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 Landmark Communications publish concise but complete reports that present high-quality findings of exceptional interest, novelty, transformative value, and broad significance 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 Research Letters report results of studies similar to original investigations that may involve pilot studies, or research focused on a few critical findings 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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**Scope**
*Kidney International* devotes itself 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 and the highest level of original research studies in clinical and basic kidney 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. **Landmark Communications** present high-quality findings of exceptional interest, novelty, transformative value, and broad significance. **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. **Research Letters** report results of studies similar to original investigations that may involve pilot studies, or research focused on a few critical findings. **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 kidney research. **Controversial discussions** on hot topics or debated issues are written by two opposing authorities with a summary by the editors. **Nephrology Images** are presentations of interesting images in kidney pathology, radiology chosen for their illustrative nature or simply for their esthetic qualities. **Policy Forum** features 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 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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**Use of inclusive language**
Inclusive language acknowledges diversity, conveys respect to all people, is sensitive to differences, and promotes equal opportunities. Content should make no assumptions about the beliefs or commitments of any reader; contain nothing which might imply that one individual is superior to another on the grounds of age, gender, race, ethnicity, culture, sexual orientation, disability or health condition; and use inclusive language throughout. Authors should ensure that writing is free from bias, stereotypes, slang, reference to dominant culture and/or cultural assumptions. We advise to seek gender neutrality by using plural nouns ("clinicians, patients/clients") as default/wherever possible to avoid using "he, she," or "he/she." We recommend avoiding the use of descriptors that refer to personal attributes such as age, gender, race, ethnicity, culture, sexual orientation, disability or health condition unless they are relevant and valid. When coding terminology is used, we recommend to avoid offensive or exclusionary terms such as "master", "slave", "blacklist" and "whitelist". We suggest using alternatives that are more appropriate and (self-) explanatory such as "primary", "secondary", "blocklist" and "allowlist". These guidelines are meant as a point of reference to help identify appropriate language but are by no means exhaustive or definitive.

**Reporting sex- and gender-based analyses**

**Reporting guidance**
For research involving or pertaining to humans, animals or eukaryotic cells, investigators should integrate sex and gender-based analyses (SGBA) into their research design according to funder/sponsor requirements and best practices within a field. Authors should address the sex and/or gender dimensions of their research in their article. In cases where they cannot, they should discuss this as a limitation to their research's generalizability. Importantly, authors should explicitly state what definitions of sex and/or gender they are applying to enhance the precision, rigor and reproducibility of their research and to avoid ambiguity or conflation of terms and the constructs to which they refer (see Definitions section below). Authors can refer to the Sex and Gender Equity in Research (SAGER) guidelines and the SAGER guidelines checklist. These offer systematic approaches to the use and editorial review of sex and gender information in study design, data analysis, outcome reporting and research interpretation - however, please note there is no single, universally agreed-upon set of guidelines for defining sex and gender.
Definitions
Sex generally refers to a set of biological attributes that are associated with physical and physiological features (e.g., chromosomal genotype, hormonal levels, internal and external anatomy). A binary sex categorization (male/female) is usually designated at birth (“sex assigned at birth”), most often based solely on the visible external anatomy of a newborn. Gender generally refers to socially constructed roles, behaviors, and identities of women, men and gender-diverse people that occur in a historical and cultural context and may vary across societies and over time. Gender influences how people view themselves and each other, how they behave and interact and how power is distributed in society. Sex and gender are often incorrectly portrayed as binary (female/male or woman/man) and unchanging whereas these constructs actually exist along a spectrum and include additional sex categorizations and gender identities such as people who are intersex/have differences of sex development (DSD) or identify as non-binary. Moreover, the terms “sex” and “gender” can be ambiguous—thus it is important for authors to define the manner in which they are used. In addition to this definition guidance and the SAGER guidelines, the resources on this page offer further insight around sex and gender in research studies.

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.

Mendelian randomization studies
Mendelian Randomization (MR) is a method that uses genetic variation associated with a putative exposure as an instrument to infer a causal effect of that exposure on an outcome. In order for the MR inference to be valid, three key assumptions need to be met: (1) there is a strong and stable effect of an instrument on the exposure of interest, (2) there are no confounders that can create spurious associations of the instrument with the exposure and the outcome, and (3) there is no independent pathway between the instrument and the outcome other than through the exposure (i.e., no horizontal pleiotropy).

