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This Journal is a member of the Committee on Publication Ethics.

This Journal recommends that authors follow the Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals formulated by the International Committee of Medical Journal Editors (ICMJE).

Please read the guidelines below then visit the journal's submission site to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned.

Only manuscripts of sufficient quality that meet the aims and scope of Canadian Journal of Kidney Health and Disease will be reviewed.

As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

1. Open Access

Canadian Journal of Kidney Health and Disease is an open access, peer-reviewed journal. Each article accepted by peer review is made freely available online immediately upon publication, is published under a Creative Commons license and will be hosted online in perpetuity. Publication costs of the journal are covered by the collection of article processing charges which are paid by the funder, institution or author of each manuscript upon acceptance. There is no charge for submitting a paper to the journal.

For general information on open access at SAGE please visit the Open Access page or view our Open Access FAQs.

2. Article processing charge (APC)

If, after peer review, your manuscript is accepted for publication, a one-time article processing charge (APC) is payable. This APC covers the cost of publication and ensures that your article will be freely available online in perpetuity under a Creative Commons license.

The article processing charge (APC) for Canadian Society of Nephrology members is $1500 USD for all full-length article types. The cost for non-members is $1800 USD. The APC for Research Letters, Research Case Reports, Opinion Pieces, and Educational Case Reports is $750 USD. The cost for non-members is $900. The APC for Medical Student Papers and Resident Papers is $375 USD.
3. What do we publish?

3.1 Aims & scope
Before submitting your manuscript to Canadian Journal of Kidney Health and Disease, please ensure you have read the Aims & Scope.

3.2 Article types
Canadian Journal of Kidney Health & Disease welcomes submissions of any of the following:

- Original research articles
- Research letters
- Study
- Guidelines and guideline
- Program reports and conference reports
- Narrative reviews
- Educational reviews
- Opinion pieces
- Debates
- Editorials
- Research case reports
- Educational case reports
- Thematic series
- Medical Student Papers
- Resident Papers

For more information about these article types, please visit Appendix 1: Accepted article types.

3.3 Writing your paper
The SAGE Author Gateway has some general advice and on how to get published, plus links to further resources.

3.3.1 Making your article discoverable
When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: How to Help Readers Find Your Article Online

4. Editorial policies

4.1 Peer review policy
Following a preliminary triage to eliminate submissions unsuitable for Canadian Journal of Kidney Health and Disease all papers are sent out for review. The covering letter is important. To help the Editor in his preliminary evaluation, please indicate why you think the paper suitable
for publication. If your paper should be considered for fast-track publication, please explain why.

The journal’s policy is to have manuscripts reviewed by two expert reviewers. *Canadian Journal of Kidney Health and Disease* utilizes a single-blind peer review process in which the reviewer’s name and information is withheld from the author. Reviewers may at their own discretion opt to reveal their names to the author in their review but our standard policy practice is for their identities to remain concealed. All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers make comments to the author and recommendations to the associate editor, who consults the handling deputy editor, and a decision is reached by consensus between the associate and deputy editors.

The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the journal. In these cases, 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.

*Canadian Journal of Kidney Health and Disease* is committed to delivering high quality, fast peer-review for your paper, and as such has partnered with Publons. Publons is a third party service that seeks to track, verify and give credit for peer review. Reviewers for *Canadian Journal of Kidney Health and Disease* can opt in to Publons in order to claim their reviews or have them automatically verified and added to their reviewer profile. Reviewers claiming credit for their review will be associated with the relevant journal, but the article name, reviewer’s decision and the content of their review is not published on the site. For more information visit the [Publons](https://www.publons.com) website.

The Editor or members of the Editorial Board may occasionally submit their own manuscripts for possible publication in the journal. In these cases, 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.

**4.2 Authorship**

Papers should only be submitted for consideration once consent is given by all contributing authors. Those submitting papers should carefully check that all those whose work contributed to the paper are acknowledged as contributing authors.

The list of authors should include all those who can legitimately claim authorship. This is all those who:

(i) Made a substantial contribution to the concept or design of the work; or acquisition, analysis or interpretation of data,

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

(iii) Approved the version to be published,

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

Authors should meet the conditions of all of the points above. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the
content.
When a large, multicentre group has conducted the work, the group should identify the
individuals who accept direct responsibility for the manuscript. These individuals should fully
meet the criteria for authorship.

Acquisition of funding, collection of data, or general supervision of the research group alone
does not constitute authorship, although all contributors who do not meet the criteria for
authorship should be listed in the Acknowledgments section. Please refer to the International
Committee of Medical Journal Editors (ICMJE) authorship guidelines for more information on
authorship.

