

Instructions for Authors

The Clinical Journal of the American Society of Nephrology (CJASN) is a monthly publication of the American Society of Nephrology (ASN). It was first published in 2006.

Scope of Publication

The goals of CJASN's articles are to (1) rapidly and effectively communicate the most important advances in clinical and translational research in nephrology, including innovations in research methods and care delivery; (2) put these advances in context for future research directions and patient care; and (3) become an important voice on every issue that potentially affects the clinical practice of nephrology, particularly in the United States. Topic areas and descriptions are available through "Author Resources" at www.cjasn.org.

CJASN considers the following categories of manuscripts:

Original Research Articles

This is the primary article type published in the journal and is limited to results of research studies undertaken in humans with kidney diseases, metabolism, hypertension, and other kidney-related issues such as physiology, and pharmacology.

- Structured Abstract: 300 words or less
- Body of Manuscript: 3000 words or less
- References: 50 or less
- Figures: up to 4
- Tables: up to 4

Research Letters

Concise reports of innovative methods applied to or results of clinical research in humans with kidney diseases and hypertension.

- Abstract: None
- Word Limit: 800 words
- References: up to 5
- One Table or Figure

Expedited Reports

Authors who believe that their findings are of unusual interest or importance to nephrology may request their research manuscripts to be considered for accelerated review and publication. For additional information, please contact mchang@cjasn.org.

Submissions that do not meet these guidelines will be returned without further review.

Invited Articles

Invited articles are invited by the editors, and specific instructions are sent with the invitations.

Editorial: This type of article puts the findings of research articles in context of our current knowledge. This article type has (1) up to two authors; (2) no abstract; (3) word limit of 1,500 words (1200 words, if with figure); (4) the option of including one figure; and (5) up to 10 references.

Kidney Case Conference: (Attending Rounds, ClinicoPathologic Conference, How I Treat, and Nephrology Quiz and Questionnaire): The purpose of these articles is to help clinicians apply our current knowledge at the bedside. This article type has (1) up to two authors; (2) no abstract; (3) word limit of 1500 words (1200 words, if with a figure); (4) one figure; and (5) up to 10 references.

Perspectives: These are succinct articles on a wide range of issues with potential to impact the clinical practice of Nephrology. This article type has (1) up to two authors; (2) no abstract; (3) word limit of 1500 words (1200 words, if with figure); (4) one figure; and (5) up to 10 references.

Reviews: These articles have (1) up to five authors; (2) an unstructured abstract of up to 300 words; (3) word limit of 3000 words; (4) up to five figures and/or tables; and (5) up to 100 references.

Series: These articles have (1) up to five authors; (2) an unstructured abstract of up to 300 words; (3) word limit of 3000 words; (4) up to five figures and/or tables; and (5) up to 50 references.

If an author is interested in submitting invited material, please email the manuscript title, category, abstract and/or outline of interest to Mary L. Chang, ELS, CJASN Managing Editor, at mchang@cjasn.org for editorial consideration.

Cover Image

The editors welcome the submission of high-resolution cover photographs. These images must be saved as TIFF files using CMYK rather than RGB color. The resolution specification for TIFF files should be 1200 dpi for monochrome figures that are black and white and 600 dpi for CMYK color photographs; all submissions should be accompanied by a brief legend. These images should be submitted through Scholar One, as for other manuscript types, and authors should select "Cover Image" from the drop-down menu. The submission must include text organized into three paragraphs: (1) details of the case; (2) description of the submitted images; and, (3) key teaching points (250 word maximum). The pathologist or radiologist must be included as an author of the cover image when relevant.

