

AKDH

Advances in Kidney Disease and Health

A Journal of the  NATIONAL KIDNEY
FOUNDATION.

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Guidelines for Guest Editors

Mission Statement

The purpose of *Advances in Kidney Disease and Health (AKDH)* 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 *AKDH* includes a focused review section of several articles on a topic of current interest.

Table of Contents

As Guest Editor, you have been invited to select and recruit authors for the focused review section of the journal. Authors should be selected for their reputation, knowledge, and writing skill. Additionally, the various disciplines involved with your topic should be taken into consideration to ensure that multiple disciplines are represented among the authors and co-authors (see mission statement, above). Leaders in the field should be asked to participate whenever possible. Please send the table of contents with the proposed article titles and authors for the focused review section to the Editor on the deadline dates agreed upon.

Invitations to Contributors

After you and the Editor have agreed on the table of contents, the next step is to contact contributors. Your invitation to the first author of each article should include the proposed article title, the page limit for each article (see next section), and deadline for submission of the manuscript to you, the table of contents, and the Guidelines for Contributing Authors. If the topic of your focused review is one in which terminology and symbols are not yet standardized, or if you have a preferred set of terms and symbols, please communicate them to the contributors before they begin preparing their papers. This will help to assure consistency in use throughout the focused review section and minimize confusion for the reader.

We recommend that you set a deadline for contributors at least one month before the date for submission of final manuscripts to the Editor and Managing Editor to allow yourself time to review and revise manuscripts, if necessary. You may wish to consider asking contributors to submit an outline of their article at an interim point. Not only will this help to assure that they have begun planning their papers, but it will help you assess whether the content of particular papers is developing as you envisioned without overlaps. It can also alert you to an author who does not meet deadlines. To ensure that they meet deadlines, contact contributors before the deadline to offer encouragement and to ask how they are progressing with their article.

Length of Manuscripts

The Word Limit for full-length review articles is 3,500 words (text only - does not include abstract, references, tables, or figures). Exercise judgment in deleting text and/or converting verbose text to a table if necessary.

Review

As Guest Editor, you are the primary reviewer and have full authority and responsibility for initial review, rejection, recommended modification, and personal editing of each manuscript. Writing should be simple, direct, and lucid. Please ensure that all articles in your section are consistent in their use of any symbols or scientific notation. Responsibility for accuracy, timeliness, and completeness of the final manuscript rests with the Guest Editor. Any substantive modifications of an author's work require his or her approval. If you edit a manuscript or recommend that an author make modifications,

the author should have the manuscript retyped and submit a final draft via EES. Manuscripts should be submitted via EES where the Editor and Managing Editor will coordinate the peer review. Contact information for each reviewer (including email addresses) should be submitted to the Managing Editor.

Please refer to the Guidelines for Contributing Authors to assure that manuscripts are in compliance with requirements. Check all figures carefully and offer any specific instructions about sizing, magnifications, or layout. *If any figures or tables are to be reprinted from other sources, written permission must be obtained by authors from the copyright holder, and these letters must accompany the manuscripts when they are submitted to you.* Authors are responsible for any permissions charges. Also, please ensure that authors adhere to the National Kidney Foundation policy regarding CKD terminology (see Guidelines for Contributing Authors for details or visit <http://www.kdoqi.org>).

Manuscript Submission

All manuscripts must be submitted via AKDH's submission and review site. Please contact the Managing Editor with questions about the site. All manuscripts should be submitted online at <https://www.editorialmanager.com/akdh/> no later than the agreed-upon deadline. No editing marks should appear on the manuscripts. Before submitting the manuscripts, the Guest Editor should confirm that each article includes the items listed below. Missing material should be obtained before the deadline for manuscript submission.

Each manuscript must include:

1. A cover page that includes the title of the article; a short title in addition to article title; name(s) of author(s); full mailing address, telephone and fax numbers of the primary author; institutional affiliations for all authors; email address for the corresponding author; and financial disclosure statement.
2. An informative abstract of the article (200 words or less). An informative abstract condenses the information in the article, focusing on the key conclusions and potential applications.
3. A Clinical Summary. The Clinical Summary should consist of 2-4 bullets (one sentence per bullet) that present the key findings or concepts in the article and perhaps comment on their implications.
4. A list of five key words for indexing. Please use terms in *Index Medicus/Medline* as examples to choose words that will both aptly describe the article and collocate the article with others on the subject.
5. Consecutively numbered pages, beginning with "1" on the first page of text (not the title page).
6. Artwork for any figures and/or tables. Camera-ready artwork refers to glossy black and white prints. The lowest quality original accepted is ink jet/laser print output. Photocopies may not be used.

7. Acknowledgement of grant support when appropriate (“Supported in part by. . .”).

8. Letters of permission from copyright holders for any previously published illustrations, including modified figures/tables.