4.3 Acknowledgements
All contributors who do not meet the criteria for authorship should be listed in an
Acknowledgements section. Examples of those who might be acknowledged include a person
who provided purely technical help, or a department chair who provided only general support.

4.3.1 Writing assistance
Individuals who provided writing assistance, e.g. from a specialist communications company, do
not qualify as authors and so should be included in the Acknowledgements section. Authors
must disclose any writing assistance – including the individual’s name, company and level of
input – and identify the entity that paid for this assistance.
It is not necessary to disclose use of language polishing services.

Any acknowledgements should appear first at the end of your article prior to your Declaration of
Conflicting Interests (if applicable), any notes and your References.

4.4 Funding
Canadian Journal of Kidney Health and Disease requires all authors to acknowledge their funding
in a consistent fashion under a separate heading. Please visit the Funding Acknowledgements
page on the SAGE Journal Author Gateway to confirm the format of the acknowledgment text in
the event of funding, or state that: This research received no specific grant from any funding
agency in the public, commercial, or not-for-profit sectors.

4.5 Declaration of conflicting interests
It is the policy of Canadian Journal of Kidney Health and Disease to require a declaration of
conflicting interests from all authors enabling a statement to be carried within the paginated
pages of all published articles.

Please ensure that a ‘Declaration of Conflicting Interests’ statement is included at the end of
your manuscript, after any acknowledgements and prior to the references. If no conflict exists,
please state that ‘The Author(s) declare(s) that there is no conflict of interest’.
For guidance on conflict of interest statements, please see the ICMJE recommendations.

4.6 Research ethics and patient consent

Medical research involving human subjects must be conducted according to the World Medical Association Declaration of Helsinki.

Submitted manuscripts should conform to the ICMJE Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals, and all papers reporting animal and/or human studies must state in the methods section that the relevant Ethics Committee or Institutional Review Board provided (or waived) approval. Please ensure that you have provided the full name and institution of the review committee, in addition to the approval number.

For research articles, authors are also required to state in the methods section whether participants provided informed consent and whether the consent was written or verbal.

Information on informed consent to report individual cases or case series should be included in the manuscript text. A statement is required regarding whether written informed consent for patient information and images to be published was provided by the patient(s) or a legally authorized representative.

Please also refer to the ICMJE Recommendations for the Protection of Research Participants

All research involving animals submitted for publication must be approved by an ethics committee with oversight of the facility in which the studies were conducted. The journal has adopted the Consensus Author Guidelines on Animal Ethics and Welfare for Veterinary Journals published by the International Association of Veterinary Editors.

4.7 Clinical trials

Canadian Journal of Kidney Health and Disease conforms to the ICMJE requirement that clinical trials are registered in a WHO-approved public trials registry at or before the time of first patient enrolment as a condition of consideration for publication. The trial registry name and URL, and registration number must be included at the end of the abstract.

4.8 Reporting guidelines

The relevant EQUATOR Network reporting guidelines should be followed depending on the type of study. For example, all randomized controlled trials submitted for publication should include a completed CONSORT flow chart as a cited figure and the completed CONSORT checklist should be uploaded with your submission as a supplementary file. Systematic reviews and meta-analyses should include the completed PRISMA flow chart as a cited figure and the completed PRISMA checklist should be uploaded with your submission as a supplementary file. The EQUATOR wizard can help you identify the appropriate guideline.

Other resources can be found at NLM’s Research Reporting Guidelines and Initiatives.
5. Publishing policies

5.1 Publication ethics
SAGE is committed to upholding the integrity of the academic record. We encourage authors to refer to the Committee on Publication Ethics’ International Standards for Authors and view the Publication Ethics page on the SAGE Author Gateway.

5.1.1 Plagiarism
Canadian Journal of Kidney Health and Disease and SAGE take issues of copyright infringement, plagiarism or other breaches of best practice in publication very seriously. We seek to protect the rights of our authors and we always investigate claims of plagiarism or misuse of published articles. Equally, we seek to protect the reputation of the journal against malpractice. Submitted articles may be checked with duplication-checking software. Where an article, for example, is found to have plagiarized other work or included third-party copyright material without permission or with insufficient acknowledgement, or where the authorship of the article is contested, we reserve the right to take action including, but not limited to: publishing an erratum or corrigendum (correction); retracting the article; taking up the matter with the head of department or dean of the author’s institution and/or relevant academic bodies or societies; or taking appropriate legal action.

5.1.2 Prior publication
If material has been previously published, it is not generally acceptable for publication in a SAGE journal. However, there are certain circumstances where previously published material can be considered for publication. Please refer to the guidance on the SAGE Author Gateway or if in doubt, contact the Editor at the address given below.

