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.

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

*KI* is devoted to kidney research. It aims to inform the researcher, the clinical investigator, and the practicing nephrologist on all aspects of kidney research. These include:

- The latest clinical studies on emerging developments in nephrology
- The highest level of original research studies in clinical and basic kidney research
- Brief Reports of exceptional findings that induce a change in basic concept or in standard of care
- Nephrology Digest comments on and puts into 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 kidney research
- Controversies on hot topics or debated issues written by two opposing authorities with a summary by the editors
- Nephrology Images which are presentations of interesting images in kidney pathology, radiology chosen for their illustrative nature or simply for their esthetic qualities
- Policy Forum that features 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 patient 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

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Frequency
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Scope
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 studies STREGA Checklist for studies that investigate Associations between genetic factors and clinical measurements or disease outcomes. These checklists help improve the quality and consistency of data reporting and assist reviewers in assessing the manuscript. Missing items or deviations should be explained by the authors.

*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.

**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 (https://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: 150 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. Data Sharing Statement—Large biological datasets Graphical Abstract required. See Graphical Abstract section for more details. Systematic Reviews: submit as an Original Article. Include PRISMA checklist and PRISMA flow diagram with submission.
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, and figure legends). Brief Reports normally have no more than 2 display items (Figure and/or Table—uploaded as individual files), and 20 references. The study design, detailed methods, and/or supporting data should be included in Online Supplementary Material (each file uploaded separately).

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Kidney International follows the ICMJE’s data sharing statement policy for all clinical trials. To foster transparency, we require you to state the availability of your data in your manuscript. This may be a requirement of your funding body or institution. If your data are unavailable to access or unsuitable to post, you will need to indicate why, for example by stating that the research data are confidential. The statement will appear with your published article. For more information, visit the Data Statement page. 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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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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Word limit: title: 70 characters including spaces; text: 300 words (1,700 characters) including spaces. Figures: The equivalent of 2 single-panel figures maximum. Additional figures may be included as supplementary images that will appear online but not in print. References: none. Abstract: no abstract required for this manuscript type. Illustrative images that are unique or highly illustrative of specific occurrences in nephrology such as renal pathology, radiology, specific-skin lesions, etc. They should be accompanied by a brief 1-paragraph description of relevant clinical information. Article must fit onto 1 page. You will be asked to cut text or part of your figure in the proof if the article is longer than 1 page.

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.

Meeting Report (by invitation only)
Proceedings of meetings are solicited by the Editors, and the Meeting Report will undergo peer review. Word limit: 3000 words Abstract: Unstructured, maximum of 150 words. Disclosure statement required. References: Maximum 50, should be important for establishing background of work discussed or published work from the meeting. General Structure: Provide an introduction that describes the purpose and context of the meeting. Identify the themes developed in the meeting and devote one section to each theme. The themes will serve as headings for the sections. Under each theme heading, highlight one presentation of particular significance. Within a theme, develop a figure or table that summarizes the rest or most of the rest of the presentations. After the meeting themes and new ideas are presented, provide a section that summarizes where the field is currently, ongoing controversies in the field, and recommendations for future directions in the field.

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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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To avoid unnecessary errors you are strongly advised to use the 'spell-check' and 'grammar-check' functions of your word processor.

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This should include (a) the complete manuscript title; (b) all authors' full names (listed as first name, middle initial, last name), highest academic degrees, and affiliations; (c) the name and address for correspondence, fax number, telephone number, and e-mail address; and (d) the sources of support that require acknowledgment. A running headline of no more than 50 characters (including spaces) should be supplied.

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The Editors require a short paragraph on the translational impact of your study. Please include this paragraph of no more than 100 words under the heading "Translational Statement“ and place it in the manuscript following the abstract for editorial review. The Translational Statement should describe how you envision your work affecting clinical care now or in the future and could include a statement on next steps. The goal of this new feature is to make your basic science accessible to all of the Journal’s readership by putting it in the context of clinical care. Please note that the Translational Statement may be disseminated after publication to highlight your work.

