INSTRUCTIONS TO AUTHORS

Send manuscripts to the Editor:
Jared J. Grantham, M.D.
JASN
University of Kansas Medical Center
3901 Rainbow Blvd.
Kansas City, Kansas 66160-7361

The Journal of the American Society of Nephrology will publish original manuscripts judged by peers to be of high quality and relevant to the broad field of Nephrology. Nephrology is an alliance of scientists and physicians who seek to understand the functions of the kidneys and the means to improve the medical care of individuals with renal disease. The strength and vitality of the discipline radiate, historically, from the dynamic interaction between the basic and the clinical sciences. The Journal strives to nurture this relationship by providing the means for communicating to nephrologists and others in related specialties critical information of broad significance in the field. Subjects appropriate for the Journal include, but are not restricted to:

- clinical nephrology
- renal and epithelial physiology
- biochemistry
- pathology and immunology
- cellular and molecular biology
- renal pathophysiology
- body fluid
- electrolyte and acid-base metabolism
- hypertension
- dialysis
- renal transplantation

General Information

Manuscripts are of four types: Concise Reports, Comprehensive Studies, Comments and Letters to the Editor.

Concise Reports should contain in not more than 2500 words (including abstract, figures, tables and references) important new observations of sufficient interest to nephrologists to warrant rapid publication. Comprehensive Studies are traditional full length papers that address research questions with exhaustive experimental design and methodology. Comments are brief reports limited to fewer than 1000 words (including introductory paragraph describing the origins and chief conclusions, one figure or table, and fewer than 15 references) that are preliminary, negative or confirmatory. Highly innovative technical advances will be considered. Letters to the Editor should be confined to brief scientific commentary about articles published in JASN or to topics of general interest to nephrologists. Reviews of basic and clinical topics of interest to the readership will be solicited by the editors.

In the cover letter, designate one author as correspondent. All coauthors should have contributed in substantial ways to the study and manuscript preparation.

Include in the cover letter a statement explaining why the research is especially important. It is at this stage that claims of new or novel findings ("This is the first . . . ") should be mentioned, not within the text of the paper. The journal office may solicit editorials to accompany articles that are especially newsworthy or controversial.

Include in the cover letter the names, addresses, telephone and areas of expertise of at least five individuals (peers) who may serve, at the discretion of the editors, as reviewers of the manuscript.

American Renal Training Centers

This series is to serve as a forum for concise yet comprehensive updates on a subject of current interest in clinical nephrology, centered around a patient presentation. The articles are to be authored by fellows in training under the guidance of a senior faculty member. The manuscripts should include:

- A brief focused patient presentation. If pertinent a radiologic or histologic figure can complement it.
- Background—not to exceed one paragraph.
- Review of clinical and pathologic presentation of the entity.
- An overview of the etiology and the pathogenetic mechanism of the disease.
- Review of therapeutic approaches.
- A summary—conclusion paragraph that contains a "take home message", and if at all possible, reverts back to the patient.
- No more than three tables or figures that confer a critical message or summarize information from various sources.
- References should not exceed 20.
- The overall length of the communication should not exceed 15 double-spaced typewritten pages.

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These signatures, that must accompany the cover letter, indicate that each author approved the final version of the manuscript and is prepared to take public responsibility for the work.

It is the policy of the Journal to expedite the review process. Authors will receive within 10 days of receipt at the editorial office, acknowledgment that their manuscript has been forwarded to an associate editor and reviewing editors. Manuscripts that are judged by a panel of screening editors to fall outside the range of interest of the readership or that fail to satisfy technical requirements will be promptly returned to the authors without further review. In order to reduce postage expense, manuscripts sent to outside reviewers as privileged communications will be destroyed and not returned to the authors. Glossy prints and photographs from rejected manuscripts will be returned to authors. Authors who have not received formal notification of manuscript review status 21 days following acknowledged receipt at the editorial office are encouraged to contact the editorial office for a status report.

Manuscript Preparation

- Submit an original manuscript and three photocopies, typed double-spaced in letter-quality print on one side only of standard (8 1/2 x 11 inch) white bond paper.
- Manuscripts submitted as Concise Reports and Comprehensive Studies should be organized as follows: title page, abstract, introduction, methods, results, discussion, acknowledgments, tables, legends to figures, and references. Comments should contain: title page; introductory paragraph; methods, results and discussion; acknowledgements; table or figure legend; and references. A brief
description of methods may be included in the table or figure legends. **Letters to the Editor** will be edited and shortened in consultation with the author.

- **On the title page** type the full names, highest academic degrees and affiliations of all the authors. The title should not exceed 100 characters and spaces. Include an abbreviated title of not more than 40 characters and spaces.