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6. Preparing your manuscript
On first review, we are very flexible about the format of the manuscript in order to facilitate reviews of manuscripts that have been prepared without our journal in mind or which have been previously submitted and declined elsewhere. If a manuscript has standard or sensible structure and meets ethical standards, we will send it to an associate editor for consideration for peer review without requesting formatting revisions.
However, if you are preparing the manuscript specifically for CJKHD/JCSMR, please follow these guidelines as you develop your work in order to save effort, should it be accepted after peer review.

Once we have received peer review, if your manuscript is potentially eligible for publication after revision, you will receive:

1. Comments from the editorial team
2. Peer review, usually from 2 peer reviewers
3. A reminder to check these guidelines for formatting instructions

Respond point-by-point to each editor and reviewer comment, and to the formatting revisions. Please upload your point-by-point response, a red-line manuscript, and a clean manuscript, and red-line and clean versions of any tables or supplementary material that has changed, along with publication-quality figures.

We hope that this work-flow will reduce the time wasted in formatting and, for many manuscripts, allow a single round of revisions that covers scientific and formatting issues.

In the instructions that follow ‘should’ refers to these necessary formatting issues, which must be aligned with our standards before publication; ‘suggest’ or ‘suggestions’ are provided as guides to potentially-useful structures or issues to consider, particularly if you are preparing your manuscript with our journal in mind.

Please see Appendix 2: Preparing your manuscript - details by section for information on preparing your manuscript with details by section.

6.1 Word processing formats
The preferred format for your manuscript is Word, RTF, or XLS. LaTeX files are also accepted. The text should be double-spaced throughout and with a minimum of 3cm for left and right hand margins and 5cm at head and foot. Text should be standard 10 or 12 point. Word and (La)Tex templates are available on the Manuscript Submission Guidelines page of our Author Gateway.

6.2 Artwork, figures and other graphics
For guidance on the preparation of illustrations, pictures and graphs in electronic format, please visit SAGE’s Manuscript Submission Guidelines

Figures supplied in color will appear in color online.

6.3 Supplementary material
This journal is able to host additional materials online (e.g. datasets, podcasts, videos, images etc) alongside the full-text of the article. These will be subjected to peer-review alongside the article. For more information please refer to our guidelines on submitting supplementary files, which can be found within our Manuscript Submission Guidelines page.
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*Canadian Journal of Kidney Health and Disease* adheres to the SAGE Vancouver reference style. Please review the guidelines on SAGE Vancouver to ensure your manuscript conforms to this reference style.

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6.5 English language editing services

Authors seeking assistance with English language editing, translation, or figure and manuscript formatting to fit the journal’s specifications should consider using SAGE Language Services. Visit SAGE Language Services on our Journal Author Gateway for further information.

7. Submitting your manuscript

7.1 How to submit your manuscript

*Canadian Journal of Kidney Health and Disease* is hosted on SAGE Track, a web based online submission and peer review system powered by ScholarOne™ Manuscripts. Visit https://mc.manuscriptcentral.com/cjkhd to login and submit your article online.

IMPORTANT: Please check whether you already have an account in the system before trying to create a new one. If you have reviewed or authored for the journal in the past year it is likely that you will have had an account created. For further guidance on submitting your manuscript online please visit ScholarOne Online Help.

7.2 Title, keywords and abstracts

Please supply a title, short title, an abstract and keywords to accompany your article. The title, keywords and abstract are key to ensuring readers find your article online through online search engines such as Google. Please refer to the information and guidance on how best to title your article, write your abstract and select your keywords by visiting the SAGE Journal Author Gateway for guidelines on How to Help Readers Find Your Article Online.

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Provide full contact details for the corresponding author including email, mailing address and telephone numbers. Academic affiliations are required for all co-authors. These details should be presented separately to the main text of the article to facilitate anonymous peer review.

You will be asked to provide contact details and academic affiliations for all co-authors via the submission system and identify who is to be the corresponding author. These details must
match what appears on your manuscript. At this stage please ensure you have included all the required statements and declarations and uploaded any additional supplementary files (including reporting guidelines where relevant).

7.4 ORCID
As part of our commitment to ensuring an ethical, transparent and fair peer review process SAGE is a supporting member of ORCID, the Open Researcher and Contributor ID. ORCID provides a persistent digital identifier that distinguishes researchers from every other researcher and, through integration in key research workflows such as manuscript and grant submission, supports automated linkages between researchers and their professional activities ensuring that their work is recognized.

