



## EDITORIAL COMMENT

# The new Clinical Kidney Journal, 4 years later

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## ABSTRACT

The February 2015 issue of *ckj* started a new era with renewed efforts to be useful to the training and practicing nephrologists and a new focus on Clinical and Translational Nephrology. Four years later, it has become a truly global journal with contributors and readers from all over the world. The increase in quality of the published material has resulted in a nearly exponential growth of citations. Since 2016, *ckj* is listed in the new Emerging Sources Citation Index (ESCI) database from Clarivate Analytics and from January 2019 it will be listed in the full Science Citation Index. *ckj* will therefore receive its first official impact factor based upon 2018 citation to 2016 and 2017 articles. While no official impact factor was awarded for 2017, the estimated impact factors calculated from data available in Clarivate's Web of Science database rose to 2.987 in 2017, which would correspond to an estimated journal impact factor percentile of 72.4% in the Urology and Nephrology field.

**Keywords:** acute kidney injury, chronic kidney disease, epidemiology, onconeurology

*NDT Plus* was launched in 2008. The Editor-in-Chief, Norbert Lameire, aimed at providing an educational and training resource for practicing nephrologists [1]. In 2012, *NDT Plus* evolved into the *Clinical Kidney Journal (ckj)* and flourished as an educational tool under the editorship of Alain Meyrier [2, 3]. In 2015, Alberto Ortiz was elected Editor-in-Chief for a first term that just ended. A sub-heading was added to *ckj* emphasizing the new focus: Clinical and Translational Nephrology [4]. The vision was further expanded in a series of articles on Translational Nephrology [5, 6]. The journal became open access, online-only, and fully searchable and accessible through PubMed. Submission and publishing fees have been waived ever since. The types of manuscripts were streamlined to editorial comments, *ckj* reviews, original articles and exceptional case reports.

Over the past 4 years, the number of published items decreased when compared with the younger *ckj* (Figure 1A). This was a consequence of a higher quality threshold for publication. Thus, the number of submissions was 449 in 2015 and is

expected to hover around 480 in 2018. However, the acceptance rate decreased from 40% in 2013 to 36% in 2015 and 26% in 2018. The types of manuscripts published shifted to an increase of high-quality *ckj* reviews and original manuscripts. These changes were well received by the nephrological community and the number of citations per year exponentially increased (Figure 1B). In 2016, *ckj* was accepted for indexing in the new Emerging Sources Citation Index (ESCI) database from Clarivate Analytics (previously Thomson Reuters). From January 2019 it will be listed in the full Science Citation Index. *ckj* will therefore receive its first official impact factor based upon 2018 citation to 2016 and 2017 articles. While no official impact factor was awarded for 2017, the estimated impact factor calculated from data available in Clarivate's Web of Science database rose to 2.987 in 2017 (Figure 2A). In this regard, it is estimated that *ckj* is approaching the first quartile (Q1, 25% top journals as assessed by impact factor) in the Urology and Nephrology field (Figure 2B). In the 2017 impact factor database, released in June

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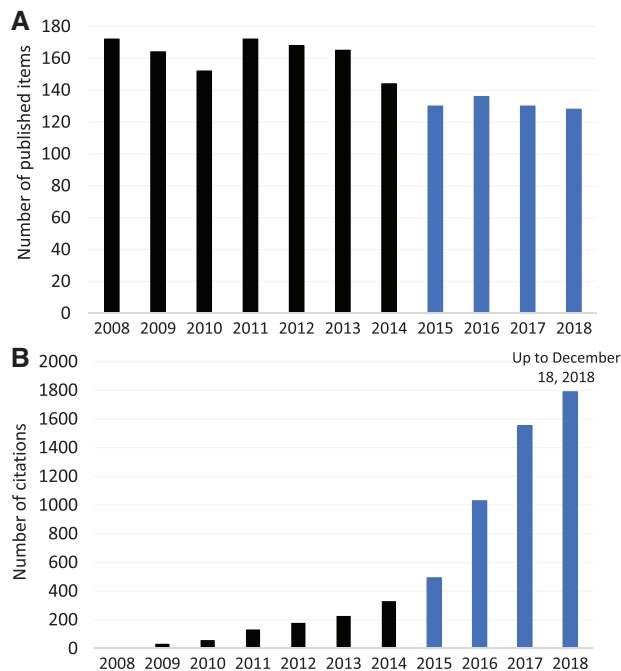


FIGURE 1: ckj over the years. (A) Number of published items. (B) Number of citations per year according to Web of Science, accessed 18 December 2018.

