

## Sage Journals

# Peritoneal Dialysis International: Journal of the International Society for Peritoneal Dialysis

Impact Factor: 3.7

5-Year Impact Factor: 3.1

## Submission guidelines



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Submit Manuscript 

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**Access:** Subscription

**Accepts preprints?** Yes

**Identity transparency:** Single anonymized

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## Preparing your manuscript for submission

Your article must be within the scope of the journal and be of sufficient quality. If not, it will not be reviewed. Please read the journal's [Aims and Scope](#) to see if your article is appropriate.

The manuscript must be your original work, you must have the rights to the work, and you must have obtained and be able to supply all necessary permissions for the

reproduction of any copyright works not owned by you, including figures, illustrations, tables, lengthy quotations, or other material previously published elsewhere.

## Article types

**Please note that all manuscripts should be accompanied by a [seperate document entitled 'Declarations'](#). See '[Files](#)' section for full details**

The word, table and figure counts for an article are provided to keep manuscripts at a length that will maintain the interest of our reviewers and readership. Manuscripts that do not adhere to the allotments provided will be returned to the corresponding author for revision before undergoing peer review.

### **Original Articles:**

Peer reviewed investigations that represent new and significant contributions to the field. Maximum length 3500 words excluding abstract and references; 40 references; 5 figures and tables; abstract maximum 250 words presented as background, methods, results and conclusion. Content can be supplemented with online only material to be formatted by the author and uploaded with the article using the appropriate template. Where methodology is particularly extensive, more detailed information should be provided in the online only supplemental material. The main text of the paper must stand on its own without the supplemental material.

### **Reviews:**

Reviews of major areas or sub-areas in the field of peritoneal dialysis. These articles may be up to 4000 words in length and have 50 references, 6 tables and figures, brief descriptive abstract.

### **Commentaries:**

Views of invited authors on a specific topic where they are recognized experts. 2000 words, 30 references, no abstract.

### **Controversies and Hypotheses:**

Solicited by the editorial team, presented as point-counter point debates; limited to 3000 words total, 30 references, 6 tables and figures, brief abstract.

### **Clinical Guidelines and Consensus Statements:**

These are generally solicited through the International Society of Peritoneal Dialysis (ISPD) guidelines committee and are written by a working group of

experts. Concise guideline statements supported by brief evidence will be supplemented by extensive evidence review presented as an online only supplement. Authors of these articles should use the article type "Special Series/Guidelines" when submitting the article.

### **Short Reports:**

Brief clinical observations or pieces of original research. 1200 words for the main body of text (excluding the abstract) with up to 20 key references, 1 table and 1 figure. An unstructured abstract of 250 words maximum must be included.

### **Images in PD:**

These papers should encompass visual discovery and variations in clinical practice within the diverse peritoneal dialysis (PD) population around the globe. Multimedia (images) must be of high quality, original and not published elsewhere. Examples of suitable images include unusual medical imaging findings (i.e., CT/MRI), PD effluent color changes, physical exam findings (i.e. unusual rash), unusual PD access changes/finding, infrastructure photos (i.e., setup of equipment). Still images should include a version with indicators and labels identifying important structures, and a second image without added indicators and labels. All patient identifying information should be removed; consent to publish should be obtained and declared where this is not possible.

Submissions should include a main document file that briefly describes the clinical context and findings (max 500 words, 15 references), a brief figure legend for the image (max 150 words) and up to 4 images.

### **Correspondence:**

Comments on papers published in *Peritoneal Dialysis International* should be submitted as a letter to the editor. These letters will be limited to 250 words in length, with 4 references.

### **Book Reviews:**

As solicited by the editorial office.

Writing your paper

The Sage Author Gateway has some general advice and on [how to get published](#), plus links to further resources.

Please adapt consensus nomenclature as highlighted in [this article](#).

