities, perspective, or findings of a group or initiative relevant to clinical practice or research in nephrology. Examples include position statements, reports of scientific workshops, and descriptions of the rationale or progress of initiatives or consortia. These articles are limited to 5,000 words, and include an unstructured abstract (up to 200 words). General criteria for review include the importance and relevance of the issue addressed, the appropriateness of the participants’ expertise and backgrounds for the scope of the article, and the novelty and anticipated impact of the conclusions.

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, reviewers will be asked not to suggest changes to the recommendations/outcomes of the conference but rather will evaluate the report based on these criteria and may offer constructive suggestions for placing the report into context.

**Teaching Case**

**Kidney Biopsy Teaching Case**

A case report to educate clinicians on pathologic correlates of clinical presentations, with key educational points well delineated in the discussion. These teaching cases may have up to 1,800 words and no more than 4 figures or tables, must include an abstract (unstructured, up to 200 words), and are organized into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Kidney Biopsy, Diagnosis, and Clinical Follow-up), and Discussion. A maximum of 4 authors is generally recommended.

**Imaging Teaching Case**

A case report to educate clinicians on interpretation and applications of imaging in clinical nephrology. Key educational points should be clearly delineated in the discussion. These teaching cases may have up to 1,800 words and no more than 4 figures or tables, must include an abstract (unstructured, up to 200 words), and are organized into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Imaging Studies, Diagnosis, and Clinical Follow-up), and Discussion. A maximum of 4 authors is generally recommended.

**Acid-Base and Electrolyte Teaching Case**

A case report to educate clinicians on the pathophysiology of acid-base and electrolyte disorders and the interpretation of laboratory studies. Key points should be clearly delineated in the discussion. These teaching cases may have up to 1,800 words, must include an abstract (unstructured, up to 200 words), and should be divided into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Additional Investigations, Diagnosis, and Clinical
Follow-up), and Discussion. In general, each teaching case should include a table of laboratory data, a box of key teaching points, and an algorithm summarizing the authors’ approach. A maximum of 4 authors is generally recommended.

Acid-Base and Electrolyte Teaching Cases are usually invited; each case is chosen to emphasize either diagnosis or treatment of a particular disorder and to illustrate the most efficient and practical approach utilized by an expert in the field. Potential authors who wish to propose a topic should contact the Feature Editor via the editorial office staff.

World Kidney Forum

A narrative review that explores socioeconomic, geopolitical, ethical, and historical issues related to kidney disease and the wider world of nephrology. Submissions may have up to 4,000 words; an unstructured abstract of up to 200 words is required. A maximum of 6 authors is generally recommended.

OTHER CONTENT

Letters to the Editor

A Letter may be in response to an article in AJKD or may concern a topic of current interest in nephrology. Letters should not exceed 250 words (up to 10 references and 1 figure or table may also be included) and should not include more than 3 authors. For responses to AJKD articles, the letter must be received no more than 4 weeks after the article’s date of print publication. There is no guarantee that letters will be published, and they are subject to editing and abridgment without notice.

Custom Features

Certain content in AJKD is published by special arrangement only. An example is the Core Curriculum, a basic analytical framework for approaching a topic in clinical nephrology that is primarily intended for use by residency and fellowship program directors to develop educational programs. The editors also regularly invite editorials commenting on an article published in AJKD, or for the In the Literature feature that evaluate recent articles published in non–nephrology journals which affect the nephrology community. Other custom features include clinical practice guidelines, commentaries on such guidelines, jointly published content, and reports from private or public health agencies of kidney disease surveillance data.

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 editorial action including, but not limited to (1) disclosure of violations to employers, funding agencies, or other journal offices and/or (2) publication of a retraction, correction, editorial expression of concern, or editorial.

Originality

Manuscripts are considered for publication if the article and its key features (1) are not under consideration elsewhere, (2) have not been published, and (3) will not appear in print or online prior to publication in AJKD. This restriction does not apply to abstracts published in connection with scientific meetings; in addition, press reports arising from a conference will not be considered prior publication, provided that authors who discuss their work with reporters are careful not to offer more detail than was contained in their oral or poster presentation. If copies of posters, slide sets, or audio/video recordings of presentations are produced in conjunction with a scientific conference, this is permissible as long as the materials are intended for meeting participants only.