- **Abstract:** State the problem considered, methods, results, and conclusions in less than 250 words. List 5 index terms not included in the title.

- **Use of Systeme International d'Unites (SI) for measurements** is preferred throughout the manuscript. Factors for converting frequently used components can be found in *JAMA* (1989:262:200–202).

- **Use generic names of drugs.**

- **Do not use abbreviations in the title or abstract.** Define unusual abbreviations on the first use in the body of the manuscript. A list of accepted abbreviations can be found in the July and January issues of JASN.

- **Text footnotes should be typed on a separate page.**

- **Foreign contributors, whose language is not English, should obtain help from colleagues who are proficient in scientific English.**

- **It is assumed that all clinical investigation described in the manuscript was conducted in accordance with the guidelines proposed in the Declaration of Helsinki.** Document in the manuscript that informed consent was obtained.

- It is assumed that all animal experimentation described in the manuscript was conducted in accord with the NIH Guide for the Care and Use of Laboratory Animals, and the manuscript should contain a statement to that effect.

- **Tables:** Double-space on separate sheets of standard-sized white bond paper. Title all tables and number in order of appearance in the text. Footnotes may include methods in *Concise Reports* and *Comments*. Use superscript letters to indicate footnotes typed at the bottom of the table.

- **Figures:** Include clear photocopies of the figures with the original and each copy of the manuscript as well as three sets of 5 x 7 inch glossy photographs for all line drawings, clearly labeled on the back. Graphs must be of professional quality: computer-generated graphs should be of laser quality. High contrast prints for roentgenographic photographs and electron micrographs are essential; halftones may be custom printed on special paper from engravings approved by the author and at the author's expense. Photomicrographs should be sized to fit one column (8 cm) or two columns (17 cm); the maximum plate size is 17 x 22 cm. Legends should state degree of magnification or scale bars should be used on the photograph and specified in the length.

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  **Journal articles, abstracts and books:** List all authors when six or fewer; when seven or more, list only the first three and add et al. Journal names should be abbreviated according to the BIOSIS list of serials.

  **Examples:**


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**Manuscript checklist**

1. Include the original typed manuscript and three photocopies.

2. Send three sets of glossy print figures: each manuscript set should contain photocopies of figures.

3. Include in cover letter: a) copyright transfer statement. b) list of five candidates for peer review.

4. Include all authors' personal signatures.

5. Designate a corresponding author and provide a telephone number and address.

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Among all diagnostic criteria which reliably differentiate renal graft rejection from drug toxicity have not been found, a number of parameters have been significantly associated with one or the other. The presentation of renal allograft rejection consists of an acute inactivation of most rejection episodes in renal transplant patients.

A form of a cyclosporine-associated nephrotoxicity is characterized by selective formation in renal function and morphologic changes in the kidneys. From 5% to 15% of transplant recipients who have received cyclosporine during acute rejection in renal transplant recipients and adult augmented dosage of cyclosporine therapy. Renal biopsies from these patients demonstrated one or several of the following histopathologic findings: interstitial nephritis, with tubular atrophy and interstitial fibrosis; tubulointerstitial nephropathy; focal interstitial fibrosis; and tubulointerstitial nephropathy. None of these morphologic findings are diagnostic of cyclosporine-associated structural nephrotoxicity, but each of these findings is characteristic of cyclosporine nephrotoxicity.

When considering the development of cyclosporine-associated nephrotoxicity, it is noteworthy that several authors have emphasized the relationship between the appearance of nephrotoxic reactions and the dosage of cyclosporine. However, the number of patients with a high dosage of cyclosporine has been used as a criterion for the diagnosis of nephrotoxicity. In a study on the relationship between cyclosporine dosage and nephrotoxicity, the highest dosage of cyclosporine was associated with the highest incidence of nephrotoxicity. The study also suggested that the incidence of nephrotoxicity increased with increasing dosage of cyclosporine. This relationship between dosage and nephrotoxicity has been consistent with findings from other studies.

In summary, the evidence suggests that the development of cyclosporine-associated nephrotoxicity is dose-dependent. The risk of nephrotoxicity increases with increasing dosage of cyclosporine. The study also suggested that the incidence of nephrotoxicity increases with increasing dosage of cyclosporine. This relationship between dosage and nephrotoxicity has been consistent with findings from other studies.

Cyclosporine-associated nephrotoxicity is usually reversible when the drug is discontinued. However, in some cases, the renal function may fail to return to normal levels. In these cases, patients may require chronic dialysis or renal transplantation. It is important to monitor renal function closely in patients receiving cyclosporine, as nephrotoxicity can be a serious complication of cyclosporine therapy.

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