The cover can accommodate up to three images; dimensions of the image depend upon the number of images:

- One Image: Picas: 49p6 x 17p0
Inches: 8.25" x 2.8"
- Two Images: Picas: 24p9 x 17p0
Inches: 4.125" x 2.8"
- Three images: Picas: 16p9 x 17p0
Inches: 2.75" x 2.8"

Manuscript Submission

CJASN requires manuscripts to be submitted online through Manuscript Central at <http://mc.manuscriptcentral.com/cjasn>, or from www.cjasn.org, click on "Online Submission." An account is required for the submission process; authors should use their existing account or create a new account by following the instructions at <http://mc.manuscriptcentral.com/cjasn>. Click on "Get Help Now" in the upper right corner of each page.

Manuscript Preparation

Manuscripts must be typed in English and double-spaced with page numbers. The title page should include the manuscript title; all authors' full names (first name, middle initial, last name); highest academic degrees and affiliations; the name, address, and telephone number, e-mail address of the corresponding author; the word count for the abstract and the word count for the text, excluding references, figures, and tables. Please note: line numbers are auto-generated and should be excluded.

The title of the manuscript should be non-declarative and descriptive of the work, should be 15 words or less, and could include a sub-title to describe the study type (such as randomized controlled trial, or systematic review and meta-analysis). In addition, please include a running head of 7 words or less.

Restrict use of abbreviations to terms that are common in clinical nephrology (such as CKD, AKI, ESRD, and eGFR) and used frequently throughout the manuscript. Define each abbreviation at first use in the manuscript text and in each Table and Figure for which it is used (if needed)."

Manuscript Order

- Abstract
- Introduction
- Materials and Methods
- Results
- Discussion
- Disclosures
- Acknowledgments (include funding information)
- References
- Tables (all cited) with appropriate descriptive titles
- Figures and legends (all cited)
- Supplemental Material PDF (optional)

Cover letter. A cover letter is optional and may be used to explain unusual circumstances of a submission, such as similarity to and differences from other work published or previously submitted. See "Duplicate Submission/Redundant Publication" below for additional information.

Abstract (for original research articles). The abstract should consist of four paragraphs labeled as follows:

- Background and objectives
- Design, setting, participants, and measurements
- Results
- Conclusions

The use of abbreviations is strongly discouraged. Any abbreviations used must be defined in the abstract. Restrict conclusions to those directly supported by study data.

Materials and Methods. Clearly describe the study design, population(s), exposure(s) or intervention(s), primary outcome, and analytic methods. Authors are encouraged to ensure that the description of the study design, analytic approach and presentation of results meets the standards for publication by reviewing the relevant checklist, prior to submission, available through "Author Resources" at www.cjasn.org:

- CHEERS Checklist for Economic Evaluation of Health Interventions
- CONSORT Checklist for Clinical Trials
- COREQ Checklist for Reporting Qualitative Studies
- PRISMA Checklist for Systematic Reviews

- SQUIRE Checklist (Standards for Quality Improvement Reporting Excellence)
- STROBE Checklist for Observational Studies
- TRIPOD Checklist for Prediction Model Development and Validation

Presentation of Results. Follow these guidelines for the presentation of data within the text, tables, and figures:

- Please include the most relevant numeric data, such as sample size, numbers of events, important unadjusted or raw values such as event rates or distributions of exposure or outcome variables, and key measures of association with estimates of statistical confidence (such as 95% confidence intervals).
- All descriptive data for patients should be presented to the decimal place commonly used in clinical practice such as age and estimated glomerular filtration rate in whole numbers, hemoglobin and albumin to one decimal place.
- For descriptive data, percentages > 1% should be presented as whole numbers. Should you prefer to make an exception, please justify.
- The use of p-values for describing inter-group differences when describing the study cohort, such as the data presented in Table 1 of the manuscript, is highly discouraged for observational studies and not allowed for pre-specified analyses of randomized controlled clinical trials.
- For parameter estimates (e.g., relative risks, hazard ratios, b values), use 95% confidence intervals whenever possible rather than P values.
- Do not use "NS" for P values; provide the actual P values.
- P values should have only two significant decimal places, however, lower values (e.g., 0.002) are acceptable. Values smaller than 0.001 should be listed as <0.001.
- For each Table and Figure, provide sufficient context for readers to interpret results without extensive reference to the accompanying text by using titles that clearly define the population, exposure, and outcome assessed and footnotes that define cell contents, all abbreviations, and any unusual statistical approaches.