Please refer to the glossary below for the preferred terminology to be used in submissions:

**PDI Glossary:**

<b><u>Term</u></b>	<b><u>Suggested Term</u></b>
<ul style="list-style-type: none"><li>• End stage renal disease</li></ul>	<ul style="list-style-type: none"><li>• End stage kidney disease Or Kidney Failure</li></ul>
<ul style="list-style-type: none"><li>• Acute renal failure</li></ul>	<ul style="list-style-type: none"><li>• Acute kidney injury</li></ul>
<ul style="list-style-type: none"><li>• Chronic renal failure</li></ul>	<ul style="list-style-type: none"><li>• Chronic kidney disease</li></ul>
<ul style="list-style-type: none"><li>• Renal</li></ul>	<ul style="list-style-type: none"><li>• Kidney</li></ul>
<ul style="list-style-type: none"><li>• PD adequacy</li></ul>	<ul style="list-style-type: none"><li>• Small solute / urea clearance</li></ul>
<ul style="list-style-type: none"><li>• Renal replacement therapy</li></ul>	<ul style="list-style-type: none"><li>• Kidney replacement therapy</li></ul>
<ul style="list-style-type: none"><li>• Chronic (peritoneal) dialysis</li></ul>	<ul style="list-style-type: none"><li>• Maintenance (peritoneal) dialysis</li></ul>
<ul style="list-style-type: none"><li>• Residual renal function</li></ul>	<ul style="list-style-type: none"><li>• Residual kidney function</li></ul>
<ul style="list-style-type: none"><li>• Technique/ PD failure</li></ul>	<ul style="list-style-type: none"><li>• PD discontinuation or transfer to hemodialysis</li></ul>
<ul style="list-style-type: none"><li>• Technique survival</li></ul>	<ul style="list-style-type: none"><li>• Time on PD therapy</li></ul>
<ul style="list-style-type: none"><li>• PD peritonitis</li></ul>	<ul style="list-style-type: none"><li>• Should be first referred to in manuscript as peritoneal dialysis-associated peritonitis (PD peritonitis) then can be shortened to peritonitis or PD peritonitis avoid short forms such as PTN</li></ul>
<ul style="list-style-type: none"><li>• Dextrose/glucose</li></ul>	<ul style="list-style-type: none"><li>• Stay consistent within manuscript when referring to dialysate composition use dextrose</li></ul>
<ul style="list-style-type: none"><li>• Rapid transport/slow (membrane) transport</li><li>• High transport/ low transport</li></ul>	<ul style="list-style-type: none"><li>• Fast / slow peritoneal solute transfer rate</li></ul>
<ul style="list-style-type: none"><li>• Manual PD / Twin-bag exchanges</li></ul>	<ul style="list-style-type: none"><li>• Continuous Ambulatory PD (CAPD) exchanges</li></ul>
<ul style="list-style-type: none"><li>• PD regime</li></ul>	<ul style="list-style-type: none"><li>• PD prescription</li></ul>
<ul style="list-style-type: none"><li>• Biocompatible PD solutions</li></ul>	<ul style="list-style-type: none"><li>• Low GDP neutral pH solutions</li></ul>

**1.3.1 Make your article discoverable**

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Size: 213mm X 412 mm

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The journal endorses the [ICMJE requirement](#) that clinical trials are registered in a [WHO-approved public trials registry](#) at or before the time of first participant enrollment. However, consistent with the [AllTrials campaign](#), retrospectively registered trials will be considered if the justification for late registration is acceptable. The trial registry name and URL, and registration number must be included at the end of the abstract.

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Your manuscript **must** follow the relevant [EQUATOR Network reporting guidelines](#), depending on the type of study. The [EQUATOR wizard](#) can help identify the appropriate guideline. You will need to upload the appropriate checklist with your submission.

Other resources can be found at [NLM's Research Reporting Guidelines and Initiatives](#).

If your research involves animals, you will be asked to confirm that you have carefully read and adhered to the [ARRIVE guidelines](#).

### **Formatting your manuscript**

Accepted file types

The preferred format for your manuscript is Word. You do not need to follow a template, but please ensure your heading levels are clear, and the sections clearly

defined.

The LaTeX files are also accepted. A LaTeX template is available on the [Sage Journal Author Gateway](#).

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Your manuscript's title should be concise, descriptive, unambiguous, accurate, and reflect the precise contents of the manuscript. A descriptive title that includes the topic of the manuscript makes an article more findable in the major indexing services.

#### Abstract

For original research articles, please include a structured abstract of up to 250 words between the title and main body of your manuscript. The abstract should be presented as: background, methods, results and conclusion.

Reviews, Controversies and Hypotheses, and Short Reports should include a brief, unstructured and descriptive abstract (up to 250 words for Short Reports). Refer to 'Article types' for more information.

If your research includes clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract. Submissions that do not meet this requirement will not be considered.

For clinical trials, the trial registry name and URL, and registration number must be included at the end of the abstract.