Text
The manuscript should be organized under the following 11 headings: Graphical Abstract, Title page, Abstract, Translational Statement (only for Basic Research articles), Introduction, Results, Discussion, Methods, Disclosure statement, References, Acknowledgements.
Abbreviations
Abbreviations should be defined at first mention in the text and in each table and figure. For a list of standard abbreviations, please consult the Council of Biology Editors Style Guide (available from the Council of Science Editors, 9650 Rockville Pike, Bethesda, MD 20814) or other standard sources. Write out the full term for each abbreviation at its first use unless it is a standard unit of measure. Refrain from overuse of abbreviations.

Disclosure
For original articles, technical notes, commentaries, 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 Methods section and before the References section. The absence of any interest to disclose must also be stated. In addition, any financial interests must be detailed in the Financial Disclosure form, which must be uploaded for each author upon submission. It is the responsibility of each author to provide complete and accurate financial and consulting information.

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References should be listed in order of appearance (AMA style). Indicate references by (consecutive) superscript Arabic numerals in the order in which they appear in the text. The numerals are to be used outside periods and commas, inside colons and semicolons. For further detail and examples you are referred to the AMA Manual of Style, A Guide for Authors and Editors, Tenth Edition, ISBN 0-978-0-19-517633-9 (see http://www.amamanualofstyle.com).

The reference list (starting on a separate page) should contain the references in the order in which they are cited in the text. Only published works (as well as manuscripts already accepted for publication) which are referred to in the text should be listed in the reference list. The reference list must not contain any abstract citations, unpublished observations, personal communications, etc. Kindly cite such sources solely within the text (in parentheses), not in the reference list. Do not list more than 3 authors per reference. Should there be 4 or more, please include only the first 3 followed by "et al."

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A DOI is guaranteed never to change, so you can use it as a permanent link to any electronic article. An example of a citation using DOI for an article not yet in an issue is: VanDecar J.C., Russo R.M., James D.E., Ambeh W.B., Franke M. (2003). Aseismic continuation of the Lesser Antilles slab beneath northeastern Venezuela. Journal of Geophysical Research, https://doi.org/10.1029/2001JB000884. Please note the format of such citations should be in the same style as all other references in the paper.

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As a minimum, the full URL should be given and the date when the reference was last accessed. Any further information, if known (DOI, author names, dates, reference to a source publication, etc.), should also be given. Web references can be listed separately (e.g., after the reference list) under a different heading if desired, or can be included in the reference list.

Data References
Please cite underlying or relevant datasets in your text and include said references in your Reference List. Data references should include the following: author name, title, repository, version, persistent identifier, year. Add the word "dataset" in brackets (i.e., [dataset]) immediately before the reference so that it can be properly identified. This identifier will not appear in your published article.

List
Number the references in the list in the order in which they appear in the text.

Examples
Reference to a journal publication:

Reference to a supplement article:

Reference to a book:

Reference to a chapter in an edited book:

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Journal abbreviations source
Journal names should be abbreviated according to the List of Title Word Abbreviations.

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Collate acknowledgements in a separate section at the end of the article before the references and do not, therefore, include them on the title page, as a footnote to the title or otherwise. List here those individuals who provided help during the research (e.g., providing language help, writing assistance or proof reading the article, etc.).

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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:
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Biomarker Guidelines
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The biomarker manuscript could include one or more of the following features: diagnostic, prognostic, or mechanistic (relevant to disease pathogenesis). The biomarker(s) under study could be in one of the following phases: Early phases include both discovery and proof-of-concept studies (phase 1) demonstrating differences in biomarker levels between patients with and without the outcome of interest (i.e., CKD, AKI, and CVD) and prospective studies (phase 2) to determine the association between levels, disease behavior, and future outcomes. Later phases consider aspects of clinical incorporation, including determining the
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