We encourage all authors to add their ORCIDs to their SAGE Track accounts and include their ORCIDs as part of the submission process. If you don’t already have one you can create one here.

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8. On acceptance and publication
If your paper is accepted for publication after peer review, you will first be asked to complete the contributor’s publishing agreement. Once your manuscript files have been check for SAGE Production, the corresponding author will be asked to pay the article processing charge (APC) via a payment link. Once the APC has been processed, your article will be prepared for publication and can appear online within an average of 30 days. Please note that no production work will occur on your paper until the APC has been received.

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Your SAGE Production Editor will keep you informed as to your article’s progress throughout the production process. Proofs will be sent by PDF to the corresponding author and should be returned promptly. Authors are reminded to check their proofs carefully to confirm that all author information, including names, affiliations, sequence and contact details are correct, and that Funding and Conflict of Interest statements, if any, are accurate. Please note that if there are any changes to the author list at this stage all authors will be required to complete and sign a form authorizing the change.
8.2 Online publication
One of the many benefits of publishing your research in an open access journal is the speed to publication. With no page count constraints, your article will be published online in a fully citable form with a DOI number as soon as it has completed the production process. At this time it will be completely free to view and download for all.

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8.3 Promoting your article
Publication is not the end of the process! You can help disseminate your paper and ensure it is as widely read and cited as possible. The SAGE Author Gateway has numerous resources to help you promote your work. Visit the Promote Your Article page on the Gateway for tips and advice. In addition, SAGE is partnered with Kudos, a free service that allows authors to explain, enrich, share, and measure the impact of their article. Find out how to maximize your article’s impact with Kudos.

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9. Further information
Any correspondence, queries or additional requests for information on the Manuscript Submission process should be sent to the Canadian Journal of Kidney Health and Disease editorial office as follows: Leann.Zurmuhlen@sagepub.com, T: (805) 410-7489

Editorial Team contacts:

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- Deputy Editor: Catherine Clase, clase@mcmaster.ca
- Deputy Editor: Manish Sood, msood99@gmail.com
- Managing Editor: Elizabeth Dicks, edicks@mun.ca

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10. Appendices

10.1 Appendix 1: Accepted article types

**Original research articles** include basic, translational, clinical, and population research, and include systematic review and meta-analysis in any of these fields.

Authors should use the abstract style appropriate to basic science research or to translational, clinical, and population research, as appropriate to the type of protocol. There are no additional points for this publication type.

**Research letters** are original research that is limited in scope or substance.

- 500-1,500 words
- 10 references maximum
- 1 figure maximum

Authors should use the abstract style appropriate to basic science research or to translational, clinical, and population research.

**Methodologies** should present a new experimental or computational method, test, or procedure. The method described may either be completely new, or may offer a better version of an existing method. The article must describe a demonstrable advance on what is currently available. The method needs to have been well tested and ideally, but not necessarily, used in a way that proves its value.

Authors should use the abstract style appropriate to basic science research or to translational, clinical, and population research, as appropriate to the type of novel methodology described. Use the standard manuscript preparation guide and headings; using the methods section to summarize your methodology, the results section to describe any preliminary data or pilot studies, and the discussion to discuss methodologic or feasibility issues. There are no additional points for this publication type.

**Study protocols** describe proposed or ongoing research, providing a detailed account of the hypothesis, rationale, and methodology of the study.

We believe it is redundant and unhelpful to obtain further suggestions on protocol modification for studies that are underway and that have already been extensively and expertly peer-reviewed.

If your protocol has undergone external peer review as part of funding, or from the Canadian Nephrology Trials Network (CNTN), please submit the most recent round of external peer review and your point-by-point response to it. We understand that many studies are underway by the time funding is secured and that it may not be possible or desirable to change the protocol in ways suggested by reviewers; please simply explain which is the case as part of your response to external peer review.

We will review the peer review and your response, and in most cases will be able to publish your protocol with only stylistic editing, without further external peer review.
Authors should use the abstract style appropriate to basic science research or to translational, clinical, and population research, as appropriate to the type of protocol. Use the standard manuscript preparation guide and headings; using the methods section to summarize your protocol, the results section to describe any preliminary data or pilot studies, and the discussion to discuss methodologic or feasibility issues. There are no additional points for this publication type.

**Guidelines and guideline commentaries** are evidence summaries with specific recommendations for future research, or for research, clinical or policy practice. Usually they are commissioned by an accepted body in the relevant field, and generated by representative and unbiased panels of experts in a documented process that includes internal and external peer review.

If your guideline or guideline commentary meets these criteria, please submit the most recent round of external peer-review and your point-by-point response to it, showing how it was used in the final guideline.

