

1. Manuscript Submission

Manuscripts for *Kidney Research and Clinical Practice* (KRCP) should be submitted online at <https://www.editorialmanager.com/krcp>. All submissions to KRCP must conform to the International Committee of Medical Journal Editors (ICMJE) uniform requirements for manuscripts submitted to biomedical journals. Our requirements reflect those of the ICMJE, although we also have specific requirements for different types of article. For editorial questions, please contact us via e-mail (registry@ksn.or.kr), telephone (+82-2-3486-8736), or fax (+82-2-3486-8737).

Important information

Articles should be prepared in the simplest form and submitted in the format of Microsoft Word (*.doc or *.docx). Manuscripts must be typed in English and double-spaced. All pages must be numbered consecutively starting from the title page. You may use automatic page numbering, but do NOT use other kinds of automatic formatting such as footnotes. Place text, references, tables and legends in one file with each table on a new page.

Please ensure that the following submission documents are also included, where applicable:

- (1) A cover letter. It must include your name, address, telephone and fax numbers, e-mail address, and state that all authors have contributed to the paper and have never submitted the manuscript, in whole or in part, to other journals.
- (2) A conflict of interest disclosure statement (see relevant section 4.2 below).
- (3) All studies involving human subjects, human data or any material derived from human must be approved by the relevant review or ethics committee. Articles must include a statement on ethics approval, the name of the relevant committee that approved the study and the committee's approval number. Manuscripts may be rejected at any time if the authors of the research fail to provide the approval number validated by the relevant committee (see relevant section 4.1 below).
- (4) Articles covering the use of animals in experiments must be approved by the relevant authorities.
- (5) Articles where human subjects can be identified in descriptions, photographs or pedigrees must be accompanied by a signed statement of informed consent to publish (in print and online) the descriptions, photographs and pedigrees from

each subject who can be identified.

(6) The terms sex (when reporting biological factors) and gender (identity, psychosocial or cultural factors) should be correctly used. The sex and/or gender of study participants, the sex of animals or cells should be reported, and the methods used to determine sex and gender should be described. If the study was done involving an exclusive population, for example in only one sex, authors should justify why, except in obvious cases (e.g., ovarian cancer).

(7) Clinical trials should be registered at a primary national clinical trial registration site such as www.clinicaltrials.gov, <https://cris.nih.gov/cris/index.jsp>, or other sites accredited by the World Health Organization or the International Committee of Medical Journal Editors.

(8) Where material has been reproduced from other copyrighted sources, letter(s) of permission from the copyright holder(s) to use the copyrighted sources must be supplied.

(9) Articles should be written in English (using American English spelling) and meet the following basic criteria: the material is original; the information is important; the writing is clear, concise and grammatically correct; the study methods are appropriate; the data are valid; and the conclusions are reasonable and supported by the data. The articles should be readable to native English users, and we recommend using professional language editing service (e.g., American Journal Experts) prior to submission to avoid delays with the review processes.

(10) All authors must register and update information about academic degree, affiliation, and position when they register or submit a journal online at <https://www.editorialmanager.com/krcp>.

(11) The copyright transfer agreement has been incorporated into KRCP submission system to collect digital signatures from each author. Upon submission of a manuscript, an email will be sent to each author for electronic signature prior to starting review process. The manuscript will not be reviewed as planned until all signatures are received. The paper submitted without the signatures of all authors on all statements will be finally removed from the system without further notice.

2. Types of Articles

2.1. Original Articles

These are expected to present major advances and important

new research results. Section headings should include Abstract, Introduction, Methods, Results, Discussion, Conflicts of interest, Acknowledgments (if applicable), and References. The text should be limited to 4,000 words (excluding tables, figures and references) and 40 references.

2.2. Review Articles

These describe new developments of significance in the field of nephrology and highlight unresolved questions and future directions. Most reviews are solicited by the editors, but unsolicited submissions may also be considered for publication. Review articles should include Abstract, Introduction, brief main headings, and References. The text should be limited to 5,000 words (excluding tables, figures and references) and 100 references.