Disclosures. CJASN and JASN Editors have concluded that a common disclosure policy is in the interest of our readers and our authors. Authors are required to divulge all potential financial conflicts of interest on all manuscripts submitted to either journal, as consistent with the recommendations from the International Committee of Medical Editors (ICMJE). The disclosures as described below should include all sources of revenue paid (or promised to be paid) directly to you or to your institution on your behalf over the 36 months prior to submission of the work. Full disclosures to be reported should include all of the following regardless of whether the authors perceive a direct or actual conflict with the submitted work:

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- Ownership of intellectual property in any way related to the work under consideration, including, but not limited to, patents and patent submissions.
- Financial relationships of any kind with entities in the biomedical arena.

Process:

- In the initial submission, providing complete disclosures for all authors is the responsibility of the corresponding author.
- The disclosure statement should be placed in the main text of the manuscript immediately following the Acknowledgements.
- For all manuscripts invited to submit a revision, each author must complete their own ICMJE form for Disclosure of Potential Conflicts of Interest. This form will be sent automatically to each co-author through the system. This is a condition for further consideration of the revised manuscript.
- If needed, the initial disclosure statement will be edited by the Editors to include the "Disclosure Statement" generated by the ICMJE form for each author.

Failure to comply with the above disclosure statement requirements could lead to the following:

- Incomplete disclosure of potential conflicts of interest may lead to rejection of submitted manuscripts.
- For conflicts identified after publication, JASN and CJASN reserve the right to sanction authors for their failure to accurately and completely report the potential financial conflicts of interest. The sanctions may range from issuing a correction, reporting to the authors' institution, banning authors from submitting work to ASN journals for varying lengths of time, and/or retraction of the published work.

References. Limit references to 50 per original article. List all authors for each article cited. Journal names should be abbreviated according to the BIOSIS list of serials. CJASN does not allow abstracts to be cited as references. The editors recommend downloading the latest style list for the reference program you are using (e.g., EndNote). Additional reference information is available upon request. Journal articles and books:

1. Holden RM, Harman GJ, Wang M, Holland D, Day AJ: Major bleeding in hemodialysis patients. *Clin J Am Soc Nephrol* 3: 105–110, 2008
2. Patton MQ: *Qualitative Research & Evaluation Methods*, 3rd Ed., Los Angeles, CA, Sage Publications, 2002

Figures. Figures must be cited in the text, in numerical order, using Arabic numerals. Figures of quality sufficient for accurate peer review may be included in the main manuscript file for initial submission. If your manuscript is accepted, the Editorial Office will require you to upload your individual figures in one of the following formats: EPS, AI, TIFF, PDF, or Microsoft Office. Please be sure to use high resolution and maximum quality compression settings if creating PDFs. Please see "Digital Art Guidelines" available online (www.cjasn.org) for details on figure preparation.

Supplemental Material Guidelines. Authors may submit supplemental material to accompany their article for online publication. This limited material should be important but not essential to the understanding and interpretation of the article. The online only material should be original, not previously published, and non-repetitive of the material in the article. Supplemental material will be made available to editors and peer reviewers during the review process but is not subjected to the same scrutiny as the main manuscript. If the manuscript is accepted for publication and the editors deem the supplemental material appropriate for online publication, it will be posted online at the time of publication of the article. Unlike the manuscript, supplemental material will not be edited or formatted by CJASN staff; thus, authors are responsible for the accuracy and presentation of all such material. Supplemental material will not be made

available to the authors at the proof stage. The supplemental material should begin with a table of contents listing all elements included. The Table of Contents for the supplemental material should also be listed in the manuscript following the Acknowledgments and Financial Disclosures. Upload all supplemental material (except for spreadsheet documents and video files) as a single indexed PDF file. Questions regarding relevancy of supplemental material may be emailed to mchang@cjasn.org.

