ARTICLE TYPES ........................................ 2
Original Investigations ................................. 2
Case Series ........................................... 2
Clinical Trial ......................................... 2
Decision Analysis or Cost-Effectiveness Analysis ........................................ 2
Diagnostic Test Study ................................. 2
Observational Study .................................. 2
Prediction Model ........................................ 2
Qualitative Study ...................................... 2
Quality Improvement Report ......................... 2
Systematic Review or Meta-analysis ................. 3
Research Letters ........................................ 3
Case Reports ........................................... 3
Features .................................................. 3
Editorial .................................................. 3
In a Few Words .......................................... 3
In Practice ............................................. 3
In Translation .......................................... 4
Narrative Review ....................................... 4
Perspective ............................................. 4
Quiz Page .............................................. 4
Special Report .......................................... 4
Teaching Case .......................................... 4
World Kidney Forum .................................. 5
OTHER CONTENT ..................................... 5
Letters to the Editor .................................... 5
Custom Features ....................................... 5
SUBMISSION POLICIES ............................... 5
Originality ............................................. 5
Authorship ............................................. 5
Potential Conflicts of Interest for Authors ......... 6
Patient/Participant Protections ....................... 6
Clinical Trial Registration ............................ 6
Research and Publication Integrity .................. 6
MANUSCRIPT PREPARATION GUIDANCE ....... 7
Title Page ............................................. 7
Support and Financial Disclosure Declaration ... 7
Abstract ............................................... 7
Manuscript Body ....................................... 8
Acknowledgements ..................................... 8
Tables and Figures .................................... 9
Supplementary Material .............................. 9
Journal Style ......................................... 9
MANUSCRIPT SUBMISSION ......................... 10
MANUSCRIPT CONSIDERATION PROCESS .... 10
AFTER ACCEPTANCE ................................ 10
Prepublication Embargo .............................. 10
Copyright ............................................ 11
Article Access ......................................... 11
Open Access User Licenses ............................ 11
Open Access Publication Fee .......................... 11
Compliance With NIH Public Access Policy ....... 11
Proofreading .......................................... 11
Page Charges ......................................... 11
Color Reproduction Charges ......................... 11
Reprints ............................................... 11
Retained Author Rights ............................... 12
OTHER EDITORIAL POLICIES ...................... 12
Review Policy ......................................... 12
Editors’ Responsibilities ............................... 12
Reviewers’ Responsibilities ............................ 12
Author Appeal Policy ................................. 13
Conflict of Interest Policy ............................. 13
Potential Author Conflicts ............................. 13
Potential Reviewer Conflicts ........................ 13
Potential Editor Conflicts ............................. 13
Misconduct Handling Policy ......................... 14
Complaint Policy ...................................... 14
Advertising Policy .................................... 14
Supplement Policy ..................................... 14
Announcement Policy ................................. 15

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The *American Journal of Kidney Diseases* serves clinicians and scientists who treat and investigate kidney disease and associated conditions. *AJKD* is dedicated to providing high-quality, clinically relevant information in the form of original research articles, case reports, and a rich variety of educational features.

**ARTICLE TYPES**

**Original Investigations**

Original Investigations evaluate pathogenesis and treatment of kidney disease and hypertension, acid-base and electrolyte disorders, dialysis therapies, and kidney transplantation. Manuscripts must focus on clinical research; laboratory studies are suitable only if they are directly linked to measurements or outcomes in humans.

An Original Investigation includes a structured abstract of up to 300 words and is limited to 3,500 words (excluding abstract, references, acknowledgements, tables, and figure legends) organized into Introduction, Methods, Results, and Discussion sections. The Introduction and Discussion should not include any subheadings.

Criteria for review include validity, originality, and clinical importance. Reporting requirements vary by study design, which are listed in alphabetical order in this section. In all cases, use *AJKD*’s structured abstract headings, even if the reporting guideline recommends a different format.

**Case Series**

A retrospective description of the clinical course of 11 or more individuals or patients with a condition of interest. Unlike an observational study, a case series does not require a predictor.

**Clinical Trial**

An experimental study that assesses the effect of an intervention or compares the effects of 2 or more interventions. *AJKD* requires registration in a public trials registry (see clinical trial registration policy).

For randomized controlled trials, include a CONSORT flowchart to report participant flow through enrollment, allocation, follow-up, and analysis. Follow the CONSORT checklist matching 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 (more info)
- Trial With Patient-Reported Outcomes

Consider following the TIDieR checklist to describe the intervention. If appropriate, follow CONSORT’s checklist for reporting of harms.

For nonrandomized trials evaluating behavioral and public health interventions, follow the TREND checklist.

**Decision Analysis or Cost-Effectiveness Analysis**

An analysis that weighs choices in a clinical scenario by modeling the projected consequences of different strategies in order to identify the optimal choice or to inform clinical decision making or public policy. Follow the CHEERS checklist (more info) to report economic evaluations of health interventions.

**Diagnostic Test Study**

A study that compares the performance of 2 or more diagnostic tests. Report participant flow through enrollment, testing, and results using the STARD flow diagram and follow the STARD checklist (more info).

