

Continuing Medical Education (CME) Requirements

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) guidelines for continuing medical education, the ASN has the following expectations to guide faculty as they develop the educational content of their session or publication.

Commercial Bias

If commercial products are mentioned, the author must present objective information about those products, based on scientific methods generally accepted in the medical community. To ensure a fair and balanced approach without promotion of a specific product, device, or pharmaceutical, the ASN requires adherence to the following:

- Objectively select and present in an unbiased format, with content based on current scientific methods and evidence generally accepted in the medical community.
- Give a balanced view of therapeutic options (i.e., discuss all available).
- Be impartial by using generic names when talking about technologies, programs, products, devices, drugs, and services.
- Use trade names only for clarification. When use of a trade name is necessary, trade names of all appropriate companies' products should be used to ensure fair balance and objectivity.

CME Content

- All recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.
- All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.

Disclosure

- **Financial disclosure:** Authors are required to disclose all financial relationships with any commercial interest that provides products or services that may be relevant to the content of this continuing medication activity, not only for themselves, but also for a spouse or partner.
- **Unlabeled use disclosure:** It is recommended that unlabeled use be noted in the syllabus as appropriate. The following statement is published to provide information to the learner.

This educational activity may contain discussion of published and/or investigational uses of agents that are not indicated by FDA. The American Society of Nephrology does not recommend the use of any agent outside of the labeled indications. Please refer to the official prescribing information for each product for discussion of approved indications, contraindications and warnings.

- **Statement of Informed Consent:** Patients have a right to privacy that should not be infringed upon without informed consent. Identifying information, including patients' names, initials, or hospital numbers, should not be published in written descriptions, photographs, and pedigrees unless the information is essential for scientific purposes and the patient (or parent or guardian) gives written informed consent for publication. Informed consent for this purpose requires that a patient who is identifiable be shown the manuscript to be published.

Identifying details should be omitted if they are not essential. Complete anonymity is difficult to achieve, however, an informed consent should be obtained if there is any doubt. For example, masking the eye region in photographs of patients is inadequate protection of anonymity. If identifying characteristics are altered to protect anonymity, such as in genetic pedigrees, authors should provide assurance that alterations do not distort scientific meaning and editors should so note.

Authors are to indicate when informed consent has been obtained in the syllabus.

- **Additional Ethical Considerations:** NephSAP follows the International Committee of Medical Journal Editors' (ICMJE's) Uniform Requirements for Manuscripts Submitted to Biomedical Journals (URMSBJ). (Please review the ethical considerations in the conduct and reporting of research and the publishing and editorial issues related to publication in biomedical journals at www.icmje.org.)
- **Statement of Human and Animal Rights:** NephSAP also follows ICMJE's URMSBJ guidelines for human and animal rights. When reporting experiments on human subjects, authors should indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the *Helsinki Declaration* (<http://www.wma.net/e/policy/b3.htm>). 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 be asked to indicate whether the institutional and national guide for the care and use of laboratory animals was followed.
- **Scientific Data:** NephSAP follows the Council of Science Editors' editorial policy statements including the policies on access to scientific data, conflicts of interest, and referral of possible misconduct. Please review these policies at www.councilscienceeditors.org/services/draft_approved.cfm.

General Syllabus Information

Outline, Blueprint

- An outline is due to the ASN/NephSAP staff 3 months prior to the due date, and must include the following:
 - Syllabus major and minor headings
 - Name of the Associate Editor assigned to the topics
 - Blueprint of questions submitted in the first draft (40 questions), and where the correct answers are found within the major content areas

