

the transplanted kidney and its recipient: ischemia reperfusion injury, low nephron mass of the allograft, and immunosuppressive therapies that result in impaired kidney function, insulin resistance, dyslipidemia, osteoporosis, and increased risks of opportunistic infections and malignancy. It should be no surprise, then, that an analogous approach in acute kidney injury—that is, dialysis or hemofiltration to remove water-soluble metabolic wastes, salt, and water—might not achieve resounding or complete biologic success.

The incidence of acute kidney injury requiring dialysis is rising, and although large population-based studies suggested that outcomes may have improved marginally in the past 15 yr, rates of death and nonrecovery remain unacceptably high.<sup>7–9</sup> Altering our approach to the modality or dosage of dialysis or hemofiltration has yielded inconsistent and conflicting results.<sup>10–14</sup> While we anxiously await the results of the Veterans Affairs– and National Institutes of Health–sponsored Acute Renal Failure Trial Network (ATN) study,<sup>15</sup> a comparison of intensive *versus* less intensive hemodialysis or hemodiafiltration in severe acute kidney injury, additional attempts at restoring some of the vital (noninert) aspects of kidney function to critically ill patients needs encouragement. Regardless of whether this particular iteration of the bioartificial kidney ultimately achieves success in clinical trials, this effort represents a landmark event in the history of nephrology. The authors should be celebrated for their efforts.

## DISCLOSURES

None.

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See related article, "Efficacy and Safety of Renal Tubule Cell Therapy for Acute Renal Failure," on pages 1034–1040.

## The Appearance of Brief Communications in JASN

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With this issue of *JASN*, we introduce a new feature for original manuscripts, the Brief Communication. These articles are short, about 1500 words, and written in letter format followed by concise methods and no more than four figures; some of the dataset may be submitted supplemental to the manuscript. For a while we have felt such an outlet might stimulate the submission of interesting or novel findings where an expanded story will have to follow from subsequent work. Will our reviewers be able to adapt to evaluating less than is expected for a full-length manuscript? It remains to be seen. The editors expect a good story well supported by controlled data and some insight into mechanism. This is a tall order for authors in the limited space available for such letters, but other well-regarded journals attract such submissions. So far, we have declined a number of offerings, and with this issue start with two manuscripts surviving review and much revision. We hope this new feature will be used wisely and add value to the wonderful content already in our pages. Details for submitting Brief Communications can be found in the instructions to authors. Submissions should be labeled as such.

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