KIDNEY INTERNATIONAL
Official Journal of the International Society of Nephrology

AUTHOR INFORMATION PACK

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DESCRIPTION

*Kidney International* (KI) is the official journal of the International Society of Nephrology. Under the editorial leadership of Dr. Pierre Ronco (Paris, France), KI is one of the most cited journals in nephrology and widely regarded as the world’s premier journal on the development and consequences of kidney disease.

*Kidney International* (KI) offers features with premier benefits for both readers and authors. Here you will find some of the most cited original articles in nephrology, sharply focused reviews, latest imaging techniques, controversial discussions and much more.

*Kidney International* devotes itself to renal research. It aims to inform the renal researcher and the practicing nephrologist on all aspects of renal research. These include:

- The latest clinical studies on emerging developments in renal medicine
- The highest level of original research studies in clinical and basic renal research
- In each issue some of these articles will be highlighted by commentaries that aim to put these studies in the appropriate context. These will form a research tool for clinical and basic investigators
- Nephrology Digest comments and puts in perspective several areas of new developments in basic and clinical research in nephrology at large, as reported in the recent literature and at scientific meetings
- Editorials that highlight important issues in international nephrology
- Nephrology sans Frontieres are occasional short articles that discuss matters of local interest to nephrologists around the world, but which we feel need to be known by nephrologists world-wide
- In-depth reviews about major issues in renal research
- Controversial discussions on renal therapeutics or diagnosis written by two opposing authorities
- Nephrology Images which are presentations of interesting images in renal pathology, radiology chosen for their illustrative nature or simply for their esthetic qualities
- Issues of importance to the international renal community including the politics of funding; of organ transplantation, of adequacy of dialysis, of world-wide affordability of end stage renal care and many other topical issues
- Journal Club are synopses that bring you the latest research highlights from across a wide spectrum of journals in fields relevant to renal research

Your subscription to *Kidney International* also includes the companion journal, *Kidney International Supplements*.

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Kidney International devotes itself to renal research. It aims to inform the renal researcher and the practicing nephrologist on all aspects of renal research. These include the latest clinical studies on emerging developments in renal medicine and the highest level of original research studies in clinical and basic renal research. In each issue some of these articles will be highlighted by commentaries that aim to put these studies in the appropriate context. These will form a research tool for clinical and basic investigators. Nephrology Digest comments and puts in perspective several areas of new developments in basic and clinical research in nephrology at large, as reported in the recent literature and at scientific meetings. Editorials highlight important issues in international nephrology. Nephrology sans Frontières are occasional short articles that discuss matters of local interest to nephrologists around the world, but which we feel need to be known by nephrologists worldwide. In-depth reviews are about major issues in renal research and controversial discussions on renal therapeutics or diagnosis written by two opposing authorities. Nephrology Images are presentations of interesting images in renal pathology; radiology chosen for their illustrative nature or simply for their esthetic qualities; issues of importance to the international renal community, including the politics of funding, of organ transplantation, of adequacy of dialysis, of worldwide affordability of end-stage renal care, and many other topical issues. Journal Club is a synopses that brings you the latest research highlights from across a wide spectrum of journals in fields relevant to renal research.

Reporting Guidelines
KI requires authors to completely, accurately, and transparently report their findings. Authors submitting articles to KI should refer to the Enhancing the QUAlity and Transparency Of health Research (EQUATOR) Network website (http://www.equator-network.org/), which provides a central repository of reporting guidelines and other resources to assist authors. Authors of the following study types are required to upload a copy of the corresponding checklist with their manuscript: CONSORT checklist and flow diagram for Randomized clinical trials STROBE checklist for Observational Studies (see modified STROBE Statement) PRISMA checklist and flow diagram for Systematic reviews and meta-analyses—interventional studies MOOSE checklist and flow diagram for Systematic reviews and meta-analyses—observational studies STARD checklist and flow diagram for Diagnostic accuracy studies COREQ for Qualitative research TRIPOD for Development and updating of predictive models CHEERS for Economic evaluation STARI statement and checklist for Implementation
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*KI* encourages the use of PENELOPE for help with identification of the appropriate checklist for data reporting. This tool can be found at [http://www.peneloperesearch.com/equatorwizard](http://www.peneloperesearch.com/equatorwizard).

**Peer Review**

This journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for *Kidney International*. Papers deemed suitable are then sent to at least two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor’s decision is final. For more information on the types of peer review, please visit our peer-review site [http://www.elsevier.com/reviewers/peer-review](http://www.elsevier.com/reviewers/peer-review).

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**PREPARATION OF MANUSCRIPTS**

The *American Medical Association Manual of Style* (10th edition) should be used as a style guideline. Manuscripts that do not adhere to the following instructions will be returned to the corresponding author for technical revision before undergoing peer review.