2.3. Special Articles

Articles in this section should provide insightful analysis and commentary about any important topic in medicine, research, ethics, or health policy. They may also address consensus statements, guidelines, statements from task forces, or recommendations. Most reviews are solicited by the editors, but unsolicited submissions may also be considered for publication. The text should be limited to 5,000 words (excluding tables, figures and references) and 50 references.

2.4. Correspondence

Correspondence generally takes one of the following forms: (1) Reader's comment on an article previously published in KRCP and/or a reply from the authors; (2) An article that may not fit to the format of original or review article but suggest creative perspectives for medical issues; (3) A brief report of any kind that presents important research findings adequate for the journal's scope and of particular interest to the readers. The submitted manuscript includes title page, main text, conflict of interest, acknowledgments (if applicable) and references. No abstract is included, and the text should be limited to 800 words (excluding tables, figures and references) and 8 references. A maximum of 2 figures or tables may be included.

2.5. Editorials

These are manuscripts that are related to materials within the current issue; they raise challenging questions or explore controversies. The editor solicits such opinion pieces. The order of the submitted manuscript includes title page, integrated discussion, conflict of interest, acknowledgments (if applicable) and references. The text should be limited to 1,500

words and 10 references. A maximum of 2 figures or tables may be included.

2.6. Images in Practice

These present classic or unique images of common medical conditions in clinical nephrology. Images are an important part of much of what we do and learn in clinical practice. The text should be limited to 400 words. There should be no more than two figures. No tables or references are included.

3. Manuscript Preparation

3.1. Title Page

The title page should include article title, each author's first and last names, positions (associate professor, fellow, student, etc.), and ORCID identifiers, and the institutions with which they are affiliated, short running title not exceeding 50 characters, separate word count for abstract and text, and details of the corresponding author (name, address, phone, and e-mail information). Funding sources should be included, and the individual contribution of each co-author must also be detailed (see relevant section 4.3 below).

3.2. Abstract and Keywords

Abstract should not exceed 250 words in original, review or special articles. It must be written for easy reading with no abbreviations. The abstract of the original article should be divided into four subsections: Background, Methods, Results, and Conclusion. Four to six keywords should be listed alphabetically below the abstract. For selecting keywords, refer to the Index Medicus Medical Subject Headings (available from: <http://www.ncbi.nlm.nih.gov/mesh>).

3.3. Main Text

The text for original articles, for example, should include the following sections: Introduction, Methods, Results, and Discussion. The Introduction should be as concise as possible, without subheadings. The Methods section should be sufficiently detailed. Subheadings may be used to organize the Results and Discussion. Each section should begin on a new page.

3.4. Acknowledgments

General acknowledgments for consultations, statistical analysis and so on should be listed after main body of text, before the References section, including the names of the individuals involved. All financial and material support for the research

and the work should be stated here clearly and explicitly.

3.5. References

References should be cited with Arabic numerals in square brackets. References are numbered consecutively in order of appearance in text. References are limited to those cited in text and listed in numerical order. List all authors if there are less than or equal to six authors. List the first three authors followed by “et al” if there are more than six authors. If an article has been published online but has not yet been given an issue or pages, the digital object identifier (DOI) should be supplied. Journal titles should be abbreviated in the style used in Index Medicus. Other types of references not described below should follow The NLM Style Guide for Authors, Editors, and Publishers (<https://www.ncbi.nlm.nih.gov/books/NBK7256/>). The authors may format the citations and references using the KRCF EndNote style file, but we generally recommend the authors to type the citation numbers and references manually.

Journal articles:

Tomino Y. Diagnosis and treatment of patients with IgA nephropathy in Japan. *Kidney Res Clin Pract* 2016;35:197-203.
Han SS, Park JY, Kang S, et al. Dialysis modality and mortality in the elderly: a meta-analysis. *Clin J Am Soc Nephrol* 2015;10:983-993.