References

Reference citations in the text should follow numerical order and should be indicated with a superscript Arabic numeral, e.g.,¹, not a number in parentheses. References should be listed at the end of the manuscript in the order in which they are referred to in the text, not in alphabetical order; they must follow the style of the samples below. Manuscripts in press may be referenced. Manuscripts submitted for publication, but not yet accepted, should not be referenced, but may be listed as “unpublished data” in the text. All references must be complete when the manuscript is submitted for peer review. Abbreviations for titles of medical periodicals should conform to those in the latest edition of *Index Medicus* and should not include periods. *AKDH* citation style follows the *AMA Manual of Style*, which should be selected if using reference handling software (eg, EndNote, Reference Manager).

If authors do use **EndNote**, it is recommended that they remove Endnotes codes before submission: https://service.elsevier.com/app/answers/detail/a_id/26093/suporthub/publishing/track/APOwiQryDv8U~WqrGica~yKgiPsq0i75Mv8L~zj~PP~C/

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, Scheithner 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

The Peer Review Process

The Editorial Office will coordinate the peer review process and will share the reviews with you. As Guest Editor, you are responsible for reading each review carefully and deciding which suggested changes, if any, should be incorporated by the author in revisions. Because Guest Editors will receive two sets of comments for each manuscript, they may choose to wait until they have received both reviews before discussing revisions with the author. Assuming that all preceding phases of the preparation of your section have been completed on time, we recommend that authors be given one week to complete revisions of their manuscripts. This will ensure that Guest Editors have sufficient time for any final editing of the manuscripts before submitting the final, revised versions to the Editor and Managing Editor via Editorial Manager. Please note that there will not be an opportunity for substantive copyediting at the first proof stage (galley proofs).

Editorial

Guest Editors should submit a short editorial that serves as an introduction to each issue. This Guest Editorial should generally not exceed 1500 words.

Cover

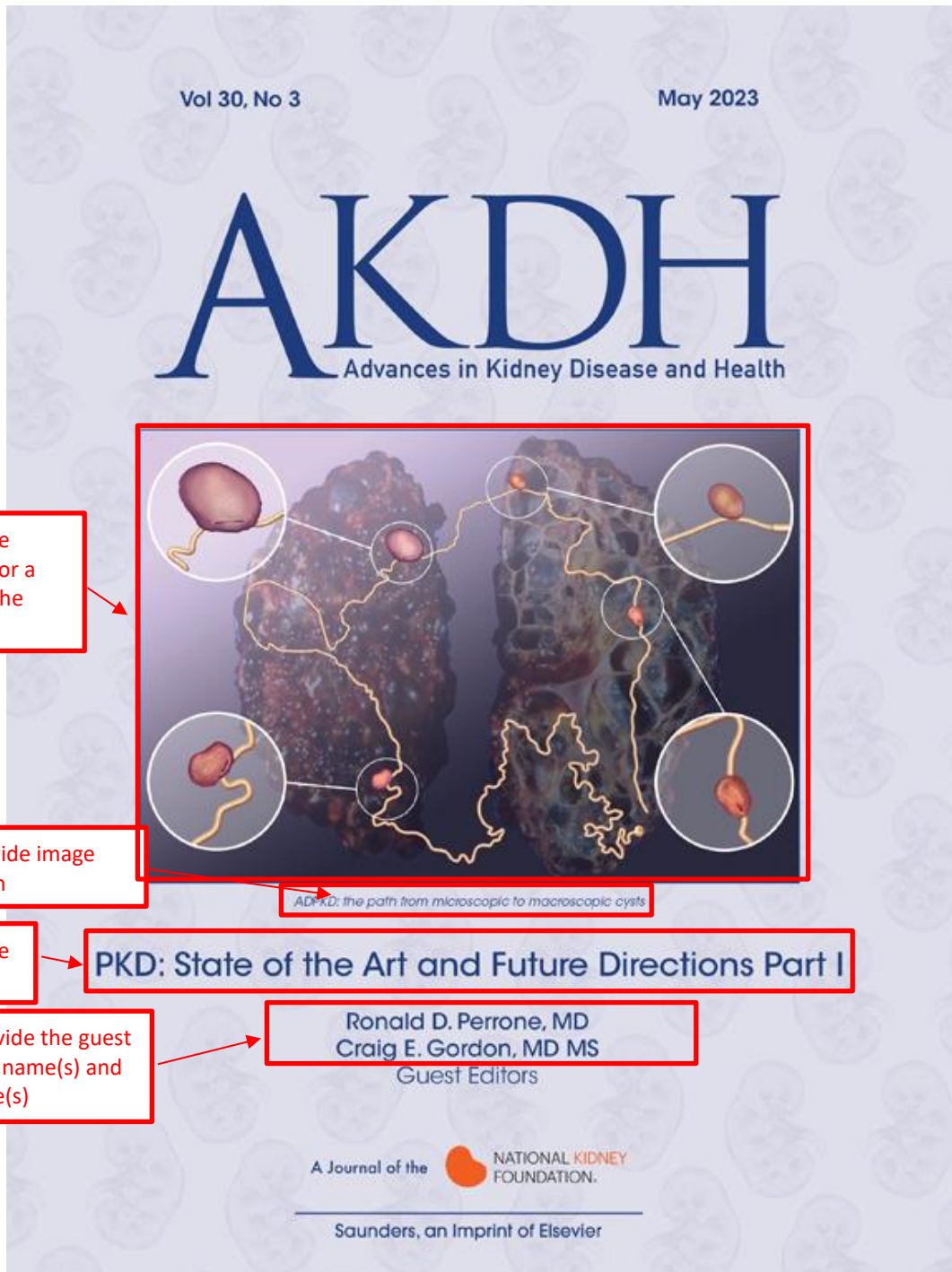
Guest Editors will need to provide information for the printed cover of their issue. Please see the **Guest Editor Cover Information Instructions** on the next page for more information.

