PERITONEAL DIALYSIS INTERNATIONAL
INSTRUCTIONS TO AUTHORS

GENERAL INFORMATION

Established in 1980, Peritoneal Dialysis International (PDI), the official journal of the International Society for Peritoneal Dialysis (ISPD), is the premier resource for nephrologists, nurses and fellows practicing PD throughout the world. PDI is published bi-monthly, plus special supplemental issues, in Print and Online format.

For more information about the journal, please visit our “About the Journal” page at www.pdiconnect.com.

AIMS & SCOPE

Peritoneal Dialysis International is an international publication dedicated to peritoneal dialysis. PDI welcomes original contributions dealing with all aspects of peritoneal dialysis from health care professionals and scientists working in the peritoneal dialysis field around the world.

BENEFITS OF PUBLISHING IN PDI

• Highest editorial standards and editing services to improve your accepted manuscript’s accuracy, reliability, and readability
• Rapid publication through PDI in Press – original articles published online first within 8 weeks of acceptance
• Impact factor of 1.298
• Indexed in major databases, including PubMed, MEDLINE, PubMed Central, Science Citation Index
• Broad reach, with over 300,000 visits annually to PDI Connect, from over 160 countries
• Enhanced reader access with 4,800 recipients of electronic alerts (eTOC and PDI in Press)
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• No author fees, including submission, extra page, publication or color charges. The only exception is a single $50 USD charge for online supplemental material
• Ability to post supplemental content online to enhance your article
• Articles are widely promoted through email notifications, newsletters, table of contents alerts and social media

EDITORIAL OFFICE CONTACT INFORMATION

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EDITORIAL AND PEER REVIEW PROCESS

Papers will be evaluated on the following criteria:

• Topic pertinent to the science or clinical practice of peritoneal dialysis
• Potential impact of the work that is being presented (similar work has not been published previously)
• The quality of the work - clinical studies will be evaluated on the basis of design, research methodology, data presentation and analysis, as well as the interpretation of results and discussion
• Meets appropriate research governance and publication code standards
• That the paper is clearly presented in written English and complies with layout guidelines in Instructions for Authors

Manuscripts are submitted through the Peritoneal Dialysis International ScholarOne Online management system (https://mc.manuscriptcentral.com/peritdialint). They are screened by the Editor in Chief within a few days of submission where a decision is made regarding initial suitability for peer review on the basis of quality, methodology, potential impact and research governance. Papers that pass this initial screening are allocated to the Associate Editors who will identify peer reviewers (usually 3 per article). Where papers are not considered suitable for peer review, authors will be notified promptly of the reason so that the work can be submitted elsewhere as appropriate. The average time from submission to first decision is 25 days –influenced by the complexity of
the paper and the availability of peer reviewers. Authors are blinded to the peer reviewers who have commented on their article; reviewers know the identity of the authors however. The progress of manuscripts can be tracked through the online ScholarOne submission system, or by emailing the editorial office. Authors are invited to submit the names and addresses of five or six individuals, who could, in their opinion, expertly review their manuscripts. The Editors, however, reserve the right to choose all reviewers.

MANUSCRIPT TYPES

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.

Short Reports: Brief clinical observations or pieces of original research. 1200 words including key references, 1 table and 1 Figure. An unstructured abstract of 250 words maximum must be included.

Correspondence: Comments on papers published in PDI can be submitted through PDI’s website www.pdiconnect.com, using the “E-Letters” feature. This feature allows readers to respond directly online to articles viewed on the PDI website. These letters are screened by the Editorial Team before online publication. If your comment isn’t related to a particular article, please email the Editor-in-Chief for direction.

 Occasionally the editorial decision on a submitted article will be to suggest to the authors that the article should be resubmitted 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.

Journal Cover Images: Authors are invited to submit scientifically interesting and visually arresting cover images. To view examples of cover art, see http://www.pdiconnect.com/content/by/year. Illustrations need not be reprinted in the article but should be representative of the work. Appropriate consents, permissions and releases must be obtained where authors wish to include images of patients and any other individuals. Images should be original, and authors grant Multimed Inc., on behalf of the ISPD, the exclusive license to publish. Include a brief caption (50–60 words) and credit information (e.g., Image courtesy of...). Images should be 6 inches wide by 7.25 inches high. Files should be in JPG or TIFF format with a dpi of at least 300. Cover image files may be submitted by email to wilkiem@gmail.com.

