KIDNEY INTERNATIONAL
Official Journal of the International Society of Nephrology

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DESCRIPTION

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

*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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Letizia De Chiara, University of Florence, Department of Experimental and Clinical Biomedical Sciences 'Mario Serio', Florence, Italy
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Vic Hasselblad, Duke University, Jacksonville, Florida North Carolina, United States of America
Georg Heinze, Medical University of Vienna, Wien, Austria
Susan L. Hogan, The University of North Carolina at Chapel Hill Kidney Center, Chapel Hill, North Carolina, United States of America
Zhezhen Jin, Columbia University, New York, New York, United States of America
Eiichiro Kanda, Kawasaki Medical School, Kurashiki, Japan

Vernon Chinchilli, Penn State College of Medicine, Hershey, Pennsylvania, United States of America

Monique M. Elseviers, University of Antwerp, Antwerpen, Belgium

Vic Hasselblad, Duke University, Jacksonville, Florida North Carolina, United States of America

Georg Heinze, Medical University of Vienna, Wien, Austria

Susan L. Hogan, The University of North Carolina at Chapel Hill Kidney Center, Chapel Hill, North Carolina, United States of America

Zhezhen Jin, Columbia University, New York, New York, United States of America

Eiichiro Kanda, Kawasaki Medical School, Kurashiki, Japan

Jennie Ma, University of Virginia, Charlottesville, Virginia, United States of America

Vernon Chinchilli, Penn State College of Medicine, Hershey, Pennsylvania, United States of America

Monique M. Elseviers, University of Antwerp, Antwerpen, Belgium

Vic Hasselblad, Duke University, Jacksonville, Florida North Carolina, United States of America

Georg Heinze, Medical University of Vienna, Wien, Austria

Susan L. Hogan, The University of North Carolina at Chapel Hill Kidney Center, Chapel Hill, North Carolina, United States of America

Zhezhen Jin, Columbia University, New York, New York, United States of America

Eiichiro Kanda, Kawasaki Medical School, Kurashiki, Japan

Joseph Kim, University Health Network, Toronto, Ontario, Canada

Lan Kong, Penn State College of Medicine, Hershey, Pennsylvania, United States of America

Yi-Ju Li, Duke University Hospital, Durham, North Carolina, United States of America

Rajasekhar Ramakrishnan, Columbia University, New York, New York, United States of America

Jesse Schold, University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States of America

Peter X.K. Song, University of Michigan, Ann Arbor, Michigan, United States of America

Elani Streja, Harold Simmons Center for Kidney Disease Research and Epidemiology, Orange, California, United States of America

Natasha Wiebe, University of Alberta, Edmonton, Alberta, Canada

Letizia De Chiara, University of Florence, Department of Experimental and Clinical Biomedical Sciences 'Mario Serio', Florence, Italy

Sho Hasegawa, The University of Tokyo Division of Nephrology and Endocrinology, Bunkyo-Ku, Japan

Jennie Ma, University of Virginia, Charlottesville, Virginia, United States of America

Vernon Chinchilli, Penn State College of Medicine, Hershey, Pennsylvania, United States of America

Monique M. Elseviers, University of Antwerp, Antwerpen, Belgium

Vic Hasselblad, Duke University, Jacksonville, Florida North Carolina, United States of America

Georg Heinze, Medical University of Vienna, Wien, Austria

Susan L. Hogan, The University of North Carolina at Chapel Hill Kidney Center, Chapel Hill, North Carolina, United States of America

Zhezhen Jin, Columbia University, New York, New York, United States of America

Eiichiro Kanda, Kawasaki Medical School, Kurashiki, Japan

Joseph Kim, University Health Network, Toronto, Ontario, Canada

Lan Kong, Penn State College of Medicine, Hershey, Pennsylvania, United States of America

Yi-Ju Li, Duke University Hospital, Durham, North Carolina, United States of America

Rajasekhar Ramakrishnan, Columbia University, New York, New York, United States of America

Jesse Schold, University of Colorado Anschutz Medical Campus, Aurora, Colorado, United States of America

Peter X.K. Song, University of Michigan, Ann Arbor, Michigan, United States of America