We will review the peer review and your response, and in most cases will be able to publish your program report with only stylistic editing, without further external peer review.

Authors should use the abstract style appropriate to this type of article. The manuscript sections should be:

- **Introduction** (who initiated the guideline and what was its scope and purpose).
- **Methods** (how was the committee formed, what sources of information were used, how were they integrated, analyzed and synthesized, and how was internal and external peer review conducted and used in the finalization of the manuscript).
- **Guidelines.** Organize the guideline in logical numbered sections with structured headings. Define your use of language or ratings systems that codify the strength of evidence or strength of recommendations. Document disagreements within the committee or minority reports. It is completely acceptable, indeed preferable, where evidence is poor, to state clearly that no recommendation on an issue can be made.

**Program reports** and **conference reports** are descriptions of an existing or novel structure to respond to a problem that is within the scope of the journal.

If your program, program report, or conference report has undergone external peer review, please submit the most recent round of external peer review and your point-by-point response to it.

We will review the peer review and your response, and in most cases will be able to publish with only stylistic editing, without further external peer review.

Use the structure mandated by your program for your report, or follow the abstract headings to guide the main manuscript also. Otherwise there are no additional points for this publication type.

**Narrative reviews** are comprehensive, authoritative descriptions of any subject within the scope of the journal. This article type includes policy reviews, ethical reviews and legal reviews.
Key aims of review articles are to provide unbiased, systematic and substantial coverage of mature subjects, evaluations of progress in specified areas, or critical assessments of emerging technologies.

Opinion leaders and Krescent scholars will be invited by the editorial team to review defined topics.

We do accept unsolicited narrative reviews, but we wish authors to understand that the process of meaningful, quality peer-review for a wide-ranging narrative review is difficult, and we are sometimes limited in finding committed reviewers, because the article may be written by the only qualified Canadians. For this reason we are only able to consider the most transparently objective, systematic, logical and well-written reviews for peer review and consideration for publication.

The body of the work should be structured:

- Introduction (scope and purpose).
- Methods (what sources of information were used, how were they integrated, analyzed and synthesized, and how was internal and external peer review conducted and used in the finalization of the manuscript).
- Review. Organize the review in logical sections with structured headings. Define your use of language or ratings systems that codify the strength of evidence or strength of recommendations. Document disagreements between authors or minority reports. It is completely acceptable, indeed preferable, where evidence is poor, to state clearly that no recommendation on an issue can be made. In this case we suggest outlining possible acceptable approaches and their relative merits.

**Educational reviews** are comprehensive, authoritative descriptions of any subject within the scope of the journal. This article type includes policy reviews, ethical reviews and legal reviews.

Key aims of review articles are to provide unbiased, systematic and substantial coverage of mature subjects, evaluations of progress in specified areas, or critical assessments of emerging technologies.

Opinion leaders and Krescent scholars and other opinion leaders will be invited by the editorial team to review defined topics. Other educational reviews will have been commissioned by CSN/SCN or a subcommittee.

We do accept unsolicited educational reviews, but we wish authors to understand that the process of meaningful, quality peer-review for a wide-ranging educational review is difficult, and we are sometimes limited in finding committed reviewers, because the article may be written by the only qualified Canadians. For this reason we are only able to consider the most transparently objective, systematic, logical and well-written reviews for peer review and consideration for publication.

The body of the work should be structured:

- Introduction (scope and purpose).
- Methods (what sources of information were used, how were they integrated, analyzed and synthesized, and how was internal and external peer review conducted and used in the finalization of the manuscript).
- Review. Organize the review in logical sections with structured headings. Define your use of language or ratings systems that codify the strength of evidence or strength of recommendations. Document disagreements between authors or minority reports. **It is completely acceptable, indeed preferable, where evidence is poor, to state clearly that no recommendation on an issue can be made. In this case we suggest outlining possible acceptable approaches and their relative merits.**

**Opinion pieces** are evidence-based pieces that argue a particular point, usually in an area of controversy.

- 3,000 words
- 20 references maximum
- 1-2 figure maximum

Many of these works will be commissioned by CJKHD/JCSMR or by the CSN/SNC. If you have an idea for an opinion piece, please discuss it first with the **editor-in-chief, deputy editors and managing editor**. If you are submitting an opinion piece that has been pre-approved or commissioned by CJKHD/JCSMR, please write to the managing editor at edicks@mun.ca when you do, to ensure that it is handled appropriately.

The body of the work may be structured or unstructured, at the author’s discretion.