Any text, figure, table, or data from other sources must be clearly attributed. If copyright permission is required for any component of the submission, appropriate documentation must be on file before publication. To monitor compliance with the journal’s requirements regarding attribution, all accepted manuscripts (with the exception of Letters to the Editor and their Replies) are analyzed by plagiarism detection software prior to publication. 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 meet the definition of plagiarism.

Authorship

In accordance with International Committee of Medical Journal Editors (ICMJE) recommendations, each author should meet all 4 of the following conditions:

(1) the individual made a substantial contribution to conception and design of the study, to data acquisition, or to data analysis and interpretation; and
(2) the individual drafted the article and/or revised it for important intellectual content; and
(3) the individual approved the final version of the submitted manuscript; and
(4) the individual accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved.

If revision is requested, item 3 applies to any revised versions submitted to AJKD. 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 participated in the writing of 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.

For Original Investigations and Research Letters, a brief description of the contribution of each individual listed as an author must be provided in the Acknowledgements. (The editors may request this information for other article types at their discretion.)

**Patient/Participant Protections**

Regardless of country of origin, all studies in humans must include a description of appropriate safeguards (eg, local Institutional Review Board, Ministry of Health approval) in the methods, quoting the approval number. Clinical research studies must include a statement indicating that they have been carried out according to the Declaration of Helsinki, and, for studies related to transplantation, the Declaration of Istanbul. If investigators have potential conflicts of interest, these must be disclosed to study participants, and a statement should be included in the methods to indicate that such disclosure was made.

When submitting a quality improvement report, authors should indicate whether the plan for the quality improvement activity was approved by the clinical leadership of the organization whose experience is reported.

Whenever possible, any information identifying individual study participants should be avoided. If identifying information is necessary, the patient must be shown the manuscript and provide written informed consent before publication.

**Reproducibility and Integrity of Research**

For all research articles (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. At least one author must take responsibility that the Original Investigation or Research Letter 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. A statement identifying the guarantor is included in the Acknowledgements section of Original Investigations and Research Letters.

At their discretion, the editors may request to inspect raw data or unprocessed images.
Information for Authors and Editorial Policies

- 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

Authors should specify whether or not the study sponsor had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication.

Financial Disclosure

This section comprises financial relationships with entities that did not support the study, but that might reasonably be considered to be stakeholders in the field. For manuscripts that discuss tests or treatments, relationships with entities offering alternatives to those tests or treatments are considered pertinent. The beneficiary may be an author or that individual’s institution, and the types of relationships include, but are not limited to:

- patents (planned, pending, or issued) or royalties
- payment for expert testimony
- payment for development of educational presentations (including service on speakers' bureaus)
- stock/stock options
- reimbursement for travel/accommodation expenses

The disclosure must cover the 36 months prior to submission of the manuscript, unless there are relationships that precede this window that readers may want to know about and could reasonably criticize an author for omitting (eg, long-term financial relationships that have now ended). A financial disclosure statement must be provided for each author; if no financial conflict of interest is identified, “none” should be written next to the author’s name.

Other Disclosures

If there are relevant nonfinancial associations (personal, professional, political, institutional, religious, or other) that a reasonable reader would want to know about in relation to the submitted work, authors should include this information in the “Enter Comments” text box provided during the submission process. Authors should disclose information even when there is a question as to whether it constitutes a conflict.

Abstract

Original Investigations must include a brief (300 words or fewer) structured abstract followed by a short list of index words. Formats for abstracts differ according to type of study, as shown in Table 1.

Table 1. Subheadings for structured abstracts of Original Investigations.

<table>
<thead>
<tr>
<th>Case Series</th>
<th>Clinical Trial</th>
<th>Decision Analysis/ Cost-Effectiveness Analysis</th>
<th>Diagnostic Test Study</th>
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<td>Background</td>
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<td>Study Design</td>
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<td>Predictor or Factor (if applicable)</td>
<td>Intervention</td>
<td>Model, Perspective, &amp; Timeline</td>
<td>Index Test</td>
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<td>Outcomes</td>
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<td>Intervention</td>
<td>Reference Test or Outcome</td>
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<td>Outcomes</td>
<td>Other Measurements (if applicable)</td>
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<td>Limitations</td>
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<td>Conclusions</td>
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Observational Study

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<th>Case Series</th>
<th>Qualitative Study</th>
<th>Quality Improvement Report</th>
<th>Systematic Review or Meta-analysis</th>
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<td>Background</td>
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<td>Predictor or Factor (select 1)</td>
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<td>Selection Criteria for Studies</td>
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<td>Outcomes</td>
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<td>Outcomes</td>
<td>Intervention, Predictor or Factor, or Index Tests (select 1)**</td>
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<td>Measurements</td>
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<td>Outcomes or Reference Tests (select 1)**</td>
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*Use the heading “Search Strategy & Sources” if a systematic review of qualitative studies.