Visual Abstracts. CJASN recently began publishing visual abstracts for all original research articles. The editorial team will create a Visual Abstract after author re-submission and will forward it to the Corresponding Author for review and concurrence. Authors are asked to respond as soon as possible to maintain the publication schedule.

Review Process

The peer review at CJASN is a two-step process. The first step is an internal peer review. Each manuscript is read independently by two or more editors and is assessed for the extent to which the findings reported in the paper advance our understanding of the field as well as internal and external validity of the study. If at least one of the Editors recommends, the manuscript moves to the second step of external peer review. About one-third of manuscripts submitted to CJASN are sent for external peer review. Given the volume of submissions to the journal, it is not possible for us to provide narrative comments from the first step of internal review.

All manuscripts sent for external peer review will be reviewed by at least two reviewers in addition to an Associate Editor. On the basis of the reviewers' comments and recommendations, and in consultation with the entire editorial team, a decision will be made to allow the authors to revise and resubmit (either as a major or minor revision) or to reject and not consider further. Revised manuscripts should be resubmitted within 30 days for a minor revision and 60 days for a major revision.

Revised manuscripts will be sent out for review again at the discretion of the Associate Editor. On the basis of the responsiveness of the authors and the reviewers' comments, a decision will be made to accept, request additional revisions, or reject. Note that not all manuscripts that are revised and resubmitted will be accepted.

Accepted Manuscripts

After a manuscript has been accepted for publication, the authors will need to upload a final set of files as a revised manuscript. The text and tables will need to be submitted as a Word Document (one file) and the figures in one of the following formats: EPS, AI, TIFF, PDF, or Microsoft Office. Please be sure to use high resolution and maximum quality compression setting if creating PDFs. Always embed all fonts, and use standard font families like Arial/Helvetica, Times/Times Roman, Symbol, Mathematical Pi, and European Pi. Color images should be saved in RGB mode with ICC profiles embedded if possible.

Access. ASN recognizes and strongly supports the efforts of sponsoring agencies and institutions to increase access to the research that they fund. On behalf of its authors, CJASN submits all articles directly to PubMed Central, where they will be freely available within 12 months of publication. In addition, in response to the requirement of some funding agencies for the research that they fund to be freely available immediately upon publication and their willingness to cover the costs associated

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article appears in the Publish-ahead-of-Print page on the CJASN website (CJASN ePress) or on the day the published version of CJASN is mailed, whichever comes first. This policy is not meant to inhibit the presentation of the work to or its discussion among other researchers. For information about publication dates for specific articles, contact Christine Feheley at 202-640-4638 or e-mail cfeheley@asn-online.org.

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4. On publication, authors are responsible for updating the archived preprint with a DOI and link to the published version of the article.
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Authors and Contributors. With regard to authorship credit, ASN journals have adopted the criteria recommended by the International Committee of Medical Journal Editors (ICMJE) in the current update of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals: "Authorship credit should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; AND 2) drafting the article or revising it critically for important intellectual content; AND 3) final approval of the version to be published." Note the full text of the Uniform Requirements for Manuscripts Submitted to Biomedical Journals (www.icmje.org/). In addition, with regard to contributors, ASN journals have adopted the following statement of editorial policy from the Information for Authors (www.annals.org/shared/author_info.shtml) of the Annals of Internal Medicine: "Medical writers and industry employees can be legitimate contributors, and their roles, affiliations, and potential conflicts of interest should be described when submitting manuscripts. These writers should receive acknowledgment on the byline or in the Acknowledgments section in accord[ance] with the degree to which they contributed to the work reported in the manuscript. The Editors consider failure to acknowledge these contributors ghostwriting, and ghostwriting is unacceptable."

