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DESCRIPTION

Kidney Medicine, an official journal of the National Kidney Foundation, is an open access journal focused on clinical medicine in nephrology and hypertension. The mission of Kidney Medicine is to disseminate knowledge relevant to the care of people with or at risk of kidney diseases. Articles appearing in Kidney Medicine include original research, case reports and reviews. Kidney Medicine adheres to the high standards associated with all of the National Kidney Foundation journals. Original research articles span a wide range of topics, including qualitative and quantitative research; health care policy, delivery, and disparities research; and epidemiology and outcomes research. Recognizing a critical deficit in this area, Kidney Medicine also eagerly seeks research focused on assessing and improving nephrology education and patient reported outcomes.

ABSTRACTING AND INDEXING

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GUIDE FOR AUTHORS

ABOUT THE JOURNAL

Scope

*Kidney Medicine* (ISSN:2590-0595), an official journal of the National Kidney Foundation, is an open access journal focused on clinical medicine in nephrology and hypertension. The mission of *Kidney Medicine* is to disseminate knowledge relevant to the care of people with or at risk of kidney diseases. Articles appearing in *Kidney Medicine* include original research, case reports, reviews, and editorials. *Kidney Medicine* adheres to the high standards associated with all of the National Kidney Foundation journals. Original research articles span a wide range of topics, including qualitative and quantitative research; health care policy, delivery and disparities research; and epidemiology and outcomes research. Recognizing a critical deficit in this area, *Kidney Medicine* also eagerly seeks research focused on assessing and improving nephrology education and on patient reported outcomes.


Open Access and Publication Fee

*Kidney Medicine* is an open access journal: once published, all articles are immediately and permanently free to read and download. To provide open access, *Kidney Medicine* has an open access fee (also known as an article publishing charge, or APC), which needs to be paid by the authors or on their behalf, such as by their research funder or institution.

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**ARTICLE TYPES**

Article Types
**Original Investigations**

Original Investigations may evaluate pathogenesis, consequences, and treatment of kidney disease; kidney transplantation and dialysis therapies; and disorders of blood pressure and electrolyte and acid-base balance. Manuscripts must focus on clinical research and clinical care; laboratory studies are suitable only if they are directly linked to measurements or outcomes in humans. Criteria used in the review process include validity, clinical importance, and interest.

An Original Investigation includes a structured abstract of up to 300 words and is limited to 3,500 words (excluding abstract, references, the article information section, tables, and figure legends); most Original Investigations will have no more than 50 references and 8 figures/tables/boxes in total. The body of the manuscript is organized into Introduction, Methods, Results, and Discussion sections; the Introduction and Discussion should not include any subheadings.

Reporting requirements vary by study design, which are listed in alphabetical order in this section. If reporting company-sponsored research, authors should consult the Good Publication Practice recommendations (GPP3). For methodological information in studies using laboratory testing of biomarkers, *Kidney Medicine* endorses following the recommendations of the Consortium of Laboratory Medicine Journal Editors.

**Case Series**
A description of the clinical course of 11 or more actual individuals or patients with a condition of interest. A case series typically focuses on the description of variations in clinical presentation and, unlike an observational study, does not pursue evaluation of research hypotheses.

**Clinical Trial**
An experimental study that assesses the effect of an intervention or compares the effects of 2 or more interventions.

*Kidney Medicine* requires clinical trials to be registered (see clinical trial registration policy below) and strongly encourages including the study protocol (with any amendments identified with date) with the initial submission.

For randomized controlled trials, authors should include a CONSORT flowchart to report participant flow through enrollment, allocation, follow-up, and analysis. Authors should follow the specific CONSORT guideline that matches the study design:

- **Trial With Parallel Group Design** (more info)
- **Cluster-Randomized Trial**
- **Noninferiority and Equivalence Trial**
- **Pragmatic Trial**
- **Trial of Herbal Medicine Intervention** (more info)
- **Trial of Nonpharmacologic Treatment**
- **Trial With Patient-Reported Outcomes**
- **N-of-1 Trials** (more info)

Authors should consider following the TIDieR guidance to describe the intervention. If appropriate, authors should follow CONSORTs recommendations for reporting of harms.