**Replace with the single heading “Analytical Approach” if a systematic review of qualitative studies.
The abstract headings listed in Table 1 may differ from other reporting guidelines; for AJKD submissions, the journal’s abstract headings should be followed. Abstracts for Case Reports, In Practice, In Translation, Narrative Reviews, teaching cases, and the World Kidney Forum are unstructured and are limited to 200 words.

**Manuscript Body**

Manuscripts must be double-spaced using 12-point type (preferably Times New Roman) and unjustified margins. Pages must be numbered starting with the title page.

Word limits are provided in the Article Types section of this document. If following the recommended formats for reporting original research causes the manuscript to exceed the stated length limitation, the authors need not reduce the manuscript length before submission: if revision is requested, the editors will provide guidance on appropriate reductions or the use of supplementary online material.

**Acknowledgements**

Authors wishing to express thanks or note assistance should do so in the Acknowledgements section, which should be located in the manuscript text and before the reference list. In addition, any individuals who participated in the writing of the manuscript but who do not qualify as authors must be named in this section. Authors are responsible for informing all those listed that they are being mentioned in the manuscript and for obtaining their approval prior to publication.

In published articles, the Support and FinancialDisclosure statements are located in the Acknowledgements; however, this information should remain located directly after the title page throughout the manuscript consideration process.

For Original Investigations and Research Letters, the Acknowledgements must also contain a description of each author’s contributions and a statement of collective responsibility, and must identify the guarantor of the work, e.g:

*Contributions:* research idea and study design: X.Y., V.R., R.B.P.; data acquisition: A.C.G.; data analysis: X.Y., E.A.; statistical analysis: E.A.; supervision or mentorship: R.B.P., S.R.. Each author contributed important intellectual content during manuscript drafting or revision and accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved. S.R. takes responsibility that this study has been reported honestly, accurately, and transparently; 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.

**References**

References should be compiled at the end of the manuscript according to the order of citation in the text and should follow the style and format shown in the examples that follow. Authors using reference handling software should select the American Medical Association or JAMA output style; the minor formatting deviations from AJKD style will be corrected during copy editing.

*Journal article (6 or fewer authors):*


*Journal article (more than 6 authors):*


*Journal article published online but not yet in print:*


*Supplement:*


*Item presented at a meeting but not yet published:*

Weiner D, Tighiouart H. Nutritional supplement use and mortality in dialysis. Poster presented at: Kidney Week 2012; October 30–November 4, 2012; San Diego, CA.

*Published meeting abstract:*


*Website:*


*Complete book:*


*Book chapter:*


Information attributed to a “personal communication” should be cited in-text. Prior to publication, the authors must provide written documentation from the individual cited, giving permission to be named in the article as the source of this information.
Tables and Figures

Tables and figures should be cited in numerical order in the text using Arabic numbering.

Each table should be on a separate page of the manuscript file, ordered immediately after the references. The table number and title should be included above the table. Any additional information, including conversion factors for international units, should be included in notes below each table.

Each figure should have a legend (figure title and other explanatory text); legends should be grouped on a separate page at the end of the manuscript file (immediately following the references and tables, if present). Titles and legends should not appear in the figure files themselves.

Figures should not be embedded within the manuscript file; instead they should be uploaded in the Editorial Manager system as separate files. For initial evaluation, figures must be of sufficient quality to be legible and interpretable. If revision is requested, production-quality figures will be required, for which advice will be given. 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 1,200 dpi for line art (eg, graphs, flow charts) or 500 dpi for photographs, micrographs, computed tomography scans, and related images. Color images should use CMYK color mode.

Authors are responsible for applying for permission from the relevant publisher(s) for both print and electronic rights for all borrowed material and are responsible for paying any permissions fees. In addition to providing proof of permission to the AJKD editorial office, authors must include appropriate wording in the figure legend or table note to indicate the source of the material.