Institutional Review Board or Ethics Committee oversight. For all clinical experimentation, indicate approval by an Institutional Review Board or equivalent Ethics Committee with oversight authority for the protection of human research subjects within the Materials and Methods section. If the study is deemed exempt from Institutional Review Board or Ethics Committee approval, provide the reason for exemption.

Declaration of Helsinki. For all clinical experimentation described in the manuscript, CJASN requires that authors state in the Methods section their adherence to the *Declaration of Helsinki*. A statement that informed consent was obtained must also appear in the manuscript. Also specify the name of the institutional review board or equivalent that approved the study. For the full text of the Declaration of Helsinki, see www.wma.net/en/30publications/10policies/b3/index.html.

Declaration of Istanbul. The purpose of the Declaration is to combat organ trafficking, transplant tourism, and transplant commercialism and to encourage adoption of effective and ethical transplantation practices around the world. The Declaration of Istanbul is available online at CJASN: <http://cjasn.asnjournals.org/content/3/5/1227.full.pdf+html>. If this study is related to clinical organ transplantation, please include the following wording in the Materials and Methods section of the manuscript: "The clinical and research activities being reported are consistent with the Principles of the Declaration of Istanbul as outlined in the 'Declaration of Istanbul on Organ Trafficking and Transplant Tourism'."

Animal Experimentation. For all animal experimentation described in the manuscript, CJASN requires that authors state in the Methods section their adherence to the NIH Guide for the Care and Use of Laboratory Animals or the equivalent. For the full text of the NIH guidelines, see <http://oacu.od.nih.gov/regs/guide/guide.pdf>.

Letters of Permission to Reprint. Letters granting permission to reprint must be included from the publisher and author of all previously printed or adapted material. They should be uploaded during the submission process.

Requirement for Registration of Clinical Trials. As a condition of consideration for publication, CJASN requires registration in a public trials registry. Trials must register at or before the onset of patient enrollment. This policy applies to any clinical trial starting enrollment after January 1, 2006. For trials that began enrollment before this date, CJASN requires that they had been registered by April 1, 2006. We define a clinical trial as any research project that prospectively assigns human subjects to intervention or comparison groups to study the cause-and-effect relationship between a medical intervention and a health outcome. Studies designed for other purposes, such as to study pharmacokinetics or major toxicity (e.g., phase 1 trials) are exempt. We do not advocate one particular registry, but registration must be with a registry that meets the following minimum criteria: Accessible to the public at no charge, searchable by standard electronic (Internet-based) methods, open to all prospective registrants free of charge or at minimal cost, validation of registered information, and identification of trials with a unique number. An acceptable registry also includes information on the investigator(s), the research question or hypothesis, methodology, intervention and comparisons, eligibility criteria, primary and secondary outcomes measured, date of registration, anticipated or actual start date, anticipated or actual date of last follow-up, target number of subjects, status (anticipated, ongoing, or closed), and funding source(s). The registration number and the date of registration should be included within the "Methods" section of your manuscript submission.

Data Sharing Requirements for Clinical Trials. CJASN follows the guidance from ICMJE for data sharing and will require the following as conditions of consideration for publication of a clinical trial report:

1. As of 1 July 2018 manuscripts submitted to CJASN that report the results of clinical trials must contain a data sharing statement as described below.
2. Clinical trials that begin enrolling participants on or after 1 January 2019 must include a data sharing plan in the trial's registration. The ICMJE's policy regarding trial registration is explained at www.icmje.org/recommendations/browse/publishing-and-editorial-issues/clinical-trial-registration.html. If the data sharing plan changes after registration this should be reflected in the statement submitted and published with the manuscript, and updated in the registry record.

Data sharing statements must indicate the following: whether individual deidentified participant data (including data dictionaries) will be shared; what data in particular will be shared; whether additional, related documents will be available (e.g., study protocol, statistical analysis plan, etc.); when the data will become available and for how long; by what access criteria data will be shared (including with whom, for what types of analyses, and by what mechanism).

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