Syllabus

- Original syllabus manuscripts should be approximately 60,000 words in length; about 80 to 100 pages double-spaced, excluding figures, tables, and references, roughly equal to 32 to 40 printed pages.
- The literature reviewed in the syllabus should reflect the major clinically relevant findings (advances in knowledge) that have been published either in print or on-line in the **24-month** period preceding the submission of the syllabus, although a limited amount of introductory information can be included (with reference to reviews, book chapters, etc.). You are NOT trying to write a book chapter or a lengthy review, but we are trying to provide a reasonably comprehensive review of the most important recent developments in the field (with comments about controversies if they exist).
- New findings should be placed into perspective with existing knowledge by brief comments and appropriate citations.
- If controversies exist regarding interpretation of the findings, they should be described, and the author should express an opinion regarding his/her position regarding the controversy, along with recommendations for how the practitioner should use the information in medical care.
- The narrative should be critical and thorough, but crisp and readable. There should be a strong focus on analysis and interpretation. It is not necessary to be comprehensive in coverage, but the review should include articles that have an immediate or possible future impact on the practice of nephrology. The main focus should be on clinical science (epidemiology, diagnosis, prognosis, and treatment) with only limited coverage of laboratory-based science (animal and in-vitro experimentation).
- Any potential content overlap with another theme issue should be reviewed with ASN/NephSAP staff at the time the outline is submitted.
- Drug dosages should be carefully checked and compatible with manufacturer's recommendations and FDA approval. If non-FDA approved drugs are discussed, it should be noted that they are experimental and not approved for clinical use in the USA. If such drugs are approved and in clinical use in other countries it is acceptable to note that fact, if applicable to referenced material.
- Include normal reference values (metric and SI) whenever a laboratory value is included the question text (stem or answers).
- Given that other publications form the basis for the *NephSAP* syllabus, please use quotation marks when quoting verbatim from these sources.
- Six "red boxes" per issue must be included in the manuscript submission. Co-authors will be requested to submit, along with the FIRST DRAFT of the syllabus a total of six (6) succinct statements (*25 words or less, one or two sentences*) summarizing key points covered in the text. These statements should be positioned in appropriate places within the text of the syllabus (similar to the placement of a Figure or a Table). The six (6) summary statements (three by each co-author) should be carefully selected to represent very important findings covered in the text of the syllabus.

Questions

It is suggested that the task of question writing should be completed **PRIOR** to writing the syllabus text. This procedure ensures that questions are written with the careful attention they require.

- **Question blueprint:** A blueprint of the first draft 40 questions is to be submitted corresponding to the first draft of the syllabus, indicating where the correct answers are found within the major content areas. This blueprint provides an estimate of the number of questions that will be included in the final draft of the syllabus (30 questions), relating to each topic covered in the syllabus. The question should be written based on an associated educational competency (e.g. Diagnose monoclonal immunoglobulin deposition disease).
- **Question style:** All questions must be written according to ABIM style guidelines (multiple choice with a SINGLE BEST ANSWER, not True-False). Each question must have one unambiguously correct answer, and 3 or 4 incorrect but plausible answers (e.g., A, B, C, D, and possibly E).
 - Mutually exclusive answers should be used only for questions with three options (e.g., “increased”, “decreased”, or “stay the same”).
 - The distractors “all of the above” and “none of the above” are not to be used in any question.
 - **85% or more of the FINAL DRAFT questions should consist of questions with a brief clinical stem.** All incorrect answers (distractors) should be plausible but clearly less correct than the correct answer. The clinical stem should be reasonably brief, but should contain not only sufficient information to allow a correct answer to be selected, but also enough information to make the distractors plausible.
 - Give normal values (including SI units) for laboratory tests that are not in the usual list; use consistent units of measure.
 - Abbreviations should be avoided in both the questions and answers.
 - Non-FDA approved drugs, devices, or diagnostic tests may not be the subject of questions.
 - Questions testing basic science or pathophysiology knowledge are acceptable, but should have some clinical relevance (i.e., diagnostic testing, prognosis, treatment, genetic counseling, *etc.*).

Summary	First Draft	Final Draft
Total number of questions	40	30
Question style	N = number required	N = number required
Except or negative 0%	0	0
Brief clinical stem 85%	34	26
Test clinical reasoning, judgment, and synthesis 80%	32	24
Test of recall 20%	8	6

- **Educational objective:** A statement specific to the competency learned from the question. To be written for each question before the clinical stem.

