

## Editorial

# A farewell editorial from the *Clinical Kidney Journal's* former Editor-in-Chief

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Three years of age in the human species applies to a toddler. In primates, as for a medical publication like the *Clinical Kidney Journal*, turning 36 months means maturity. It is time, now that he has reached the end of his tenure, that the former Editor-in-Chief takes a look back at his dear journal's conception, its birth, its achievements and its promises.

Its conception stemmed from the retirement of a predecessor, *NDT-Plus*, the honourable sister journal to *Nephrology*, *Dialysis*, *Transplantation*. In fact, this title seemed to point to some superiority of the younger member of the kindred, whereas its goal was to assist *NDT* in providing clinical matters to a younger readership. Moreover, *NDT* and *NDT-Plus* had the same Editor-in-Chief, a driver with a two-in-hand harnessing. The coachman did a splendid job of it, but when his 6-year tenure came to an end, it was time to change one of the horses. There were long deliberations on a title—'Journal', of course, 'Kidney', evidently, and what about 'Clinical'? That was it! Invert the terms and you come up with a good title ... *Clinical Kidney Journal*.

To assist in the birth, an obstetrician of sorts was chosen—that is, a new Editor-in-Chief. The EDTA-ERA Council elected yours truly, which I considered an honour but also a frightening responsibility for a beginner in medical editing. I bit the bullet and proposed to start with a new blue glossy cover—as blue is my favourite colour—displaying three symbolic pictures (nephrology, dialysis and transplantation, respectively), a new layout and a new editorial board. This was approved by the council and by our publisher, Oxford University Press.

Then, the new EIC had to elaborate the first issue, which appeared in February 2012. It was well received (at least this was what I was indulgently told), which was an encouragement to pursue my vision and help the newborn thrive. Now the cart had to work its weary way along the rough road of gathering reviews—in-depth and mini ones—original articles, exceptional cases, clinical reports and other papers such as historical contributions. The content was to interest young as well as seasoned nephrologists, not be too clinical nor too scientific ... yet still, clinical and scientific. It came as a rewarding acknowledgement to receive up to 120 submissions per month from all continents. This allowed a rejection rate of ~60% of all submitted papers, so that the high quality of the journal could be maintained, but this in no way hindered a steady increase in page number. I am confident that year-in, year-out, *CKJ* will fulfil its promises and continue to progress to the satisfaction of its readers, clinicians and nephrologists.

Looking back at these achievements, I cannot help but express my heartfelt gratitude to all who contributed to putting and keeping *CKJ* on track, the colleagues who accepted to offer reviews of outstanding quality, authors of so many interesting and teaching papers, subject editors who assigned reviewers and often added their touch to polish the revised version to perfection. Lastly, *CKJ* owes much to the dedication of our secretarial assistants who, one in Ghent and the other in Bonn, guided me all along the winding and bumpy roads of managing the journal. They also helped me out with the arcanum of the ScholarOne computerized system that rules the process of medical editing from some remote star in the scientific Milky Way. Their modesty precludes telling their names. You will find them on the Editorial Board page.

'Tiiiiime!', utters the umpire calling the next set in tennis matches. Yes, time it is to close this farewell editorial with a treat for our faithful readership. Reader, you will find below, with our compliments, a selection of 19 free in-depth reviews that appeared in the journal over its 3 years of existence.

Appreciate, enjoy and chant with me: Long live the *Clinical Kidney Journal!*

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