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Citius, altius, fortius . . . faster, higher, stronger

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Citius, altius, fortius . . . faster, higher, stronger*



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Our first words and thanks go to Detlef Schlöndorff, Qais Al-Awqati, and the previous editors who made *Kidney International* (KI) the preeminent journal of the international nephrology community. A little more than a year ago, a new editorial team with myself as Editor-in-Chief and Brad Rovin as Deputy Editor took over the management of KI. We could have written this editorial after the “changing of the guard” as our last Editor-in-Chief Detlef Schlöndorff called it,¹ but we felt it would have been presumptuous to offer new perspectives so soon after taking over.

Our new team needed time for reflection before defining a policy addressing the conundrum of a top-ranking scientific journal that also is the official journal of the International Society of Nephrology (ISN), a society that ranks among the most diverse medical societies, with over 10,000 professional members from more than 150 countries. The ISN thus represents a wide variety of nephrologists with different needs all over the globe. It is a challenge and a privilege for ISN journals to serve these professionals and their patients in the best way possible.

To reach this goal, KI will continue to publish high-quality original research in both basic science and clinical medicine covering chronic kidney disease, acute kidney injury, kidney transplantation, renal physiology, biochemistry, pathology, immunology, genetics, and more. We strongly feel that the educational value of KI first relies on excellence of original papers, accompanying commentaries, Nephrology Digests of the latest advances in basic and clinical science beyond nephrology, and high-quality reviews by the best experts in the field.

Making cutting-edge science accessible and relevant to the readership is one of our prime objectives. To achieve this, we have taken a number of innovative actions. For example, we have initiated a series of reviews on artificial intelligence, which has come to the forefront of analysis for the big data acquired by studies using genetics, proteomics, metabolomics, digital histopathology, and electronic health

records. Since January 2019, all basic science papers are accompanied by a translational statement to highlight the potential clinical implications of the work. Additionally, a new educational series of methodology, statistics, and epidemiology is being developed and will cover prediction modeling (including the use of novel machine learning strategies), novel trial designs in nephrology, and variables and causality in epidemiological studies. This series will address the growing need of our readership on how to interpret the increasingly complex data analytics used in clinical investigation.

To enhance awareness of global kidney health issues, we have reactivated *Supplements to KI* to serve as the main vehicle for publication of the very popular *Kidney Disease–Improving Global Outcomes (KDIGO) Guidelines* and other topics of considerable international interest. The first issue will be devoted to increasing access to integrated end-stage kidney disease care as part of universal health coverage, which summarizes the discussions of a summit held in March 2018 that included 92 individuals with diverse expertise and professional backgrounds from around the globe. The publication of the new *KDIGO Guidelines on Glomerulonephritis*, updating the highly cited 2012 edition, is also anticipated in 2019.

To accelerate the publication of groundbreaking research and stimulate discussion on hot topics, we have introduced two new types of articles: *Brief Reports* and *Controversies in Nephrology*, respectively. The *Brief Reports* format publishes concise but complete reports of high-quality findings of exceptional interest, novelty, and broad significance for the readers of KI. Brief reports undergo an accelerated review process. If the manuscript is deemed interesting but not of sufficiently transformative potential, authors may be asked to resubmit their revision as a regular article.

Controversies in Nephrology (by invitation only) will be published quarterly beginning in the spring of 2019. Two topic experts will debate different approaches to important issues in nephrology, and the debate will be

Pierre Ronco^{1,2}, Editor-in-Chief, Brad Rovin³, Deputy Editor, and Associate Editor; for the Entire Editorial Team

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*Attributed to Pierre de Coubertin, Sorbonne University, at the creation of the International Olympic Committee in 1894.

See the [Appendix](#) for a list of the Associate Editors.

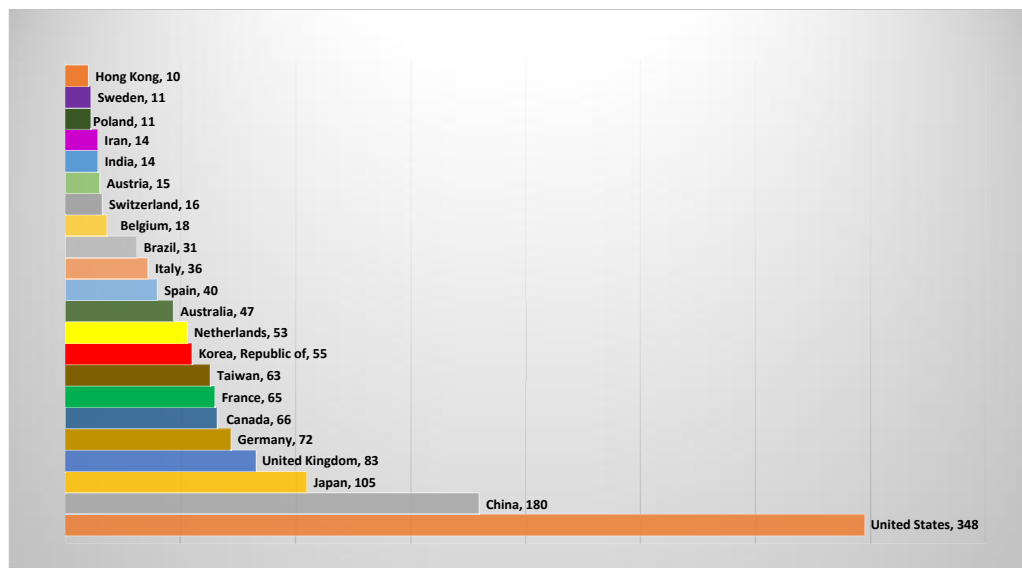


Figure 1 | Geographical distribution of original manuscripts received from September 1, 2017 to August 31, 2018. Only the countries with at least 10 submissions per year are shown.

summarized by the *KI* editors. Anticipated topics for 2019 include the measurement of blood pressure in rodents, treatment of autosomal dominant polycystic kidney disease, anti-complement therapy in secondary thrombotic microangiopathy, and virtual crossmatch for kidney transplantation.

