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, 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.

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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**Frequency**

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**Indexing**

*KI Reports* is indexed by PubMed Central® (PMC), Directory of Open Access Journals (DOAJ), EMBASE (Elsevier), Emerging Sources Citation Index (ESCI), and Scopus (Elsevier).

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**Original Articles**

Includes clinical, epidemiological and translational research in the descriptions of areas of interest. Word limit: 4,000 words maximum, but excluding references, tables, and figures. Structured Abstract: 250 words maximum including spaces, organized into Introduction, Methods, Results, and Conclusion sections. References: no limit. Figures/tables: no limit. Disclosure statement required for all authors.

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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.

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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Both systematic and narrative reviews—particularly interested in systematic reviews. Word range: 3,000–5,000 words, including spaces and abstract but excluding references, tables, and figures. Supplementary material: no limit to number of words, figures, and/or tables. Abstract: 250 words maximum, including spaces. References: no maximum. Figures/tables: 1–3 images or figures required, in color if possible (no additional fees for color). Disclosure statement required. Reviews are comprehensive analyses of specific topics in nephrology that are usually solicited by the Editors. Proposals for reviews should be submitted to the editorial office by email: kireports.editor@cumc.columbia.edu. Authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

**Guidelines**

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**Nephrology Rounds/Case Reports**
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 required. Reference limit: less than 10. Any references beyond 9 should be provided as supplemental references IN A SEPARATE FILE and labeled with “S” then the reference number, beginning with S1. Figures/tables: at least 1 image or figure and 1 table. Disclosure statement required.

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Short original research reports—approximately 1,200 words. Word limit: 1,200 words. No abstract required. Methods must be provided as a supplemental file. At the end of the article before the references, include the heading "Supplementary Material" with the supplementary legend below it and the text “Supplementary information is available on the *KI Report's* website (file format).” References: no maximum. Figures/tables: at least 1 image or figure. Disclosure statement required.

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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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Please limit manuscript title to 10 words or less.

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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.

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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.

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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.
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