

Greetings to the readers



Dear Readers and Nephrology Colleagues,

As of January 1, 2019, I had the distinct privilege to assume the position of the new Editor-in-Chief for the journal *Renal Failure*. First of all, I would like to thank the previous Chief Editor, Dr. William F. Finn, for his years of dedicated work. Such transition will take place at a tumultuous time in academic publishing, but I hope to use this challenge as an opportunity to raise the Journal to the next level of academic exchange of information. Introducing myself, I am Board Certified Nephrologist and Internist and licensed to practice in both Mississippi and South Carolina (U.S.), as well as in the European Union (Hungary). Currently, I am a Full Professor of Medicine at the Medical University of South Carolina (MUSC) and Attending Physician for the MUSC's Department of

Medicine, Division of Nephrology and Ralph H. Johnson VA Medical Center and serving as Medical Director for Dialysis Units in the community and at the VA Medical Center. Earlier in my career, I have served on the faculty of several prestigious institutions, including the University of Mississippi, the University of Iowa, the University of Debrecen and the Semmelweis University in Hungary.

Over the last 2 years our Publisher, Taylor & Francis Online, and the dedicated personnel of the Editorial Office, have overseen the transition to an Open Access (OA) model of publishing and a dramatic increase of downloads for the *Journal* worldwide with an improved overall academic impact. OA publishing, while initially viewed with disdain by some of us, is now embracing 'mainstream' publications, increasingly becoming the norm of academic publishing. The success of journals such as *PLoS One* and *Scientific Reports* bears testimony to this transition. An increasing number of authors are now encouraged or required to publish OA by their funding bodies, institutions, or their employers. To that end, our Publisher will also offer significant support for authors from countries with lesser financial means: corresponding authors with primary affiliations in countries defined by the World Bank as 'Low-Income Economies' can apply for a 100% article processing charge (APC) waiver; those from 'Lower-Middle Income Economies' can apply for a 50% APC discount. Additionally, corresponding authors with primary affiliations based in one of the EIFL (Electronic Information for Libraries) network countries may be eligible for a 100% or 50% discount as well.

Over the last couple of years, we have seen the *Journal* publish highly impactful papers on a wealth of issues, including meta-analyses on the link between proton-pump inhibitors and hypomagnesemia [1], on the impact of overhydrated status and low lean tissue in end-stage renal disease (ESRD) patients [2], on uric acid lowering therapy and chronic kidney disease progression [3] and a systemic review and meta-analysis further confirming cinacalcet's lack of impact on survival in (ESRD) patients [4]. Single-center studies published in the *Journal* have explored the impact of AKI in donors on renal graft survival subsequent to renal transplantation [5], the risk of AKI after transcatheter aortic valve placement [6] and quality of life, as well as the correlation of personality profiles and coping styles with clinical outcomes in ESRD patients on maintenance hemodialysis [7]. Additional publications in the *Journal* have also explored the

frequency and clinical characteristics of invasive fungal infections in renal transplant recipients [8], the value of combination biomarkers in predicting renal impairment after a cardiovascular bypass procedure [9], the clinical characteristics of sepsis-induced AKI from China [10], post-partum renal injury from India [11] outcomes and characteristics of AKI in hospitalized patients from sub-Saharan Africa. Emerging technologies, such as bioimpedance spectroscopy-assisted volume status assessment also received prominent attention in the *Journal* over this period [2,12]. Along with human studies, the *Journal* has published important works on animal models of AKI as well. These have included work on the potential protective role of N-acetylcysteine in oxalate-induced AKI in a rat model [13], the protective effect of berberine against gentamycin-induced nephrotoxicity in rats [14] and its possible underlying mechanisms, and explored the protective role of heme oxygenase-1 on the course of cisplatin-induced nephrotoxicity [15].

Nephrology in the acute care setting is moving into an era of cooperation and interaction between several disciplines to address the complex needs stemming from the patients' multi-faceted problems. We should remember that in most settings, renal replacement therapy in the Intensive Care Units is still associated with at least 50% in mortality rate [10,16–18] – obviously, the current status quo of practice (and knowledge) is insufficient and the one thing that cannot be justified is inertia. To mention just a few examples, there is exciting literature emerging on fluid overload and volume determination in critically ill patients with acute kidney injury (AKI) [19–22], the impact of other organ failures (liver, heart) in AKI [23], on peritoneal dialysis as a viable alternative for continuous renal replacement therapy [24,25] and on the uniqueness of medication dosing in those with critical illness receiving renal replacement therapy [26,27]. All these issues will likely expand in the future and attract a global readership.

To stay relevant in the globally connected world, it is important to have a global representation and reverberations of our publications. In my role as Editor-in-Chief, I will look forward to identifying talented and motivated young clinician-scientists to assist us with the onerous work of peer reviews and to seeing them on our Editorial Board (EB) as the *Journal* grows. We will strongly seek to develop a pool of peer reviewers and EB members who are reflecting, in composition and interest, the *Journal's* international readership. As an added benefit, our publication fee is already substantially reduced for the EB members. We also sincerely hope the next generation of young clinician-scientists will find it worthy not only to read the *Journal* but also to publish with us. We look forward to further attracting a vibrant and international readership who are likely to return to the journal's website after their initial positive experiences. There is great competition going on in the modern world to attract quality papers and readers. Those who read papers are the most likely to organize their own studies and publish new ones. We will strongly consider the publication of novel ideas if the underlying

science is sound, even if certain questions might remain unanswered in the study.

Our impact factor is currently standing at 1.44 and we look forward to attracting exciting papers on a wealth of issues but focus predominantly on AKI and aspects of critical care nephrology [17,28,29]. None of us went into Medicine hoping to find a boring job, and academic writing – so it seems to so many of us – is akin to a child's birth: it is immensely joyous and exhilarating to bring something into this world, which never existed before. The future is ours to make it better and I hope to find fellow travelers on this road. Let's make it happen!

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Respectfully,

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