*AJKD* endorses the recommendations of the Consortium of Laboratory Medicine Journal Editors regarding methodological information to be included in studies using laboratory testing of biomarkers.

**Observational Study**

A study that observes and describes individuals or patients based on their exposure to a potential risk factor or an intervention. In contrast to a trial, investigators do not deliver an intervention or manipulate its use; ie, they do not assign patients to treatment and control groups. Follow the STROBE checklist (more info) pertaining to the study design:

- Cohort Study
- Case-Control Study
- Cross-sectional Study

For genetic association studies, follow the STREGA checklist.

Although no dedicated guidelines are available for reports from registries, *AJKD* also considers observational studies of this type.

**Prediction Model**

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. Follow the TRIPOD checklist (more info); for risk prediction models involving genetic risk factors, consult the GRIPS checklist (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, follow the COREQ checklist.

**Quality Improvement Report**

A description of an activity that was conducted as an initiative to improve quality of care and that does not follow the design of a prospective research study such as a clinical trial or an observational study. Follow the SQUIRE checklist (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.

Include a PRISMA flow diagram to report study yield and selection (if relevant, adapt the format according to the specific reporting guidelines being followed).

For systematic review/meta-analysis of health care interventions, follow the PRISMA checklist (more info); for observational studies, 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) report the approach for conducting the literature search and selection, appraisal, and synthesis of findings in accordance with the ENTREQ checklist.

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

Follow the PRISMA network meta-analysis extension for studies of that type.

Authors of systematic reviews are encouraged to prospectively register study protocols at the PROSPERO international registry, reporting the registration number in the Methods.

**Research Letters**

Research Letters report research findings relevant to clinical practice in a concise format comprising up to 800 words, 10 references, and a total of 2 figures or tables. Research Letters include an introduction, brief methods, key results, and a discussion in separate paragraphs (no subheadings are used); a standard title page should be included for initial submission. Online supplementary material is encouraged for detailed methods or supporting information. Since reports of cases do not include methods, they are not suitable as potential Research Letters.

**Case Reports**

Case Reports should be succinct and original and should have a single, well-defined message; no more than 10 patients should be discussed. Criteria for review include clinical plausibility and originality.

These articles are limited to 1,400 words and 2 figures or tables; an unstructured abstract (up to 200 words) is required. Case Reports consist of an Introduction, Case Report, and Discussion. Authors should consult the CARE checklist for clinical case reporting, but since not all reports of cases fit naturally with these guidelines, discretion should be used in applying each item. A maximum of 8 authors is generally recommended.

**Features**

AJKD features are designed to strengthen knowledge in the field of nephrology and help physicians provide their patients with the highest standard of care. Feature types for which ad hoc submissions are considered are described in this section.

**Editorial**

A brief piece that provides focused commentary and analysis concerning a current issue in nephrology. Editorials are limited to 1,400 words and 1 figure or table; a maximum of 3 authors is generally recommended. Editorials are usually invited but may be submitted without invitation. Because authorship of editorials requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

**In a Few Words**

A nonfiction narrative essay which gives voice to the personal experiences and stories that define kidney disease. Submissions from physicians, allied health professionals, patients, or family members are welcome, and may concern the personal, ethical, or policy implications of any aspect of kidney disease in adults and children. Details may be omitted to preserve patient confidentiality, but information should not be changed. Footnotes or references are discouraged. Essays are limited to 1,600 words, and should be submitted by e-mail to the editorial office.

**In Practice**

A review providing in-depth guidance on clinical topics beyond nephrology that affect nephrologists daily. In Practice articles begin with a clinical vignette and then examine special considerations in the day-to-day treatment of patients with chronic kidney disease. These articles are limited to 4,000 words; an unstructured abstract (up to 200 words) is required. The editors encourage the use of figures and tables (up to 8 total) to help present the central concepts. A maximum of 6 authors is generally recommended. In Practice articles are usually invited, but may be submitted without invitation. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.
In Translation

An authoritative analysis of developments in basic science with diagnostic or therapeutic implications for the clinical practice of nephrology. In Translation articles include a clinical vignette and describe the pathogenesis of a disease process or its complications as well as recent advances in the field, giving particular attention to cellular and molecular mechanisms of disease and their relation to diagnostic approaches or therapeutic applications. In Translation is organized into 5 main sections: Background (250 words), Case Vignette (300 words), Pathogenesis, Recent Advances, and Summary. These articles are limited to 4,000 words; an unstructured abstract (up to 200 words) is required. The editors encourage the use of figures and tables (up to 8 total) to help present the central concepts. A maximum of 6 authors is generally recommended. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

Narrative Review

A review that covers a clinical, translational, or basic science topic of interest to practitioners, and which is not suitable as an In Practice or In Translation. Criteria for review include originality, comprehensiveness, and balance of viewpoints. These articles are limited to 4,000 words; an unstructured abstract (up to 200 words) is required. The editors encourage the use of figures and tables (up to 8 total) to help convey the central concepts. A maximum of 6 authors is generally recommended. Because authorship of reviews requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter of such manuscripts.

