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. Detlef O. Schlöndorff (USA), 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
- *Minireviews* on hot topics and 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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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. 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 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 world-wide. Mini Reviews on hot topics and 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.

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Word limit: 5,000 words (28,000 characters) maximum including spaces and abstract but excluding references, tables, and figures. Abstract: 250 words (1,500 characters) maximum including spaces. References: no maximum. Figures/tables: 3 images or figures required. Disclosure statement required. Reviews are comprehensive analyses of specific topics in nephrology that are usually solicited by the Editors. Proposals for reviews should be submitted to the editorial office by email: morrissey_p@kids.wustl.edu; proposals submitted to Manuscript Central will not be considered. Authors should only send an outline of the proposed paper for initial consideration. Both solicited and unsolicited review articles will undergo peer review prior to acceptance.

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As defined by the International Committee of Medical Journal Editors (ICMJE), a clinical trial is any research project that prospectively assigns human subjects to intervention and comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. A medical intervention is any intervention used to modify a health outcome and includes but is not limited to drugs, surgical procedures, devices, behavioral treatments, and process-of-care changes. A trial must have at least one prospectively assigned concurrent control or comparison group in order to trigger the requirement for registration. Nonrandomized trials are not exempt from the registration requirement if they meet the above criteria.

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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.
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Word limit: 1,500 words. Abstract: no abstract required for this manuscript type. Keywords: 3–6. References: no more than 9. Figures/tables: 1.
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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 abstract should be no longer than 1,500 characters including spaces, 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.
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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.

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ORIGINALITY
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