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Peritoneal Dialysis International follows the International Committee of Medical Journal Editors’ (ICMJE) Recommendations for the Conduct, Reporting, Editing and Publication of Scholarly Work in Medical Journals, which can be found at http://www.icmje.org/. In addition, PDI has specific requirements for the articles it publishes.

AUTHORSHIP

Only those persons who contributed directly to the intellectual content of the paper should be listed as authors. Based on the ICMJE recommendations, Authors should meet all of the following criteria:

1. Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
2. Drafting the work or revising it critically for important intellectual content; AND
3. Final approval of the version to be published; AND
4. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.
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When a large multi-author group has conducted the work, the group ideally should decide who will be an author before the work is started and confirm who is an author before submitting the manuscript for publication. All members of the group named as authors should meet all four criteria for authorship, including approval of the final manuscript, and they should be able to take public responsibility for the work and should have full confidence in the accuracy and integrity of the work of other group authors. They will also be expected as individuals to provide conflict-of-interest disclosures.

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The corresponding author is the one individual who takes primary responsibility for communication with the journal during the manuscript submission, peer review, and publication process. Only one author can be the corresponding author. The role of the corresponding author is to:

- meet submission requirements and submit the manuscript to the journal
- ensure all authors have reviewed and approved the final version of the manuscript prior to submission
- ensure that all of the journal’s administrative requirements are met – including submission of all required forms
- ensure the journal’s ethical policies are met by all authors
- distribute decision letters, reviewer comments, and other messages from the journal, and distribute proofs among coauthors for review
- return corrections and ensure that all authors approve each version of the article
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Sources of outside support for research, including funding, grants, equipment, and drugs, must be named in the title page and in the Acknowledgment statement. The role of the funding organization, if any, in the collection of data, its analysis and interpretation, and in the right to approve or disapprove publication of the finished manuscript must be described in the Methods section of the text.

Any involvement of medical writers/researchers, particularly those employed or supported by the pharmaceutical industry, in the writing of an article must be clearly defined and disclosed and also included in the Acknowledgment statement.

You are requested to identify who provided financial support for the conduct of the research and/or preparation of the article and to briefly describe the role of the sponsor(s), if any, in study design; in the collection, analysis and interpretation of data; in the writing of the report; and in the decision to submit the article for publication. If the funding source(s) had no such involvement then this should be stated.

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Public trust in the scientific process and the credibility of published articles depend in part on how transparently conflicts of interest are handled during the planning, implementation, writing, peer review, editing, and publication of scientific work. A conflict of interest exists when professional judgment concerning a primary interest (such as patients’ welfare or the validity of research) may be influenced by a secondary interest (such as financial gain). Perceptions of conflict of interest are as important as actual conflicts of interest.

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If your article contains a case description of an individual patient, you must confirm on submission that you have obtained fully informed, voluntary and written consent to publish from the patient. If the patient is deceased or incapable of providing informed consent, you should have obtained consent from their next-of-kin, beneficiary or legal guardian.

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When reporting experiments on human subjects, authors should indicate whether the procedures followed accord with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008. If doubt exists whether the research was conducted in accordance with the Helsinki Declaration, the authors must explain the rationale for their approach and demonstrate that the
institutional review body explicitly approved the doubtful aspects of the study. When reporting experiments on animals, authors should indicate whether the institutional and national guide for the care and use of laboratory animals was followed.

MANUSCRIPT PREPARATION

*Peritoneal Dialysis International* follows the International Committee of Medical Journal Editors’ (ICMJE) Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, which can be found at http://www.icmje.org/. Authors may refer to ICMJE’s “Manuscript Preparation” guidelines in addition to the guidelines provided below.

GENERAL FORMAT

Write the body of the manuscript as concisely as possible, adhering to the word limits specified for the given manuscript category.

For section and subsection headings, please use the heading styles built into your word processing template.