Perspective

An in-depth commentary on an issue of significance to the nephrology community. Perspectives are limited to 3,500 words and 4 figures or tables; an unstructured abstract (up to 200 words) is required. A maximum of 3 authors is generally recommended. Perspectives are usually invited but may be submitted without invitation. Because authorship of this article type requires interpretation and is inherently subject to bias, AJKD asks that authors not have a significant financial interest in the subject matter.

Quiz Page

An image-based educational feature that recurs monthly and often is featured on the cover of AJKD. The first section includes a concise clinical history (200 words or fewer), a maximum of 4 figures, and 1 to 4 brief questions pertaining to the case. An answer to each question, further information regarding the clinical entity, and a brief statement of the final diagnosis are provided in a separate answer section, which may include an additional 2 to 4 figures and in most cases has no more than 400 words. For initial submission, Quiz Pages should include a standard title page. A maximum of 4 authors is generally recommended.

Special Report

An article summarizing the activities, perspective, or findings of a group or initiative relevant to clinical practice or research in nephrology. Examples include position statements, reports of scientific workshops, and descriptions of the rationale or progress of initiatives or consortia. Special Reports are limited to 5,000 words; an unstructured abstract (up to 200 words) is required. Criteria for review include the importance and relevance of the issue addressed, the appropriateness of the authors’ expertise and backgrounds for the scope of the article, and the novelty and anticipated impact of the conclusions.

If a report of a conference, the article should make clear the motivation, participants, sponsors, and scope of the meeting, and should specify if the conclusions are endorsed as an official position of the sponsor. For such submissions, reviewers will be asked not to suggest changes to the recommendations/outcomes of the conference but rather will evaluate the report based on these criteria and may offer constructive suggestions for placing the report into context.

Teaching Case

Kidney Biopsy Teaching Case

A case report to educate clinicians on pathologic correlates of clinical presentations, with key educational points well delineated in the discussion. These articles are limited to 1,800 words and 4 figures or tables, require an unstructured abstract (up to 200 words), and are organized into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Kidney Biopsy, Diagnosis, and Clinical Follow-up), and Discussion. A maximum of 4 authors is generally recommended.

Imaging Teaching Case

A case report to educate clinicians on interpretation and applications of imaging in clinical nephrology, with key educational points clearly delineated in the discussion. These articles are limited to 1,800 words and 4 figures or tables, require an unstructured abstract (up to 200 words), and are organized into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Imaging Studies, Diagnosis, and Clinical Follow-up), and Discussion. A maximum of 4 authors is generally recommended.

Acid-Base and Electrolyte Teaching Case

A case report to educate clinicians on the pathophysiology of acid-base and electrolyte disorders
and the interpretation of laboratory studies. Key points should be clearly delineated in the discussion. These articles are limited to 1,800 words, require an unstructured abstract (up to 200 words), and are organized into the following sections: Introduction, Case Report (with 4 subsections: Clinical History and Initial Laboratory Data, Additional Investigations, Diagnosis, and Clinical Follow-up), and Discussion. In general, each teaching case should include a table of laboratory data, a box of key teaching points, and an algorithm summarizing the authors’ approach. A maximum of 4 authors is generally recommended.

Each Acid-Base and Electrolyte Teaching Case is chosen to emphasize either diagnosis or treatment of a particular disorder and to illustrate the most efficient and practical approach utilized by an expert in the field. Cases are usually invited but may be submitted without invitation.

**World Kidney Forum**

A narrative review that explores socioeconomic, geopolitical, ethical, and historical issues in nephrology. Articles are limited to 4,000 words; an unstructured abstract (up to 200 words) is required. A maximum of 6 authors is generally recommended.

**OTHER CONTENT**

**Letters to the Editor**

A Letter may be in response to an article in AJKD or may concern a topic of current interest in nephrology. Letters should not exceed 250 words (up to 10 references and 1 figure or table may also be included) and should not include more than 3 authors. For responses to AJKD articles, the letter must be submitted no more than 4 weeks after the article’s date of print publication. There is no guarantee that letters will be published, and they are subject to editing and abridgment without notice.

**Custom Features**

Certain content in AJKD is published by special arrangement only. An example is the Core Curriculum, a basic analytical framework for approaching a topic in clinical nephrology that is primarily intended for use by residency and fellowship program directors to develop educational programs. The editors also regularly invite editors commenting on an article published in AJKD, or (for the In the Literature feature) that evaluate recent articles in non–nephrology journals which affect the nephrology community. Other custom features include clinical practice guidelines, commentaries on such guidelines, jointly published content, and reports from private or public health agencies of kidney disease surveillance data.