Violation of the key MR assumptions can lead to erroneous conclusions. Such violations may be difficult to detect when publicly available summary statistics are used without proper quality control, sensitivity analyses, and explicit testing. Moreover, given large numbers of GWAS traits (including proteome and metabolome-wide studies) and tens of thousands of trait-associated variants (and their various combinations), the MR approach can theoretically test an infinite number of “causal hypotheses.” The issue of multiple testing becomes then difficult to control, and there are currently no standards to address this issue. Therefore, in order to consider a manuscript reporting MR results, we require a strong starting “causal hypothesis” that is already supported by some independent evidence. Any MR report submitted to our journal must also conform to the STROBE-MR guidelines (Skrivankova et al., JAMA, 2021).

In summary, we advise authors to use the MR methods as an ancillary approach, adding to the evidence for a specific hypothesis in a multi-level study. Stand-alone single hypothesis MR studies based solely on secondary analyses of published summary statistics and/or without independent validation of the hypothesized effect are unlikely to be considered as high priority for Kidney International.
Reference:

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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Note: Manuscripts should be organized under the following 11 headings, with the Methods appearing BEFORE the Results: Graphical Abstract, Title Page, Abstract, Translational Statement (only for Basic Research articles), Introduction, Methods, Results, Discussion, Disclosure Statement, References, and Acknowledgements. Note that at least the most important sections of the Methods must ALWAYS be described in the text of the paper before the Results section, with the longer description in supplementary material as needed. Please note that this placement is not preferred but will be allowed if the word count is exceeded.

The American Medical Association Manual of Style (11th edition) should be used as a style guideline.

Types of articles
Review
Word limit: Reviews should be between 3,000 and 5,000 words, and on average 4,000 words, excluding abstract, references, tables, and figures. Abstract: 250 words maximum.Keywords: 3–6.References: 150 maximum.Figures/tables: 1–3 images or figures requiredDisclosure 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, as well as a copy of their personal bibliography. 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 maximum, excluding abstract, references, tables, and figures. Abstract: 250 words maximum.Keywords: 3–6. 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 publicationDisclosure statement required. Full-length reports of current research in either basic or clinical science. Data sharing statement 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.

Landmark communication
The purpose of the Landmark Communication format is to publish concise but complete reports that present high-quality findings of exceptional interest, novelty, transformative value, and broad significance for the readers of Kidney International. This category can include
manuscripts dealing with clinical, translational, or basic research. Case Reports and Case series will not be reviewed unless they provide groundbreaking insights, for instance, identification of a new gene. The accepted manuscripts will be highlighted in all *Kidney International* channels including social media, web page, and front matters.

A manuscript considered as a potential *Landmark Communication* 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.

*Landmark Communications* differ from regular articles in that they should be arranged in the following order:

- Title page
- Brief abstract (no more than 150 words)
- Keywords: 3–6
- Introduction
- Short Methods
- Results
- Discussion (no headings necessary)
- Disclosure statement required
- Acknowledgments
- References (no more than 25)
- Tables (each including a title and legend), and Figure legends

The main text should be limited to 1,500 words (including the abstract but not the acknowledgments, references, tables, and figure legends). These manuscripts normally have **no more than 3 figures and/or tables**. Figures should be uploaded as individual files. **The study design, detailed methods, and/or supporting data should be included in a single file as online Supplementary Material.** A Graphical Abstract is required. See Graphical Abstract section for more details.

**Technical note**

Word limit: 1,500 words maximum, excluding abstract, references, tables, and figures. Abstract: 250 words maximum. Keywords: 3–6. References: 20 maximum. Disclosure statement required. Examples of appropriate subject matter include descriptions of new laboratory or clinical methods, new apparatus, or critical modifications of established techniques. Organization of Technical Notes should be the same as for regular manuscripts.