LEVEL ONE HEADING

LEVEL TWO HEADING

If further divisions of the text are required, use inline headings:

**In-line Heading Level One:** Paragraph text ....

**In-line Heading Level Two:** Paragraph text ....

To facilitate the review process, manuscripts must be in Microsoft Word format. Double space all text, including references and figure legends, and allow adequate margins. Use a common typeface such as Verdana, Arial, Helvetica, or Times in 11 or 12 points. Special or mathematical characters and Greek letters that are not on a standard keyboard must be created by using the Symbol font. Pages should be consecutively numbered, beginning with “1” on the title page.

Focus on the content rather than the look of a submission. Simpler is always better. In running text, formatting other than the usual uses of italic, superscript, and subscript is discouraged. During the copyediting process all extraneous formatting will, in any case, be stripped from the file to ensure smooth intake into the layout program used by the typesetter.

All papers must contain the following items, when applicable:

- References
- Figure Legends
- Tables

TITLE PAGE

The first page of the manuscript should include:

1. The Title of the article (80 characters maximum, including spaces);
2. A running title (30 characters maximum, including spaces);
3. The names of the authors (written as first name, initial(s), and surname). Correct: Jane A. Smith, Paul T. Jones, Theresa Ryan. Incorrect: J.A. Smith, P. Jones;
4. The affiliation(s) for each author. For each affiliation, include the name of the department (if any), the institution, the city, the province or state (if applicable), and the country where the work was done. Use superscript Arabic numerals to indicate which authors are associated with which affiliations;
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8. The word count for the text only (excluding abstract, acknowledgments, disclosures, tables figure legends, and references);
9. The number of figures and tables; and
10. The details of supplemental online material.

ABSTRACT AND KEY WORDS

For Original Articles, include a structured abstract of no more than 250 words, with the following subheadings:

- Background
- Methods
- Results
- Conclusions (or Summary)

For Review Articles, Consensus Statements, Guidelines, and Short Reports, include an unstructured abstract of no more than 250 words that summarizes the objective, main points, and conclusions of the article.

Do not include abstracts for Editorials, Commentaries, and Correspondence.

After the abstract, list up to eight key words or phrases for indexing. The key words should be different from those used in the title. A list of key words is required for all Original Articles, Review Articles, Consensus Statements, Guidelines, and Short Reports. Key words are optional for Correspondence; Commentaries do not have key words. Present the key words in one paragraph, separated by semi-colons, with a period at the end. Only the first key word should be capitalized.
TEXT

Abbreviations and Symbols: Use abbreviations sparingly and keep to those commonly used in the field. All acronyms and initialisms are to be spelled out on first use in the abstract, the text, and in each table or figure, with the abbreviation following in parentheses. If the term is repeated less than four times in the text, all instances must be spelled out. Abbreviations used in the body of the article should be indicated in the abstract, tables, and figures, even if they are used only once or twice in these sections, spelling out the first instance.

Do not begin a sentence with an abbreviation. Spell the phrase out in full or rewrite the sentence. Do not explain abbreviations for units of measurement [3 mL, not 3 milliliters (mL)] or standard scientific symbols [Na, not sodium (Na)]. Do abbreviate long names of chemicals and substances for therapeutic combinations, such as DNA. Abbreviate names of tests and procedures that are better known by their abbreviations than by the full name (VDRl test, SMA-12). Abbreviate units of measurement when they appear with numerals (measured in milliliters, but 10 mL). Use abbreviations in figures and tables to save space. Explain all abbreviations used in the figure legend or table footnote.

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Organization: Organize the text using the applicable structure from the list set out here.

Original Articles: Introduction, Methods, Results, Discussion, Conclusions, Acknowledgments (optional), Disclosures, References, Figure Legends, and Tables. Additional descriptive subheadings may be used if appropriate.

Review Articles: Introduction, Text (may include Results and Discussion), Conclusions or Summary, Acknowledgments (optional), Disclosures, and References.

Short Reports: Introduction, Materials and Methods or Case Report, Results (omit for Case Reports), Discussion, Acknowledgments (optional), References, Figure Legends, and Tables. Authors may insert a short summary/conclusion section following the discussion section if they wish. In some cases, results and discussions sections may more appropriately be combined than separated (at the author’s discretion).