2018, there were 10 Urology and 9 Nephrology journals in Q1. Of the latter, only five published original manuscripts.

ckj has become a global reference for practicing nephrologists. The main geographical origin of submissions is the USA (22–25% across 2015–18). On the other side of the coin, the top five user countries were, in this order, USA, Great Britain, India, Canada and Australia. However, there were users from a total of 210 countries in 2018, making it a truly global journal (Figure 3).

The most cited manuscripts in this new era are listed in Tables 1–3. Over the past 4 years, the most cited items were ERA-EDTA Registry reports and systematic reviews (Table 1) [7–18]. As expected, older items have gathered more citations. Thus, we provide one table focusing on 2017 (Table 2) and one for 2018 (Table 3) [19–45]. Among the most cited topics, we find systematic reviews and meta-analysis on exercise, vitamins K and D, and assessment of renal function and injury, including the use of a urine peptidomics-based marker of kidney injury recently refined to beat glomerular filtration rate and urinary albumin:creatinine ratio for prediction of chronic kidney disease (CKD) progression when the estimated glomerular filtration rate is still not diagnostic of CKD [46]. Other topics that drew the attention of authors were onconephrology, the interrelationship of the gut microbiota and kidney disease, low-protein diets, residual renal function, eculizumab, sustainability of renal replacement therapy, socioeconomic and psychosocial factors and gender impact on CKD, CKD hotspots, management of hyperphosphataemia, hyperkalaemia, hyperuricaemia and acute kidney injury (AKI). Many topics were shared with the 100 most cited papers in nephrology, presented in this issue of ckj, suggesting overall clinical interest for the nephrological community. Shared topics include renal function assessment, pharmacology, dialysis/transplantation, AKI and CKD [47].

In contrast, the top downloaded articles were very practical in approach and included the 2017 update on pain management in patients with CKD [48] and a manuscript on palliative care for patients with end-stage renal disease [49], both published in 2017. In 2018, the top downloaded articles dealt with high-dose vitamin

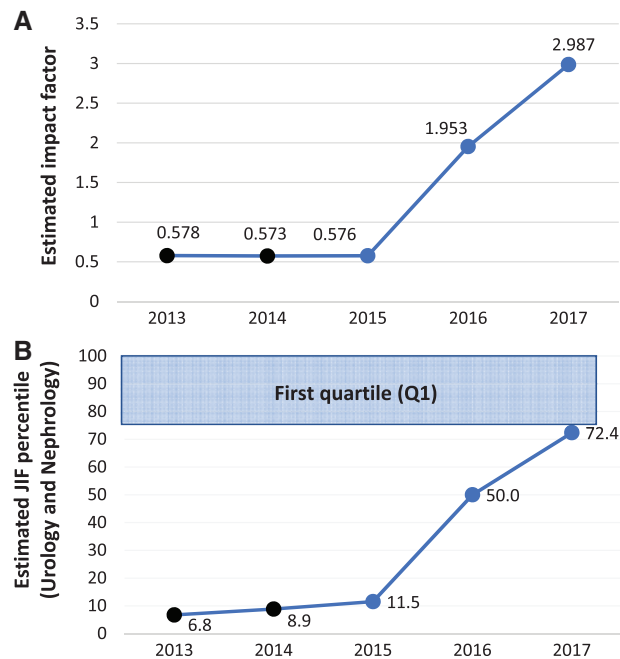


FIGURE 2: ckj and estimated impact factor. (A) Estimated impact factors calculated from data available in Clarivate's Web of Science database. They are not official impact factors. (B) Estimated journal impact factor (JIF) percentile in the Urology and Nephrology field.