Proofs and Publication

When the final versions of the manuscripts for your section have been submitted, the Editor and the Managing Editor may edit the manuscripts before sending them to the issue manager at Elsevier. First proofs (galleys) will be reviewed by the corresponding author, the Editor, Managing Editor, and Guest Editors. Approximately four weeks after the manuscripts are sent to Elsevier, you will receive an email with the PDF file of the proof. This email includes instructions for correcting and returning the proof using the Adobe Reader PDF annotation function. Individual authors are responsible for checking their proof thoroughly and answering all author queries. You are not responsible for close proofreading of the entire issue. You will, however, need to proofread your Editorial and review the rest of your issue to make sure everything is consistent. Ordinarily, the only corrections needed on first proofs are typographical corrections or recent publication information for references. You and your authors will not receive second proofs. Therefore, it is important that Guest Editors make all necessary corrections on the first set of proofs.

APPENDIX A

AKDH Cover Information Instructions



Guest Editor: Please provide the following information for the Journal Cover:

1. Cover photo or concept for the cover photo that can be designed.
2. Short photo caption (75 characters or less, including spaces) that will appear under the photo.
3. The title for the issue.
4. Guest Editor names and degrees as they should appear on the cover.
5. Full photo caption (1-2 sentences) that will appear on the Table of Contents (see below for example).

Contents, Continued

Acute Kidney Injury and Progression of Diabetic Kidney Disease <i>Samuel Mon-Wei Yu and Joseph V. Bonventre</i>	166
Inflammatory Mechanisms as New Biomarkers and Therapeutic Targets for Diabetic Kidney Disease <i>Radica Z. Alicic, Emily J. Johnson, and Katherine R. Tuttle</i>	181
Role of Kidney Biopsies for Biomarker Discovery in Diabetic Kidney Disease <i>Helen C. Looker, Michael Mauer, and Robert G. Nelson</i>	192
The Promise of Systems Biology for Diabetic Kidney Disease <i>Frank C. Brosius and Wenjun Ju</i>	202
Abstracts	
National Kidney Foundation 2018 Spring Clinical Meeting Abstracts April 10-14, 2018	214

5. Provide a figure legend for the cover image to appear at the end of the Table of Contents

Cover Image: The cover image illustrates multiple structural elements – vascular, glomerular, tubular – involved in diabetic kidney disease (DKD). The corresponding histologic images and electron micrograph provide up-close views of the prominence of innate immunity and inflammatory cells, e.g. macrophages, polymorphonuclear cells, and lymphocytes, in both the glomerulopathy and tubulointerstitial pathology of DKD.

Image Credits: Main illustration: Stacy Turpin Cheavens, MS, CMI, and Adam Whaley-Cornell, DO, MSPH, University of Missouri. Bottom right panel image: Reproduced with permission from Kevin M. Wheelock et al. White blood cell fractions correlate with lesions of diabetic kidney disease and predict loss of kidney function in Type 2 diabetes. Nephrology Dialysis Transplantation (2017) gfx231, <https://doi.org/10.1093/ndt/gfx231>. Published by Oxford University Press on behalf of the ERA-EDTA.

APPENDIX B

AKDH 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, $\times 88.4$; urea nitrogen in mg/dL to mmol/L, $\times 0.357$. No conversion necessary for serum potassium in mEq/L and mmol/L, ferritin in ng/mL and $\mu\text{g/L}$, 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, $\times 88.4$; serum urea nitrogen in mg/dL to mmol/L, $\times 0.357$. 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 (+, -, \div , \times , \pm): A space should precede and follow each = sign. $[15 \times (13 + 27)] \div 6 = 100$
- 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 *AKDH*

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 *AKDH*:

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

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