A graphical abstract will now accompany all articles published in *KI*. The graphical abstract summarizes the contents of the article in a concise, colorful pictorial form, supporting the increasing use of social media in the dissemination of information. They are one among many important actions of communications with a global outreach through ISN channels. Another example of how *KI* is improving global communication is the monthly ISN Insight Newsletter featuring the most relevant articles of *KI* for the renal community.

With its peer-reviewed companion journals, *Kidney International Reports (KIR)*, a fully open-access journal, and *Kidney International Supplements*, focused on topical content of interest to the renal community (registries, meeting reports), *KI* offers a complete portfolio of opportunities for authors to disseminate their data and for readers to acquire new information.

Because the quality of a high-ranking journal resides in the accuracy of its content and the reliability and reproducibility of its results, *KI* has long considered these issues, starting with randomization methodology in nephrology

trials.² In 2012, the Editors published an editorial that “recommended investigators in nephrology design RCTs and report results following the CONSORT Statement criteria, and that journal editors pay particular attention to adequate reporting of the randomization processes.” A recent study in the *Journal of the American Society of Nephrology*³ showed that the annual number of reports of clinical kidney-related trials more than doubled between 2004 and 2014. Despite substantial improvements in the reporting quality, defects remain in reporting of clinical trial design, mode of randomization, and intention-to-treat analysis. The editors of the high-ranking journals of nephrology have decided to take action to improve quality reporting.

KI requires authors to completely, accurately, and transparently report their findings. *KI* encourages the use of PENELOPE for help with identification of the appropriate checklist for data reporting. This tool can be found at <http://www.peneloperesearch.com/equatorwizard>. These checklists can also be found in the *KI Guide for Authors* (<https://www.kidney-international.org/content/authorinfo>). They should not be considered as bureaucracy; on the contrary, they help improve the quality and consistency of data reporting and assist both the authors in reporting the data and the reviewers in assessing the manuscript. We also strongly recommend using Animal Research: Reporting *In Vivo* Experiments (ARRIVE) for preclinical animal studies.

Nonetheless, these guidelines have some complexity. Therefore, in collaboration with the editors of other major kidney journals, we are considering revising them to focus more specifically on nephrology investigations.⁴ Along the same line, we now require results to be presented whenever possible as dot or scatter plots and not as summary figures that smooth out experimental and individual variations. For Western blots and other gels, uncropped, annotated, full-length images with molecular weight markers must accompany the publication-quality figures to facilitate the reviewing process. Last, but not least, the vast majority of manuscripts that have survived triage are evaluated by a statistical reviewer from our pool of more than 40 statisticians and methodologists, which strengthens data accuracy.

In 2018, we received 1907 manuscripts from all over the world (Figure 1) and only 12% were published. Out of necessity, the Journal uses a triage process when manuscripts are submitted and only about 60% go out for review. While this ensures top quality papers for *KI*, we are fully aware that many good manuscripts are excluded. However, we are glad to see that a substantial proportion of triaged manuscripts are being considered by *KIR*. *KIR* is now indexed in PubMed Central and its application is under review by Clarivate for an impact factor that will be out soon. One positive aspect of triage is that the turnaround of all manuscripts to first decision (including the ones reviewed) is about 14 days (the turnaround time of triaged manuscripts is about 4 days), allowing rejected manuscripts to be submitted elsewhere without delay. All manuscripts that have survived triage are carefully reviewed by at least 2 reviewers (plus one statistician) and those that are considered for publication are discussed at the weekly editorial conference. At this conference, manuscripts and external reviews are presented in depth by a team of 11 associate editors with a great breadth of expertise in diverse fields of nephrology and wide geographical distribution to achieve the fairest possible decision for each manuscript. *KI* is greatly thankful to the reviewers for their time and expertise, which contribute immensely to the high standard of published articles.

For manuscripts needing revision, we pay significant attention to providing authors with detailed comments, specifying what is

important and what is not important for successful resubmission. Our goal is to help the authors improve their manuscripts, not to discourage them to resubmit! At the end of the day, excellence of the Journal mostly relies on the quality of the authors' articles, and we do believe that producing a successful journal is based on close and transparent communications with the authors, the outstanding expertise and dedication of the managing team, and the publisher.

A final word for those who will shape the future of nephrology! We are concerned that one important reason trainees have become less attracted to nephrology in many countries is the complexity of our patients and the lack of novel therapies.⁵ We do think that *KI* may positively contribute to reviving nephrology in the younger generation by exposing these physicians to all of the exciting advances in medical sciences and health care that can be applied to solving the mysteries of kidney diseases. As Detlef Schlöndorff wrote: "We now have the molecular, cell biology, genetic, and translational tools to change this fatalistic attitude."¹ To further promote nephrology as a career choice, we have also embarked on developing an ISN *KI* Editorial Fellowship for junior nephrologists to learn how to manage a journal under the mentorship of established editors.

Dear authors, reviewers, and readers, we do need your continuous support to develop the international outreach of *KI* based on excellence and innovation.

APPENDIX

List of Associate Editors

P. Toby Coates, Olivier Devuyst, Tilman B. Drueke, Jürgen Floege, Agnes B. Fogo, T. Alp Ikizler, Masaomi Nangaku, Jai Radhakrishnan, Germaine Wong, and Christina Wyatt.

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