**Research letter**

Research Letters in *Kidney International* report results of studies similar to original investigations. Research Letters do not have abstracts and have online-only supplementary materials. Due to space restrictions, methods are straightforward or use data sources that can be referenced, statistical methods are not complicated, and interpretation is straightforward. Research Letters may involve pilot studies, or research focused on a few critical findings. Research Letters are cited in PubMed and are an effective way for authors to have concise, focused reports published in a high-profile journal. Both clinical and translational papers may be included in this category. Short original research reports—approximately 1,200 words. Word limit: 1,200 words. Keywords: 3–6. No abstract. Graphical Abstract required. See Graphical Abstract section for more details. Methods must be excluded from the main manuscript and be provided in the Supplementary Material. Disclosure statement required. References: 9 maximum. Additional references must be excluded from the main manuscript and be provided in the Supplementary Material. All Supplementary Material must be provided in a single file and include the Supplementary Methods and Supplementary References, if applicable. Supplementary References must be formatted with the prefix “S” (e.g., S1, S2, etc.). Cite the individual supplementary material elements (e.g., Supplementary Methods, Supplementary References, etc.) in the main text. Under a Supplementary Material heading before the references, state the type of supplementary file [e.g., “Supplementary File (PDF)”] and list each supplementary component, e.g., “Supplementary Methods.” and “Supplementary References.” Figures/tables: Limit of 2 tables and/or figures. Additional tables/figures should be provided in the Supplementary Material file.

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**Data sharing statement**

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**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 https://www.goodreports.org/reporting-checklists/consort/.

Commentary (by invitation only)
Word limit: 250 words maximum, excluding abstract and references. Title: 115 characters maximum, including spaces. Abstract: 75 words 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.

Letter to the editor
Word limit: 250 words maximum. Supplementary Material (e.g., Supplementary Methods, Supplementary References, Supplementary Figures or Tables) is encouraged, to remain within the word limit. Abstract: no abstract required for this manuscript type. Provide all Supplementary Material in a single PDF and cite each individual supplementary material element (e.g., Supplementary Methods, Supplementary References, Supplementary Figure S1, etc.) in the main text. 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 a caption of each element. References: 4 maximum. Additional references must be provided in a separate supplementary 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 caption “Supplementary References." Figures/tables: up to 1. Letters to the Editor will be considered for publication, subject to editing. Letters must contain information critical to a certain area or must be confirmatory of data recently published in *Kidney International*. A Letter must reference the original source, and a Response to a Letter must reference the Letter in the first few paragraphs, 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. Note that *KI* does not accept Letters to the Editor regarding Nephrology Digest articles.

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Word Limit: 1,600 words maximum. 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.
Nephrology image (by invitation only)
EFFECTIVE NOVEMBER 1, 2022—Pre-submission proposals for Nephrology Images must be emailed to the editorial office (lueg@wustl.edu). A limited number are accepted for publication. Proposals should include the main image(s) and a brief description of the case. KI seeks illustrative images that are unique or highly illustrative of specific occurrences in nephrology, such as renal pathology, radiology, specific skin lesions, etc. Invited submissions are accompanied by a brief 1-paragraph description of relevant clinical information. The title has a 70-character limit. The text has a 300-word limit. Maximum the equivalent of 2 single-panel figures. Additional figures may be included as supplementary images to appear online but not in print. No references; no abstract. The article must fit on 1 printed journal page. Authors will be asked to shorten text or cut figures at the proof stage if the article exceeds 1 page.

Make your diagnosis (by invitation only)
EFFECTIVE NOVEMBER 1, 2022—Pre-submission proposals for Make Your Diagnosis articles must be emailed to the editorial office (lueg@wustl.edu). A limited number are accepted for publication. Proposals should include a brief description of the case and diagnosis. Invited submissions provide readers with an opportunity to make clinical diagnoses based on an image or data accompanied by the history and physical exam—all of which must appear on printed page 1 (The Case). Printed page 2 includes the answers, a brief discussion, and any other relevant follow-up images and laboratory data (The Diagnosis). The title has a 70-character limit. The case has 245-word limit. The diagnosis has 405-word limit. Maximum 1 single-panel figure or table per page. Maximum 3 references; no abstract.

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. Keywords: 3–6. 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.

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
Word limit: 1,500 words. Abstract: none. Keywords: 3–6. References: no more than 9. COI: A short disclosure statement is required.

Nephrology digest (by invitation only)
Word limit: 600–900 words excluding references. Title: 100 characters maximum including spaces. Keywords: 3–6. 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.

Next generation clinicopathological conference (by invitation only)
Word limit: No more than 2,500 words, excluding references and figures. No abstract. Keywords: 3–6. References: 9 maximum. Figures: 4–5. Disclosure statement required.