For nonrandomized trials evaluating behavioral and public health interventions, authors should follow the TREND guidelines.

**Decision Analysis or Cost-Effectiveness Analysis**
An analysis that weighs choices in clinical care by modeling the projected consequences of different strategies to identify the optimal choice and/or to inform clinical decision making or public policy. Authors should follow the recommendations of the Second Panel on Cost Effectiveness in Health and Medicine (Sanders et al. JAMA. 2016;316[10]: 1093-1103) to report economic evaluations of health interventions.

**Diagnostic Test Study**
A study that compares the performance of 2 or more diagnostic tests or strategies. Authors should follow the STARD guidelines.

**Observational Study**
Cohort, Case-Control, Cross-sectional, Case-Cohort, and Ecological Studies

These studies observe and describe individuals or patients based on their exposure to a potential risk factor or an intervention with the purpose of assessing the validity of research hypotheses. In contrast to a trial, investigators do not deliver an intervention or manipulate its use; ie, they do not assign patients to treatment or control groups.

Authors should follow the STROBE guidelines (more info), using the appropriate checklist for the design: Cohort Study Case-Control Study Cross-sectional Study

For case-cohort studies, authors may wish to review Sharp et al (A review of published analyses of case-cohort studies and recommendations for future reporting. PLOSOne. 2014) for reporting suggestions.

For ecological studies, authors may wish to review Dufault and Klar (The quality of modern cross-sectional ecologic studies: a bibliometric review. Am J Epidemiol. 2011) for reporting suggestions.

Genetic Association Study

A study that investigates associations between genetic factors and clinical measurements or disease outcomes. Authors should follow the STREGA guidelines.

Prediction Study

A study that describes the development or use of a model designed to estimate risk of reaching a specific clinical end point within a defined period of time. Prediction models may also be referred to as prognostic (or predictive) indices, rules, tools, or instruments. Authors should follow the TRIPOD guidelines (more info); for risk prediction models involving genetic risk factors, authors should consult the GRIPS guidelines (more info).

Qualitative Study

A study used to gain an understanding about people's behaviors, attitudes, and values. Qualitative approaches include focus groups, in-depth or semi-structured interviews, observations, or document analysis. For qualitative research based on interviews and focus groups, authors should follow the COREQ guidelines.

Registry or Health Care Database Study

A study that uses routinely collected health or healthcare administrative data that seeks to draw inferences about patterns of healthcare delivery, clinical decision-making, and their relationship to health outcomes. Authors may wish to review the RECORD guidelines for reporting suggestions.

Quality Improvement Study

A description of an initiative conducted to improve quality of care. The purpose of quality improvement studies is to modify human activities and not to produce new, generalizable knowledge. Improvement interventions are often adjusted in response to outcomes. These studies do not typically address the mechanisms through which interventions work. Authors should follow the SQUIRE guidelines (more info).

Systematic Review or Meta-analysis

A systematic review follows an explicit protocol to systematically identify, appraise, and synthesize the findings of studies that address a similar question; a meta-analysis, which contains a quantitative synthesis of the results of the systematic review, is preferred, whenever possible. Authors should include a PRISMA flow diagram to report study yield and selection (if relevant, the format should be adapted according to the specific reporting guidelines being followed). For systematic review/meta-analysis of health care interventions, authors should follow the PRISMA guidelines (more info); for observational studies, authors should follow the MOOSE checklist (Stroup et al, JAMA. 2000; 283[15]:2008-2012).

For synthesis of primary qualitative studies (including by thematic synthesis, meta-ethnography, and critical interpretive synthesis) authors should report the approach for conducting the literature search and selection, appraisal, and synthesis of findings in accordance with the ENTREQ framework.

For systematic reviews and meta-analyses of individual participant data, authors should follow the PRISMA-IPD guidelines.

For network meta-analyses, authors should follow the PRISMA network meta-analysis extension.

Authors of systematic reviews are encouraged to prospectively register study protocols at the PROSPERO international registry, reporting the registration number at the end of the abstract. As of July 1, 2018, authors submitting systematic reviews that were not prospectively registered must register retroactively and include in Author Comments an explanation as to why registration was delayed.

