Editorial

Kidney360: Year 1 in Review

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KIDNEY360 2: 1–3, 2021. doi: https://doi.org/10.34067/KID.0007042020

The American Society of Nephrology (ASN) had the foresight to recognize the need for a new nephrology journal to complement its two existing scientific journals, JASN and CJASN, established in 1990 and 2006, respectively. I was honored to be selected as the inaugural editor-in-chief of Kidney360, the first online-only, open-access nephrology journal sponsored by the ASN. My editorship started in May 2019. After assembling the editorial team, our submission website went live in October 2019, and the first monthly issue was published in January 2020. This paper summarizes the highlights of our accomplishments in year 1 and outlines our future plans.

The success of a medical journal is truly a group effort. I am extremely grateful to our entire, outstanding, editorial team, which has worked tirelessly to ensure a rigorous and timely peer review of all manuscripts submitted to Kidney360. Our team includes two deputy editors, Luis Juncos and Mark Perazella; 13 associate editors, including Nisha Bansal, Arlene Chapman, Steven Coca, Deidra Crews, Steven Crowley, Arjang Djamali, Jennifer Flythe, Reiko Inagi, Shuta Ishibe, Timmy Lee, Samir Parikh, Michael Romero, and Prabhleen Singh; two statistical editors, Heather Philbrook and Rebecca Scherzer; and our Patient Voice Ambassador, Patrick Gee. We greatly benefit from a large and enthusiastic cohort of international kidney experts who contribute to an extensive pool of reviewers. I would also like to acknowledge our outstanding cohort of visual abstract editors, including Joel Topf, Eric Au, Pablo Garcia, Edgar Lerma, Vicki Sandys, and Dominique Tomacruz. Finally, we are fortunate to have the expert assistance of Shari Leventhal, our executive editor, and Virginia Ramsey, our managing editor, in processing and editing the manuscripts.

During the first year since our submission website went live (October 1, 2019 to September 30, 2020), we received a total of 549 submissions from 53 countries in six continents, highlighting the international nature of our journal. We have averaged 45 submissions per month, including original investigations in clinical and basic science related to kidney disease, and a broad range of invited papers, including editorials, perspectives, reviews, debates, and public-policy papers. The majority of papers (71%) were de novo submissions to Kidney360, but 29% were transferred from JASN or CJASN at the author’s request. The submitted manuscripts have encompassed a broad range of nephrology topics, including dialysis (24%), clinical nephrology (17%), CKD (18%), AKI (12%), transplantation (7%), and glomerular and tubulointerstitial disease (6%).

Our goal is to provide authors with a timely and high-quality review process. If we determine that a manuscript will not go out for external peer review, authors will receive an editorial decision within 1 week. For manuscripts sent out for external review, we attempt to notify authors of the initial editorial decision within 1 month (mean, 15.4 days). In addition, authors of manuscripts that are not of a high-enough priority for publication in JASN or CJASN may request for their paper be considered for publication by Kidney360. In such cases, we review the manuscript and the reviewers’ comments in an expedited fashion, and let authors know within 1 week whether we would like to see a revised version of the manuscript that addresses the critiques of the manuscript provided by the reviewers from JASN or CJASN. Among the original-investigation manuscripts submitted to Kidney360 during the first year, 42% were triaged, 30% were accepted for publication, 17% were rejected after peer review, and 11% are still pending a final decision. Once the final version of a manuscript has been accepted, in most cases, the early access (unformatted version) is posted online within 48 hours, with the final (formatted) version appearing approximately 2 months later.

In our first year, we published 235 papers in Kidney360 (Table 1), for an average of 20 manuscripts per monthly issue. Each issue has averaged eight original-investigation manuscripts submitted to Kidney360 during the first year, 42% were triaged, 30% were accepted for publication, 17% were rejected after peer review, and 11% are still pending a final decision. Once the final version of a manuscript has been accepted, in most cases, the early access (unformatted version) is posted online within 48 hours, with the final (formatted) version appearing approximately 2 months later.
2.5 Clinical-Images articles, and one Editorial. In addition, during this calendar year, we featured 14 podcasts related to Original Investigations, Global Perspectives, or Patient Perspectives.

Our readers represent an international cohort. We average viewers from 126 countries each month. As an open-access journal, the entire contents of Kidney360 are available, free of charge, to any reader in the world. In addition to direct visits to our website, viewer traffic is also directed to specific manuscripts from a variety of social media platforms, including Twitter, Google, In The Loop, and Facebook. The utilization of social media to access our journal content has increased progressively over the first year of our publication.

