COVID-19 at JASN

The COVID-19 pandemic is posing unprecedented challenges for nephrologists everywhere. JASN, in partnership with the other ASN Journals, is working to bring to the nephrology community informative original articles, editorials and perspectives about this rapidly evolving clinical environment. All clinical submissions related to COVID-19 are subjected to accelerated review, aiming to provide authors a response within two weeks while maintaining the rigorous peer review our readers expect. We recognize that much clinical research is being done in adverse circumstances with incomplete information and research support, and that a leisurely scientific revision process is not compatible with the urgency of the current health care crisis.

The review process for basic science papers submitted to JASN has also changed to respond to the COVID-19 crisis. JASN editors recognize that major revisions involving additional experiments may be difficult to complete while policies are in effect that limit investigators ability to undertake new laboratory work. As a consequence, our editorial team is endeavoring to limit requests for revision to issues of clarity and presentation, additional computational analysis, and adjustments to the conclusions being drawn, rather than additional experiments. When this is not possible, papers will be rejected, in some cases with an ‘open door’ to resubmission if authors believe that they can add required additional data. In all cases, a simple paper with a focused conclusion and little data extraneous to that conclusion will be expected to fare best in this revised review process.

JASN editors are confident that these adjustments can be made without compromising our high standards.

All COVID-19 related submissions are subjected to accelerated scientific review. Peer-reviewed articles on COVID-19 are published in ASN’s journals as soon as they are available, at http://bit.ly/ASNJournalsCOVID-19 and are open access.

Should Twice-Weekly Hemodialysis Be an Option in Times of Dialysis Unit Stress?

Hemodialysis care may come under great stress due to COVID-19. Hostetter et al. propose that a change from the standard thrice-weekly treatments to twice weekly could relieve some of this stress, and they argue that research data suggest that twice-weekly treatment is less dangerous than commonly supposed. Mehrotra offers a counterpoint to this argument, however, stating that data comparing outcomes with twice- and thrice-weekly hemodialysis are extremely limited. He writes that twice-weekly treatment is less dangerous than commonly supposed. Mehrotra offers a counterpoint to this argument, however, stating that data comparing outcomes with twice- and thrice-weekly hemodialysis are extremely limited. He writes that twice-weekly treatment should be an approach of last resort even in times of dialysis unit stress. See Meyer et al, pages 1141–1142, and Mehrotra, pages 1143–1144.

Individualized Treatment Strategies for Transplant Recipients with COVID-19

Clinicians may have strong opinions regarding the best immunosuppressive manipulations for immunocompromised patients who develop COVID-19. Fishman notes that variability in clinical presentation has been observed, and therefore, individualized care may be most appropriate strategy. Thorough studies on the effects of different medications on SARS-CoV-2, the virus that causes COVID-19, are needed, as are studies on the potential of transmission from infected donors to immunosuppressed recipients. See Fishman, pages 1147–1149.

COVID-19 in Kidney Transplant Recipients in New York

Little is known about the clinical presentation, disease course, and outcomes of immunosuppressed individuals with COVID-19. The Columbia University Kidney Transplant Program reports on these for 15 kidney transplant recipients from the Columbia University kidney transplant program who required hospitalization for confirmed COVID-19. Patients presented with similar symptoms to those of the general population, most often with a fever (87%) and/or cough (67%). Management involved reduction of immunosuppression and the addition of hydroxychloroquine and azithromycin. Twenty-seven percent of patients needed mechanical ventilation, over half of patients were discharged home by the time the study was submitted, and one patient died. See The Columbia University Kidney Transplant Program, pages 1150–1156.

COVID-19 and Calcineurin Inhibitors

Health risks posed by immunosuppression in patients with COVID-19 are unknown. Willicombe et al. examined the use of calcineurin inhibitors (CNIs)—the cornerstone of transplant maintenance immunosuppressive regimens—in transplant patients infected with SARS-CoV-2, the virus that causes COVID-19. Published data for 8 adult and 3 pediatric transplant patients infected with SARS-CoV-2 were available, with all patients receiving CNIs at the time of diagnosis. All pediatric outcomes were favorable. Seven of the adult case reports described management that included withdrawal of CNIs and antiproliferative agents, and outcomes were variable (3 patients survived, 3 remain in critical care, and 2 died). The authors stressed that data suggest that commonly prescribed CNIs may have inhibitory potential against SARS-CoV. See Willicombe et al., pages 1145–1146.