Elani Streja, Harold Simmons Center for Kidney Disease Research and Epidemiology, Orange, California, United States of America

Natasha Wiebe, University of Alberta, Edmonton, Alberta, Canada

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Danilo Fliser, Saarland University Hospital and Saarland University, Faculty of Medicine, Homburg, Germany
Josephine Forbes, Mater Research, South Brisbane, Australia
Alessia Fornoni, University of Miami Katz Family Division of Nephrology and Hypertension, Miami, Florida, United States of America
Anna Francis, Children's Health Queensland Hospital and Health Service, Herston, Queensland, Australia
Barry Freedman, Wake Forest University School of Medicine, Winston-Salem, North Carolina, United States of America
Masafumi Fukagawa, Tokai University School of Medicine, Isehara, Japan
Amit X. Garg, Western University, London, Ontario, Canada
Vesna P. Garovic, Mayo Clinic in Rochester, Rochester, Minnesota, United States of America
Rasheed Adebayo Gbadegesin, Duke University, Durham, North Carolina, United States of America
Richard Glassock, University of California Los Angeles David Geffen School of Medicine, Los Angeles, California, United States of America
David Goldfarb, New York University Grossman School of Medicine, New York, New York, United States of America
Mark Haas, Cedars-Sinai Medical Center, Department of Pathology & Laboratory Medicine, Los Angeles, California, United States of America
Volker Haase, Vanderbilt University, Nashville, Tennessee, United States of America
Jan Halbritter, Leipzig University, Leipzig, Germany
Peter C. Harris, Mayo Clinic in Rochester, Rochester, Minnesota, United States of America
John C. He, Icahn School of Medicine at Mount Sinai, New York, New York, United States of America
Michelle Hladunewich, University of Toronto, Toronto, Ontario, Canada
Fan Fan Hou, Southern Medical University, Guangzhou, Guangdong, China
Pascal Houillier, University Paris Cité, Paris, France
Chi-yuan Hsu, University of California San Francisco, San Francisco, California, United States of America
Tobias B. Huber, University of Freiburg Medical Center Freiburg, Freiburg, Germany
Benjamin Humphreys, Washington University in St Louis School of Medicine, Saint Louis, Missouri, United States of America
Reiko Inagi, The University of Tokyo, Bunkyo-Ku, Japan
Masao Iwagami, National Institutes of Health, Bethesda, Maryland, United States of America
Anna Köttgen, University of Michigan, Ann Arbor, Michigan, United States of America
Jaap Joles, University Medical Centre Utrecht, Utrecht, Netherlands
Kamyar Kalantar-Zadeh, University of California Irvine, Irvine, California, United States of America
Keizo Kanasaki, Shimane University, Faculty of Medicine Graduate School of Medicine, , Japan
Frederick J. Kaskel, Children's Hospital at Montefiore, Bronx, New York, United States of America
A. Richard Kitching, Monash University, Clayton, Victoria, Australia
Jeffrey Kopp, National Institutes of Health, Bethesda, Maryland, United States of America
Anna Köttgen, University of Freiburg Medical Center Freiburg, Freiburg, Germany
Matthias Kreutzer, University of Michigan, Ann Arbor, Michigan, United States of America
Christian Kurts, University of Bonn Institute of Molecular Medicine and Experimental Immunology, Bonn, Germany
Gérard Lambeau, Institute of Molecular and Cellular Pharmacology, Valbonne, France
David Leaf, Brigham and Women's Hospital, Boston, Massachusetts, United States of America
Christophe Legendre, University Paris Cité, Paris, France
Kevin Lemley, Children's Hospital Los Angeles, Los Angeles, California, United States of America
Emmanuel Letavernier, Hospital Tenon, Paris, France
Adeera Levin, The University of British Columbia, Vancouver, British Columbia, Canada
Philip K.T. Li, Prince of Wales Hospital, Hong Kong, Hong Kong
Christoph Licht, The Hospital for Sick Children, Toronto, Ontario, Canada
John Lieske, Mayo Foundation for Medical Education and Research, Rochester, Minnesota, United States of America
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Melissa Little, The Royal Children's Hospital Melbourne, Brisbane, Queensland, Australia
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Youhua Liu, University of Pittsburgh, Pittsburgh, Pennsylvania, United States of America
Alexandre Loupy, National Institute of Health and Medical Research, Paris, France
Friedrich Luft, Charité University Hospital Berlin, Berlin, Germany
Magdalena Madero, Instituto Nacional de Cardiología Ignacio Chávez, Mexico City, Mexico
Sethu Madhavan, The Ohio State University, Columbus, Ohio, United States of America
Johannes Mann, KFH Dialysis Centre Munich Schwabing, Munchen, Bavaria, Germany
Peter Margetts, McMaster University, Hamilton, Ontario, Canada
Glen Markowitz, Columbia University Vagelos College of Physicians and Surgeons, New York, New York, United States of America
Ziad Massy, Ambroise-Pare Hospital, Department of Nephrology and Dialysis, Boulogne Billancourt, France
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**Frequency**
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2021 Impact Factor: 18.998
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Page charges cover a proportion of the costs of processing and producing the article for publication. After final layout for publication, each page of basic research, landmark communication, technical notes, clinical investigation, and clinical trial articles will incur a fixed charge of US$165 per page. Page charges do not apply to invited articles (commentaries, controversies in nephrology, editorials, mini reviews, nephrologists sans frontiers, next generation clinicopathological conference, policy forums, practice guidelines, research letters, reviews, and xyz of statistics).