Format of manuscripts
Manuscripts must be typed in English and double-spaced. All text including legends, footnotes, tables, and references are to be on one side of the page only. All manuscript pages must be numbered.
Language (usage and editing services)
Please write your text in good English (American or British usage is accepted, but not a mixture of these). Authors who feel their English language manuscript may require editing to eliminate possible grammatical or spelling errors and to conform to correct scientific English may wish to use the Language Editing service available from Elsevier's Language Services.

Use of word processing software
It is important that the file be saved in the native format of the word processor used. The text should be in single-column format. Keep the layout of the text as simple as possible. Most formatting codes will be removed and replaced on processing the article. In particular, do not use the word processor's options to justify text or to hyphenate words. However, do use bold face, italics, subscripts, superscripts etc. When preparing tables, if you are using a table grid, use only one grid for each individual table and not a grid for each row. If no grid is used, use tabs, not spaces, to align columns. The electronic text should be prepared in a way very similar to that of conventional manuscripts (see also the Guide to Publishing with Elsevier). Note that source files of figures, tables and text graphics will be required. Figures should not be embedded in the text. See also the section on Electronic artwork.

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

Open access
Please visit our Open Access page for more information about open access publishing in this journal.

Title page
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.

Abstract
The abstract should be no longer than 250 words, stating the main problem, methods, results, and conclusions. There should be no subheadings in the abstract. It must be factual and comprehensive. The use of abbreviations and acronyms should be limited and general statements (e.g., “the significance of the results is discussed”) should be avoided. The editors reserve the right to edit the title and abstract to conform to journal style.

The abstract should state briefly the purpose of the research, the principal results, and major conclusions. An abstract is often presented separately from the article, so it must be able to stand alone. For this reason, references should be avoided, but if essential, then cite the author(s) and year(s). Also, nonstandard or uncommon abbreviations should be avoided, but if essential they must be defined at their first mention in the abstract itself.

Keywords
Immediately after the abstract, provide 3 to 6 keywords, using American spelling and avoiding general and plural terms and multiple concepts (avoid, for example, ‘and’, ‘of’). Be sparing with abbreviations: only abbreviations firmly established in the field may be eligible. These keywords will be used for indexing purposes.

Graphical abstract
A Graphical Abstract graphical abstract is now mandatory for Kidney International. The Graphical Abstract should summarize the contents of the article in a concise, colorful pictorial form that appeals to the online publication format. It will help readers understand the take-home message of the paper, encourage browsing, and promote interdisciplinary scholarship. Authors must provide an original graphic separate from figure(s) in the paper that clearly represents the work described, preferably saved as a PowerPoint (.ppt) file.

Graphical abstracts should be submitted at the time of revision as a separate image file in the ScholarOne manuscript submission system. We prefer that you create your Graphical Abstract using the PowerPoint template provided. If you choose to create an image without the template provided, be sure to follow the specifications indicated below.
Graphical Abstracts are subject to editorial review for accuracy and quality but will be published as provided without copy editing once they have been accepted for publication.

**Specifications:**
The Graphical Abstract should be a single file that summarizes the research findings using colorful images rather than text. For ease of browsing, the Graphical Abstract should have a clear start and end, preferably “reading” from top to bottom or left to right. Avoid cluttering elements or images. Refer to Graphical Library in the PowerPoint template for optional layout options. **Image size:** If using PowerPoint, size slide for widescreen (16:9 ratio) with high-resolution images (minimum of 300 dpi, preferably 600 dpi). If using another program, provide images with a minimum of $531 \times 1328$ pixels (HxW) and a minimum resolution of 300 dpi. For larger images, use $200 \times 500$ pixels (HxW). **Font:** Arial or Calibri fonts only with 18-pt size or larger. **File type:** preferred file types are PowerPoint, TIFF, or EPS. Save the image file name as Graphical Abstract for uploading. Do not include a heading “Graphical Abstract” within the image file. Use exact title of accepted manuscript as the title. Place author's last name and the year of publication at the bottom. Place major conclusion or take-away point within in a "Conclusion" box.

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**Examples:**
Following are some examples of Graphical Abstracts using the *Kidney International* template, originally designed for the ISN by Edgar Lerma, Divya Bajpai, Krishna Penmatsa, Aakash Shingada, and Fernanda Arce-Amaré, and modified for use in *KI*.