Correspondence: Letters dealing with published articles or matters of interest to researchers are invited. They should be short (no more 400 words, 1 figure, 1 table, 4 references). Where a published article is involved, the original author(s) will be invited to submit a response.

REFERENCES

References in the text are numbered consecutively using Arabic numerals in parentheses. The manuscript’s reference list is numbered consecutively, using Arabic numerals, in the order in which the references are first cited in the text. Citations appearing in tables and figures must fit into the numbering sequence from the point at which the table or figure is first mentioned in the text. PDI’s citation style follows the Vancouver style, which should be selected if using reference handling software, such as EndNote.

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5. cite symposium papers only from published proceedings;
6. when citing an article or book accepted for publication but not yet published, include the title of the journal (or name of the publisher) and the year of expected publication;
7. when citing an article that has been published online but not yet in print, include the digital object identifier (doi); and
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Journals: List all authors when six or fewer; when seven or more, list only the first six and add et al. (in italics).
Standard article


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Books: List all authors or editors when six or fewer; when seven or more, list only the first six and add et al. (in italics).

Author

Editors

Chapter in a book

Published proceedings paper

Other Citations in Reference List
In press (must have journal title)

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Magazine article

In-Text Citations of Unpublished Material
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Personal communication
(Strott CA, Nugent CA. Personal communication).

Unpublished papers
(Lerner RA, Dixon FJ. The induction of acute glomerulonephritis in rats. In preparation.)


Tables
Authors are asked to keep each table to a reasonable size; very large tables packed with data simply confuse the reader and may be included as Supplemental Material (see below). Similarly, try to minimize the use of abbreviations, and if abbreviations must be used, use well-known and accepted forms to minimize the need for the reader to constantly refer to the table legend. The same data should not be presented in both a table and a figure.

Tables are to be numbered using Arabic numerals in the order in which they are cited in the article text. Tables should also have a title (above the table) that summarizes the whole table; it should be no longer than 15 words. Every table column and row should be provided with an explanatory title stub, with units of measure applicable to the row or column clearly indicated.

Tables must be formatted using the table tool in a word processing program to ensure that columns of data remain aligned when the file is sent electronically for review. The table should be formatted with a horizontal line above the column title stubs, between the column title stubs and the table body, and at the end of the table body. Vertical lines, color, and shading are not to be used; parts of the table can be highlighted using symbols or bold text, the meaning of which should be explained in the table legend. Tables must not be embedded as figures or spreadsheet files.

Table legends follow the table body and should be as concise as possible. Footnotes follow the table legend and should be indicated using superscripted lowercase letters (a, b, c, and so on). Tables (together with their footnotes and legends) should appear in consecutive numerical order after the references and any figure legends. All tables will be placed close to their text citations during article layout. All tables must be cited in the article text.

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Title and legend information for each figure should be included with the article text, grouped and placed at the end of the manuscript, after the reference list. All figures will be placed close to their text citations during article layout. Make sure that each figure is cited in the article text.

SUPPLEMENTAL MATERIAL

Authors may submit supplemental material to accompany their article for online-only publication when there is insufficient space to include the material in the print article. The material will be posted on the journal’s website with the article, and may consist of data files, graphics, video or extensive tables. This material should be important to the understanding and interpretation of the report and should not repeat material in the print article. The amount of supplemental material should be limited and justified. The printed article must be complete and self-explanatory without the supplemental material. The material is intended to enhance a reader’s understanding of the paper, but is not essential to that understanding. The material should be original and not previously published.

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Supplemental material, with the exception of audio and video, should be submitted in a single Word document. The first page of the document must be the journal’s standard cover page, which can be downloaded from https://mc.manuscriptcentral.com/societyimages/peritdialint/Supplemental%20Materials%20Template_2015.docx. The cover page should include the article title, authors, listing of supplemental files and corresponding author information. Each element included in the material should be cited in the text of the main manuscript (eg. Supplemental Figure 1) and numbered in order of citation in the text (eg. SupplementalTable 1, SupplementalTable 2, Supplemental Figure 1). Supplemental material should be uploaded with your manuscript.

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- Maximum length: 1 minute

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File name(s) should be one word with no spaces and the appropriate extension at the end. (eg. Video1.mov)

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