#### Keywords

Please include a minimum of 4 keywords, listed after the abstract. Keywords should be as specific as possible to the research topic.

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You will be asked to list the contribution of each author as part of the submission process. Please include the Author Contributions heading within your submission before the Acknowledgements section. The information you give on submission will then show under the Author Contributions heading later at the proofing stage.

### Statements and declarations

Please include a section with the heading 'Statements and Declarations' at the end of your submitted article, after the Acknowledgements section [and Author Contributions section if applicable] including each of the sub-headings listed below. If a declaration is not applicable to your submission, you must still include the heading and state 'Not

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Please include your ethics approval statements under this heading, even if you have already included ethics approval information in your methods section. If ethical approval was not required, you need to explicitly state this. You can find information on what to say in your ethical statements as well as example statements on our [Publication ethics and research integrity policies page](#).

All papers reporting studies involving human participants, human data or human tissue must state that the relevant Ethics Committee or Institutional Review Board approved the study, or waived the requirement for approval, providing the full name and institution of the review committee in addition to the approval number. If applicable, please also include this information in the Methods section of your manuscript.

#### Consent to participate

Please include any participant consent information under this heading and state whether informed consent to participate was written or verbal. If the requirement for informed consent to participate has been waived by the relevant Ethics Committee or Institutional Review Board (i.e. where it has been deemed that consent would be impossible or impracticable to obtain), please state this. If this is not applicable to your manuscript, please state 'Not applicable' in this section. More information and example statements can be found on our [Publication ethics and research integrity policies page](#).

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- Include a data availability statement linking to your data. If it is not possible to share your data, use the statement to confirm why it cannot be shared.
- Cite this data in your research

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Drafted the article or revised it critically for important intellectual content,

Approved the version to be published,

Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content.

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## Files

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Please read the Declarations guidelines for authors, available [here](#) carefully before submitting your Declarations document.

This should be submitted under the file designation 'Declarations'. This must include each of the below headings with the corresponding information. Please note that manuscripts which do not include these Declarations will be returned. These headings will be published at the end of every accepted manuscript, where one of these headings is not applicable please indicate as such under the heading.

## DECLARATIONS

1. Conflicting interests

2. Funding
3. Ethical approval
4. Informed consent to participate
5. Informed consent to publish
6. Trial Registration
7. Author contributions
8. Acknowledgements

Example of a completed Declarations document:

DECLARATIONS  
Conflicting interests: MS is an employee of XXX. BF has received grants from XXX.

Funding: The author(s) disclosed receipt of the following financial support for the research, authorship and/or publication of this article: XXX [grant number XXX].

Ethical approval: Ethical approval for this study was obtained from \*NAME OF ETHICS COMMITTEE OR INSTITUTIONAL REVIEW BOARD (APPROVAL NUMBER/ID)\*.

Informed consent to participate: Written informed consent was obtained from all subjects before the study

Informed consent to publish: Written informed consent was obtained from the patient(s) for their anonymized information to be published in this article.  
Trial Registration: \*NAME OF TRIAL REGISTRY: TRIAL REGISTRATION NUMBER\*

Author contributions: BF and NP researched literature and conceived the study. MS was involved in protocol development, gaining ethical approval, patient recruitment and data analysis. BF wrote the first draft of the manuscript. All authors reviewed and edited the manuscript and approved the final version of the manuscript

Acknowledgements: We would like to thank XXX XXXX for his assistance and guidance in this research.

**Please read the full submission guidelines carefully for additional information regarding these declarations'.**

#### Other information required for submission

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  - All authors must have given consent for the manuscript to be submitted in its current form.
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- The number of figures, tables, and words in your manuscript.
- Funder information: Name, grant/award number.
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The following summary describes the peer review process for this journal:

Identity transparency: Single-anonymized

Reviewer interacts with: Editor

Review information published: None

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To ensure the integrity of the peer review process we assign reviewers and cannot accept author recommendations.

All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the Associate Editor, who, makes a decision in collaboration with the Editor. The Journal Editor makes the final decision on all manuscripts, including those appearing in a special issue or special collection. The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the Journal. In these cases, Editors/Board members should state on their manuscript that they are members of the board the peer review process will be managed by alternative members of the Board and the submitting Editor/Board member will have no involvement in the decision-making process. Editors, Associate Editors and Editorial Board Members should include a Conflict of Interest statement when submitting their articles to the journal.

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