Research Letters
Research Letters report findings relevant to clinical practice or research in a concise format comprising up to 800 words, 10 references, and a total of 2 figures or tables. Criteria for review include validity, clinical importance, and interest. Research Letters include an introduction, brief methods, key results, and a discussion, but no subheadings are used. Authors should use online supplementary material (combined into a single Item S1) for detailed methods or supporting data. Since reports of cases do not include methods, they are not suitable as Research Letters.

Case Reports
Case Reports present interesting, rare, and/or novel situations that bring to the attention of the experienced practitioner and others newly described clinical presentations, diagnostic dilemmas, or treatment responses that provide insights into mechanisms of disease. Criteria for review include clinical importance, originality, and the clarity of the case presentation. Limited to 1,500 words and requiring an unstructured abstract (150-200 words), most Case Reports will have no more than 20 references and 4 figures/tables/ boxes in total. The format comprises an Introduction, Case Report, and Discussion. Authors should consult the CARE guidelines, with the understanding that certain items may not apply to all reports of cases.

Reviews
An authoritative exploration of a clinical, translational, or basic science topic of interest to practitioners. Clinically focused Reviews should describe the treatment, diagnosis, or pathogenesis of a disease process or its complications, emphasizing recent advances in the field. Articles translating basic science topics to clinical applications and relevance should give particular attention to cellular and molecular mechanisms of disease and their relation to diagnostic approaches or therapeutic applications. Criteria for review include clinical relevance, comprehensiveness, and balance. These articles are limited to 4,000 words; an unstructured abstract (150-200 words) is required, and most Reviews will have no more than 100 references. The editors encourage the use of figures, tables, and boxes (up to 8 total) to help convey the central concepts.

Editorials
An article that provides focused commentary and narrative analysis concerning a current issue in nephrology. Editorials are limited to 1,500 words and 1 figure, table, or box; in most cases, editorials have no more than 20 references. Editorials typically will be solicited.

Letters to the Editor
Letters must be in response to an article in *Kidney Medicine* and should not exceed 250 words (up to 5 references and 1 figure or table may also be included) and 3 authors. Priority will be given to letters submitted within 4 weeks of the articles date of publication.
**SUBMISSION POLICIES**

Submission of a manuscript is understood to signify that the authors have complied with all policies in this document. Individuals who violate these policies are subject to forfeiture of acceptance, if applicable, or editorial action including, but not limited to disclosure of violations to relevant entities (employers, funding agencies, etc) and/or the wider public via publication of an erratum, editorial, editorial expression of concern, or retraction.

**Originality**

Originality Except by explicit, prior arrangement, manuscripts are considered for publication if the article or its key features (1) are not under consideration elsewhere, (2) have not already been disseminated in print or online, and (3) will not be disseminated in print or online prior to publication in *Kidney Medicine*. Printing of a dissertation or thesis is not considered dissemination; however, online access to the full text should be embargoed until the *Kidney Medicine* article is published. Abstracts published in connection with scientific meetings do not violate *Kidney Medicine*’s originality requirements; in addition, press reports arising from a conference will not be considered prior publication, provided that authors who discuss their work with reporters do not offer more detail than was contained in their oral or poster presentation. If copies of posters, slide sets, or audio/video recordings of presentations are produced in conjunction with a scientific conference, this is permissible as long as the materials are intended for meeting participants only.

Any text, figure, table, or data from other sources (including a thesis or dissertation) must be clearly attributed. If copyright permission is required for any component of the submission, appropriate documentation must be on file before publication. To monitor compliance with the journals requirements regarding attribution, accepted manuscripts are screened using plagiarism detection software. Consistent with the position of the US Office of Research Integrity, *Kidney Medicine* does not consider limited use of identical or nearly-identical phrases which describe a commonly used methodology or previous research to meet the definition of plagiarism.

**Authorship**

Authorship In accordance with International Committee of Medical Journal Editors (ICMJE) recommendations, each author must meet all 4 of the following conditions; moreover, each person fulfilling these conditions must be listed as an author.