- **Clinical stem:** The clinical stem is a case description that includes enough information (appropriate history, physical examination, laboratory data, imaging, pathology) to answer the question correctly and to make the distracters plausible, even though they are incorrect.
 - The stem should relate to the ability to answer the question correctly, and provide information necessary to answer the question.
 - Be sure to include age and gender in the stem. A site of care (office, ER, hospital, ICU) is also desirable for question classification purposes. Race, ethnicity, occupation, and/or geographic site may be added if appropriate to the question content.
 - The cases are to be intellectually challenging, test clinical reasoning, judgment, and synthesis (80% of the questions). Testing simple recall of knowledge from memory should be limited to no more than 20% of the total number of questions. Most of the questions should be answerable by someone who has read and understood the syllabus material, but questions of contemporary information not covered by the syllabus can be included.
 - Examples of questions for a clinical stem question include the following with variations:
 - Which ONE of the following is the MOST likely cause of this patient's?
 - Which ONE of the following changes to this patient's regimen should be made next?
 - Which ONE of the following is the MOST appropriate next step in management?
 - Which ONE of the following is the MOST appropriate treatment for this patient?
 - Which ONE of the following is the MOST likely diagnosis?
 - Which ONE of the following is the MOST appropriate test to perform next?
 - **Cognitive Task:** Each question poses one **and only one** task
 - Testing
 - Diagnosis
 - Treatment
 - Prognosis
 - Prevention
 - Natural history
 - Pathophysiology
 - Epidemiology
 - **Cognitive Ability**
 - **Recall knowledge:** test recall of memorized knowledge. Use for new information and recent changes in practice.
 - **Synthesis:** Tests recall and interpretation – asks for a conclusion. Most useful for diagnostic problems.
 - **Judgment:** Tests recall, interpretation, and decision making – asks for an action. Tests important clinical skills. Most useful for assessing clinical decision making (simulating practice).
- **Correct answers and distractors:** All questions to be of the single best answer type. All questions must relate to content of the syllabus.
 - Answers and distractors need to be ideally kept to < 4 words whenever possible.

- Incorrect answers should be plausible, and should not provide clues to the correct answer. Questions on controversial topics in which you have an opinion, not necessarily backed up by evidence, are acceptable. Such questions will be asking for the MOST CORRECT answer.
- The answers should deal with either diagnosis or therapy (but not both) and may NOT be in the “All of the following answers are correct, EXCEPT “format.
- **Answers and explanations:** The Associate Editor/s (authors) will include a listing of the correct answer to each question (A, B, C, D, or E) and will supply a one or two paragraph explanation that indicates why the correct answer is correct and why the distractors are incorrect, with appropriate reference citations (1 to 4 per question is desirable, with no more than 10 total references per question).
- The question, answer, and explanation document is due at the time of initial submission of the first draft.
- **Question analysis based on participant responses:** The ASN/*NephSAP* staff will prepare an evaluation of each question after 100 examinations have been scored. The evaluation will rate the performance of each question by degree of difficulty, correct and incorrect answers by question, and will provide discrimination between the “best” and “worst” performing questions.)
 - The ASN/*NephSAP* staff will monitor responses (both hard copy and electronic) to the examination in order to detect faulty questions as early as possible during the scoring process. Authors will be notified if signals of poor question performance are detected.

References

- Use the pre-specified and published list of core nephrology journals* and general internal medicine** journals shown below, which will be reviewed by all authors for each issue. Please attempt to obtain free access to on-line full article reprints from these journals. Additionally, there will be issue-specific journals (e.g., *Am J Transplant*, *J Hypertension*, *Renal Fail*, etc.).

*** Core Nephrology Journals: (Journal Title and Title Abbreviation for Reference)**

- American Journal of Kidney Diseases: *Am J Kidney Dis*
- American Journal of Nephrology: *Am J Nephrol*
- American Journal Physiology Renal Physiology: *Am J Physiol Renal Physiol*
- Clinical and Experimental Nephrology: *Clin Exp Nephrol*
- Clinical Journal of the American Society of Nephrology: *Clin J Am Soc Nephrol*
- Clinical Nephrology: *Clin Nephrol*
- Current Opinion in Nephrology and Hypertension: *Curr Opin Nephrol Hypertens*
- Journal of Nephrology: *J Nephrol*
- Journal of the American Society of Nephrology: *J Am Soc Nephrol*
- Kidney and Blood Pressure Research: *Kidney Blood Press Res*
- Kidney International: *Kidney Int*
- Nature Clinical Practice Nephrology: *Nat Clin Pract Nephrol*
- Nature Reviews Nephrology: *Nat Rev Nephrol*
- Nephrology (Carlton): *Nephrology (Carlton)*
- Nephrology, Dialysis, Transplantation: *Nephrol Dial Transplant*
- Nephron Clinical Practice: *Nephron Clin Pract*
- Pediatric Nephrology: *Pediatr Nephrol*
- Seminars in Nephrology: *Semin Nephrol*