**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 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**

Manuscripts are considered for publication if the article and its key features (1) are not under consideration elsewhere, (2) have not been published, and (3) will not appear in print or online prior to publication in AJKD. This restriction does not apply to abstracts published in connection with scientific meetings; in addition, press reports arising from a conference will not be considered prior publication, provided that authors who discuss their work with reporters are careful not to 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 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 journal’s requirements regarding attribution, all accepted manuscripts (with the exception of Letters concerning AJKD content and their Replies) are screened by plagiarism detection software. Consistent with the position of the US Office of Research Integrity, AJKD 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**

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 revised versions submitted to AJKD. 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 Acknowledgements. (The editors may request this information for other article types at their discretion.)

**Potential Conflicts of Interest for Authors**

AJKD’s conflict of interest policies generally follow those of the ICMJE Recommendations.

A conflict of interest exists for an author when s/he has financial or personal relationships with other persons or organizations that may inappropriately influence or bias his or her actions. There is a potential for a conflict of interest whether or not an individual believes that a relationship affects his or her scientific judgment. Conflicts can occur as the result of financial relationships, personal and family relationships, or academic competitive pressures. As described in the Support and Financial Disclosure Declaration section, authors must disclose all relationships that could be viewed as a potential conflict of interest. Editors may use information disclosed in conflict of interest statements as the basis for editorial decisions.

**Patient/Participant Protections**

All manuscripts reporting research studies involving human participants or data 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 must include either a statement that written, informed consent was obtained from all participants or a statement that the responsible ethics committee ruled that informed consent did not apply (eg, for a case series). If investigators have potential conflicts of interest, these must be disclosed to study participants, and a statement should be included in the manuscript to indicate that such disclosure was made.

Manuscripts reporting quality improvement activities must include a statement that the plan for the quality improvement activity was approved by the clinical leadership of the organization whose experience is reported.

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, AJKD requires authors of manuscripts pertaining to clinical trials to register their study in a public trials registry. AJKD 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 outcome. Interventions include but are not restricted to drugs, biological products, surgical/radiologic procedures, devices, behavioral treatments, process-of-care changes, and preventive care. This definition includes phase 1 to 4 studies.

For trials that were completed on or before December 31, 2005, authors may, in lieu of registration, cite a published peer-reviewed article describing the study. Authors should provide a digital version of this article as a “Relevant Reprint” at the time of submission. If there is no previous publication, then the trial must be registered retroactively.

Studies that were ongoing as of January 1, 2006 or were started after that date must be registered at the earliest opportunity; this applies even if the study has since concluded or been published.

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.

**Research and Publication Integrity**

AJKD fully endorses the Singapore Statement on Research Integrity, which lists the responsibilities of researchers in upholding research integrity. AJKD 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. AJKD takes seriously its responsibility to
respond to suspicions or allegations of misconduct according to its established 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. At least one author must take responsibility 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. A statement identifying this author is included in the Acknowledgements section of these articles.

For all article types, the editors may at their discretion request to inspect raw data or unprocessed images. AJKD's expectations regarding image processing are detailed in the Tables and Figures section.

MANUSCRIPT PREPARATION GUIDANCE

Title Page
The title 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 author's first and last names and highest degree; institution of each author; corresponding author's contact information; word counts for the abstract (if present) and the body of the manuscript; and a short title (45 characters or fewer, including spaces) to be used as a running head (not necessary for Quiz Pages, World Kidney Forums, Editorials, or correspondence).

Note: The author list must comply with AJKD's definition of authorship.

Support and Financial Disclosure Declaration
Each manuscript must acknowledge support and any relevant financial interests; authors should disclose information even when there is a question as to whether a relationship constitutes a conflict.

Note: The editors prefer that this information be provided on the second page of the manuscript (directly after the title page). For accepted manuscripts, a summary of the relevant information will be included in the Acknowledgements.

Support
This section must report any support for the work described in the submission, whether directed to an author or that individual's 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

Authors should provide a short list of index words. Formats for abstracts differ according to type of study, as shown in Table 1.

The abstract headings listed in Table 1 may differ from published reporting guidelines; AJKD authors
Information for Authors and Journal Policies

should follow the journal’s preferred headings.

**Manuscript Body**

Manuscripts must be double-spaced with numbered pages; use of 12-point Times New Roman and unjustified margins is preferred.

Word limits are provided in the Article Types section of this document. If following the recommended formats for reporting original research causes the manuscript to exceed the stated length limitation, the authors need not reduce the manuscript length before submission: if revision is requested, the editors will provide guidance on appropriate reductions or the use of supplementary online material.

**Acknowledgements**

Authors wishing to express thanks or note assistance should do so in the Acknowledgements, which should be located after the manuscript text and before the reference list. 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.

For Original Investigations and Research Letters, the Acknowledgements must contain a description of each author’s contributions and a statement of collective responsibility, and must identify the author acting as guarantor of the work, eg:

**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.

Table 1. Subheadings for structured abstracts of Original Investigations.

<table>
<thead>
<tr>
<th>Case Series</th>
<th>Clinical Trial</th>
<th>Decision Analysis/ Cost-Effectiveness Analysis</th>
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<td>• Outcomes</td>
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<td>• Other Measurements <em>(if applicable)</em></td>
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*Use the heading “Search Strategy & Sources” if a systematic review of qualitative studies.