Corona G, Giuliani C, Verbalis JG, Forti G, Maggi M, Peri A. Hyponatremia improvement is associated with a reduced risk of mortality: evidence from a meta-analysis. *PLoS One* 2015;10:e0124105.

Saran R, Robinson B, Abbott KC, et al. US Renal Data System 2018 Annual Data Report: epidemiology of kidney disease in the United States. *Am J Kidney Dis* 2019;73(3 Suppl 1):A7-A8.

Online publication but not yet in print:

Cho A, Choi MJ, Lee YK, et al. Effects of aspirin resistance and mean platelet volume on vascular access failure in hemodialysis patients. *Korean J Intern Med* 2018 Jul 23 [Epub]. DOI: 10.3904/kjim.2018.111.

Entire Book:

Daugirdas JT, Blake PG, Ing TS. Handbook of dialysis. 5th ed. Philadelphia: Wolters Kluwer; 2015.

Book chapter:

Verbalis JG. Hyponatremia and hyposmolar disorders. In: Gilbert SJ, Weiner DE, Bombardieri AS, et al, eds. Primer on kidney

disease. 7th ed. Philadelphia: Elsevier; 2018. p. 68-76.

Website:

National Cancer Information Center. Cancer incidence [Internet]. Goyang (KR): National Cancer Information Center, c2009 [cited 2009 Oct 20]. Available from: <http://www.cancer.go.kr/cms/statics>.

3.6. Tables

Tables are numbered consecutively using Arabic numerals in the order of their citation in text. Table titles should be short and descriptive (e.g. Table 1. Demographic characteristics of patients). If numerical measurements are given, the unit of measurement should be included in the column heading. The statistical significance of observed differences in the data should be indicated by the appropriate statistical analysis. All nonstandard abbreviations should be defined in footnotes. Lower case letters in superscripts (^a, ^b, ^c, ...) should be used for special remarks.

3.7. Figures

Figure legends should be submitted for all figures. They should be brief and specific, and placed on a separate sheet after the References section. Figures are numbered consecutively using Arabic numerals in the order of their citation in the text. Figures should be uploaded as separate files, not embedded in the manuscript file. Figures that are line drawing or photographs must be submitted separately in high-resolution EPS or TIF format (or alternatively in high-resolution JPEG format). Only high-resolution figure files (preferably 300 dpi for color figures and 1,200 dpi for line art and graphs) should be submitted. The files are to be named according to the figure number and format (e.g., Fig1.tif). Figures that are reproduced from other published sources require written permission from the authors and copyright holders.

3.8. Supplementary Digital Contents

Authors can submit supplementary digital contents to supplement the information provided in the print version of the manuscript. Supplementary materials will be published online-only. When uploading supplementary files through the online system, please use the “supplemental” file designation. Supplementary materials must be cited consecutively in the main body of the submitted manuscript and include the type of material submitted (e.g., “Supplementary Table 1”; “Supplementary Fig. 1”).

4. Ethical Considerations

4.1. Ethical Approval of Studies

For human or animal experimental investigations, appropriate institutional review board or ethics committee approval is required. Such approval and the approval number should be stated in the Methods section of the manuscript. For those investigators who do not have formal ethics review committees, the principles outlined in the Declaration of Helsinki as revised in 2013 should be followed (World Medical Association. Declaration of Helsinki: Ethical principles for medical research involving human subjects. Available at: <https://www.wma.net/policiespost/wma-declaration-of-helsinki-ethical-principles-for-medicalresearch-involving-human-subjects/>). For all relevant clinical transplant articles, KRCP requires authors state in the Methods section their adherence to the Declaration of Istanbul (Available at: <http://www.declarationofistanbul.org/>). Copies of written informed consent and Institutional Review Board (IRB) approval for clinical research should be kept. If necessary, the editor or reviewers may request copies of these documents to resolve questions about IRB approval and study conduct.