**Types of articles**

**Review**

Word limit: Reviews should be between 3,000 and 5,000 words, and on average 4,000 words, including abstract but excluding references, tables, and figures. Abstract: 250 words maximum. References: no maximum. Figures/tables: 1–3 images or figures required. Disclosure statement required. Reviews are comprehensive analyses of specific topics in nephrology that are solicited by the Editors. Proposals for reviews should be submitted to the editorial office by email: pmorriss@wustl.edu. Authors should only send an outline of the proposed paper for initial consideration. Unsolicited reviews submitted directly to Manuscript Central will not be considered. All invited review articles will undergo peer review prior to decision, and there is no absolute guarantee of acceptance.

**Original Article**

Subcategories: Basic Research, Clinical Investigation. Word limit: 4,000 words (22,400 characters) maximum including spaces and abstract but excluding references, tables, and figures. Abstract: 250 words (1,500 characters) maximum including spaces. Results: Include headings about what is being tested in each individual experiment. References: no limit. Figures/tables: no limit. However, additional figures and tables may be considered as supplements for web-only publication. Disclosure statement required. Full-length reports of current research in either basic or clinical science.

**Brief Report**

The purpose of the Brief Report format is to publish concise but complete reports that present high-quality findings of exceptional interest, novelty, and broad significance for the readers of *Kidney International*.

A manuscript considered as a potential Brief Report by the Editors will be sent to referees with a request of rapid review. If the manuscript is deemed interesting but not of sufficiently transformative potential, authors may be asked to resubmit their revision as a regular article.

Brief Reports differ from regular articles in that they should be arranged in the following order: Title page, Abstract and keywords, Introduction, Results, Discussion (no headings necessary), Short Methods, Acknowledgments, References, Tables (each including a title and legend), and Figure legends. The abstract should be brief (3 sentences, no more than 100 words). The main text should be limited to 1,500 words (including the abstract but not the acknowledgments, references, tables,
Brief Reports normally have no more than 2 display items (Figure and/or Table) and 20 references. The study design, detailed methods, and/or supporting data should be included in an Online Supplementary Material (combined into a single file).

**Clinical Trials**

Word limit: 4,000 words (22,400 characters) maximum including spaces and abstract but excluding references, tables, and figures. Abstract: 250 words (1,500 characters) maximum including spaces. Results: Include headings about what is being tested in each individual experiment. References: no limit. Figures/tables: no limit. However, additional figures and tables may be considered as supplements for web-only publication. Disclosure statement required. Full-length reports of current research in either basic or clinical science.

**Please read the Special Notice Regarding Clinical Trials below.**

**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 collected during the submission process.

Randomized Controlled Trials (RCTs) must adhere to the CONSORT statement (CONsolidated Standards Of Reporting Trials), and submissions must be accompanied by a completed CONSORT checklist (uploaded as a related manuscript file). Further information can be found at http://www.consort-statement.org.

**Commentary (by invitation only)**

Word limit: 1,500 words (8,400 characters) maximum including spaces and abstract but excluding references. Title: 115 characters maximum including spaces. Abstract: 75 words (420 characters) maximum. References: 9 maximum including the article discussed. Figures/tables: 1 figure required (will be redrawn). Commentaries discuss a paper published in a specific issue and should set the problems addressed by the paper in the wider context of the field. Disclosure statement required.

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as well as the original source. Letters can use an arbitrary title, but a Response must cite the title of the Letter: e.g., Response to [title of Letter]. All Letters must contain a title page including title, all authors' names and affiliations, and corresponding author contact information.

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Word Limit: 1,600 words (8,960 characters) maximum including spaces. Abstract: no abstract required for this manuscript type. Keywords: 3–6. References: 5 maximum. Proposals for Editorials may be submitted; authors should only send an outline of the proposed paper for initial consideration.

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**Make Your Diagnosis**
Word limit: title: 70 characters; The Case (page 1): 245 words (1,400 characters); The Diagnosis (page 2): 405 words (2,300 characters). Word limits include spaces but exclude references, tables, and figures. Abstract: no abstract required for this manuscript type. References: 3 maximum. Figures/tables: 1 single-panel figure maximum per page. This column provides readers with an opportunity to make clinical diagnoses based on an image accompanied by the history and physical exam, all of which will be on the first page. The second page will include the answers, a brief discussion, and any other relevant follow-up images and laboratory data.

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Proceedings of meetings are solicited by the Editors, and the Meeting Report will undergo peer review. Word limit: to be determined in consultation with Editors. Abstract: 150 words maximum including spaces, excluding references and figures. References: no maximum. Figures/tables: at least 1 image or figure. Disclosure statement required.

**Nephrologists sans Frontières (by invitation only)**
Word limit: 1,500 words. Abstract: no abstract required for this manuscript type. Keywords: 3–6. References: no more than 9. Figures/tables: 1.

**Policy Forum**
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Word limit: 600–900 words excluding references. Title: 100 characters maximum including spaces. References: 9 maximum including the article or presentation discussed. Figures/tables: 1 figure or table (figures may be redrawn). Nephrology Digests discuss a recent development in the field published or presented outside of *Kidney International* and should frame the issue in the wider context of the field. Nephrology Digest may also provide a forum for commentary on broader issues of relevance to research or clinical care in nephrology. Authors will not be charged for color images. Disclosure statement required.

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