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Guidelines for Contributing Authors

Mission Statement

The purpose of *Advances in Chronic Kidney Disease (ACKD)* is to provide in-depth, scholarly review articles about the care and management of persons with early kidney disease and kidney failure, as well as those at risk for kidney disease. Emphasis is on articles related to the early identification of kidney disease; prevention or delay in progression of kidney disease; the multidisciplinary case management of patients with chronic kidney disease or kidney failure; organ effects of kidney disease; epidemiology and outcomes research in kidney disease; benefits and complications of the primary treatment methods, dialysis and transplantation; technical aspects of the delivery of uremia therapy; care of the critically ill patient with kidney failure in the intensive care setting; new therapies for kidney failure; and health care research in chronic kidney disease. The full spectrum of basic science through clinical care is covered in these reviews. Clinical care issues stress the multidisciplinary team approach to the care of kidney patients. Topics covered will be of interest to practicing nephrologists (pediatric and adult), nephrology fellows (pediatric and adult), nurses, technicians, dieticians, and social workers caring for patients with kidney disease. Each issue of *ACKD* includes a focused review section of several articles on a topic of current interest.

Preparing Manuscripts for Submission

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4 tables or figures with legends	= 1 printed page

Example A manuscript contains 10 pages of text with 15 references and 6 tables:

10 pages of text	= 5 printed pages
15 references	= ½ printed page
6 figures or tables	= 1½ printed pages
TOTAL	= 7 printed pages

References

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Examples of References:

Journal article, up to six authors (list all authors):

1. Nast CC. Infection-related glomerulonephritis: changing demographics and outcomes. *Adv Chronic Kidney Dis*. 2012;19(2):68-75.

Journal article, more than six authors (list first three authors, followed by et. al.):

2. Schultz T, Schiffl H, Scheither R, et al. Preserved antioxidative defense of lipoproteins in renal failure and during hemodialysis. *Am J Kidney Dis*. 1995;25(4):564-571.

Journal article in press:

3. McCaughan JA, O'Rourke DM, Courtney AE. The complement cascade in kidney disease: from sideline to center stage. [published online ahead of print March 13, 2013]. *Am J Kidney Dis*. doi:10.1053/j.ajkd.2012.12.033.

Book Chapter:
4. Miller RB. Selected ethical issues in caring for the renal patient. In: Levine DZ, ed: *Caring for the Renal Patient*. Philadelphia, PA: Saunders, 1997:203-242.

Item presented at a meeting but not yet published:
5. Richardson MM, Saris-Baglama, RN, Anatchkova MD, et al. Patient experience of chronic kidney disease (CKD): Results of a focus group study. Poster presented at: National Kidney Foundation 2007 Spring Clinical Meeting; April 10-14, 2007; Orlando, FL

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Figure legends should also be numbered with arabic numbers (Fig 1, Fig 2), and should be grouped on a separate page at the end of the manuscript files (following references). Legends should be sufficiently detailed to allow understanding without reference to the text.

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We request that authors contributing to *ACKD* adhere to the National Kidney Foundation policy regarding CKD terminology. Specifically, please note the following guidelines:

1. The use of "kidney" is preferable to "renal" (i.e., kidney function, not renal function; patient with CKD, not renal patient)

2. The use of "the estimated GFR" is preferable to "serum creatinine" whenever the available data permits the calculation

3. The use of "stages of kidney disease" is preferable to "nephropathy"

4. The use of "pre-ESRD" is not preferable

For more, please see the Kidney Disease Outcomes Quality Initiatives guidelines at http://www.kdoqi.org.

ACKD Style

When preparing your manuscript, please follow the guidelines set forth in Appendix A: *ACKD* Style Notes for Authors and Standard Abbreviations.

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Conflict of Interest Policy
ACKD policies and procedures generally follow those of the International Committee of Medical Journal Editors, as published in the "Uniform Requirement for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication" (www.icmje.org).