(1) the individual made a substantial contribution to conception and design of the study, to data acquisition, or to data analysis and interpretation; and

(2) the individual drafted the article and/or revised it for important intellectual content; and

(3) the individual approved the final version of the submitted manuscript; and

(4) the individual accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved.

If revision is requested, item 3 applies to any revisions submitted. Item 4 is intended to make clear that the responsibilities of authorship are not limited to direct accountability for the parts of the work that the author performed, but also cover knowing which co-authors are responsible for which other parts of the work, and having confidence in the accuracy and integrity of these co-authors. If questions arise about an aspect of a study or article, the authors have a collective responsibility to ensure the issue is resolved.

Any individual who does not qualify as an author but who contributed to the work described in the manuscript must be named in the Acknowledgements. In particular, if medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed.

For Original Investigations and Research Letters, a brief description of the contribution of each individual listed as an author must be provided in the Article Information. (At their discretion, the editors may request this information for other article types.)
Potential Conflicts of Interest for Authors

Kidney Medicine’s conflict of interest (COI) policies generally follow those of the ICMJE Recommendations. As described in the Support, Financial Disclosure, and Other Disclosures sections of this document, authors must disclose all relationships that could be viewed as a potential COI. Editors may use information in COI disclosures as the basis for editorial decisions.

Patient/Participant Protections

All manuscripts reporting research studies involving human participants or data (including quality improvement activities) must include a statement that the research was approved by the appropriate research ethics committee (eg, an institutional review board), quoting the approval number. If the relevant ethics committee exempted the study from the need for approval, the name of the committee and a brief explanation must be provided. In all cases, the research must have been conducted according to principles having their origin in the Declaration of Helsinki. Studies related to transplantation must comply with the Declaration of Istanbul.

Manuscripts reporting research studies (including quality improvement activities) must either state that written, informed consent was obtained from all participants or that the responsible ethics committee ruled that informed consent did not apply (eg, for a case series). If investigators have potential COIs, these must be disclosed to study participants, and a statement should be included in the manuscript to indicate that such disclosure was made.

Whenever possible, any information identifying individual patients or study participants should be avoided. If identifying information is necessary, the individual must be shown the manuscript and provide written informed consent before publication.

Clinical Trial Registration

To help limit publication bias and to aid in the identification of clinical trials for meta-analyses, Kidney Medicine requires that authors of manuscripts pertaining to clinical trials have prospectively registered their study in a public trials registry. Kidney Medicine defines a clinical trial as any research project that prospectively assigns participants to an intervention (with or without a comparison group) to study the cause-and-effect relationship between a health-related intervention and a health-related outcome. Interventions include but are not restricted to drugs or devices, surgical procedures, behavioral treatments, quality improvement programs, educational initiatives, process-of-care changes, and preventive care. This definition includes phase 1 to 4 studies of drugs or other treatments.

For trials that were completed before 2006, authors may instead cite a published peer-reviewed article describing the study.

A list of other acceptable registries is maintained on the WHO Primary Registries page. Authors must include the minimum required information at the time of registration, and are encouraged to update the record with the full journal citation when the results are published.

If authors have failed to prospectively register their trial, the manuscript should explain when registration was completed and the reason for the delay; the editors will take this information into consideration when deciding whether to grant an exception to the prospective registration requirement.

Data Sharing

Data Sharing In recognition of the increased attention given to reproducibility of research findings, and to enhance opportunities for research collaboration, as of July 1, 2018, each manuscript reporting a clinical trial should include a data sharing statement. Of note, at this stage Kidney Medicine does not have a particular data sharing expectation (beyond the requirement to make data available to editors inspection, as detailed in the Research and Publication Integrity section); the requirement is simply that authors be transparent about their data sharing intentions. Data sharing statements should specify the type of data that will be shared (eg, deidentified, individual participant data underlying the results presented in the manuscript); whether other documents will be available (eg, study protocol, statistical analysis plan, analytic code); if data will be available, the start and end dates of this availability; with whom data will be shared (eg, anyone, researchers with a methodologically sound proposal); the types of analyses to be allowed (eg, any, meta-analysis); and the procedure for requesting access. Authors are encouraged to review the table in the ICMJE’s publication regarding data sharing for further detail on the type of information to be included in data sharing statements and possible wording of such statements.
Clinical trials that begin enrolling participants on or after January 1, 2019, should include a data sharing plan when registering the trial (see Clinical Trial Registration section), and should update the registry record if the plan is subsequently modified.