**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, 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.

BEFORE YOU BEGIN

**Declaration of generative AI in scientific writing**
The below guidance only refers to the writing process, and not to the use of AI tools to analyse and draw insights from data as part of the research process.

Where authors use generative artificial intelligence (AI) and AI-assisted technologies in the writing process, authors should only use these technologies to improve readability and language. Applying the technology should be done with human oversight and control, and authors should carefully review and edit the result, as AI can generate authoritative-sounding output that can be incorrect, incomplete or
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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.penelope-research.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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*Kidney International* follows the ICMJE Guidelines for Disclosures and Conflicts of Interest. Editors and editorial staff must not use information gained through working with manuscripts for private gain. Editor disclosure forms about potential conflicts of interests related to their own commitments are collected annually and kept on file in the editorial office. Authors and reviewers who require this information should contact the editorial office staff.

**PREPARATION OF MANUSCRIPTS**
*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 a short description of the Methods must ALWAYS be included 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.

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, excluding abstract, references, tables, and figures. Abstract: 250 words maximum.Keywords: 3–6.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, 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 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.

**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 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.

**Clinical trials**
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 publication. Disclosure statement required. Data Sharing Statement—Large biological datasets
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 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.

**Editorial (by invitation only)**
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.

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

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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.
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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.

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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 English Language Editing service available from Elsevier's Author Services.

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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.

Abstract
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.

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.

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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.
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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.

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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.
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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 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.

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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, Eleventh Edition, ISBN 0-978-0-19-517633-9 (see http://www.amamanualofstyle.com).

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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
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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.).

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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.

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**Guidelines for studies of DNA polymorphisms**

For case-control studies investigating associations between DNA sequence polymorphisms and renal phenotypes, the following review criteria will be considered in prioritizing manuscripts for publication:

**Adequate sample size and explicit power calculation are required for all submitted manuscripts.**

**Negative studies have to be adequately powered in order to be considered for publication.**

**Appropriate correction of P values for multiple comparisons is also required.**

**In many cases this will involve calculation of empiric P values by permutation.**

**Typing multiple markers within a locus of interest is preferred over studies that examine a single polymorphism. Defining risk haplotypes and performing haplotypic association tests is encouraged.**

**Assessment and correction for possible population stratification are strongly encouraged, unless the analysis involves a method that is robust to stratification effects (e.g., transmission-disequilibrium testing).**

**Replication of the association in an independent cohort is required for new association findings.**

**Priority will be given to studies that demonstrate a specific effect of the associated polymorphism on the expression or function of the relevant genes.**

**A convincing biological validation will be considered in lieu of the replication requirement.**

**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 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 statement—large biological datasets**

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