



KIDNEY INTERNATIONAL REPORTS

Official Journal of the [International Society of Nephrology](#)

AUTHOR INFORMATION PACK

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DESCRIPTION

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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, 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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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.

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Frequency

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Indexing

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Peer Review

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Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review. Please follow the [Manuscript Submission Style Checklist](#) prior to sending it to the journal for review.

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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.

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Guidelines

Includes guidelines and consensus conference statements. Word limit: to be determined in consultation with Editors. No abstract required. References: no maximum. Figures/tables: no maximum. Disclosure statement required.

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Includes discussion of individual patients with challenging differential diagnosis or therapeutic dilemma. Format required: detailed case presentation (#400 words), tabulation of relevant laboratory results, discussion of the case, and follow up of the patient that includes confirmation of the diagnosis or response to therapy as appropriate. Should be written primarily for the trainee audience and list distinct teaching points in a separate table. Word limit: 3,000 words. No abstract. Table with teaching points required. References: 9 maximum. Additional references must be provided **in a separate file** and formatted as supplementary references with the prefix "S" (e.g., S1, S2, etc.). In the main article in a Supplementary Material section immediately before the references, state the type of supplementary file [e.g., "Supplementary File (PDF)"] and the title "Supplementary References." Figures/tables: at least 1 image or figure and 1 table. Disclosure statement required.

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For original articles, research letters, nephrology rounds, meeting reports, guidelines, and reviews, the submitting author must include a disclosure statement in the body of the manuscript. The statement will describe all of the authors' relationships with companies that may have a financial interest in the information contained in the manuscript. This information should be provided under the heading titled "Disclosure," which should appear after the Discussion/last section of the manuscript and before the References section. 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.

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Examples

Reference to a journal publication:

1. Fan SL, Almond MK, Ball E, Evans K, Cunningham J. Pamidronate therapy as prevention of bone loss following renal transplantation. *Kidney Int.* 2000;57:684–690.

Reference to a supplement article:

2. Fogo AB. Glomerular hypertension abnormal glomerular growth, and progression of renal diseases. *Kidney Int.* 2000;57(suppl 75):S15–S21.

Reference to a book:

3. Lameire N, Mehta RL, eds. *Complications of Dialysis*. New York, NY: Marcel Dekker, Inc; 2000.

Reference to a chapter in an edited book:

4. Weidner N, Buckalew VM Jr. Sick cell anemia, sickle cell trait, and polycythemic states. In: Tisher CC, Brenner BM, eds. *Renal Pathology*. Vol 2. Philadelphia, PA: JB Lippincott Company; 1989:1417–1436.

Reference to a dataset:

[dataset] 5. Oguro M, Imahiro S, Saito S, et al. Mortality data for Japanese oak wilt disease and surrounding forest compositions, Mendeley Data, v1; 2015. <http://dx.doi.org/10.17632/xwj98nb39r.1>

Journal Abbreviation Source

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ORIGINALITY

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