Photographs of identifiable persons must be accompanied by a signed release that indicates informed consent.

The journal’s expectations for image processing are that (1) it is acceptable to adjust contrast/levels or rescale, provided that the adjustment was 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 and must be prepared to provide the original image for the editors’ inspection.

Supplementary Material

When essential information associated with 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”, which is not permitted in AJKD articles.

Supplementary material file(s) should be provided at the time of manuscript submission, and should be called out in the text (eg, Table S2, Fig S1, Item S4). Titles and/or legends for each piece of supplementary material should be included as the final page of the manuscript document.

Online 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.

MANUSCRIPT SUBMISSION

With the exception of invited editorials and submissions for In a Few Words, all manuscripts are submitted and processed using Editorial Manager; an online manuscript handling system accessible at www.editorialmanager.com/ajkd. Assistance with Editorial Manager is available from the editorial office staff.

MANUSCRIPT CONSIDERATION PROCESS

Review Process

Two editors will review all submissions, generally within 8 days. If the editors deem that the manuscript is unlikely to be published in AJKD, it may be rejected at this stage. With the exception of most Letters to the Editor and some features, manuscripts will then undergo external review. Further details on the review process are available in the Review Policy section.

Conflicts of Interest

The Conflict of Interest Policy details the journal’s norms and procedures; their implications for the consideration process are provided in the following.

Potential Reviewer Conflicts

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

Potential Editor Conflicts

Manuscripts which have an author who is associated with the Editor-in-Chief, Deputy Editor, Co-Editors, Statistical Editors, Education Editor, or Pathology Editor are handled by a separate workflow; detailed information on the journal’s policies and procedures for the treatment of such submissions is available in the Potential Editor Conflicts section of the Editorial Policies.
AFTER ACCEPTANCE

Prepublication Embargo

AJKD will not publish content that has already been published or disseminated. If the confidentiality of an AJKD article or its key elements is not maintained up to the point it is published by AJKD, the article’s acceptance for publication may be forfeited. The confidentiality restriction does not apply to information presented at scientific or clinical meetings, or publication of a conference abstract, provided that authors do not present or distribute the manuscript or its full findings. If copies of posters, slide sets, or audio/video recordings of presentations are produced in conjunction with a scientific conference, this is permissible as long as the materials are intended for meeting participants only. Press reports arising from a conference will not be considered prior publication, provided that authors who speak to reporters do not offer more detail about their work than was contained in the oral or poster presentation.

If an author’s institution is interested in preparing a press release regarding the upcoming AJKD publication, the AJKD editorial office should be contacted for information regarding embargo policies and dates. Authors may not discuss their accepted manuscript with reporters without the prior approval of the journal.

In rare instances, such as an urgent public health need or testimony in front of a government body, authors may be permitted to discuss their unpublished AJKD article, even though it is under embargo. Authors anticipating such a situation should contact the editorial office for approval before releasing any information contained in the article.

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EDITORIAL POLICIES

AJKD policies generally follow those provided in the ICMJE Recommendations and the Committee on Publication Ethics (COPE) Code of Conduct and Best Practice Guidelines for Journal Editors.

Review Policy

Editors’ Responsibilities

Except when a manuscript is clearly inappropriate or outside of the journal’s scope, all submissions will be reviewed by 2 members of the editorial team (comprising the Editor-in-Chief [EIC], Deputy Editor, Co-Editor, Education Editor, Pathology Editor, or Feature Editor), generally within 8 days. Because AJKD receives many more manuscripts than can be published in a timely manner, the editorial team must prioritize which new submissions will proceed to external review. If the editorial team deems that a manuscript does not have high priority for publication, it may be rejected at this stage.

Manuscripts that are not rejected during the initial screening process will be reviewed as follows:

1. **Original Investigations** and **Case Reports** will be sent for external review. Before being invited for revision, the manuscript will be considered at an editorial meeting attended by the EIC, Deputy Editor, Co-Editors, and, as appropriate, the Education Editor. Except in rare circumstances when the decision would otherwise be unduly delayed, the manuscript will be discussed by at least 3 meeting attendees before a decision is reached. If revision is to be requested, all studies that include statistical analysis will also be reviewed by a Statistical Editor.

2. **Research Letters** are sent for external review. To expedite handling, a decision to invite revision may be rendered without discussion at an editorial meeting; however, in general the process for discussion at a meeting is the same as described in item 1. If revision is to be requested, Research Letters that include statistical analysis will be reviewed by a Statistical Editor.