**Research and Publication Integrity**

Research and Publication Integrity *Kidney Medicine* endorses the [Singapore Statement on Research Integrity](#), which lists the responsibilities of researchers in upholding research integrity. *Kidney Medicine* considers irresponsible and unethical research practices to include fabrication (invention of data), falsification (tampering with data, including images), misrepresentation (plagiarism, duplicate publication, misattribution), or any other behavior that lessens the reliability or integrity of the research record. *Kidney Medicine* takes seriously its responsibility to respond to suspicions or allegations of misconduct according to its [misconduct handling policy](#).

For all research articles (Original Investigations and Research Letters), authors have a responsibility to report methodology accurately, clearly, and with sufficient detail such that the findings can be independently confirmed, and to retain the underlying data for at least 3 years after study completion, unless questions have been raised regarding the conduct of the research, in which case all relevant data must be retained until all such matters are resolved. Collectively, the authors are responsible that the article is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

For all article types, the editors may at their discretion request to inspect raw data or unprocessed images. *Kidney Medicine*’s expectations regarding image processing are detailed in the [Tables and Figures section](#).

**Ethics in Publishing**

Please see our information pages on [Ethics in publishing](#) and [Ethical guidelines for journal publication](#).

**MANUSCRIPT PREPARATION GUIDANCE**

**Title Page**

Titles should be concise and descriptive. Reports of studies should not summarize the results in the title. For Original Investigations, a subtitle stating the study design is recommended. Other elements that should be included on the title page are: each authors first and last names and highest degree(s); institution of each author; corresponding authors contact information; and word counts for the abstract (if present) and the body of the manuscript.

Note: The author list must comply with *Kidney Medicine*’s [definition of authorship](#).

**Abstract**

Abstracts for Case Reports and Reviews are unstructured, should be 150-200 words, and should be followed by a list of index (key) words.

Abstracts for Original Investigations are 300 words or fewer, structured, and followed by a list of index words. The structured headings differ according to type of study, as shown below (these headings may differ from published reporting guidelines such as CONSORT; *Kidney Medicine* authors should follow the journals preferred headings).

- **Case Series** Rationale & Objective Study Design Setting & Participants Results Limitations Conclusions
- **Clinical Trial** Rationale & Objective Study Design Setting & Participants Intervention(s) Outcomes Results Limitations Conclusions Funding Trial Registration
- **Decision Analysis/Cost-Effectiveness Analysis** Rationale & Objective Study Design Setting & Population Intervention(s) Outcomes Model, Perspective, & Timeframe Results Limitations Conclusions
- **Diagnostic Test Study** Rationale & Objective Study Design Setting & Population Tests Compared Outcomes Results Limitations Conclusions
Observational Study  Rationale & Objective  Study Design  Setting & Population  Exposure(s) or Predictor(s)  Outcomes  Analytical Approach  Results  Limitations  Conclusions

Prediction Study  Rationale & Objective  Study Design  Setting & Participants  New Predictors & Established Predictors  Outcomes  Analytical Approach  Results  Limitations  Conclusions

Qualitative Study  Rationale & Objective  Study Design  Setting & Participants  Analytical Approach  Results  Limitations  Conclusions

Quality Improvement Study  Rationale & Objective  Study Design  Setting & Participants  Quality Improvement Activities  Outcome(s)  Analytical Approach  Results  Limitations  Conclusions

Systematic Review or Meta-analysis  Rationale & Objective  Study Design  Setting & Study Populations  Selection Criteria for Studies*  Data Extraction  Analytical Approach  Results  Limitations  Conclusions

*Use the heading Search Strategy & Sources if a systematic review of qualitative studies.

Manuscript Body
Manuscripts must be double-spaced with numbered pages; use of 12-point Times New Roman and an unjustified right-hand margin is preferred.