****Internal Medicine: (Journal Title and Title Abbreviation for Reference)**

- American Journal of Medicine: *Am J Med*
 - Annals of Internal Medicine: *Ann Intern Med*
 - Archives of Internal Medicine: *Arch Intern Med*
 - British Medical Journal: *Br Med J*
 - Journal of Clinical Investigation: *J Clin Invest*
 - Journal of Experimental Medicine: *J Exp Med*
 - Journal of the American Medical Association: *JAMA*
 - Lancet: *Lancet*
 - Medicine (Baltimore): *Medicine (Baltimore)*
 - Nature Medicine: *Nat Med*
 - New England Journal of Medicine: *N Engl J Med*
 - Quarterly Journal of Medicine: *Q J Med*
 - Science: *Science*
- References should be divided into sections (represented by major headings in the Syllabus Outline) and listed in numerical order of citation at the end of each section, rather than at the end of the Syllabus as a whole.
 - References should be cited in numerical order in the text, section by section. Each section listing should start with reference #1.
 - Number references in the order of appearance in the text, with only one reference to a number.
 - Use of JASN style references, as accessed through End-Notes.
 - Cited references should not exceed 250 in total. Exceptions MAY be approved if requested.
 - Citation of unpublished observations or personal communications should be placed in the text in parentheses. Such citations must include a separate permission to quote from appropriate individuals.
 - Cite Advanced On-line Publications (AOP) in the reference sections of article published in the Journals. The simplest way is to use the Digital Object Identification (DOI) number.
 - **Reference style:** *Journal articles, abstracts, and books:* List all authors for each article cited. Journal names should be abbreviated according to the BIOSIS list of serials. The reference style for all citations should be that used by JASN as follows:

Journal article

1. Nangaku M, Pippin J, Couser WG: Complement membrane attack complex (C5b9) mediates interstitial disease in experimental nephrotic syndrome. *J Am Soc Nephrol* 10: 2323-2332, 1999

Book

1. May RC, Mitch WE: Pathophysiology of uremia. In: *The Kidney*, 5th ed., edited by Brenner BM, Philadelphia, WB Saunders, 1996, pp 2148-2169

Abstract

1. Yoo KH, Norwood VF, Chevalier RL: Regulation of angiotensin II AT1 and AT2 receptors in neonatal unilateral ureteral obstruction [Abstract]. *J Am Soc Nephrol* 6:1035, 1995

Manuscript Preparation

Text material: All text, tables, and figure legends should be submitted by email.

1. **Software:** Microsoft Word
2. **Font:** Times New Roman, size 12
3. **Paragraph Text:** Double-spaced
4. **Titles:** Bold titles for each section
5. **References:** In numerical order by section
6. **Pages:** Numbered
7. **Tables:** All cited with reference list
8. **Figures:** All cited with reference list

Title page

- Title
- Authors' full name(s)
- Highest academic degrees, fellowship designations, and institutional affiliation for each author.
- Financial support used for the manuscript, including any institutional or departmental funds.
- All contact information for the corresponding author: mailing and e-mail addresses and telephone and fax numbers.

Units of measure

Use of Systeme International d'Unites (SI) for measurements is preferred throughout the manuscript. A .pdf file of the Laboratory Reference Values printed in the New England Journal of Medicine 351; (15) 1548-63, 2004 will be emailed to each author.

Drug names

Use generic names of drugs.

Abbreviations

- The use of abbreviations is discouraged.
- Any abbreviation used must be defined with the first use in the body of the manuscript, in the following format example: continuing medical education (CME).

