

# nephSAP

Nephrology Self-Assessment Program

## Author Instructions

### Questions?

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## About nephSAP

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The Nephrology Self-Assessment Program (nephSAP) is one of the premiere educational activities of the American Society of Nephrology (ASN). Its primary goals are self-assessment, education, and the provision of Continuing Medical Education (CME) credits and Maintenance of Certification (MOC) points for individuals certified by the American Board of Internal Medicine (ABIM).

The Nephrology Self-Assessment Program (nephSAP) is one of the most respected educational tools in nephrology. nephSAP provides key updates focusing on clinical knowledge, diagnostic, and therapeutic skills.

### nephSAP Mission

Provide a learning vehicle for clinical physicians, nephrologists, and members of the interprofessional kidney healthcare team to renew and refresh their clinical knowledge, diagnostic, and therapeutic skills.

### nephSAP Objectives

This enduring material provides physicians and members of the interprofessional kidney healthcare team with challenging, *clinically-oriented questions based on case vignettes*, topical articles that review recent publications, and other features that may highlight important and evolving topics. This combination of materials enables physicians and other team members to rigorously assess their strengths and weaknesses in the broad domain of nephrology.

## What are editors looking for?

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- **Focus:** nephSAP is designed to advance professional education. Your section should provide key updates that advance the ability of kidney professionals to provide excellent care to people with kidney diseases.
- **The target nephSAP audience:** clinical physicians, nephrologists, and members of the interprofessional kidney healthcare team.
- **Adherence to ASN Policies and Standards:**
  1. ASN grants Continuing Medical Education (CME) credits to participants for successful completion of the self-assessment exam based on the content within each issue of nephSAP. Please ensure you review ASN's CME Requirements.
- **Data:** Please ensure that data included are analyzed and interpreted correctly. Below are some resources that may be helpful to you.
  - <https://ebn.bmj.com/content/18/1/2>
  - <https://blogs.plos.org/absolutely-maybe/2017/12/21/6-tips-for-deciphering-outcomes-in-health-studies/>
  - <https://blogs.plos.org/absolutely-maybe/2017/07/03/5-tips-for-understanding-data-in-meta-analyses/>
  - <https://www.bmj.com/specialties/statistics-notes>

- nephSAP issues comply with the highest ethical and educational standards. Please review the [policy section below](#) and contact the editorial office ([nephsap@asn-online.org](mailto:nephsap@asn-online.org)) if you have questions.
- Learning Objectives and CME Questions: please see **nephSAP Learning Objective and Question Writing Guide** (provided as a separate document).

## How does the process work?

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- **When you are invited to write a section for a nephSAP issue, you will be provided:**
  - learning objectives for the full issue;
  - a table of contents for the full issue, so you see what other authors are covering and how your article fits in with the overall issue;
  - instructions for writing learning objectives;
  - instructions for writing self-assessment questions (typically 5-8 questions);
  - a word limit for your article;
  - a reference limit (typically 50-75 references); and
  - the submission deadline.
- **Administrative review:** nephSAP staff check the content of submission for completeness of all materials, including learning objectives, text, self-assessment questions, figures, tables, references, copyright forms, disclosures for all authors and artwork forms.
- **CME Panel Review:** The nephSAP Review Panel will assess the learning objectives and self-assessment questions from the standpoint of a practicing nephrologist. They will judge the quality, appropriateness and validity of the self-assessment questions and will score the overall acceptability of the first draft question for inclusion in the final published version.
- **Editorial Review:** After the reviews are returned to the Editorial Director, you will receive the recommendations to revise the manuscript and questions, along with a deadline for submitting the revision.
- **Professional Copy Editing:** you will receive the proofs of your article by email from Sheridan Journal Services along with a deadline to return the proofs.

## How do I prepare my submission?

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**Review Author Resources:** available here: <https://nephsap.org/page/author-instructions/authors>

- Author Overview (*this document*)
  - See [Article Writing Guidelines below](#)
- *Learning Objectives and Question Item Writing Guide* (separate document)
- *Example Questions* (separate document)
- *Example Answer Key* (separate document)
- *Question Template* (separate document)
- *Author checklist* (separate document)

### Prepare Your Submission

Your submission will be uploaded to nephSAP's manuscript submission site and must include, in this order:

- a title page (see [Title page](#) heading below for specific information)
- keywords
- learning objectives (3-5 maximum)
- your article
- two learning highlight statements (see [Learning highlights](#) heading below)
- references (50-75 maximum)
  - in general, follow American Medical Association (AMA) style.
  - in addition to the AMA Manual, refer to the following references for other style points:
    - Chicago Manual of Style (17th Edition)
    - Merriam Webster's Collegiate Dictionary (11th Edition)
    - Stedman's Medical Dictionary (28th Edition)figure legends (after references)
- figure legends (after references)
- tables (after figure legends)
- figure permissions (sent as separate files)
- all high resolutions figures (sent as separate files)
- multiple choice self-assessment questions (5-8)
- ASN Disclosure form (each author must complete ASN's online form)
- ICJME Disclosure form (one for each author)
- nephSAP subject taxonomy (provided to you as separate PDF form)