3. **Narrative Reviews**, including invited submissions, are sent for external review. If the manuscript was invited, a decision to invite revision may be rendered without discussion at an editorial meeting. Otherwise, the process for discussion at a meeting is the same as described in item 1.

4. **Special Reports** identified as official position statements will generally be reviewed by the editorial team only. Submissions that are not position statements are externally reviewed. To expedite handling, a decision to invite revision may be rendered without discussion at an editorial meeting; however, in general the process for discussion at a meeting is the same as described in item 1.

5. **Editorials** and **Perspectives** that were not invited are handled as in item 1. If the Editorial or Perspective was invited, generally it will be reviewed by the editorial team only.

6. Certain article types are handled by a Feature Editor:

- Core Curriculum in Nephrology
- In Practice
- In Translation
- Teaching Cases
  - Acid-Base and Electrolyte Teaching Case
  - Imaging Teaching Case
  - Kidney Biopsy Teaching Case
- World Kidney Forum

These manuscripts, whether invited or not, are reviewed by the Feature Editor, Advisory Board members, and/or other reviewers, as appropriate.

7. **Letters to the Editor** and associated Replies,
**Quiz Pages, In a Few Words**, and other article types not listed in items 1-6 will generally be reviewed by the editorial team only.

8. If revision is to be requested for a manuscript containing pathology images, the images will be vetted by a reviewer with expertise in pathology.

9. In addition to the review process described in the preceding article types, the Education Editor will comment on Narrative Review, In Translation, teaching case, and World Kidney Forum manuscripts for which revision is to be requested.

Upon publication, each article that was peer reviewed will include the date it was received for review and the date it was accepted in revised form.

If a manuscript is rejected, a copy is retained in the journal’s manuscript handling system for internal recordkeeping; the confidentiality of the files and associated records will be maintained unless requested otherwise by the authors or in exceptional circumstances involving suspected misconduct.

**Reviewers’ Responsibilities**

*AJKD* endorses the COPE *guidelines for ethical peer review*. As per these guidelines, the manuscript must be kept confidential and the reviewer must request permission from the Editor beforehand if a colleague is to be consulted. Reviewers must not appropriate any information contained in the manuscript for their own work, nor should they contact the authors directly. Comments should be constructive and professional. The reviewers should rate the manuscript, but should not state in the comments to the author whether the manuscript should be published. If a review does not meet these objectives, the editor may edit the reviewer’s comments or may in extreme cases omit the comments from the material sent to the author.

**Conflict of Interest Policy**

*AJKD*’s conflict of interest policies generally follow those of the ICMJE *Recommendations*.

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 financial relationships, 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. Editors may use information disclosed in conflict-of-interest statements as the basis for editorial decisions.

**Potential Author Conflicts**

The *Support and Financial Disclosure Declaration* section explains how the journal defines a potential conflict of interest for an author, and the steps authors must take to disclose these potential conflicts.

**Potential Reviewer Conflicts**

Individuals who have potential conflicts of interest should not serve as peer reviewers. This includes individuals who work in the same institution as any of the authors, closely collaborate with the authors either in clinical care or research, and/or have a financial interest in the subject matter of the manuscript being reviewed. 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 for that article type.

Editors will try to avoid selecting reviewers who have potential conflicts of interest. Editors will also attempt to honor authors’ requests to exclude potential reviewers with conflicts of interest, provided that rigorous and comprehensive review is possible if these individuals are excluded.

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

**Potential Editor Conflicts**

*AJKD* Editors (here, defined as the EIC, Deputy Editor, Co-Editors, Education Editor, and Pathology Editor) must recuse themselves from editorial responsibilities and from the discussion of the manuscript if they have a personal, intellectual, or financial involvement that interferes with their ability to remain impartial. Potential conflicts of interest include close collaboration in clinical care or research with any author of a manuscript; having a financial interest related to the subject matter of a manuscript; or being a member of (or closely affiliated with) the same administrative unit of an institution as one of the authors (for example, a Division of Nephrology). For all manuscripts except Letters to the Editor and their Replies, Quiz Pages, In a Few Words, and invited Editorials or Perspectives, the following procedures govern handling manuscripts affected by Editor conflicts:

1. For manuscripts that have at least 1 author who is also an Editor, an Associate Editor (or in some cases, a member of a Feature’s Advisory Board) will serve as Acting EIC for the manuscript. All Editors will be fully excluded from the decision making process. The Acting EIC, who is selected by the editorial office staff, must not be associated with the manuscript nor work closely with any of the authors, and must not have personal or financial involvement.
in any of the issues s/he might judge. The identity of the Acting EIC will be published with the manuscript if it is accepted for publication. If the manuscript is not published, the authors and Editors will not have knowledge of the identity of the Acting EIC. In either case, the identities of the reviewers or any other Associate Editors who were contacted by the Acting EIC will remain masked to the Editors.