Tables

- Each table should have a title and be numbered sequentially in the order of appearance in the text, using Arabic numbers.
- Tables can be saved within the text of the manuscript and should be typed single-spaced.
- Do not use tabs to create tables, and do not use table editors.
- Table building utilities will convert, providing that no special images were inserted.
- Do not reiterate tabular data in the text.
- Do not use abbreviations in table titles.
- Do not use all capital letters in table headings and text.
- Do not use center, decimal tab, and justification commands.

- Do not use spaces to separate columns.
- Do not underline or draw lines within tables.
- Footnoted information should be referenced using Roman, superscript, lowercase letters (i.e., a, b) in alphabetical order (reading from left to right).
- Avoid lengthy footnotes; insert descriptive narratives within the text if needed.
- If original tables are reproduced or adapted from previously published material, a complete reference list including the original table number must be submitted. The file may be the original article in pdf format.

Figures

- Figures must be cited in the text, in numerical order, using Arabic Numbers.
- Figure legends should contain enough information for the reader to understand the illustration without referring to the text, but they should be concise and should not repeat information already stated in the text.
- If figures are reproduced or adapted from previously published material, a complete reference list including the original figure number must be submitted. The file may be the original article in pdf format.
- Dartmouth Journal Services obtains the permission from the original publisher at no charge to the author.
- Increased use of color and commissioned new art: By arrangement with a medical illustrator, *JASN*, *CJASN* and *NephSAP*, will offer original color art illustration preparation to the authors of invited material, including the Co-Editors of the entire *NephSAP* issue. Authors will need to submit sketches or line drawings of art to be prepared at the time of submission of the FIRST DRAFT of the syllabus.

Digital art submissions

- Artwork should be submitted in its final size for printing. For optimal results scaling, rotation, and cropping should be done using an image editing program, rather than a page layout program.
- Files should be saved and submitted in one of the following formats: EPS, AI, TIFF, PDF, or Microsoft Office. Please be sure to use high resolution and maximum quality compression settings if creating PDFs. Always embed all fonts, and use standard font families like Arial/Helvetica, Times/Times Roman, Symbol, Mathematical Pi and European Pi.
- Files downloaded from the Web or Internet (.jpeg or .gif) do **NOT** reproduce well in print. Therefore, we cannot accept .jpeg or .gif files, or files downloaded from the Internet. A pdf file of the source article must be included to extract the figure.
- A graphic artist is available to draw original figures approved for publication by the Co-Director/s.
- **Resolution**
 - Line art should be saved at a resolution of at least 1200 dpi, and in a bitmap monochrome color mode.
 - Gray and color halftones (photographs, CT scans, radiographs, etc.) without text or line are included should be saved at a resolution of at least 300 dpi in grayscale or RGB color mode.

- Combination gray or color halftones should be created at 600 dpi and saved as either grayscale or RGB color modes.
- Images saved at 72 dpi are not acceptable for printed publications.
- Save each figure in a separate file.
- Include a directory on the digital file indicating the original article and figure numbers.
- If the files are large, you may be required to upload your figures; instructions will be emailed to you when necessary.

Copyright Transfer

- Copyright interests forms will be signed by all authors for each issue and include the following statement:

"In consideration of the American Society of Nephrology's taking action in reviewing and editing this submission, the author(s) undersigned hereby transfer(s), assign(s), or otherwise convey(s) all copyright ownership to the ASN in the event this work is published by the ASN."

The signatures indicate that each author has approved the final version of the manuscript and is prepared to take public responsibility for the work.

Proofs

- Manuscripts will be copyedited, and electronic proofs will be made available for author's approval.
- Authors will be notified by email when their proofs are ready--approximately 6 weeks before the publication of the issue in which the article is set to appear (approximately 4 weeks after submission to ASN).
- Download, read, correct using annotation, and upload the original set of proofs with the manuscript and figure copy within the timeframe provided in the email.
- Verify the answers and explanations to be distributed to the participants.
- Be sure that all Editor's and printer's queries are answered.
- Only minor corrections are permitted.
- The prints of your illustrations should be reviewed carefully and any corrections noted on the figure proof.