We would like to highlight several unique features in Kidney360. First, we introduced a regular feature, entitled “Global Dialysis Perspectives,” which provides detailed information about how various kidney diseases—including CKD, AKI, dialysis, hypertension, and transplantation—and other areas in clinical nephrology are managed in different countries across the world. This feature will provide readers with an appreciation of the global diversity of health-care models. Our major focus this year has been on differences in dialysis delivery and financing across the globe. To date, we have published global dialysis perspectives from 16 countries, including Korea, Israel, Australia, Canada, Japan, India, Brazil, Senegal, Argentina, Mexico, Guatemala, Thailand, Vietnam, Singapore, South Africa, and the United States (Figure 1). Global perspectives on several additional countries are currently under review or being prepared for submission. These papers highlight differences in dialysis practice between developed and developing countries, and describe challenges unique to each country. We have also published papers describing the experience in treating patients with chronic or acute kidney disease with coronavirus disease 2019 (COVID-19) from several countries, including the United States, Brazil, Italy, Australia, Austria, Spain, and the United Kingdom.

A second unique feature in Kidney360 is “Debates in Nephrology.” The goal of this series is to provide readers with a perspective on controversial issues in clinical nephrology, written by experts in the field. Each debate consists of three separate papers, including a PRO perspective, a CON perspective, and a moderator view that provides a balanced issue. Our goal is to have a new debate topic featured every other month. We have published six debates in year 1 of Kidney360 (Table 2), and have several more lined up for publication in 2021.

A third feature, which has been popular with both authors and readers, is “Clinical Images in Nephrology and Dialysis,” an educational feature that presents pictures of physical, radiologic, urinary, or pathologic findings of both “bread-and-butter” and unusual clinical complications. We initially present two or three clinical images ahead of the monthly issue and challenge the readers to identify the diagnosis and answer pertinent questions.
Subsequently, the answers, along with an explanation and brief literature review, are provided in the monthly issue of Kidney360.

Fourth, we have launched a “Patient Perspectives” section. Most clinicians recognize that patient priorities often differ substantially from those of their physicians and nurses. The goal of this feature is to help health-care professionals understand diverse patient perspectives about their kidney disease. For example, we have featured revealing perspectives from a patient with Alport disease about the frustration in the delay of her diagnosis; a kidney transplant patient about his challenges in leading a full life; and several perspectives from patients on hemodialysis about dealing with the restrictions of life on dialysis, their views on buttonhole cannulation of arteriovenous fistulas, and the angst of going to dialysis during the COVID-19 pandemic.

Finally, we would like to highlight several new features of Kidney360. First, we have now made it possible for authors of scientific preprints published in bioRxiv and medRxiv to request direct transfer of their papers to the Kidney360 submission website. Second, we have recently launched the Disqus application, which allows readers and authors of manuscripts to engage in an online conversation about individual papers, thereby facilitating a lively dialog about the paper’s findings and implications. Third, our website now includes a number of “Subject Collections,” which allow readers to identify papers related to a specific topic, regardless of in which issue it appeared. Currently, these collections include topics related to Basic Science, Buttonhole Cannulation, Global Dialysis, and Debates in Nephrology. In addition, these is a collection of COVID-19 articles published by all three ASN journals. Finally, we have recently requested that manuscripts published in Kidney360 be deposited in PubMed. Once that happens, all of the Kidney360 manuscripts will be included in PubMed retroactively and made available for searches.

We welcome feedback from our authors and readers about what they like about Kidney360, and their constructive suggestions for improvements.

Disclosures
M. Allon reports having consultancy agreements with CorMedix.

Funding
None.

Acknowledgments
The content of this article reflects the personal experience and views of the author(s) and should not be considered medical advice or recommendations. The content does not reflect the views or opinions of the ASN or Kidney360. Responsibility for the information and views expressed herein lies entirely with the author(s).

Author Contributions
M. Allon conceptualized the article, wrote the original draft, and reviewed and edited the manuscript.

Received: November 30, 2020 Accepted: November 30, 2020

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CKDu, CKD of unknown etiology; PLA2R, phosphlipase A2 receptor; NSAIDs, nonsteroidal anti-inflammatory drugs.