


## EDITORIAL COMMENT

# The time is now: CKJ adopts new policies for patient representation and for more sex-inclusive research

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## INTRODUCTION

The recent European Renal Association 2024 Congress in Stockholm demonstrated to all who attended either in person or virtually that our specialty is going through a period of fast-paced development and change. This applies to our understanding of the mechanisms of disease, the use of technology and novel treatment options. Journals, however, are also part of the change and development. During the editorial board meeting of the *Clinical Kidney Journal (CKJ)* in Stockholm, two new policies were discussed and will be implemented immediately. Both policies aim to promote inclusivity: one aims to widen the journal's perspective by diversifying its editorial board, while the other focusses on promoting sex-inclusive research.

## BOTH SIDES OF THE COIN: PATIENT REPRESENTATION ON THE EDITORIAL BOARD

CKJ has decided to have two patient representatives on its editorial board by autumn 2024. Discussions around the diversity of medical journals' editorial boards are not new but have tended to focus on representation of low- and middle-income countries [1] and of women [2]. Patients have become more involved in healthcare generally, be it during service redesign [3] or as participants on panels during recruitment of clinical leadership roles.

There are several advantages to having patients on the editorial board. As clinicians and researchers, we each have an opinion around which aspects of nephrology should be prioritised.

This is shaped by many factors and naturally there is some bias. Patients have a different perspective and can play a pivotal role in making decisions regarding which areas and developments are important. The patients' voice should be part of the future of the journal.

Patient representatives may be asked for an opinion during peer review of a manuscript. There is no expectation that a patient would make comments on research methodology, but recognition that patients hold a key role in addressing the accessibility of published work is paramount for every journal. Patients can assist in addressing the relevance and importance of research, highlight challenges for patients and caregivers and advise whether proposed interventions are likely to be acceptable to patients [4]. On occasion, CKJ may also consider a lay summary for a publication, e.g. where a topic is controversial or new or where findings may be difficult to understand for patients and caregivers. Here, patient representation is crucial.

Perceptions on patients as co-authors have been evolving and a 2021 survey among editors-in-chief revealed a 70:30 split, with the majority believing that patients could be co-authors [5]. CKJ has previously published articles co-authored by patients [6] and the hope is that having patients on the CKJ editorial board may facilitate patient co-authorship where appropriate. Barriers to such co-authorship are well described, including that the International Committee of Medical Journals Editors authorship criteria were not originally designed with patient co-authors in mind [5]. However, elsewhere there practical guidance is suggested for patient partners in research, which extends to

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co-authorship of publications [7]. Ethical aspects of nephrology may benefit particularly from patient involvement as a co-author and it is also an expectation that, where appropriate, a patient might participate in a pro/con debate. Ultimately, in well-defined circumstances, patient co-authorship is extremely valuable and should not be an unusual phenomenon.

## OF WOMEN AND MEN: ADVOCATING FOR SEX-INCLUSIVE RESEARCH

This is the era of sex-inclusive research. Thirty years ago, in 1993, the National Institutes of Health set out guidance for inclusion of women and other underrepresented groups in clinical research [8]. Yet today, women remain underrepresented in clinical trials, which are often not powered to identify sex differences and do not conduct sex-stratified analyses as the norm [9]. Acknowledgment of the lack of inclusion alone is no longer enough and instead action to mandate inclusivity in both clinical and basic science research is essential [10].

In the nephrology field, CKJ is committed to achieving equality and recognises that change in the conduct of research, but also the attitude of journals, is imperative: after all, revolution must start somewhere.

Gender inequality, much like systemic racism, has a huge impact on healthcare [11]. Failure to include women in clinical trials is, by definition, a flaw in study design. Consequently, analyses and results cannot be assumed to be generalisable to a significant proportion of the population and ultimately, regardless of intent, this equates to significant disparity of care. Passivity is not an excuse and inaction equates to accountability. The same arguments hold true in the context of preclinical studies.

However, the revolution is a gentle one. It is the influence of sex that is the factor of interest and there are likely to be some scenarios where sex does not bear influence. It is crucial, therefore, to note that not finding a difference is as important as finding one and researchers should not search for sex differences that are not there. This is as detrimental as failing to acknowledge sex in the first instance. Nevertheless, when a study is underpowered to detect sex-specific differences in, for example, a treatment, it is essential that this is acknowledged.

With immediate effect, and where appropriate, authors who submit their work to CKJ will be asked to present sex-stratified analyses. This will be mandated as part of the journal's submission criteria. Failure to do so only continues to create problematic literature where results are flawed and not clearly applicable to much of the population to which they are being applied. The argument, by the editors and others, that this is yet another barrier for authors is not valid [10]. When designing a study, it should, in 2024, be second nature to consider appropriate numbers of men and women when contemplating power calculations, participant recruitment and stratification of analyses and results. The influence of sex can then be widely acknowledged and studied in a far more rigorous manner. Thus the revolution becomes evolution.

Journal editors and editorial boards not only serve as gatekeepers of scientific research, they can also use their influence to drive positive change. The jazz saxophonist Charlie Parker, who was a man of innovation and change, once stated: 'If you

don't live it, it won't come out of your horn' [12]. What is true for the jazz saxophone holds true for CKJ (and other journals) and the journey towards inclusivity. Stating an intent is no longer enough, definitive action is necessary. These new policies mark an extremely important step and should help to promote discussion and concerted efforts ultimately leading to greater inclusivity, not just within CKJ, but also within the wider nephrology community. Now is the time to live it.

To find out more about CKJ's policy on patient representation and sex inclusive research, follow this link: Aims and scope of CKJ at Instructions to Authors | Clinical Kidney Journal | Oxford Academic (oup.com).

## CONFLICT OF INTEREST STATEMENT

K.I.S. and A.W. are members of the CKJ Editorial Board. J.F. is the CKJ Editor-in-Chief.

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