**Debates** are a pair of such evidence-based pieces, summarizing opposing views. They may include explicit rebuttal of their opponents’ points. Many of these works will be commissioned by CJKHD/JCSMR or by the CSN/SNC. If you have an idea for a debate, please discuss it first with the **editor-in-chief, deputy editors and managing editor**. If you are submitting a debate that has been pre-approved or commissioned by CJKHD/JCSMR, please write to the managing editor at edicks@mun.ca when you do, to ensure that it is handled appropriately.

The title should reflect one of the positions, stated declaratively, and include the word Debate, and, if applicable, a reference to the organisation responsible for the live debate, if eg, “Patients with PCKD should be screened for cerebral aneurysms: A debate at CSN/SCN 20xx”. The body of the work should be structured as Pro and Con. Each section may be structured or unstructured, but they should be homologous, and similar in length. If the piece reflects a live debate, it should conclude with Pro - Rebuttal and Con – Rebuttal sections. The two pieces should be formatted as one manuscript and published as one manuscript, to ensure that searchers and readers always retrieve both sides of the argument together.

**Editorials** are evidence-based pieces that critically appraise a narrow topic, usually in the context of a new publication, either in CJKHD/JCSMR or elsewhere. Many of these works will be commissioned by CJKHD/JCSMR or by the CSN/SNC. If you have an idea for an editorial, please discuss it first with the **editor-in-chief, deputy editors and managing editor**. If you are submitting an editorial that has been pre-approved or commissioned by CJKHD/JCSMR, please write to the managing editor at edicks@mun.ca when you do, to ensure that it is handled appropriately.
The body of the work may be structured or unstructured, at the author’s discretion.

Research case reports are scholarly descriptions of a patient or patients’ clinical course, which report a novel finding.

- 2,500 words
- 20 references maximum
- 2-3 figures maximum

They should be accompanied by an unbiased, scholarly review of the relevant literature on the narrow novel point which they address. We wish authors to understand that the process of meaningful, quality peer-review for wide-ranging narrative review in the context of a case report is difficult. For this reason we are only able to process the most transparently focused, objective, systematic, logical and well-written research case reports for further peer review and consideration for publication.

Individual patient consent must be on file with the authors and available for inspection by their organizations’ REB chair or delegate, if required. The specific CARE structure should be used for title, abstract and body, with the addition of What was known before, and What this adds, as follows:

1. **Title.** The words "case report" should be in the title. Key elements of the case should be mentioned in the title and might include the presenting symptoms, the diagnosis, intervention, or outcome.
2. **Abstract.** Authors should use the abstract style appropriate to this type of article, available in Appendix 2.
3. **Key Words.** Provide 2 to 5 key words that will assist in an online search for this case report.
4. **What was known before?**
5. **What this adds.**
6. **Introduction.** Briefly summarize the background and context of this case report.
7. **Presenting Concerns.** Summarize the patient's presenting concerns along with key historical data and demographic information.
8. **Clinical Findings.** Summarize the (1) Medical, family, and psychosocial history (including lifestyle and genetic information); (2) Pertinent co-morbidities and interventions; and (3) Physical examination focused on the important findings including diagnostic testing.
9. **Timeline.** Create a timeline that includes specific dates and times in a table, figure, or graphic. (For detailed instructions and examples, please see: http://data.care-statement.org/wp-content/uploads/2016/08/Timeline-Instructions-English-2015.pdf)
10. **Diagnostic Focus and Assessment.** Summarize the (1) Diagnostic results (testing, imaging, questionnaires, referrals); (2) Diagnostic challenges; (3) Diagnostic reasoning and (4) Relevant prognostic characteristics (such as staging).
11. **Therapeutic Focus and Assessment.** Summarize recommendations and interventions (pharmacologic, surgical, lifestyle) and how they were administered (dosage, strength, etc.)
12. **Follow-up and Outcomes.** Summarize the clinical course of this case. How was patient adherence to the intervention assessed and were adverse events noted? Summarize patient-reported outcomes and follow-up diagnostic testing.

13. **Discussion.** Summarize the strengths and limitations associated with this case report. Include references to the scientific and medical literature. How did you arrive at your conclusions and how might these results apply to other patients? What are the "take-away" messages?

14. **Patient Perspective.** When appropriate, the patient should share their experience of their care in a brief narrative published with (or accompanying) this case report.

15. **Informed Consent.** The patient should provide informed consent for this case report.

**Educational case reports** are scholarly descriptions of a patient or patients’ clinical course, which do not report a novel finding, but rather have a specific educational purpose (for example, a reminder or a rare diagnosis, presentation of interesting images, explanation of distinction between two confusable entities).

