Welcome Editorial by the new ckj Editor-in-Chief



Editorial Comment

Welcome to the new *ckj*: an open-access resource integrating clinical, translational and educational research into clinical practice

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In February 2008, the ERA-EDTA launched NDT Plus under the editorship of Norbert Lameire with the aim of providing an educational and training resource focusing on postgraduate clinical education and topics of interest to the practising nephrologist [1]. Four years later, NDT Plus evolved into the Clinical Kidney Journal (CKJ) [2]. February 2012 saw the birth of CKJ, a name change that was part of a more profound evolution in editorial policy [3]. The new policy aimed at keeping the journal educational yet making it more academic and providing more and better content [2]. Under the leadership of Alain Meyrier, the journal flourished and accomplished its mission [4]. The emphasis on quality resulted in a 60% rejection rate. As a result, nephrologists, kidney pathologists and kidney researchers were provided with an impressive array of highquality manuscripts covering clinical nephrology, kidney pathology, dialysis and transplantation. In his farewell editorial comment, Alain himself picked a beautiful collection of his favourite in-depth reviews ranging from recent advances in Balkan endemic nephropathy [5] to novel cellular and molecular aspects of vasopressin [6] or more practical approaches to the evaluation of kidney injury by anticancer drugs [7] or the prescription of anticoagulation in chronic kidney disease [8].

The next chapter in the history of *CKJ* starts with this February 2015 issue of the journal and will further emphasize quality since we believe that the best way to contribute to education that positively impacts patient outcomes is to provide high-quality content authored by top-level clinical and translational researchers and clinicians. We propose to maintain the educational and clinically orientated focus while gradually expanding the clinical applications of translational research. Translation into clinical practice is the ultimate goal of research, and clinical practice should have an impact on research aims and scope. We aim to contribute to a translational research culture among nephrologists that helps close the gap between basic researchers and practising clinicians and promote sorely needed innovations in the field of nephrology [9]. In

this regard, chronic kidney disease is among the top three fastest growing main causes of death worldwide [10], and despite general advances in patient care, the mortality of chronic kidney failure patients remains far higher than in the age-matched general population [11]. To reflect this widened scope, a sub-heading has been added to the journal name, emphasizing the new focus: Clinical and Translational Nephrology. The scope will be further expanded to include educational research in nephrology while kidney pathology will also remain a focus of the journal. A series of changes will help implement this new agenda.

Open access

Starting January 2015, the journal will become fully open access and online-only. This will allow access to its entire content across the globe to trainees and established nephrologists, pathologists and researchers alike.

Expanded scope

Nephrology has lagged behind other specialties in clinical translation of basic research advances, and there is also a considerable lag time between clinical advances and their widespread implementation into daily clinical practice. Thus, as an educational and academic journal committed to improving patient outcomes, CKJ is moving from a limited focus on clinical practice to a wider view that promotes the values of translational medicine among nephrologists and kidney pathologists. Translational research, clinical practice and educational issues and research are three key contributors to the successful translation of translational research advances into clinical advances and the successful implementation of clinical advances into routine patient care. In this regard, successful implementation greatly depends on using the most appropriate educational strategies to target healthcare personnel, patients and healthcare decision-makers.

Streamlining the types of manuscripts

CKJ will publish three main types of manuscripts: editorial comments, CKJ reviews and original articles.

Editorial comments will remain by invitation only and will refer to recent CKJ original articles or to recent advances or controversies in nephrology.

CKJ reviews will deal with clinical nephrology, dialysis, transplantation, kidney pathology and nephrological educational research. These will usually be by invitation but suggestions for titles are welcomed. We recognize the educational aspects of case reports and the focus they put on patient outcomes. Thus, we encourage the inclusion within the review of a vignette containing a case report that illustrates concepts discussed in the review. In this regard, a section should be added summarizing the key messages of the review including one item on how this knowledge may impact patient outcomes and what barriers should be overcome. A series of reviews has already been planned that will explore CKD hotspots around the world [12-14], translational research in nephrology [15], education and education research in nephrology and molecular pathology. In this section we will also publish reviews produced by the ERA-EDTA Scientific Working Groups, including the European Renal and Cardiovascular medicine (EURECA-m) working group (WG), the Immunonephrology WG, the WG on Inherited Kidney Disorders (WGIKD), the European Dialysis WG (EUDIAL), Developing Education Science and Care for Renal Transplantation in European States (DESCARTES), Working Group on Chronic Kidney Disease-Mineral and Bone Disorders (CKD-MBD) and the working group researching the nephrological impact in relation to diabetes and obesity (DIABESITY) [16]. One section will also be devoted to clinical practice guidelines or position statements.

Original manuscripts may deal with clinical or translational issues in nephrology, dialysis, transplantation, hypertension, electrolytes, kidney pathology or educational research. Clinical trials, including design, baseline or negative ones, will also be considered for publication.

Exceptional case reports that may impact the practice of nephrology or advanced key pathophysiological concepts will be considered for publication on a very selective basis.

Letters to the editor related to the contents of the journal will also be considered.

Editorial board

The editorial board will gradually change to fit the new scope of the journal. *CKJ* has been extremely well served by a great number of superb Editorial Board members. We are most grateful to the Editorial Board team and dedicated reviewers that have made *CKJ* the high-quality journal that it is today. In addition, we welcome the new members who are leaders in their fields and expand the knowledge base to face the challenges ahead. Carmine Zoccali will act as Associate Editor. Kenar Jhaveri will deal with educational research and Helen Liapis will contribute her profound knowledge of molecular pathology, Andreas Linkermann his experience with basic research and Ionut Nistor and Sabine van der Veer their methodological background acquired in the European Renal Best Practice (ERBP) working group.

Editorial assistance

Some aspects of *CKJ* will not change. Thus, the excellent editorial assistance will continue to be provided by Caroline Vinck and Claudia Brügmann.

We expect that the new focus and format of CKJ, along with the high-quality and hard work of the authors, reviewers, editorial board members and editorial assistants, will result in an enjoyable, thought-provoking read that will not only educate about specific aspects of diseases or patient care but will also promote the values and culture of translational science among nephrologists and related specialists, with the ultimate aim of improving kidney patient care and outcomes.

In 3 years time, we hope to deliver to the next Editor-in-Chief a highly respected journal with a faithful readership and a matching impact factor.

Acknowledgements. Support from Programa Intensificación Actividad Investigadora (ISCIII) allows A.O. to devote time to CKJ.

Conflict of interest statement. None declared.

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Received for publication: 9.12.14; Accepted in revised form: 9.12.14