

Kidney International: a relaunching!

Kidney International (2006) 69, 3–4. doi:10.1038/sj.ki.5000051

K*idney International* was the first specialized journal to publish kidney-related research and has grown with the field. Under the guidance of remarkable editors such as Roscoe Robinson, Thomas Andreoli, and Saulo Klahr, the journal was inspired by the feeling that this field was not only worth knowing about but also worth keeping up with. I am delighted to follow in their footsteps and hope to protect their legacy.

There is a tendency in inaugural editorials to start by saying that we live in new times, that one or another aspect of the field has undergone a dramatic change, or — and this is the last refuge of the intellectually bankrupt — that a new millennium has started. Reality is both less arbitrary and more interesting than all of these. There is indeed a big change afoot; but it is more local than universal; we have a new publisher, Nature Publishing Group. This house, a pioneer in scientific publishing, started more than a century ago by publishing *Nature*. Given the obsession of some (not me) with impact factors, we hope that the association with *Nature* will rub off on us; even a little bit would be welcome.

But a new publisher and a new editor-in-chief provide an excellent excuse to redesign the journal and to launch new features. Medieval scholars said that the purpose of Art (which in those times included Science) is threefold: to instruct, to move, and to delight. We hope to maintain the high quality of original research and reviews that has been the cornerstone of *KI*'s role in instructing nephrologists in recent advances. It is not easy to move a group of grouchy and skeptical physician-scientists whose first question when they read an article is what mistakes the authors made, especially when they find that their own work was not cited; but we will try. We want to introduce new features that might even delight readers. Our parent organization, the International Society of Nephrology, has generously given us a free hand in this — within reason, of course: I doubt that they would allow us to run articles on the escapades of 'celebrity' nephrologists, though that is probably more out of fear of boring readers than fear of transgression.

The guiding principle for the redesign and new features is to increase the readability of *KI*. Let

me expand on this idea. *KI* is first and foremost a scientific journal that will aim to continue to publish the best research in nephrology. However, the best research is usually in the form of dense papers, and I would hazard a guess that a subscriber rarely reads more than one or two articles in each issue. For to read such articles requires the right frame of mind, where one has to be focused on the nuances of the material, to be prepared to question the interpretation of a certain result, to second-guess the author on the significance of a statistic, and to silently quarrel with the author regarding whether the right papers (especially one's own) have been cited appropriately! Alas, this is the necessary lot of the reader of specialized journals, and no editor or publisher can change that. What I want to do, however, is to supply other reading matter that does not require this kind of focus. The major aim is not to provide light reading so much as to induce the reader to open the journal more often, in the hope that this will increase the 'collision frequency' with the meat of the journal, its scientific content. New features will be introduced to meet this goal.

There will be more and different review articles. Dr. Klahr started a series of Perspectives in basic science and renal medicine, which has been highly successful, as judged by the frequency of their citation. These will be continued, and he has graciously agreed to continue to be involved in their commissioning. We will also have new shorter reviews of more circumscribed subjects that are topical. We plan to increase the number of Commentaries on articles published in the journal. Commentaries, pioneered by *Nature* in their News and Views columns, provide another, shorter venue for reading about the same material; they will be shorter, about 1500 words, and will highlight the findings of a particularly interesting article in that issue and be written in a style comprehensible to a more general scientific audience. The advantage is that some readers may be interested in the subject matter, but not enough to wade through all the details; we hope that on reading these Commentaries they will discover that their interest is deeper than they had thought and be led to read the full article.

Some members of the International Society of Nephrology (ISN) are pure clinicians, and we

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want to introduce new clinical features in the journal. These will include a new section, The Renal Consult, to replace the venerable Nephrology Forum, which will be discontinued after a successful long run. Rather than giving an extensive review of the literature, often far removed from the case being presented, as the Nephrology Forum sometimes did, the new feature will be much more focused on specific interesting cases. Sometimes it will be equivalent to Clinico-Pathologic Conferences, as the description of renal biopsies remains the central diagnostic procedure for many kidney diseases, a situation that I think is almost unique to the kidney. Other articles in this section will be case discussions that explore matters not usually associated with renal rounds, such as clinical problems that are addressed with new imaging methods or that lie at the intersection of nephrology and urology or vascular surgery. We would like to encourage contributions to The Renal Consult from all renal divisions in the world; our own editors will review them, and those that are deemed appropriate will be accepted and published much like any other original article. Similarly, we will begin a series of Nephrology Images that we hope will spur our colleagues to submit interesting images, biopsies, scans, urinalyses, and so on. The emphasis will be on high-quality, interesting single images, which will be accompanied by one-paragraph descriptions of the case; these will form mini-case presentations.

This will not be the last editorial I write. I intend to write many more, but also to invite many people to contribute editorials on subjects that have interested them, angered them, irritated them, or appalled them; in other words, to write on subjects that they feel passionate about. In this way they will be like op-ed articles in many newspapers. Needless to say, these op-ed articles (including my own) will represent only the views of the writer and not the

views of *KI* or the ISN. Of course, some editorials will deal with policy statements of the ISN and its executives.

I would also like to encourage members of the global nephrology community to submit op-ed articles or news stories that are relevant to local nephrology communities but that should have a broader appeal. Jan Weening and I have decided to call this section *Nephrologists sans Frontières*.

Finally, a word about the editorial process: In many specialized journals such as *KI*, manuscripts are initially distributed by the editor-in-chief to the associate editors based on their expertise, and the associate editors then individually handle them as they see fit. In the future, each editor and associate editor will present his or her manuscripts at a weekly meeting, and decisions will be made jointly. This will be a challenge for a board whose members are in several continents and time zones, but the present state of information technology should allow us to perform this task. The advantages of joint decision making are several; perhaps a very important one is that the manuscripts accepted acquire a certain consistency of quality. The most important aspect, based on my experience as a member of the editorial board of the *Journal of Clinical Investigation*, is the pleasure associate editors gain from being members of a team who work together in an enterprise and get to know the quirks and inner workings of their colleagues' minds.

The quality of any journal is determined first and foremost by the quality of the papers submitted to it and the willingness of reviewers to review submitted manuscripts; no amount of redesign or change in editorial policy can convert dross into gold. I hope that the new editorial team and the new *KI* will continue to have the confidence of the renal community as demonstrated by receiving their best efforts.