**Replace with the single heading “Analytical Approach” if a systematic review of qualitative studies.
are appropriately investigated and resolved. EFG takes responsibility that this study has been reported honestly, accurately, and transparently; 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.

In published articles, the Support and Financial Disclosure appear in the Acknowledgements; however, this information should be placed directly after the title page for manuscript submission.

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 legible and 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 in cases where 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 flowcharts or 500 dpi for micrographs and other images. Color figures should use CMYK color mode.

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Photographs of identifiable persons must be accompanied by a signed release that indicates informed consent.

The journal’s expectations for image processing are that (1) it is acceptable to adjust contrast/levels or rescale, provided that the adjustment was performed across the entire image; and (2) if certain parts of an image have been altered (other than obscuring confidential patient information), the authors must explain what has been done in a text box provided during the submission process and must be prepared to provide the original image for the editors' inspection.

Supplementary Material

When essential information associated with an article is too extensive for print 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,” which is not permitted in AJKD articles.

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). Titles and/or legends for each piece of supplementary material should be included as the final page of the manuscript document.

Online 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 AJKD.

Journal Style

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.

Units of Measurement

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 μmol/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 0.9, it should be reported as 0.9, eg, 0.97 become 0.9. P values from 0.001 through 0.9 (inclusive) should be rounded to one nonzero digit, eg, 0.0105 rounds to 0.01 and 0.0452 rounds to 0.05. P values less than 0.001 should be reported as <0.001, eg, 0.0009 and 1.92 × 10⁻⁶ become <0.001.

Reference Style

References should be compiled at the end of the manuscript according to the order of citation in the text, in the format shown in the following examples.

Journal article (6 or fewer authors):
Al-Absi A, Gosmanova EO, Wall BM. A clinical ap-

Journal article (more than 6 authors):

Journal article published online but not yet in print:

Supplement:

Item presented at a meeting but not yet published:
Weiner D, Tighiouart H. Nutritional supplement use and mortality in dialysis. Poster presented at: Kidney Week 2012; October 30—November 4, 2012; San Diego, CA.

Published meeting abstract:

Website:

Complete book:

Book chapter:

Information attributed to a “personal communication” should be cited in-text. Prior to publication, the authors must provide written documentation from the individual cited, giving permission to be named in the article as the source of this information.

MANUSCRIPT SUBMISSION

With the exception of invited editorials and submissions for In a Few Words, all manuscripts are submitted and processed using Editorial Manager, an online manuscript handling system accessible at www.editorialmanager.com/ajkd. Assistance with Editorial Manager is available from the editorial office.

MANUSCRIPT CONSIDERATION PROCESS

Two editors will review all submissions, generally within 8 days. If the editors deem that the manuscript is unlikely to be published in AJKD, it may be rejected at this stage. With the exception of most Letters to the Editor and some features, manuscripts will then undergo external review. Further details are available in the Review Policy section.

Authors may provide editors with the names of persons they feel should not review their manuscript because of a potential conflict. However, when possible, authors should explain the reason(s) for their concerns. Editors will try to avoid selecting reviewers who have potential conflicts of interest, and will ask those who are invited to review to declare any relevant competing interests. Further information is available in the Potential Reviewer Conflicts section.

Manuscripts which have an author who is associated with the editorial team are handled by a separate workflow; detailed information on the journal’s procedures for the treatment of such submissions is available in the Potential Editor Conflicts section.

AFTER ACCEPTANCE

Prepublication Embargo

AJKD will not publish content that has already been published or disseminated. If the confidentiality of an AJKD article or its key elements is not maintained up to the point it is published by AJKD, the article’s acceptance for publication may be forfeited. The confidentiality restriction does not apply to information presented at scientific or clinical meetings, or publication of a conference abstract, provided that authors do not present or distribute the manuscript or its full findings. 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. Press reports arising from a conference will not be considered prior publication, provided that authors who speak to reporters do not offer more detail about their work than was contained in the oral or poster presentation.

If an author’s institution is interested in preparing a press release regarding the upcoming AJKD publication, the editorial office should be contacted for information regarding embargo policies and dates. Authors may not discuss their accepted manuscript with reporters without the prior approval of the journal.

In rare instances, such as an urgent public health need or testimony before a government body, authors may be permitted to discuss their unpublished AJKD article, even though it is under embargo. Authors anticipating such a situation should contact the editorial office for approval before releasing any information contained in the article.

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OTHER EDITORIAL POLICIES
AJKD policies generally follow those provided in the ICMJE Recommendations and the Committee on Publication Ethics (COPE) Code of Conduct for Journal Editors.

Review Policy
AJKD conducts single-blind review. Authors’ identities are not masked to the reviewers, but reviewers’ identities are masked to the authors.

Editors’ Responsibilities
Except when a manuscript is clearly inappropriate or outside of the journal’s scope, all submissions will be reviewed by 2 members of the editorial team (comprising the Editor-in-Chief [EIC], Deputy Editor, Co-Editors, Education Editor, Pathology Editor, and Feature Editors), generally within 8 days. Because AJKD receives many more manuscripts than can be published in a timely manner, the editorial team must prioritize which new submissions will proceed to external review. If the editorial team deems that a manuscript does not have high priority for publication, it may be rejected at this stage.