**Translational statement (only for basic research articles)**
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.

**Lay summary (for clinical investigation and clinical trial articles)**
The Editors require this short paragraph of about 100–150 words to convey the article content, aimed at nonspecialists in the field and written in a way that they can easily understand. The structure of a lay summary should answer the main questions of “who/what/where/when/how many/why?“ It should include one final sentence that explains why the research is important, and what the article has concluded. Please include this paragraph under the heading “Lay Summary“ and place it in the manuscript following the abstract. For more information on Lay Summaries, see https://www.elsevier.com/connect/authors-update/in-a-nutshell-how-to-write-a-lay-summary.

**Text**
The manuscript should be organized under the following 11 headings: Graphical AbstractTitle pageAbstractTranslational Statement (only for Basic Research articles)IntroductionMethodsResultsDiscussionDisclosure statementReferencesAcknowledgements

**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 Discussion 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.

References
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, Eleventh 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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If authors still have questions about removing the field codes, technical support is available free of charge. The link to reach support is http://endnote.com/support.

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Please ensure that every reference cited in the text is also present in the reference list (and vice versa). Any references cited in the abstract must be given in full. Unpublished results and personal communications are not recommended in the reference list, but may be mentioned in the text. If these references are included in the reference list they should follow the standard reference style of the journal and should include a substitution of the publication date with either 'Unpublished results' or 'Personal communication'. Citation of a reference as 'in press' implies that the item has been accepted for publication.

Reference links
Increased discoverability of research and high quality peer review are ensured by online links to the sources cited. In order to allow us to create links to abstracting and indexing services, such as Scopus, Crossref and PubMed, please ensure that data provided in the references are correct. Please note that incorrect surnames, journal/book titles, publication year and pagination may prevent link creation. When copying references, please be careful as they may already contain errors. Use of the DOI is highly encouraged.

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., Ambhe 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.

Web references
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:

Reference to a dataset:

http://dx.doi.org/10.17632/xwj98nb39r.1

Preprint references
Where a preprint has subsequently become available as a peer-reviewed publication, the formal publication should be used as the reference. If there are preprints that are central to your work or that cover crucial developments in the topic, but are not yet formally published, these may be referenced. Preprints should be clearly marked as such, for example by including the word preprint, or the name of the preprint server, as part of the reference. The preprint DOI should also be provided.

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

Acknowledgements
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.).

**SUBMISSION AND PUBLICATION**

**Originality**

**Submission declaration and verification**
Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis or as an electronic preprint, see https://www.elsevier.com/sharingpolicy), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, including electronically without the written consent of the copyright-holder. Permission for use within the submitted manuscript of any text, figures, tables, or data from other sources must be granted to the author, and must be on file prior to publication. If a modified, redrawn, or adapted figure is substantially similar to the original figure, permission from the original source is required. A simple color change or change of labels on an X and Y axis is not sufficient. Even in the rare circumstances where a figure has been modified, redrawn, or adapted enough so as not to require permission, the original source of the figure should nonetheless be acknowledged (e.g. “Based on...”). When re-using a “courtesy image” from a non-
Elsevier product, or from one Elsevier product in a different Elsevier product, permission must be obtained directly from the named individual or institution. To verify originality, your article may be checked by the originality detection service CrossCheck https://www.elsevier.com/editors/plagdetect.

*KI* accepts preprint manuscript submissions directly from medRxiv and bioRxiv through the M2J and B2J direct transfer partner program. This program can save authors time in submitting papers to the journal by transmitting their manuscript files and metadata directly from medRxiv or bioRxiv. This means authors do not have to spend time re-loading manuscript files and re-entering author information during submission. Authors can visit https://www.medrxiv.org/submit-a-manuscript or https://www.biorxiv.org/submit-a-manuscript to submit their preprint and then request transfer to *KI*.

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This journal is part of our Article Transfer Service. This means that if the Editor feels your article is more suitable in one of our other participating journals, then you may be asked to consider transferring the article to one of those. If you agree, your article will be transferred automatically on your behalf with no need to reformat. Please note that your article will be reviewed again by the new journal. More information.

**Authorship**
Requirements for all categories of articles should conform to the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals," developed by the ICMJE (http://www.icmje.org).