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Submission Checklist

Prior to submission, please ensure that your manuscript includes the following:

- ☐ Name of the author designated as the corresponding author, along with their:
  - E-mail address
  - Full postal address
  - Telephone and fax numbers
  - 5 indexing words (refer to *Index Medicus*)
- ☐ Conflict of Interest statement on title page
- ☐ Clinical Summary of key findings or concepts
- ☐ High-resolution files of all figures
- ☐ Permissions to reuse copyrighted material
- ☐ Complete tables
- ☐ Complete and verified references
- ☐ Does the length and word count of your manuscript fit within the guidelines given to you by the guest editor?

APPENDIX A

ACKD Style Notes for Authors

- All tables and figures must have titles and captions/legends and must be cited in text
- All references must conform to the format described in the Guidelines for Contributing Authors
- For pharmaceutical agents/drugs, devices, and laboratory assays/kits, provide location (city, state, country) of manufacturer at first mention
- CKD and ESRD do not need to be defined at their first use
- Use Arabic numerals for the stages of CKD as in CKD Stage 4
- Use of plurals with abbreviations: Use CPMs, not CPM, when discussing more than one CPM. Example: The committee presented 4 new CPMs.
- Units of Measurement:
    - Units should be expressed in US conventional units throughout; international equivalents or conversions are not necessary in running text (the abstract and body of the manuscript).
    - Conversion factors must be provided in figure legends and table notes, as appropriate, as shown in the following examples:
        - In figure legends:
          Conversion factors for units: serum creatinine in mg/dL to mol/L, ×88.4; urea nitrogen in mg/dL to mmol/L, ×0.357. No conversion necessary for serum potassium in mEq/L and mmol/L, ferritin in ng/mL and μg/L, and PTH in pg/mL and ng/L.
        - In tables:

	Patient 1	Patient 2
Serum creatinine (mg/dL)	0.6	1.2
Serum urea nitrogen (mg/dL)	8	18
Serum sodium (mEq/L)	139	141

Note: Conversion factors for units: serum creatinine in mg/dL to mol/L, ×88.4; serum urea nitrogen in mg/dL to mmol/L, ×0.357. No conversion necessary for serum sodium in mEq/L and mmol/L.

- Units should be preceded by a space when following a number. Examples: 117 mg/dL, 5 m, 4 mmol/L.
- Use of millilitre, decilitre and liter. Use mL, dL, and L, as in 5 mL, 12 mg/dL, and 40 g/L.
- Abbreviation of grams: Units should be expressed as “g” not “gm.” Example: There were 13 g or 13,000 mg of enzyme.
- Four-digit numbers: Use no commas in numbers less than 10,000. Example: There were 9999 passengers aboard the ship.
- Use of > and < signs: Use >35 *versus* > 35.
- Use of = sign and mathematical operators (+, -, ÷, ×, ±): A space should precede and follow each = sign. [15 × (13 + 27)] ÷ 6 = 100
- Use of / as division sign: No space should precede or follow the “/” sign.
  30/5 = 6

- Use of “anti”, “non”, and “under” as prefixes: In general, for the purpose of clarity, follow these terms with hyphens when the same letter will appear twice, if non-hyphenated. Examples include “anti-inflammatory”, “non-numerical”, and “under-recognized.”
- Use of commas for items in a series. For series of 3 or more, set off each item with a comma, including a terminal comma before the word, “and.” Example: *The grocery list included milk, eggs, and ham.*
- Use of et al in text. Do not use et al in the body text of a manuscript. **Lok and colleagues, or Lok and others, and Lok and associates** *versus* Lok et al.
- Use of id est (ie): Do not use as “i.e.” but simply as “ie.” Use “ie” sparingly. Example: Forests help provide us with books, ie, paper is made of wood from trees.
- Use of exempli gratia (eg): Do not use as “e.g.” but simply as “eg.” Use “eg” sparingly. Example: The automobile had many desired features, eg, an MP3 player.
- Use of et al: Do not follow “al” with a period.
- Suggestion: AJKD, NKF, KDOQI, DOQI, KT/V, and USRDS do not need to be spelled out
- Suggestion: Use U.S. English spellings where possible, eg, hemoglobin *versus* haemoglobin

Standard Abbreviations for *ACKD*

To improve readability, only standard abbreviations should be used and all abbreviations should be expanded at first mention. Abbreviations in titles, abstracts, and running heads should be avoided. Following is a list of standard abbreviations for ***ACKD***:

ACE, angiotensin-converting–enzyme
ACR, albumin-to-creatinine ratio
ADH, antidiuretic hormone
ADP, adenosine diphosphate
ADPKD, autosomal dominant polycystic kidney disease
AKI, acute kidney injury
AKIN, Acute Kidney Injury Network
ANCOVA, analysis of covariance
MANOVA, multivariate analysis of variance
MANCOVA, multivariate analysis of covariance
ANOVA, analysis of variance
ARB, angiotensin-receptor blocker
ARF, acute renal failure
ASN, American Society of Nephrology
AST, American Society of Transplantation
ATP, adenosine triphosphate
ATPase, adenosine triphosphatase
AVF, arteriovenous fistula
AVG, arteriovenous graft
AVP, arginine vasopressin
BEE, basal energy expenditure
BMI, body mass index
BP, blood pressure
BPH, benign prostatic hypertrophy
BSA, body surface area
BUN, blood urea nitrogen
cAMP, cyclic adenosine monophosphate
CAPD, continuous ambulatory peritoneal dialysis
CCPD, continuous cycling peritoneal dialysis
CHr, content of hemoglobin in reticulocytes
CI, cardiac index
CKD, Chronic Kidney Disease
CMS, Center for Medicare and Medicaid Services
CO, cardiac output
CPG, clinical practice guideline
CPM, clinical performance measure
CRBSI, catheter-related bloodstream infection
CRP, c-reactive protein
CRRT, continuous renal replacement therapy
CVVH, continuous venovenous hemofiltration
CVVHDF, continuous venovenous hemodiafiltration
DEA, Drug Enforcement Administration
DKA, diabetic ketoacidosis
DKD, diabetic kidney disease
DM, diabetes mellitus
DT, distal tubule
ECF, extracellular fluid
eGFR, estimated glomerular filtration rate
EPO, erythropoietin
ERPF, effective renal plasma flow
ESA, erythropoiesis-stimulating agent
ESKD, end-stage kidney disease
ESRD, end-stage renal disease
ESWL, extracorporeal shock wave lithotripsy
ET, endothelin
FDA, Food and Drug Administration
FE, fractional excretion
FENa, fractional excretion of sodium
FF, filtration fraction
FGF, fibroblast growth factor
GFR, glomerular filtration rate
GH, growth hormone
Hb, hemoglobin
Hct, hematocrit
HD, hemodialysis
HF, hemofiltration
Hgb, hemoglobin
HTN, hypertension
IDPN, intradialytic parenteral nutrition
IL, interleukin
IGF, insulin-like growth factor
IMCD, inner medullary collecting duct
iPTH, intact parathyroid hormone
KDIGO, Kidney Disease: Improving Global Outcomes
MCD, medullary collecting duct
MDRD, Modification of Diet in Renal Disease
NO, nitric oxide
nPCR, normalized protein catabolic ratio
nPNA, normalized protein nitrogen appearance
NSAID, non-steroidal anti-inflammatory drug
NSS, normal saline solution
OMCD, outer medullary collecting duct
OPTN, Organ Procurement and Transplantation Network
PCNL, percutaneous nephrolithostomy
PD, peritoneal dialysis
PKD, polycystic kidney disease
PNA, protein nitrogen appearance
PT, proximal tubule
PTH, parathyroid hormone

QALY, quality of life-years adjusted
QoL, quality of life
RCC, renal cell carcinoma
RCT, randomized controlled trial
rHuEpo, recombinant human erythropoietin
RPF, renal plasma flow
RRT, renal replacement therapy
RTA, renal tubular acidosis
SGA, subjective global assessment
SHBG, sex hormone binding globulin
TAL, thick ascending limb
TALH, thick ascending limb of Henle
TBG, thyroid-binding globulin
TBW, total body water
TGF, transforming growth factor
TNF, tumor necrosis factor
TPN, total parenteral nutrition
TSAT, transferrin saturation
TSH, thyroid stimulating hormone
UACR, urine albumin-to-creatinine ratio
UNOS, United Network for Organ Sharing
URR, urea reduction ratio
UTI, urinary tract infection