4.2. Conflicts of Interest

The corresponding author must inform the editor of any potential conflicts of interest that could influence the authors' interpretation of the data. Examples of potential conflicts of interest include financial support from or connections to pharmaceutical companies, political pressure from interest groups, and academically related issues. Conflict of interest statements will be published at the end of the text of the article, before the References section. Please consult the Committee on Publishing Ethics guidelines (<http://www.publicationethics.org/>) on conflict of interest. All sources of financial support for the study should be stated in Acknowledgments (see relevant section 3.4 above).

4.3. Authorship

Authorship credit should be based on 1) conception or design, or analysis and interpretation of data; 2) drafting the article or revising it; 3) providing intellectual content of critical importance to the work described; and 4) final approval of the version to be published. Authors should meet above four conditions. The title page should include a list of each author's role for the submitted paper.

4.4. Redundant Publication or Duplicate Submission

Submitted manuscripts are considered with the understanding that they have not been published previously in print or electronic format (except in abstract or poster form) and are not under consideration in totality or in part by another publication or electronic medium. Authors must state that neither the manuscript nor any significant part of it is under consideration for publication elsewhere or has appeared elsewhere in a manner that could be construed as a prior or duplicate publication of the same, or very similar, work.

When malpractices are found in an article submitted to KRCP, we will follow the flowchart by the Committee on Publication Ethics (COPE, <https://publicationethics.org/resources/flowcharts>) for settlement of any misconduct. Although the editors and referees make every effort to ensure the validity of published manuscripts, the final responsibility rests with the authors, not with KRCP, its editors, or the Korean Society of Nephrology.

5. Review Process

All submissions are sent to peer reviewers. Authors will usually be notified within 4 weeks by e-mail of whether the submitted article is accepted for publication, rejected, or subject to revision before publication. Revised manuscripts must be submitted online by the corresponding author. Failure to resubmit the revised manuscript within 3 months of the editorial decision is regarded as a withdrawal.

6. Visual Abstract Guidelines

Visual Abstracts are brief graphical summaries of Original Articles published online. They serve to summarize the work for readers and may be used in social media postings. Authors do not need to include a Visual Abstract with their initial submission but will be required to submit one at the revision stage for all original research articles. The submitted visual abstract will be reviewed along with the revised manuscript.

If the submission of visual abstract is delayed, there is inevitable delay in publication. Please submit it within the specified time.

6.1. Creating Your Visual Abstract

Select one of the visual abstract templates provided (https://www.krccp-ksn.org/file/KRCP_Visual_Abstracts_v1.0.pptx). There are multiple layouts to accommodate author preferences as well as graphical constraints. The visual abstract should

include a title, methods, outcome and a concluding sentence. Please fill in the template as it's laid out and do not alter the basic components of the template.

Keep in mind the following:

- Avoid excessive detail and clutter and keep text to a minimum.
- Any descriptive text should be at least 12 pt font size.
- The visual abstract should be saved as an editable Power Point file as staff will add the article DOI and may edit the text for clarity.

6.2. Adding Visual Details

It is critical that you only use images for which you have permissions or rights. To avoid any potential problems, either use the copyright filter during an image search online or subscribe to an icon image bank. There are many image banks on the internet, which are free to use. The images used for visual abstract is recommended only open source, and the author is responsible for copyright issues of visual abstract. Researchers who frequently prepare visual abstracts may benefit from purchasing a subscription to access higher quality icons (e.g. Shutterstock, Getty Images, iStock, etc.).

Guiding principles:

- Select bold, solid color icons
- Avoid highly detailed icons as the intricacy may be lost in the small format
- Exclude trade names, logos, or images of trademarked items.
- Graphics should be 440 pixels wide by 350-365 pixels tall.

7. Peer Review

This journal operates blind review processes. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper. The Editor is responsible for the final decision regarding acceptance or rejection of articles. The Editor's decision is final. For more information, please refer to Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals (Available at: <http://www.icmje.org/icmje-recommendations.pdf>).