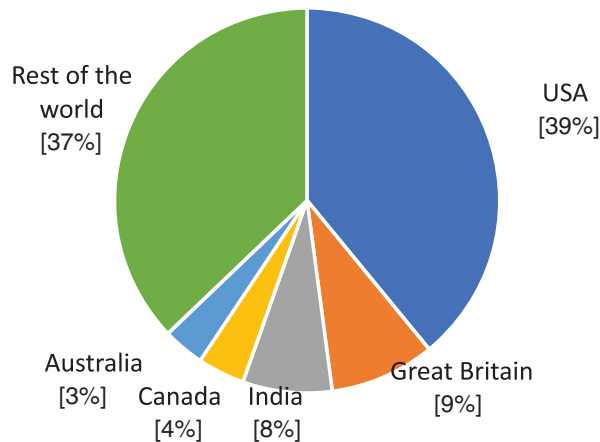


FIGURE 3: Country of origin of ckj online users in 2018. Numbers represent percentage of total individual users.

K for calciphylaxis [50], therapy of childhood C3 glomerulopathy [51] and hyponatraemia in kidney transplant patients [52].

A different vision of the impact of ckj is provided by the Altmetrics score. In 2018, the three top manuscripts dealt with the 'ExTra CKD' trial of supervised exercise in CKD [53], living kidney donor use of marijuana [54] and the EMPA-KIDNEY study of sodium/glucose cotransporter 2 (SGLT2) inhibitors in CKD [55].

As part of our focus on education, ckj has started a collaboration with GlomCon and the ERA-EDTA Young Nephrologists' Platform in 2018. Up to now, two ckj manuscripts have been discussed in the Journal Club webinar with active participation of the Editor-in-Chief and in some cases of the authors [56, 57]. For 2019, the manuscript 'Risk factors associated with post-kidney transplant malignancies: an article from the Cancer-Kidney International Network' by Sprangers et al. [58] is scheduled to be discussed on 7 May 2019.

Table 1. Overall most cited items published in 2015–18

| Rank | Title  | References            |
|------|--|-----------------------|
| 1    | Renal replacement therapy in Europe: a summary of the 2012 ERA-EDTA Registry Annual Report   | Pippias et al. [7]    |
| 2    | Effects of exercise in the whole spectrum of CKD: a systematic review  | Barcellos et al. [8]  |
| 3    | Renal replacement therapy in Europe: a summary of the 2013 ERA-EDTA Registry Annual Report with a focus on diabetes mellitus   | Kramer et al. [9]     |
| 4    | The intestine and the kidneys: a bad marriage can be hazardous   | Vanholder et al. [10] |
| 5    | Iohexol plasma clearance for measuring glomerular filtration rate in clinical practice and research: a review. Part 1: How to measure glomerular filtration rate with iohexol? | Delanaye et al. [11]  |
| 5    | Severe acute interstitial nephritis after combination immune-checkpoint inhibitor therapy for metastatic melanoma  | Murakami et al. [12]  |
| 5    | Strategies for preserving residual renal function in peritoneal dialysis patients  | Nongnuch et al. [13]  |
| 5    | Low-protein diets in CKD: how can we achieve them? A narrative, pragmatic review   | Piccoli et al. [14]   |
| 6    | Analysis of ABCG2 and other urate transporters in uric acid homeostasis in chronic kidney disease: potential role of remote sensing and signaling                              | Bhatnagar et al. [15] |
| 6    | The effects of vitamin K supplementation and vitamin K antagonists on progression of vascular calcification: ongoing randomized controlled trials                              | Caluwé et al. [16]    |
| 6    | Effect of oral vitamin D analogs on mortality and cardiovascular outcomes among adults with chronic kidney disease: a meta-analysis  | Mann et al. [17]      |
| 6    | Chronic kidney disease hotspots in developing countries in South Asia  | Abraham et al. [18]   |

Note: As of 18 December 2018, according to Web of Science.