Nonstandard abbreviations

Nonstandard abbreviations must be defined in parentheses after the first occurrence of the term in text; thereafter, use only the abbreviation. See [Appendix 1: List of Nonstandard Abbreviations](#) for a list of nonstandard abbreviations.

🎵 **NOTE** If an article contains multiple abbreviated terms that are not expanded (e.g., gene/protein names), enter the [global query](#) given in Appendix 5 (instead of multiple individual queries for each abbreviation).

Abstract

The use of nonstandard abbreviations in the abstract is discouraged (*but see [Abstract/Abbreviations](#)*).

Beginning of a sentence

A nonstandard abbreviation may begin a sentence without expansion or definition **only** if it has been defined previously in the article text (see [Abbreviations/Nonstandard abbreviations/Text](#)).

Text

A nonstandard abbreviation may be used in the text **only** if it appears three or more times within the text (including the definition). **Exception:** Long chemical names (e.g., BCECF, MOPS, RANTES, etc.) can be introduced if only used one additional time in the text.

When counting the number of occurrences of an abbreviation in text, any occurrences in figure legends and tables should be excluded.

🎵 **NOTE** It is acceptable for abbreviations of well-known agencies, institutions, or studies (e.g., FDA, NHANES, NIDDK, NIH) to appear only twice in the text as long as they are defined at first mention.

Title

Nonstandard abbreviations must be spelled out in the article title even if defined in the article text.

With numerical designators

When defining nonstandard abbreviations with numerical designators, repeat the numeral in the definition [e.g., matrix metalloproteinase-2 (MMP-2); **not** matrix metalloproteinase (MMP)-2].

Plurals

An “s” may be added to abbreviations **other than units of measure** to form a plural; do **not** use an apostrophe (e.g., HSCs, mRNAs, PBMCs).

Do not pluralize abbreviations that require an additional noun to form a proper plural term:

CT scans **not** CTs

UV rays **not** UVs

Appendix 1: List of Nonstandard Abbreviations

The abbreviations in this Appendix are **nonstandard** abbreviations in JASN and CJASN. They must be defined at first mention and should only be introduced if they have been used **at least three times** in the abstract or text (see [Abbreviations/Nonstandard abbreviations](#)). **Exception:** Long chemical names (e.g., BCECF, MOPS, RANTES, etc.) can be introduced if only used one additional time in the text.

The abbreviations in this Appendix are the preferred abbreviations for the terms they define; if the author has used a variation, convert to the abbreviations given below.

See [Appendix 2: List of Standard Abbreviations](#) for abbreviations that do **not** need to be defined at first mention.

♪ **NOTE** Avoid abbreviating certain one-word terms (e.g., HD, hemodialysis) if an article has already incorporates several other abbreviations for longer, multiword terms.

ACTH	adrenocorticotrophic hormone
ADPKD	autosomal dominant polycystic kidney disease
ALT	alanine aminotransferase
a.m.	ante meridian
AngII	angiotensin II
ANP	atrial natriuretic peptide
AST	aspartate aminotransferase
AVP	arginine vasopressin
BrdU	bromodeoxyuridine
CABG	coronary artery bypass grafting
CAKUT	congenital anomalies of the kidney and urinary tract
C-ANCA	cytoplasmic ANCA
CAPD	continuous ambulatory peritoneal dialysis
CAVH	continuous arteriovenous hemofiltration
CAVH-D	continuous arteriovenous hemodiafiltration
CCD	cortical collecting duct
CH	continuous hemofiltration
con A	concanavalin A
COX	cyclooxygenase
CsA	cyclosporin A (do not abbreviate as “CyA”)
CT	computed tomography