Each author must have contributed sufficiently to the intellectual content of the submission. The corresponding author should list all authors and their contributions to the work. The corresponding author must confirm that he or she has had full access to the data in the study and final responsibility for the decision to submit for publication. To qualify as a contributing author, one must meet all of the following criteria: 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. 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. 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 Contributors section concurrent with their contribution to the work submitted. Signed statements from any medical writers or editors declaring that they have given permission to be named as an author, as a contributor, or in the Acknowledgments section is also required. Failure to acknowledge these contributors can be considered inappropriate, which conflicts with the journal's editorial policy.

Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with *Kidney International*, its editors, the International Society of Nephrology, or Elsevier.

**Changes to authorship**
This policy concerns the addition, deletion, or rearrangement of author names in the authorship of accepted manuscripts:

- **Before the accepted manuscript is published in an online issue:** Requests to add or remove an author, or to rearrange the author names, must be sent to the Journal Manager from the corresponding author of the accepted manuscript and must include: (a) the reason the name should be added or removed, or the author names rearranged and (b) written confirmation (e-mail, fax, letter) from all authors that they agree with the addition, removal or rearrangement. In the case of addition or removal of authors, this includes confirmation from the author being added or removed. Requests that are not sent by the corresponding author will be forwarded by the Journal Manager to the corresponding author, who must follow the procedure as described above. Note that: (1) Journal Managers will inform the Journal Editors of any such requests and (2) publication of the accepted manuscript in an online issue is suspended until authorship has been agreed.

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**Human and animal rights**

If the work involves the use of animal or human subjects, the author should ensure that the work described has been carried out in accordance with The Code of Ethics of the World Medical Association (Declaration of Helsinki) for experiments involving humans https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/. EU Directive 2010/63/EU for animal experiments http://ec.europa.eu/environment/chemicals/lab_animals/legislation_en.htm; Uniform Requirements for manuscripts submitted to Biomedical journals http://www.icmje.org, and in the case of renal transplant the Declaration of Istanbul (as published in KI Vol. 74 No. 7 [2008]). *Kidney International* will not consider manuscripts containing data derived from transplants obtained from executed prisoners. If authors wish to submit a manuscript related to this issue such as an editorial or review examining the consequences of such practices, they must contact the Editorial Office to obtain permission prior to submitting the manuscript. All manuscripts dealing with transplanted patients must conform to the Declaration of Istanbul and be acknowledged in the submission questions by ticking the appropriate box. In addition, a statement that “the paper adheres to the Declaration of Istanbul” must be placed in the Methods section, and the source of donor kidneys must be clearly identified in the Methods section of the paper as well. Authors should include a statement in the manuscript that informed consent was obtained for experimentation with human subjects. The privacy rights of human subjects must always be observed.

**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.

**Biomarker guidelines**

Background: The field of biomarkers is continuously expanding for all disease states, including kidney disease. Over the last two decades, a number of novel and traditional biomarkers have been discovered and tested in the setting of kidney disease with a wide a range disease spectrum. There are also an increasing number of cohort studies and randomized clinical trials examining kidney-related outcomes providing a rich environment for biomarker testing. In order to select and publish the most impactful papers on this subject, it is necessary to set some criteria that standardize the quality of manuscripts submitted to *Kidney International* and *Kidney International Reports*.

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
incremental predictive value of a candidate marker beyond established risk predictors (phase 3) and if biomarker use changes therapy for at-risk patients, improves outcomes, and is cost-effective (phases 4 to 6).

Proposed evaluation criteria for biomarker studies submitted to *KI* for publication: Early-phase (discovery or POC) studies should include a novel biomarker with a well-defined case control or cohort design and a validation cohort that is linked to the exposure or endpoint being measured, or a novel discovery biomarker with potential mechanistic relevance. Later-phase (clinical) studies should outperform traditional risk factors in diagnosing the disease, or add prognostic information over and above the combined information obtained from all other known predictors at both the group- and individual-patient level, or prove that the biomarker(s) are cost-effective, and preferably include a validation cohort.

**Data sharing policy**

*Kidney International* endorses the FAIR (findable, accessible, interoperable and re-usable) Data Principles as a framework to promote the broadest reuse of research data. Our journal requires and enables you to share data that supports your research publication and enables you to interlink the data with your published articles. Research data refers to the results of observations or experimentation that validate research findings. To facilitate reproducibility and data reuse, this journal requires you to also share any custom software/code, models, algorithms, protocols, and methods that were used to reach your conclusions. This policy applies to all original research published in *Kidney International* (Basic Research Investigation, Clinical Investigation, Clinical Trial, Landmark Communication, Technical Note, and Research Letter).