Word limits are provided in the Article Types section of this document. For initial submission, authors may exceed these limits if they are concerned about omission of key information; if revision is requested, the editors will provide guidance on appropriate reductions or the use of supplementary online material.

Supplementary Material
When important supporting information for an article is too extensive for PDF typeset publication (eg, a lengthy study questionnaire), it should be submitted as online-only supplementary material. Supplementary material should also be provided in lieu of stating data not shown.

Supplementary material file(s) should be provided at the time of manuscript submission, and should be called out in the text (eg, Table S2, Fig S1, Item S4). A brief title for each piece of supplementary material should be provided in a section immediately following the end of the article. For supplementary figures (unlike in-text figures), the full legend should be included in the file containing the figure itself.

Supplementary material is governed by the same copyright transfer policies as the article; if supplementary material has been reproduced from another source, the authors must provide documentation granting permission for its reuse in Kidney Medicine.

Article Information Section
Authors Contributions
Original Investigations and Research Letters must describe each authors contributions and provide a statement of collective responsibility, eg:

Authors Contributions: research idea and study design: AB, CD, EFG; data acquisition: HIJ; data analysis/interpretation: AB, EFG; statistical analysis: KL; supervision or mentorship: EFG, MN. Each author contributed important intellectual content during manuscript drafting or revision and accepts accountability for the overall work by ensuring that questions pertaining to the accuracy or integrity of any portion of the work are appropriately investigated and resolved.

Support
Support Except for Letters and their Replies, each article must report any support for the work described in the submission, whether directed to an author or that individuals institution. Types of support include, but are not limited to: grants, active or pending (including industry grants) consulting fees or honoraria related to the study funding of travel related to the study fees related to data monitoring boards, statistical analysis, end point committees, etc funds for writing or reviewing the manuscript nonmonetary support (eg, writing or administrative assistance), or provision of medicines or equipment employment.
Authors should specify whether or not the funders had any role in study design; collection, analysis, and interpretation of data; writing the report; and the decision to submit the report for publication.

**Financial Disclosure**

Financial Disclosure Each article must list financial relationships between each author (or the authors institution) and entities that did not support the study, but that might reasonably be considered to be relevant stakeholders. For manuscripts that discuss tests or treatments, relationships with entities offering alternatives to those tests or treatments are considered pertinent. The types of relationships include, but are not limited to: patents (planned, pending, or issued) or royalties employment or consultancy board membership payment or reimbursement of travel/accommodation expenses for expert testimony or lectures (including service on speakers bureaus) stock/stock options a first-degree relative with any such relationship

The disclosure must cover the 36 months prior to submission of the manuscript, unless there are prior relationships that could reasonably represent or create the perception of a COI, such as long-term financial relationships that have now ended. If no financial COI is identified, a statement such as Drs X, Y, and Z declare that they have no relevant financial interests must be included. In general, however, authors should disclose information even when there is a question as to whether a relationship constitutes a COI.

**Other Disclosures**

Other Disclosures If there are relevant nonfinancial associations (personal, professional, political, institutional, religious, or other) that may reasonably represent or create the perception of a COI related to the submitted work, authors should include this information in the Enter Comments text box provided during the submission process. When authors are uncertain about the need to disclose, they should err on the side of so doing.

**Acknowledgements**

Acknowledgements Authors may express thanks or note assistance in the Acknowledgements. In addition, any individuals who contributed to the work described in the manuscript but who do not qualify as authors must be named in this section. Authors are responsible for informing all those listed that they are being mentioned in the manuscript and for obtaining their approval prior to publication.

**Data Sharing Statement**

Authors of manuscripts reporting clinical trials should include a statement of their data sharing plans, as described in the Data Sharing section.

**Tables and Figures**

Tables and figures should be cited in numerical order in the text using Arabic numbering.

Each table should be on a separate page of the manuscript file, ordered immediately after the references. The table number and title should be included above the table. Any additional information, including conversion factors for international units, should be included in notes below each table.

Each figure should have a legend (figure title and other explanatory text); legends should be placed at the end of the manuscript file, after the references or tables (if present). Titles and legends should not appear in the figure files themselves.

