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The *American Journal of Kidney Diseases*, published monthly by Elsevier on behalf of the National Kidney Foundation, 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, consequences, 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); 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.

Criteria for review include validity, clinical importance, and interest. 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. If reporting company-sponsored research, consult the Good Publication Practice recommendations (**GPP3**).

**Case Series**

A retrospective description of the clinical course of 11 or more 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. *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**](more info)
- [**Noninferiority and Equivalence Trial**](more info)

- [**Pragmatic Trial**](more info)
- [**Trial of Herbal Medicine Intervention**](more info)
- [**Trial of Nonpharmacologic Treatment**](more info)
- [**Trial With Patient-Reported Outcomes**](more info)
- [**N-of-1 Trials**](more info)

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 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. 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. Follow the **STARD checklist**.

*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 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. Follow the **STROBE checklist** pertaining to the study design:

- [**Cohort Study**](more info)
- [**Case-Control Study**](more info)
- [**Cross-sectional Study**](more info)

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 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. Follow the **TRIPOD checklist**;

for risk prediction models involving genetic risk...
factors, consult the [GRIPS checklist (more info)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6598658/)

**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](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830617/).

**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](https://www.squirepromote.org/)

**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](https://www.prismastudy.org/data/prisma-flow-diagram/) to report study yield and selection (if relevant, adapt the format according to the specific reporting guidelines being followed).


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](https://www.equator-network.org/reporting-guidelines/entreq/).

For systematic reviews and meta-analyses of individual participant data, follow the [PRISMA-IPD checklist](https://www.equator-network.org/reporting-guidelines/prisma-ipd/).

For network meta-analyses, follow the [PRISMA network meta-analysis extension](https://www.equator-network.org/reporting-guidelines/prisma-network-meta-analysis-extension/).

Authors of systematic reviews are encouraged to prospectively register study protocols at the [PROSPERO international registry](https://www.crd.university-of-york.ac.uk/prospero/), 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. 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 provide a succinct presentation and discussion of a notable case or cases (up to 10), and should have a single, well-defined message. Criteria for review include clinical importance, originality, and the clarity of the case presentation. These articles are limited to 1,500 words and an unstructured abstract (up to 200 words) is required; most Case Reports will have no more than 20 references and 2 figures/tables/boxes in total. The format consists of an Introduction, Case Report, and Discussion. Authors should consult the [CARE checklist](https://www.equator-network.org/reporting-guidelines/care/) for clinical case reporting, but since not all reports of cases fit naturally with these guidelines, discretion should be used in applying each item.

**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.

**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; the patient’s written permission will be needed if details are sufficient to recognize him/herself. References or footnotes are discouraged. Essays are limited to 1,500 words and up to 1 image.

**Narrative Review**

A review that covers a clinical, translational, or basic science topic of interest to practitioners. Narrative Reviews should describe the treatment, diagnosis or pathogenesis of a disease process or its complications, emphasizing recent advances in the field. Articles pertaining to basic science topics 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 (up to 200 words) is required, and most Narrative Reviews will have no more than 100 references. The editors encourage the use of figures and tables (up to 8 total) to help convey the central concepts.

**Perspective**

An in-depth commentary on an issue of significance to the nephrology community. Criteria for review include originality, rigor of argument, and clinical relevance. Perspectives are limited to 3,000 words and 4 figures or tables; an unstructured abstract (up to 200 words) is required, and most Perspectives will have no more than 70 references.

**Policy Forum**

This feature will highlight current and emerging issues in nephrology that impact the clinical medicine in the United States and worldwide. The Policy Forum will discuss issues of payment policy, social policy, demographics, politics, and ethics, contextualizing these issues as they relate to the lives and practices of members of the kidney community, including providers, payers, and patients. Policy Forum articles are limited to 3,000 words and 4 figures or tables; an unstructured abstract (up to 200 words) is required, and most articles of this type will have no more than 50 references.

**Quiz**

An educational feature that recaps monthly and tests readers’ acumen in resolving a diagnostic or therapeutic dilemma. The first section includes a concise clinical history (200 words or fewer), a maximum of 4 figures/tabs, 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 and 5 references. For initial submission, Quizzes should include a standard title page.

**Special Report**

An article summarizing the activities, perspectives, 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. Criteria for review include the importance and clinical relevance of the issue addressed; timeliness of the topic; the appropriateness of the authors’ expertise and backgrounds for the scope of the article; and the novelty and anticipated impact of the conclusions. Articles of this type are limited to 4,000 words, and an unstructured abstract (up to 200 words) is required; most Special Reports will have no more than 80 references and 8 figures/tabs/boxes in total.

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, the review process will focus on making constructive suggestions for placing the report in context, rather than requesting changes to the recommendations/outcomes of the conference.

**Teaching Case**

A feature designed to educate readers regarding the diagnosis and/or treatment of a clinical problem. These articles focus on interpretation of pathology findings, laboratory tests, or imaging studies. Criteria for review include the clarity of case presentation, clinical applicability and interest, and educational value. Teaching Cases typically include an Introduction, a Case Presentation (with 4 suggested subsections: Clinical History and Initial Laboratory Data, Additional Investigations, Diagnosis, and Clinical Follow-up), and a Discussion. In general, each Teaching Case includes a table of laboratory data, relevant images, a box of key teaching points, and a summary of the authors’ approach to the clinical problem. These articles are limited to 2,000 words and require an unstructured abstract (up to 200 words). Most Teaching Cases will have no more than 30 references and 4 figures/tabs/boxes in total. Although Teaching Cases are often invited, they may be submitted without invitation.

**OTHER CONTENT**

**Letters to the Editor**

Letters must be in response to an article in AJKD 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 article’s date of online or print publication, whichever occurs first.