8. Copyright

KRCP is the official peer-reviewed publication of the Korean

Society of Nephrology. Manuscripts published in the Journal become the permanent property the Korean Society of Nephrology. All articles published in the Journal are protected by copyright, which covers the exclusive rights to reproduce and distribute the article, as well as translation rights. No KRCP article, in part or whole, cannot be reproduced, stored, or transmitted for commercial purposes, without prior written permission from the Korean Society of Nephrology.

9. Similarity Check



Similarity Check is a multi-publisher initiative to screen published and submitted content for originality. To find out more about Similarity Check, visit <http://www.crossref.org/crosscheck/index.html>. All manuscripts submitted to KRCP may be screened, using the iThenticate tool, for textual similarity to other previously published works.

10. Open Access Policy

Every peer-reviewed research article in this journal is freely available via our website (<https://www.krcp-ksn.org>). Articles published in KRCP are distributed under the terms of the Creative Commons Attribution Non-Commercial and No Derivatives License (<https://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits unrestricted non-commercial use, distribution of the material without any modifications, and reproduction in any medium, provided the original works properly cited. ANY USE of the open access version of this Journal in whole or in part must include the customary bibliographic citation, including author and publisher attribution, date, article title, *Kidney Research and Clinical Practice (Kidney Res Clin Pract)*, and the URL <https://www.krcp-ksn.org> and MUST include a copy of the copyright notice. If an original work is subsequently reproduced or disseminated not in its entirety but only in part or as a derivative work this must be clearly indicated. For any commercial use of material from the open access version of the journal, permission MUST be obtained from KRCP. If necessary, please contact the Editorial Board through our editorial office (registry@ksn.or.kr). Proprietary rights notice for KRCP online were available at: <https://www.krcp-ksn.org/authors/permission.php>

11. Data Sharing Policy

For clarification on data accuracy and reproducibility of the results, raw data or analysis data will be deposited to a public repository, for example, Harvard Dataverse (<https://dataverse.harvard.edu/>) after acceptance of the manuscript. Therefore, submission of the raw data or analysis data is mandatory when requested by reviewers. If the data is already a public one, its URL site or sources should be disclosed. If data cannot be publicized, it can be negotiated with the editor. If there are any inquiries on depositing data, authors should contact the editorial office.

12. After acceptance

12.1. Article-in-press publication

After the manuscript is finally accepted, it will be published online in PDF format through the English editing, author proofing and final editorial correction process. The corresponding author should promptly and appropriately respond to this editing process. Online publication will take place within several weeks depending on the proof process. A Digital Object Identifier (DOI) is allocated, making it fully citable and searchable by title, author name(s), and the full text. Since our journal is officially published every 3 months interval, the volume, issue, and page will be finally allocated sequentially according to the order of accepted articles.

12.2. Publication charges

In order to cover the costs of reviewing, copy editing, layout, and online hosting and archiving, KRCP charges an article processing fee upon acceptance of submitted papers as follows:

- Original Article, Review Article, Special Article, and Study Protocol: KRW 1,000,000 (Korea) / USD 1,000 (rest of world)
- Correspondence, Image in Practice: KRW 300,000 (Korea) / USD 300 (rest of word).

There are no additional charges based on color, length, figures or other elements. The publication costs for invited papers such as editorials, some reviews and special articles are covered by the Korean Society of Nephrology. Payments are processed by a department unconnected to KRCP's editorial board.

• Publication charge waiver policy

Our mission is to share the achievements in the nephrology field with researchers worldwide including the scientists in the low-income countries. We continue to apply the publication charge waiver policy to encourage the academic activity and support the limited funding for their research. To request a publication charge waiver, please send an application to registry@ksn.or.kr. Corresponding author from low-income countries could be waived. Waiver application must contain the manuscript number and country of corresponding author.