Manuscripts that are not rejected during the initial screening process will be reviewed as follows:

1. Original Investigations and Case Reports will be sent for external review. Before being invited for revision, the manuscript will be considered at an editorial meeting attended by the EIC, Deputy Editor, Co-Editors, and, as appropriate, the Education Editor. Except in rare circumstances when the decision would otherwise be unduly delayed, the manuscript will be discussed by at least 3 meeting attendees before a decision is reached. If revision is to be requested, all studies that include statistical analysis will also be reviewed by a Statistical Editor.

2. Research Letters are sent for external review. To expedite handling, a decision to invite revision may be rendered without discussion at an editorial meeting; however, in general the process for discussion at a meeting is the same as described in item 1. If revision is to be requested, Research Letters that include statistical analysis will be reviewed by a Statistical Editor.

3. Narrative Reviews, including invited submissions, are sent for external review. If the manuscript was invited, a decision to invite revision may be rendered without discussion at an editorial meeting. Otherwise, the process for discussion at a meeting is the same as described in item 1.

4. Special Reports identified as official position statements will generally be reviewed by the editorial team only and need not be discussed at an editorial meeting. Submissions that are not position statements are externally reviewed. To expedite handling, a decision to invite revision may be rendered without discussion at an editorial meeting; however, in general the process for discussion at a meeting is the same as described in item 1.

5. Editorials and Perspectives that were not invited are handled as in item 1. If the Editorial or Perspective was invited, generally it will be reviewed by the editorial team only and need not be discussed at an editorial meeting.

6. Certain article types are handled by a Feature Editor:
   - Core Curriculum in Nephrology
   - In Practice
   - In Translation
   - Teaching Cases
   - World Kidney Forum
   These manuscripts, whether invited or not, are reviewed by the Feature Editor, Advisory Board members, and/or other reviewers, as appropriate.

7. Letters to the Editor and associated Replies, Quiz Pages, In a Few Words, and other article types not listed in items 1-6 will generally be reviewed by the editorial team only. With the exception of Quiz Pages, manuscripts in this category are not generally brought to the editorial meeting; in addition, to expedite handling, Quiz Pages may be invited for revision without discussion at an editorial meeting.

8. If revision is to be requested for a manuscript containing pathology images, the images will be vetted by a reviewer with expertise in pathology.

9. In addition to the review process described in the preceding article types, the Education Editor will comment on Narrative Review, Perspective, In Translation, teaching case, and World Kidney Forum manuscripts for which revision is to be requested.

   Upon publication, each article that was peer reviewed will include the date it was received for review and the date it was accepted in revised form.

   If a manuscript is rejected, a copy is retained in the journal’s manuscript handling system for internal recordkeeping; the confidentiality of the files and associated records will be maintained unless requested otherwise by the authors or in exceptional circumstances involving suspected misconduct.

Reviewers’ Responsibilities
AJKD endorses the COPE guidelines for ethical peer
review. As per these guidelines, the manuscript must be kept confidential and the reviewer must request permission from the Editor beforehand if a colleague is to be consulted. Reviewers must not appropriate any information contained in the manuscript for their own work, nor should they contact the authors directly. Comments should be constructive and professional. The reviewers should rate the manuscript, but should not state in the comments to the author whether the manuscript should be published. If a review does not meet these objectives, the editor may edit the reviewer's comments or may in extreme cases omit the comments from the material sent to the author.

**Author Appeal Policy**

Authors who believe that their manuscript was rejected due to a misunderstanding or mistake may e-mail the editorial office to explain why they believe the decision to be in error. Appeals must include substantive new information with direct bearing on the decision (for instance, a well-reasoned argument providing compelling evidence that a key critique raised in the rejection letter was based on incorrect or outdated information). A difference of opinion as to the interest, novelty, or suitability of the manuscript for the journal is not sufficient reason for an appeal.

The appeal will be considered by the EIC and other relevant editors. The journal's response to the appeal will be final. Even if the journal agrees to reconsider the manuscript, acceptance is not guaranteed, and the reconsideration process may involve previous or new reviewers or editors and substantive revision.

**Conflict of Interest Policy**

**AJKD**'s conflict of interest policies generally follow those of the ICMJE Recommendations.

A conflict of interest exists when an author, reviewer, or editor has financial or personal relationships with other persons or organizations that may inappropriately influence or bias his or her actions. There is a potential for a conflict of interest whether or not an individual believes that a relationship affects his or her scientific judgment. Conflicts can occur as the result of financial relationships, personal and family relationships, or academic competitive pressures. All participants in the peer review and publication process must disclose all relationships that could be viewed as a potential conflict of interest. Editors may use information disclosed in conflict of interest statements as the basis for editorial decisions.

**Potential Author Conflicts**

The Support and Financial Disclosure Declaration section explains how authors must disclose the potential conflicts of interest.