Figures should not be embedded within the manuscript file; instead they should be uploaded in the Editorial Manager system as separate files. For initial evaluation, figures must be of sufficient quality to be interpretable. If revision is requested, production-quality figures will be required, for which advice will be given. In general, authors should minimize conversions between file types. Resolution should not be reduced except when file size would otherwise be impractically large; in most cases, pixel-based images should have a resolution of at least 1,200 dpi for graphs and line art or 500 dpi for micrographs and other images. Color figures should use CMYK color mode.

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Provided the manuscript is clear and complete, editors will not penalize submissions that do not follow journal style. However, for publication, manuscripts must conform to journal style, and thus style changes may be requested at revision.

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Values should be expressed in US conventional units; international equivalents or conversions are not necessary in running text. However, conversion factors should be provided in figure legends and table notes, as appropriate, eg, Conversion factors for units: serum creatinine in mg/dL to mol/L, ×88.4; urea nitrogen in mg/dL to mmol/L, ×0.357.

A list of values requiring unit conversions, as well as conversion factors, is available for download.

Reporting P Values
Numerical values should always be reported for P, even if they are nonsignificant. If the P value is greater than or equal to 0.10, it should be reported with 2 nonzero digits, eg, 0.33. P values less than 0.10 should be rounded to one nonzero digit, eg, 0.0105 rounds to 0.01 and 0.0452 rounds to 0.05. Except for genetic association studies, P values less than 0.001 should be reported as <0.001, eg, 0.0009 and 1.92 × 10^-6 become <0.001.

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Journal article published online but not yet in print:

Supplement:

Item presented at a meeting but not yet published:
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Published meeting abstract:

Web page:

**Complete book:**

**Book chapter:**

**Dataset:**

Note: where appropriate, authors are encouraged to cite underlying or relevant datasets. So that Elsevier can tag the reference properly the reference properly, authors should add the text [dataset] adjacent to the reference (this identifier will not appear in the published article).

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Information attributed to a personal communication should be cited in-text. Prior to publication, the author must supply written documentation that the individual cited was shown the proposed personal communication wording and gave permission to be named in the article as the source of this information.

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Every manuscript will be reviewed by either an Associate Editor or the Editor-in-Chief, unless a conflict exists (see the Potential Editor Conflicts section). If the editors deem that the manuscript is unlikely to be published in *Kidney Medicine*, it may be rejected at this stage. Otherwise, most content will undergo external peer review; a Peer Review Statement is included in published articles to describe the consideration process. If an article has undergone peer review at *AJKD*, was rejected at *AJKD*, and was transferred to *Kidney Medicine* at the request of the corresponding author, *Kidney Medicine* may accept the peer reviews performed during the *AJKD* review process. *Kidney Medicine* may also seek additional peer review on these articles, although this is an uncommon occurrence.

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The Potential Editor Conflicts section describes workflows for managing manuscripts that may pose COIs for editors.

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Review Policy *Kidney Medicine* conducts single-blind review: authors identities are not masked to the reviewers, but reviewers identities are masked to the authors. Each published article will contain a statement summarizing the review process.
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At the time they are invited to review, individuals must disclose any COIs that could bias their opinions, and they must disqualify themselves from reviewing when appropriate. If a COI becomes apparent during the review process, the reviewer must contact the journal office and, when appropriate, ask to be recused.

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Kidney Medicine's procedures for managing editors potential COIs are intended to balance the benefit of having a consistent group of knowledgeable editors evaluate manuscripts with the risk of making biased decisions. If the Editor-in-Chief or an Associate Editor is an author of a manuscript, is from the same institution as an author, has a recent (within 24 months) or ongoing financial COI with an author, or has a recent (within 24 months) or ongoing close collaboration with an author, the manuscript will be handled by an Editorial Board member serving as Acting Editor-in-Chief. It should be noted that collaboration (e.g., some co-authorships and some co-investigatorships) and close personal relationship are as perceived by the Editor. Recent co-authorship need not meet the standard for collaboration if the Editor and the co-author are not joint grant holders, do not work together closely in clinical care, and are not co-investigators in a collaborative group.

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Kidney Medicine will publish errata to correct important errors in published articles. The corresponding author of the article being corrected will be asked to verify and approve the wording of the erratum.

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