Table 2. Overall most cited items published in 2017

| Rank | Title   | References                    |
|------|---|-------------------------------|
| 1    | The European Renal Association – European Dialysis and Transplant Association Registry Annual Report 2014: a summary  | Pippias et al. [19]           |
| 2    | Urinary peptide-based classifier CKD273: towards clinical application in chronic kidney disease   | Pontillo and Mischak [20]     |
| 2    | Age-dependent reference intervals for estimated and measured glomerular filtration rate   | Pottel et al. [21]            |
| 3    | Current evidence on the discontinuation of eculizumab in patients with atypical haemolytic uraemic syndrome   | Macia et al. [22]             |
| 3    | Cognitive function and advanced kidney disease: longitudinal trends and impact on decision-making   | Iyasere et al. [23]           |
| 3    | Acute kidney injury in patients with severe sepsis or septic shock: a comparison between the ‘Risk, Injury, Failure, Loss of kidney function, End-stage kidney disease’ (RIFLE), Acute Kidney Injury Network (AKIN) and Kidney Disease: Improving Global Outcomes (KDIGO) classifications | Pereira et al. [24]           |
| 4    | Pregnancy outcomes in women on hemodialysis: a national survey  | Sachdeva et al. [25]          |
| 4    | Complement C5-inhibiting therapy for the thrombotic microangiopathies: accumulating evidence, but not a panacea   | Brocklebank and Kavanagh [26] |
| 4    | Warfarin-related nephropathy induced by three different vitamin K antagonists: analysis of 13 biopsy-proven cases   | Golbin et al. [27]            |
| 5    | Lesinurad: what the nephrologist should know  | Sanchez-Niño et al. [28]      |
| 5    | Impact of poverty and race on pre-end-stage renal disease care among dialysis patients in the United States   | Nee et al. [29]               |
| 5    | The role of psychological factors in fatigue among end-stage kidney disease patients: a critical review   | Picariello et al. [30]        |

Note: As of 18 December 2018, according to Web of Science.

Hopefully, we will relay to the next Editor-in-Chief, to be elected in 2021, an internationally renowned journal that continues to be a required and useful read for nephrologists in-training and practicing nephrologists.

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CONFLICT OF INTEREST STATEMENT

None declared.

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Table 3. Most cited items published in *ckj* in 2018

| Rank | Title  | References                  |
|------|--|-----------------------------|
| 1    | The European Renal Association – European Dialysis and Transplant Association (ERA–EDTA) Registry Annual Report 2015: a summary  | Kramer et al. [31]          |
| 2    | Patterns of progression of chronic kidney disease at later stages  | Caravaca-Fontán et al. [32] |
| 2    | Pretreatment of enteral nutrition with sodium polystyrene sulfonate: effective, but beware the high prevalence of electrolyte derangements in clinical practice                      | Le Palma et al. [33]        |
| 2    | Achievement of Kidney Disease: Improving Global Outcomes mineral and bone targets between 2010 and 2014 in incident dialysis patients in France: the Photo-Grappe3 study             | Fouque et al. [34]          |
| 2    | Women and kidney disease: reflections on World Kidney Day 2018: Kidney Health and Women's Health: a case for optimizing outcomes for present and future generations                  | Piccoli et al. [35]         |
| 3    | Cost of hemodialysis in a public sector tertiary hospital of India   | Kaur et al. [36]            |
| 3    | Extracorporeal shock wave lithotripsy versus flexible ureterorenoscopy in the treatment of untreated renal calculi   | Fankhauser et al. [37]      |
| 3    | Do kidney transplantations save money? A study using a before–after design and multiple register-based data from Sweden  | Jarl et al. [38]            |
| 3    | Sevelamer reduces endothelial inflammatory response to advanced glycation end products   | Gregório et al. [39]        |
| 3    | Renal recovery after severe acute kidney injury in critically ill myeloma patients: a retrospective study  | Joseph et al. [40]          |
| 3    | Practical approaches to the management of autosomal dominant polycystic kidney disease patients in the era of tolvaptan  | Müller et al. [41]          |
| 3    | International Society of Nephrology's Oby25 initiative (zero preventable deaths from acute kidney injury by 2025): focus on diagnosis of acute kidney injury in low-income countries | Raimann et al. [42]         |
| 3    | Lung ultrasonography in end-stage renal disease: moving from evidence to practice—a narrative review   | Ross et al. [43]            |
| 3    | Cardiovascular effects of metabolic syndrome after transplantation: convergence of obesity and transplant-related factors.   | Sgambati et al. [44]        |
| 3    | MicroRNAs: a new avenue to understand, investigate and treat immunoglobulin A nephropathy?   | Selvaskandan et al. [45]    |

Note: As of 18 December 2018, according to Web of Science.

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