**Potential Reviewer Conflicts**

Individuals who have potential conflicts of interest should not serve as peer reviewers. This includes individuals who work in the same institution as any of the authors (or will be joining that institution or are applying for a job there); who are or have been within the past 3 years mentors, mentees, close collaborators (in clinical care or research), or joint grant holders; and/or who have a close personal relationship with any of the authors. Prior review of the manuscript for another journal does not necessarily disqualify an individual, provided that the reviewer considers the submission in its current form and according to **AJKD**'s criteria for that article type.

Editors will try to avoid selecting reviewers who have potential conflicts of interest. Editors will also attempt to honor authors' requests to exclude potential reviewers with conflicts of interest, provided that rigorous and comprehensive review is possible if these individuals are excluded.

At the time they are invited to review, individuals must disclose any conflicts that could bias their opinions, and they must disqualify themselves from reviewing when appropriate. If a conflict of interest becomes apparent during the review process, the reviewer must contact the journal office and, when appropriate, ask to be recused.

**Potential Editor Conflicts**

**AJKD** Editors (here, defined as the EIC, Deputy Editor, Co-Editors, Education Editor, and Pathology Editor) must recuse themselves from editorial responsibilities and from the editorial meeting discussion of a manuscript if they have a personal, intellectual, or financial involvement that interferes with their ability to remain impartial. Potential conflicts of interest include close collaboration in clinical care or research with any author of a manuscript; having a financial interest related to the subject matter of a manuscript; or being a member of (or closely affiliated with) the same administrative unit of an institution as one of the authors (for example, a Division of Nephrology). For all manuscripts except Letters to the Editor and their Replies, Quiz Pages, In a Few Words, and invited Editorials or Perspectives, the following procedures govern handling of manuscripts affected by Editor conflicts:

1. For manuscripts that have at least 1 author who is also an Editor, an Associate Editor (or in some cases, a member of a Feature’s Advisory Board) will serve as Acting EIC for the manuscript. All Editors will be fully excluded from the decision making process. The Acting EIC, who is selected by the editorial office staff, must not be associated with the manuscript nor work closely with any of the authors, and must not have personal or financial involvement
Information for Authors and Editorial Policies

in any of the issues s/he might judge. The identity of the Acting EIC will be published with the manuscript if it is accepted for publication. If the manuscript is not published, the authors and Editors will not have knowledge of the identity of the Acting EIC. In either case, the identities of the reviewers or any other Associate Editors who were contacted by the Acting EIC will remain masked to the Editors.

2. For manuscripts presenting a conflict of interest for the EIC and Deputy Editor, the editorial office staff will choose a Co-Editor who does not have a conflict to serve as Acting EIC. The Acting EIC will determine whether to send the manuscript for peer review; if reviewed favorably, the manuscript will be discussed at an editorial meeting attended by at least 3 Editors without relevant conflicts. Manuscripts for which there would be fewer than 3 non-conflicted Editors will be handled in the same manner as submissions authored by an Editor.

3. If the recusal of Editors with conflicts makes obtaining a decision quorum impossible, manuscripts will be reviewed in the same manner as for manuscripts authored by an Editor.

Note: Conflict of interest statements for all Editors are on file. Authors and reviewers who require this information should contact the editorial office.

A Statistical Editor may review a manuscript covered by these procedures if (1) no Editor is an author, (2) the manuscript does not originate from an administrative unit to which the Statistical Editor belongs or with which the Statistical Editor is closely affiliated, and (3) the Statistical Editor does not have a conflict of interest with any author of the manuscript or its subject matter.

The teaching case, In Translation, Research Letter, and World Kidney Forum Feature Editors may not handle manuscripts they have authored or for which they have a conflict of interest. In such cases, the EIC, Deputy Editor, Education Editor, Pathology Editor, or a Co-Editor handles the decision process.

Editors and editorial staff must not use information gained in the course of their duties for private gain.

Misconduct Handling Policy

The AJKD editors recognize their role in making all reasonable efforts to maintain the integrity of the scholarly record, and will follow COPE recommendations when they suspect or receive credible allegations of a breach of journal policies. Any reports of potential misconduct submitted to the journal should include as much detailed information as possible to assist the editors in their investigation. Because of the time and resources required to thoroughly investigate allegations, AJKD must prioritize these activities on the basis of the most compelling evidence.

In exceptional circumstances, the EIC may reach the conclusion that, in order to investigate possible misconduct, manuscript or review records must be shared confidentially with, for example, another journal office or with an author’s institution. In no instance will AJKD publicly reveal an allegation or suspicion of misconduct without having first contacted the author(s) to request an explanation.

When authors are unable to provide an explanation that the journal deems satisfactory, the authors are subject to editorial action including but not limited to contact with relevant institutions and/or regulatory bodies to disclose violations and/or request an investigation and/or publication of an editorial, editorial expression of concern, and/or retraction.

The efforts of the editors in preventing, detecting, and responding to misconduct do not remove the responsibility of the authors for the validity of their work and publications.