2. For manuscripts presenting a conflict of interest for the EIC and Deputy Editor, the editorial office staff will assign the manuscript to a Co-Editor who does not have a conflict, to serve as Acting EIC. The Acting EIC will determine whether to send the manuscript for peer review; if reviewed favorably, the manuscript will be discussed at an editorial meeting attended by at least 3 Editors without relevant conflicts. Manuscripts for which there would be fewer than 3 nonconflicted Editors will be handled in the same manner as submissions authored by an Editor.

3. If the recusal of Editors with conflicts makes obtaining a decision quorum impossible, manuscripts will be reviewed in the same manner as for manuscripts authored by an Editor.

Note: Conflict of interest statements for all Editors are on file. Authors and reviewers who require this information should contact the editorial office.

A Statistical Editor may review a manuscript covered by these procedures if (1) no Editor is an author, (2) the manuscript does not originate from an administrative unit of the institution with which the Statistical Editor is a member or closely affiliated, and (3) the Statistical Editor does not have a conflict of interest with any author of the manuscript or its subject matter.

The Feature Editors of In Translation, Research Letters, Teaching Cases, and World Kidney Forum may not handle manuscripts they have authored or for which they have a conflict of interest. In such cases, the EIC, Deputy Editor, Education Editor, Pathology Editor, or a Co-Editor handles the decision process.

Editors and editorial staff must not use information gained in the course of their duties for private gain.

Clinical Trial Registration Policy

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 register their study in a public trials registry. AJKD defines a clinical trial as any research project that prospectively assigns human participants to intervention (with or without a comparison group) to study the cause-and-effect relationship between a health-related intervention and a health outcome. Interventions include but are not restricted to drugs, biological products, surgical/radiologic procedures, devices, behavioral treatments, process-of-care changes, and preventive care. This definition includes Phase I to Phase IV trials.

For trials that were completed on or before December 31, 2005, the authors may, in lieu of registration, cite a published peer-reviewed article describing the study. Authors should provide a digital version of this article as a “Relevant Reprint” during manuscript submission. If a trial was completed before December 31, 2005 but there is no previous publication, then the trial must be registered retroactively.

Studies that were ongoing as of January 1, 2006 or were started after that date must be registered at the earliest opportunity; this applies even if the study has since concluded or been published.

A list of other 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.

Misconduct

Definition

Irresponsible and unethical research practices are a threat to the integrity of the scientific record, and AJKD fully supports the Singapore Statement on Research Integrity. Misconduct may include fabrication (invention of data), falsification (tampering with data, including images), misrepresentation (plagiarism, duplicate publication, misattribution), or any other behavior that lessens the reliability of the research record.

Handling of Misconduct Allegations

The AJKD editors recognize their role in making all reasonable efforts to maintain the integrity of the scholarly record, and will follow COPE recommendations when they suspect misconduct 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 these activities on the basis of the most compelling evidence.

If confidentiality of manuscript or review records must be breached in order to investigate possible misconduct (such as in contacting the editor of another journal), the AJKD editors will make every effort to notify the authors (or reviewers) beforehand.

Individuals who are found to have committed research misconduct are subject to editorial action including but not limited to (1) disclosure of viola-
Information for Authors and Editorial Policies

AJKD can provide the Guest Editor or Coordinator with 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. It should be noted that any estimated publication date is simply a projection based on the best information available at the outset; whether it can be met will depend on receipt of the completed manuscripts at the AJKD editorial office 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 submit 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 external review; furthermore, the editorial office will not begin processing the supplement articles 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 articles and the nature of their content. Articles will almost invariably require revision; in addition, the EIC reserves the right to reject portions of the supplement, or even 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 AJKD 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 indicate any support that was obtained for the manuscript or its contents. 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 identi-
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