- 1,500 words
- 20 references maximum
- 3 figure maximum

They should be accompanied by an unbiased, scholarly review of the relevant literature on the narrow educational point which they address. We wish authors to understand that the process of meaningful, quality peer-review for wide-ranging narrative review in the context of a case report is difficult. For this reason we are only able to process the most transparently focused, objective, systematic, logical and well-written educational case reports for further peer review and consideration for publication.

Individual patient consent must be on file with the authors and available for inspection by their organizations’ REB chair or delegate, if required. The specific CARE structure should be used for title, abstract and body, with the addition of What was known before, and What this adds, as follows:

1. **Title.** The words "case report" should be in the title. Key elements of the case should be mentioned in the title and might include the presenting symptoms, the diagnosis, intervention, or outcome.

2. **Abstract.** Authors should use the abstract style appropriate to this type of article, available in Appendix 2.

3. **Key Words.** Provide 2 to 5 key words that will assist in an online search for this case report.

4. **What was known before?**

5. **What this adds.** A sentence or two on the key educational point.

6. **Introduction.** Briefly summarize the background and context of this case report.

7. **Presenting Concerns.** Summarize the patient's presenting concerns along with key historical data and demographic information.

8. **Clinical Findings.** Summarize the (1) Medical, family, and psychosocial history (including lifestyle and genetic information); (2) Pertinent co-morbidities and interventions; and (3) Physical examination focused on the important findings including diagnostic testing.

10. **Diagnostic Focus and Assessment.** Summarize the (1) Diagnostic results (testing, imaging, questionnaires, referrals); (2) Diagnostic challenges; (3) Diagnostic reasoning and (4) Relevant prognostic characteristics (such as staging).

11. **Therapeutic Focus and Assessment.** Summarize recommendations and interventions (pharmacologic, surgical, lifestyle) and how they were administered (dosage, strength, etc.)

12. **Follow-up and Outcomes.** Summarize the clinical course of this case. How was patient adherence to the intervention assessed and were adverse events noted? Summarize patient-reported outcomes and follow-up diagnostic testing.

13. **Discussion.** Summarize the strengths and limitations associated with this case report. Include references to the scientific and medical literature. How did you arrive at your conclusions and how might these results apply to other patients? What are the "take-away" messages?

14. **Patient Perspective.** When appropriate, the patient should share their experience of their care in a brief narrative published with (or accompanying) this case report.

15. **Informed Consent.** The patient should provide informed consent for this case report.

**Thematic series** are a group of articles connected by a common theme, for example purely educational articles, reports from a scientific meeting, opinion pieces. Many of these works will be commissioned by CJKHD/JCSMR or by the CSN/SNC. If you have an idea for a thematic series, please discuss it first with the editor-in-chief, deputy editors and managing editor. If you are submitting a thematic series that has been pre-approved or commissioned by CJKHD/JCSMR, please write to the managing editor at edicks@mun.ca when you do, to ensure that it is handled appropriately.

**Medical Student Papers** must be authored by a current student. They can be a review paper, meta analysis, or original research, but not an editorial. We suggest a maximum of 3000 words. The formatting should follow the guidelines of the chosen article type, while staying within the word count and reference parameters of the medical student paper.

**Resident Papers** must be authored by a current resident. They should also be the corresponding author. They can be a review paper, meta analysis, or original research, but not an editorial. We suggest a maximum of 3000 words. The formatting should follow the guidelines of the chosen article type, while staying within the word count and reference parameters of the resident paper.
10.2 Appendix 2: Preparing your manuscript – details by section

Title Page

The title page should:

- Present a title that includes, if appropriate, the study design e.g.:
  - "A versus B in the treatment of C: a randomized controlled trial", "X as a risk factor for Y: a case control study", "What is the impact of factor X on subject Y: A systematic review"
  - Because the scientific process is rarely unequivocal, we do not favor declarative titles (e.g. “A reduces Y in the treatment of C”). However, if you feel your work is best served by a declarative title, you may use one and justify it in the cover letter.
  - or for non-clinical or non-research studies a description of what the article reports (e.g., “Guideline on the management of C”; “Program report from Z”
- List the full names, institutional addresses and email addresses for all authors
  - if a collaboration group should be listed as an author, please list the Group name as an author. If you would like the names of the individual members of the Group to be searchable through their individual PubMed records, please include this information in the “Acknowledgements” section in accordance with the instructions below
- Indicate the corresponding author

Abstract

The Abstract should not exceed 4096 characters including spaces (about 650 words), and will usually be less than 500 words. (PubMed truncates abstracts at 4096 characters.) Please minimize the use of abbreviations and do not cite references in the abstract. When a report is of a type for which standard reporting guidelines have been published, you may use either the guidelines’ headings or CJKHD/JCSMR’s own for your structured abstract.

