KIDNEY INTERNATIONAL REPORTS
Official Journal of the International Society of Nephrology

AUTHOR INFORMATION PACK

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DESCRIPTION

Now Accepting Submissions!

*Kidney International Reports*, an official journal of the International Society of Nephrology, is a peer-reviewed, open access journal devoted to the publication of leading research and developments related to kidney disease. With the primary aim of contributing to improved care of patients with kidney disease, the journal publishes original clinical and select translational articles and educational content related to the pathogenesis, evaluation and management of acute and chronic kidney disease, end stage renal disease (including transplantation), acid-base, fluid and electrolyte disturbances and hypertension. Of particular interest are submissions related to clinical trials, epidemiology, systematic reviews (including meta-analyses) and outcomes research. The journal also provides a platform for wider dissemination of national and regional guidelines as well as consensus meeting reports. Article categories include but are not limited to full length articles, brief reports, research letters and case reports, as well as editorials, narrative reviews and commentaries on recent developments in the literature. While maintaining a rigorous peer review process, the journal uses innovative technology to provide authors novel means to share findings and data with readers in a timely manner.

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ABOUT THE JOURNAL

Scope
Kidney International Reports (KI Reports), an official journal of the International Society of Nephrology, is a peer-reviewed, open access journal devoted to the publication of leading research and developments related to kidney disease. With the primary aim of contributing to improved care of patients with kidney disease, the journal publishes original clinical and select translational articles and educational content related to the pathogenesis, evaluation, and management of acute and chronic kidney disease, end-stage renal disease (including transplantation), acid-base, fluid and electrolyte disturbances, and hypertension. Of particular interest are submissions related to clinical trials, epidemiology, systematic reviews (including meta-analyses), and outcomes research. The journal also provides a platform for wider dissemination of national and regional guidelines, as well as consensus meeting reports.

Article categories include, but are not limited to, full-length articles, meeting reports, research letters and nephrology rounds, as well as editorials and narrative reviews on recent developments in the literature. While maintaining a rigorous peer-review process, the journal uses innovative technology to provide authors with novel means to share findings and data with readers in a timely manner.

Submissions should be made at the link https://mc.manuscriptcentral.com/kir. For submission instructions, please see the SUBMISSION AND PUBLICATION here.

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*Clinical Trials*

Includes manuscripts that describe the development of study design, conduct of clinical trials, and the results from clinical trials. Word limit: 4,000 words maximum, excluding references, tables, and figures. Structured Abstract: 250 words maximum including spaces, organized into Introduction, Methods, Results, and Discussion sections. Results: Include headings about what is being tested in each individual experiment. References: no limit. Figures/tables: no limit. Disclosure statement required for all authors.

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**Special Notice Regarding Clinical Trials**

As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes, but is not limited to, drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

All clinical trials must be registered in a public registry prior to submission. The journal follows the trials registration policy of the ICMJE (http://www.icmje.org) and considers only trials that have been appropriately registered before submission, regardless of when the trial closed to enrollment. Acceptable registries must meet the following ICMJE requirements: be publicly available, searchable, and open to all prospective registrants have a validation mechanism for registration data, and be managed by a not-for-profit organization. Examples of registries that meet these criteria include: the registry sponsored by the United States National Library of Medicine (http://www.clinicaltrials.gov) the International Standard Randomized Controlled Trial Number Registry (http://www.controlled-trials.com) the Cochrane Renal Group Registry (http://www.cochrane-renal.org), and the European Clinical Trials Database (https://eudract.ema.europa.eu). The trial registry number for eligible papers will be required during the submission process.

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Guidelines

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The manuscript should be organized under the following nine headings: Title page Abstract Introduction Methods Results Discussion Disclosure Acknowledgements References

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Conceived and/or designed the work that led to the submission, acquired data, and/or played an important role in interpreting the results, drafted or revised the manuscript, and approved the final version.

Contributions by individuals who made direct contributions to the work but do not meet all of the above criteria should be noted in the Acknowledgments section of the manuscript with their consent. Medical writers and industry employees can be contributors. Their roles, affiliations, and potential conflicts of interest should be included in the author list or noted in the Acknowledgments and/or
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Guidelines for Studies of DNA Polymorphisms
For case-control studies investigating associations between DNA sequence polymorphisms and renal phenotypes, the following review criteria will be considered in prioritizing manuscripts for publication:
Adequate sample size and explicit power calculation are required for all submitted manuscripts. Negative studies have to be adequately powered in order to be considered for publication. Appropriate correction of \( P \) values for multiple comparisons is also required. In many cases this will involve calculation of empiric \( P \) values by permutation.

Typing multiple markers within a locus of interest is preferred over studies that examine a single polymorphism. Defining risk haplotypes and performing haplotypic association tests is encouraged. Assessment and correction for possible population stratification are strongly encouraged, unless the analysis involves a method that is robust to stratification effects (e.g., transmission-disequilibrium testing).

Replication of the association in an independent cohort is required for new association findings. Priority will be given to studies that demonstrate a specific effect of the associated polymorphism on the expression or function of the relevant genes. A convincing biological validation will be considered in lieu of the replication requirement.

**Microarray Data**

Authors submitting manuscripts containing microarray data must submit the data to the Gene Expression Omnibus (http://www.ncbi.nlm.nih.gov/geo), or ArrayExpress (http://www.ebi.ac.uk/arrayexpress) databases and provide the accession number(s) upon submission to the journal. The data must be MIAME-compliant, with all variables completed.

**Style**

The American Medical Association Manual of Style (10th edition), Stedman's Medical Dictionary (27th edition), and Merriam Webster's Collegiate Dictionary (10th edition) should be used as standard references. Refer to drugs and therapeutic agents by their accepted generic or chemical name, and do not abbreviate them (a proprietary name may be given only with the first use of the generic name). Code numbers should be used only when a generic name is not yet available (the chemical name and a figure giving the chemical structure of the drug are required). Copyright or trade names of drugs should be capitalized and placed in parentheses after the name of the drug. Names and locations (city and state in USA; city and country outside USA) of manufacturers of drugs, supplies, or equipment cited in a manuscript are required to comply with trademark law and should be provided in parentheses. Quantitative data may be reported in the units used in the original measurement, but SI units are preferred, including those applicable to body weight, mass (weight), and temperature.

**Journal Style**

As the electronic submission will provide the basic material for typesetting, it is important that papers are prepared in the general editorial style of the journal. For information on labeling figures, see the artwork guidelines (http://www.elsevier.com/artworkinstructions).

Do not make rules thinner than 1 pt (0.36 mm).

Use a coarse hatching pattern rather than shading for tints in graphs.

Color should be distinct when used as an identifying tool.

Use SI units throughout.

Spaces, not commas, should be used to separate thousands.

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