Our Data Sharing data sharing requirement pertains to the clinical as well as molecular data used to generate the results described in the manuscript. This includes (but is not limited to) any clinical, genetic, epigenetic, transcriptomic, metabolomic, proteomic, exposomic, or imaging data. To enable full reproducibility of the described analyses, the sharing should include primary data (e.g., raw sequence reads), processed data (e.g., VCF files if applicable), linked deidentified phenotype information (including all relevant covariates), and any custom code or software used for data analysis or interpretation. We also require sharing of all summary statistics (e.g., GWAS, TWAS, PWAS, PheWAS, QTLs, DEGs, networks, genomic maps, etc.) and risk models/equations (e.g., polygenic scores, clinical risk prediction scores, etc.). For machine learning publications, we require public sharing of the software or any custom code along with trained machine learning models and source data used for performance testing.

We recommend the following public repositories for your data: Genetic data (SNP array, targeted sequencing, exome sequencing, genome sequencing): Database of Genotypes and Phenotypes (dbGaP) (https://www.ncbi.nlm.nih.gov/gap/) or the European Genome-Phenome Archive (EGA) (https://ega-archive.org/); Transcriptomic data, such as gene expression array or RNA-seq data: Gene Expression Omnibus (GEO) (https://www.ncbi.nlm.nih.gov/geo/) or the European Nucleotide Archive (https://www.ebi.ac.uk/ena); Proteomic data: PRoteomics IDENTifications database (PRIDE) (https://www.ebi.ac.uk/pride/archive); GWAS summary statistics: NHGRI-EBI GWAS Catalogue (https://www.ebi.ac.uk/gwas); Polygenic Risk Scores (PRS): The Polygenic Score (PGS) Catalogue (https://www.pgscatalog.org); New software or custom code (including machine learning applications, models, and testing datasets if applicable): GitHub (https://github.com) or SourceForge (https://sourceforge.net); and Clinical trial data: adherence to the ICMJE data sharing statements for clinical trials as outlined in the following publications: https://www.icmje.org/news-and-editorials/data_sharing_june_2017.pdf and https://www.nejm.org/doi/full/10.1056/nejme1705439. There are several alternative repositories that the authors can select from if appropriate (e.g., Dryad, Figshare, etc.).

**Data sharing statement**

A “Data sharing statement” must appear at the end of all manuscripts. This statement should provide a complete list of datasets linked to the manuscript along with their accession numbers and/or active URL links. Restrictions of data access may exist for ethical and security/privacy considerations, data protection issues, or data obtained from a third party. In such cases, detailed description of the restrictions and their justification in the “Data sharing statement” is required, including the name of the ethics committee, institutional review board, or other entity imposing the restriction, and the rationale for this decision. If data access is restricted, we encourage providing alternative methods
for access to the data (e.g., analyses done by the data coordinating center). The editors will consider such restrictions on a case-by-case basis in making the decision whether or not to accept manuscripts based on restricted datasets.

Sample data sharing statements:
The data [Describe data type(s)] supporting the findings of this study are openly available in repository [Name] at [URL, DOI, or accession number].
Additional data [Describe data type(s)] were derived from the following resources available in the public domain: [list resources and URLs].
The summary statistics (if applicable) are publicly available in [name repository/website/supplemental data file] at [URL or accession number if available].
The code used in the analyses (if applicable) is available in [name repository/website/supplemental data file] at [URL or accession number if available].

Supplementary data
For complex tables with summary statistics and other results associated with the manuscript (larger than a single PDF page), we recommend providing tables in Excel, text, or CSV format that are named and numbered as “Supplementary Data S1,” “Supplementary Data S2,” etc. We also accept most commonly used audio and video formats. Supplementary software should be submitted within a .zip or .tar archive file. Larger datasets should be submitted into a public data repository instead of as Supplementary Data.

Data linking
If you have made your research data available in a data repository, you can link your article directly to the dataset. Elsevier collaborates with a number of repositories to link articles on ScienceDirect with relevant repositories, giving readers access to underlying data that gives them a better understanding of the research described.

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Style
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