Abstracts for basic science research, whether original research, methodology or study protocols, should include the following separate sections:

- Background
- Objective
- Methods
- Results
- Conclusions

Abstracts for translational, clinical, and population research, including systematic reviews and meta-analyses, whether original research, methodology or study protocols, should include the following separate sections; or they may follow the most recent iteration of the abstract structure suggested by the relevant guidance document for studies of this type

- Background
- Objective
- Design
- Setting
- Patients
- Measurements
- Methods
- Results
- Limitations
- Conclusions
- Trial registration: If your article is a systematic review or reports the results of a health care intervention on human participants, it must be registered in an appropriate registry and the registration number and date of registration should be stated in this section.

Abstracts for **guidelines, guideline commentaries, program reports, conference reports, and narrative reviews** should include the following separate sections:

- Purpose of review
- Sources of information
- Methods (how was the information integrated, analyzed and synthesized?)
- Key findings
- Limitations
- Implications

Abstracts for **educational reviews, opinion pieces, debates** and **editorials** should be short narrative summaries of the content. They should be substantive, including the most important information found in the work, rather than simply referring to the types of material covered.

Abstracts for **research case reports** should include the following separate sections (adapted from CARE guidelines):

- Rationale
- Presenting concerns of the patient
- Diagnoses
- Interventions (including prevention and lifestyle)
- Outcomes
- Novel finding

Abstracts for **educational case reports** should include the following separate sections (adapted from CARE guidelines):

- Rationale
- Presenting concerns of the patient
- Diagnoses
- Interventions (including prevention and lifestyle)
- Outcomes
- Lessons learned

The abstract will be translated into French by CJKHD/JCSMR staff once the English is finalised.
Keywords
Three to ten keywords representing the main content of the article.

What was known before?
Include a brief sentence or two on what is known in the subject area currently.

Note: For Narrative Reviews and Educational Reviews, this heading should be “Why is this review important?”

What this adds
Include a brief sentence or two on what this research adds to the subject area.

Note: For Narrative Reviews and Educational Reviews, this heading should be “What are the key messages?”

Introduction
The background section should explain the background to the study, its aims, a summary of the existing literature and why this study was necessary or its contribution to the field. The following is a suggestion rather than a mandated format:

- Why did you do it? (why problem is important)
- What was there before? (and what is currently lacking)
- Aims and hypotheses? (including, for clinical research, PICOD-type research question: Population, Intervention or Investigation, Comparison, Outcome, Design)

Methods
The methods section should include:

- The aim, context design and setting of the study
- The characteristics of participants or description of materials
- A clear description of all processes, laboratory methods, sampling strategies, recruitment procedures, randomization procedures (including randomization in animal studies), variable definitions, data instruments and their validity, interventions, outcomes definitions, and comparisons. Generic drug names should generally be used. When proprietary brands are used in research, include the brand names in parentheses.
- The type of statistical analysis used, including a power calculation if appropriate, the software used, version, city of origin of the software company.
- Ethical and regulatory issues (research ethics board or animal care committee approval, consent for case reports, and study registration number where applicable [mandatory for clinical trials]).
- For studies of methodology or protocols, adapt as necessary.

Results
This should include the findings of the study including, if appropriate, results of statistical analysis which must be included either in the text or as tables and figures.
For studies of methodology or protocols, adapt as necessary, including validation of methodology, progress to date or preliminary data.

Discussion

This section should discuss the implications of the findings in context of existing research and highlight limitations of the study. Use any logical structure that you prefer, or consider using one of these suggestions to ensure that major points are covered in a logical way.

1. Statement of principal findings
2. Strengths and weaknesses of the study
3. Strengths and weaknesses in relation to other studies, discussing particularly any differences in results
4. Meaning of the study: possible mechanism and implications for clinicians or policymakers
5. Unanswered questions and future research


1. Provide a brief synopsis of key findings, with particular emphasis on how the findings add to the body of pertinent knowledge.
2. Discuss possible mechanisms and explanations for the findings.
3. Compare study results with relevant findings from other published work. Briefly state literature search sources and methods (e.g., English-language MEDLINE search to Jan 2007) that identified previous pertinent work. Use tables and figures to help summarize previous work when possible.
4. Discuss the limitations of the present study and any methods used to minimize or compensate for those limitations.
5. Mention any crucial future research directions.
6. Conclude with a brief section that summarizes in a straightforward and circumspect manner the clinical implications of the work.


Conclusions

This should state clearly the main conclusions and provide an explanation of the importance and relevance of the study reported. Implications for clinical practice and for further research should be mentioned, if relevant.