**Custom Features**

Certain content in AJKD is published by special arrangement only. The editors regularly invite editorials commenting on an article published in AJKD, or (for the In the Literature feature) that evaluate recent articles—typically in non–nephrology journals—that affect the nephrology community. Other custom features include clinical practice guidelines, commentaries on such guidelines, and reports of kidney disease surveillance data from private or public health agencies.

**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 or 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 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 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, accepted manuscripts are screened using 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. (At their discretion, the editors may request this information for other article types.)

**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 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 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 before 2006, 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.

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 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 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. 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. 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(s); 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 Quizzes or correspondence).

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

Abstract

Abstracts for Case Report, In Practice, Narrative Review, Perspective, Special Report, and Teaching Case manuscripts are unstructured and are limited to 200 words. Authors should provide a list of index words under the abstract.

Original Investigations must include a brief (300 words or fewer) structured abstract followed by a 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 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 an unjustified right-hand margin 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 first paragraph of the Acknowledgements, which should be located after the manuscript text and before the reference list.
### Table 1. Subheadings for structured abstracts of *Original Investigations*

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<td>- Study Design</td>
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<td>- Setting &amp; Participants</td>
<td>- Setting &amp; Participants</td>
<td>- Setting &amp; Population</td>
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<tr>
<td>- Predictor or Factor <em>(if applicable)</em></td>
<td>- Intervention</td>
<td>- Model, Perspective, &amp; Timeline</td>
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<td>- Outcomes</td>
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<td>- Conclusions</td>
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**Diagnostic Test Study**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Participants                 | - Setting & Participants              | - Setting & Participants                       |
| - Index Test                             | - Predictor or Factor *(if applicable)*| - Predictor or Factor *(if applicable)*        |
| - Reference Test or Outcome              | - Outcomes                            | - Outcomes                                     |
| - Other Measurements *(if applicable)*   | - Measurements *(if applicable)*      | - Results                                      |
| - Results                                | - Results                             | - Limitations                                  |
| - Limitations                            | - Limitations                         | - Conclusions                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

**Observational Study**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Participants                 | - Setting & Participants              | - Setting & Participants                       |
| - Predictor or Factor *(if applicable)*  | - Predictor or Factor *(if applicable)*| - Candidate Predictors                         |
| - Outcomes                               | - Outcomes                            | - Outcomes                                     |
| - Measurements *(if applicable)*         | - Measurements                        | - Results                                      |
| - Results                                | - Results                             | - Limitations                                  |
| - Limitations                            | - Limitations                         | - Conclusions                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

**Prediction Model**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Participants                 | - Setting & Participants              | - Setting & Participants                       |
| - Candidate Predictors                   | - Candidate Predictors                | - Candidate Predictors                         |
| - Outcomes                               | - Outcomes                            | - Outcomes                                     |
| - Measurements *(if applicable)*         | - Measurements                        | - Results                                      |
| - Results                                | - Results                             | - Limitations                                  |
| - Limitations                            | - Limitations                         | - Conclusions                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

**Qualitative Study**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Participants                 | - Setting & Participants              | - Setting & Participants                       |
| - Methodology                            | - Methodology                         | - Methodology                                  |
| - Analytical Approach                    | - Analytical Approach                 | - Analytical Approach                          |
| - Results                                | - Results                             | - Results                                      |
| - Limitations                            | - Limitations                         | - Limitations                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

**Quality Improvement Report**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Participants                 | - Setting & Participants              | - Setting & Participants                       |
| - Quality Improvement Plan               | - Quality Improvement Plan            | - Quality Improvement Plan                     |
| - Outcomes                               | - Outcomes                            | - Outcomes                                     |
| - Measurements *(if applicable)*         | - Measurements                        | - Results                                      |
| - Results                                | - Results                             | - Limitations                                  |
| - Limitations                            | - Limitations                         | - Conclusions                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

**Systematic Review or Meta-analysis**

| - Background                             | - Background                          | - Background                                   |
| - Study Design                           | - Study Design                        | - Study Design                                 |
| - Setting & Population                   | - Setting & Population                | - Setting & Population                         |
| - Selection Criteria for Studies*        | - Selection Criteria for Studies*     | - Selection Criteria for Studies*               |
| - Intervention, Predictor, Factor, or Index Tests *(select 1)* | - Intervention, Predictor, Factor, or Index Tests *(select 1)* | - Intervention, Predictor, Factor, or Index Tests *(select 1)* |
| - Outcomes                               | - Outcomes                            | - Outcomes                                     |
| - Results                                | - Results                             | - Results                                      |
| - Limitations                            | - Limitations                         | - Limitations                                  |
| - Conclusions                            | - Conclusions                         | - Conclusions                                  |

*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.

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.

**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
- 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**

This section lists financial relationships with 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 beneficiary may be an author or that individual’s institution, and the types of rela-
Information for Authors and Editorial Policies

Tensionships 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

The disclosure must cover the 36 months prior to submission of the manuscript, unless there are prior relationships that a reader could reasonably criticize an author for omitting (eg, long-term financial relationships that have now ended). A financial disclosure statement must be provided for each author; if no financial conflict of interest 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 conflict.

Other Disclosures

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

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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 (e.g., a well-reasoned argument providing compelling evidence that a key critique raised in the rejection letter relied 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.

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

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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. However, if the manuscript pertains to a large consortium to which a potential reviewer has contributed data but has not otherwise been involved, AJKD does not consider this to be a disqualifying condition. In addition, 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 article type criteria.

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• or being a member of (or closely affiliated with) the same institution as one of the authors.

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As a member of COPE, AJKD seeks 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.

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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.

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