CVVH	continuous venovenous hemofiltration
CVVH-D	continuous venovenous hemodiafiltration
DIG	digoxigenin
D/P	dialysis to plasma ratio
DTT	dithiothreitol
DGGE	denaturing gradient-gel electrophoresis
DMSA	dimercaptosuccinic acid
DXA	dual energy x-ray absorptiometry
EDRF	endothelium-derived relaxing factor
Eq	equivalent (<i>i.e.</i> , mEq)
ERK	extracellular signal[en]regulated kinase
ESR	erythrocyte sedimentation rate
ET	endothelin
EU	endotoxin units
FGS	focal glomerulosclerosis
GBM	glomerular basement membrane
HbA _{1c}	hemoglobin A _{1c} ; follow author usage, but also follow author if they use other formats (<i>e.g.</i> , A1C, GHb, HbA ₁)
HD	hemodialysis
HMG-CoA	hepatic hydroxymethyl glutaryl-CoA
HUS	hemolytic uremic syndrome
ICAM	intercellular adhesion molecule
im	intramuscular(ly) [OK to abbreviate in tables]
IMCD	inner medullary collecting duct
IMG	international medical graduate
ip	intraperitoneal(ly) [OK to abbreviate in tables]
IRMA	immunoradiometric assay
iv	intravenous(ly) [OK to abbreviate in tables]
JNK	c-Jun N-terminal kinase
kwt	kidney wet weight
LAF	lymphocyte activation factor
LDH	lactate dehydrogenase
LFA	lymphocyte function-associated antigen
MAP	mean arterial pressure
MES	2-(<i>N</i> -morpholino)ethanesulfonic acid
MIP	macrophage inflammatory protein
MPGN	membranoproliferative glomerulonephritis
mTOR	mammalian target of rapamycin
NO	nitric oxide
NZB	New Zealand Black rabbits
NZW	New Zealand White rabbits

PAH	<i>p</i> -aminohippuric acid
PAI-1	plasminogen activator inhibitor-1
PAN	puromycin aminonucleoside
P-ANCA	perinuclear ANCA
PAS	periodic acid–Schiff
PCNA	proliferating cell nuclear antigen
PD	peritoneal dialysis
PECAM	platelet-endothelial cell adhesion molecule
PGE	prostaglandin E [if “PGF” is used once, and “PGE” is used twice, allow “PG”]
P _{GC}	glomerular capillary permeability
PHA	phytohemagglutinin
PI	phosphatidylinositol (as in PI 3-kinase)
PKC	protein kinase C
PKD	polycystic kidney disease
p.m.	post meridian
PRA	plasma renin activity
PTCA	percutaneous transluminal coronary angioplasty
PTH	parathyroid hormone (iPTH, immunoreactive PTH)
RANTES	regulated upon activation, normal T cell expressed and secreted
RAP	receptor-associated protein
RAS	renin-angiotensin system
ROMK	renal outer medullary K ⁺
RPMI	a trade name (Gibco, Grand Island, NY); sometimes shown as RPMI 1640
SEM	scanning electron microscopy
SHR	spontaneously hypertensive rat
SNAP	S-nitroso- <i>N</i> -acetylpenicillamine
SNGFR	single-nephron glomerular filtration rate (single-nephron GFR)
SNP	sodium nitroprusside
SSCP	single-strand conformation polymorphism
SSPE	saline-sodium phosphate-EDTA
TCA	trichloroacetic acid
TUNEL	terminal deoxynucleotidyl transferase-mediated digoxigenin-deoxyuridine nick-end labeling
TX	transplantation
U	unit
VSM	vascular smooth muscle

P values

P values should be rounded to two decimal places unless there are leading zeroes. For example:

Change:

$P=0.035$ (to $P=0.04$)

$P=0.5312$ (to $P=0.53$)

P values that are <0.0001 should be changed to <0.001 . For example:

Change:

$P<0.0001$ (to $P<0.001$)

$P<0.0006$ (to $P<0.001$)

P values that are given as $P=1$ or $P=1.0$ should be changed to $P>0.99$.

JASN style

The use of "NS" in place of a *P* value is acceptable.

Ratios, risks, and coefficients

Correlation coefficients, R² values, and c-statistics should only show two decimal places at most.

Odds ratios, hazard ratios, and relative risks should also only show two decimal places at most **and** must include 95% confidence intervals (which should also only show two decimal places at most).

🎵 **NOTE** Do not **add** decimal places if they are not necessary (e.g., 95% CI, 6 to 11 **not** 95% CI, 6.00 to 11.00), but round them down to two decimal places if more than two decimal places are given.