Complaint Policy

As a member of COPE, AJKD is obligated to follow the COPE Code of Conduct for Journal Editors. Authors, readers, reviewers, or members of the public who have a well-founded concern that the journal’s conduct deviates from the Code of Conduct should e-mail the EIC via the editorial office. Complainants who believe that the matter has not been satisfactorily resolved may contact COPE by the process laid out in COPE’s complaints and concerns page.

Advertising Policy

Editorial independence is crucial to scholarly publishing, and the editorial team has full authority to decide on the content of the journal. The criteria for editorial decision making regarding journal content do not include any perceived effect on advertising revenue. The EIC has the right to review all new advertising that is proposed to be associated with the journal and may reject any advertising that he deems is not in keeping with the journal’s mission.

Supplement Policy

AJKD will consider publication of sponsored supplements that are of interest to its readers and demonstrate scientific validity. The content must be of sufficient informational value and quality to warrant a separate journal issue and must relate to a unifying theme. Submission of a supplement from a symposium or conference must occur in a timely fashion; in general, supplements will not be published if the publication date is more than 12 months after the date of the symposium or conference. No more than 2 supplements per month will be published. Publication costs must be borne entirely by the sponsor(s). Further information on sponsorship opportunities may be obtained from the publisher.

Following initial contact with the publisher, a
written proposal for a supplement to **AJKD** must be submitted to the EIC via the [editorial office](#) for consideration. The proposal must contain:

- The Guest Editor's or Coordinator's name, affiliation, and contact information.
- Topic(s) to be covered by the supplement, with a preliminary table of contents.
- If the supplement is to be based on a conference or symposium, information on where and when the symposium will be or was held, and who will provide or has provided financial support for the symposium.
- An estimate of the total number of double-spaced manuscript pages.
- Sponsor(s) of the supplement.

A Guest Editor is a subject expert who is responsible for the content of the supplement, ensuring the quality of each component manuscript and its contribution to a cohesive, coherent whole. The Guest Editor is responsible for ensuring that all manuscripts are in final form before submitting. The Guest Editor may elect to write an introduction or summary, but each article must include sufficient introduction and description of methods to stand on its own. In the absence of a Guest Editor, the authors are fully responsible for ensuring that the articles are consistent with one another and that their manuscripts are in final form before submitting. In such cases, a Coordinator is responsible for handling all submissions and facilitating communications between the authors and the editorial office.

**AJKD** can provide the Guest Editor or Coordinator with information on the journal's production schedule, and can recommend deadlines for receipt of materials that are intended to allow enough time for review, revision, and reconsideration of the supplement manuscripts. It should be noted that any estimated publication date is simply a projection based on the information available at the outset; whether it can be met will depend on receipt of the completed manuscripts at the **AJKD** editorial office in a timely fashion, the nature of the review required, and the extent of mandatory revisions. Ideally, a supplement based on a conference or symposium should be planned so that authors submit manuscripts to the Guest Editor or Coordinator at the time of the meeting.

The manuscripts must be prepared and submitted according to standards governing regular journal content. Manuscripts that do not follow journal format will be returned for editing before review; furthermore, the editorial office will not begin processing the supplement articles until all of the manuscripts for the supplement are received.

All supplements will undergo appropriate review of their contents. The review process depends on the number and length of articles and the nature of their content. Articles will almost invariably require revision; in addition, the EIC reserves the right to reject portions of the supplement, or the entire supplement. The editorial office will contact the Guest Editor or Coordinator regarding the decision to accept, reject, or require additional revisions. Once a supplement has been accepted it is formally scheduled for publication; changes to the publication date at this stage cannot be accommodated.

The supplement must contain a statement indicating the source(s) of funding. It is the responsibility of the Guest Editor or Coordinator to disclose to the editorial office at the time of submission any restrictions or expectations communicated to the Guest Editor or Coordinator by the sponsor(s) regarding the contents of the supplement. Furthermore, the Guest Editor or Coordinator must state what, if any, financial relationship they may have with the sponsor of the supplement. Likewise, all authors should disclose what, if any, financial relationship they have with the sponsor of the supplement, or the manufacturer of any products, or competing products, that are discussed in their manuscripts. Each manuscript must indicate any support that was obtained for the manuscript or its contents. If medical writer(s)/editor(s) have been involved, their role must be explicitly acknowledged, and their affiliation/source of funding must be listed. Additionally, if the sponsor has a financial interest in a product either directly or indirectly discussed in the manuscript, this relationship should be identified, along with the name of the product. Information about sponsorship and related products will be published with each article in the supplement.

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**AJKD** will print announcements of upcoming scientific meetings, solicitations for research grants, and other educational programs aimed at furthering the field of nephrology. Not all announcements will be selected for publication; the editors will give priority to major meetings and programs sponsored by public or professional organizations. **AJKD** may print announcements sponsored by industry, if they are not restricted in content and are open for all to participate. Announcements, which are subject to editing, should include a title and contact information, should contain no more than 150 words, and should be e-mailed to the [editorial office](#) at least 4 months before the event or program.