## Title page

Your article is required to have a title page and that must include:

- manuscript title
- all authors' full names (first name, middle initial, last name)
- highest academic degrees and affiliations
- name, address, and telephone number, e-mail address of the corresponding author
- ORCID iD (for each author). Register here: <https://orcid.org/register>
- word count for the abstract and the word count for the text, excluding references, figures, and tables

## Learning highlights (blue boxes)

- At least two "blue boxes" per article must be included in the FIRST DRAFT manuscript submission:
  - A total of two (2) 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 article (like the placement of a Figure or a Table). One statement can appear at the end
  - The two (2) learning highlights should be carefully selected to represent very important findings/salient points covered in the text of the article

### Blue Box Examples

#### Blue box end of article

at eGFRs <30 ml/min per 1.73 m<sup>2</sup> (HR, 2.07; 95% CI, 1.33 to 3.22). Results were consistent when new metformin users were compared with new sulfonyleurea users in the replication cohort.

**Clinical trials demonstrate a lower risk of kidney disease progression with sodium glucose transporter 2 (SGLT2) inhibitor use. Metformin-associated lactic acidosis risk is higher among CKD stage 4 patients but not stage 3 patients.**

#### References

1. Wanner C, Inzucchi SE, Lachin JM, Fitchett D, von Eynatten M, Mathews M, et al; EMPA-REG OUTCOME Investigators: Empagliflozin

gators: Liraglutide and cardiovascular outcomes in type 2 diabetes. *N Engl J Med* 373: 311-322, 2016 [PubMed](#)

9. Mann JFE, Ohsted DD, Brown-Frandsen K, Marso SP, Poulter NR, Rasmussen S, et al; LEADER Steering Committee and Investigators: Liraglutide and renal outcomes in type 2 diabetes. *N Engl J Med* 377: 839-848, 2017 [PubMed](#)
10. Tuttle KR, Lakshmanan MC, Rayner B, Busch RS, Zimmermann AG, Woodward DB, et al; Dulaglutide versus insulin glargine in patients with type 2 diabetes and moderate-to-severe chronic kidney disease (AWARD-7): A multicentre, open-label, randomised trial. *Lancet Diabetes Endocrinol* 6: 605-617, 2018 [PubMed](#)
11. Howse PM, Chibrikova LN, Twells LK, Barrett BJ, Gamble JM: Safety and efficacy of incretin-based therapies in patients with type 2 diabetes mellitus and CKD: A systematic review and meta-analysis. *Am J Kidney Dis* 68: 733-742, 2016 [PubMed](#)
12. Lazarus B, Wu A, Shin JJ, Sang Y, Alexander GC, Secora A, et al: Association of metformin use with risk of lactic acidosis across the range of kidney function: A community-based cohort study. *JAMA Intern Med* 178: 903-910, 2018 [PubMed](#)

#### Blue box mid-article

precise explanations for these associations are not yet clear. A sensitivity analysis that excluded diabetic patients yielded similar results, inasmuch as diabetic individuals have a higher probability of glomerular hyperfiltration. These data suggest that renal ultrasound kidney length from may improve patient risk stratification.

#### Coronary Artery Calcification

Previous data indicated that coronary artery calcification (CAC) is common in people with non-dialysis-dependent CKD, progresses rapidly, and may contribute to cardiovascular risk (37). Recently, Chen and colleagues (38) studied the association of CAC with a risk of CVD and all-cause mortality among Chronic Renal Insufficiency Cohort (CRIC) study participants (n=1541). During

phosphorus control) could mitigate cardiovascular risk remains indeterminate.

**Oral anticoagulant administration is associated with a higher risk of bleeding but a lower risk of mortality in persons with CKD and atrial fibrillation. Coronary artery calcification scores and coronary flow reserve were associated with cardiovascular risk in CKD.**

*Deoxycholic Acid and Coronary Artery Vascular Calcification*

## How do I prepare self-assessment questions?

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Authors must provide the following with their submission (as the last section of their submission)

- Questions must:
  - be based on the learning objectives for your article
  - be in multiple-choice format with ONE clearly correct answer
  - be challenging, clinically-oriented questions based on case vignettes
  - contain between 3-5 answer options
  - include the correct answer
  - include an explanation for why the correct answer is correct and why each distractor (e.g., incorrect answer) is incorrect. (*check your invitation letter for the # of questions to include, typically 5-8*)
  - include an appropriate reference(s) to confirm the correct answer and/or distractors.
- See *Learning Objectives and Question Writing Guide*
- See *Example Questions, Example Answer Key, and Question Template*
  - both guides available here: <https://nephsap.org/page/author-instructions/authors>

## Policies and Standards

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nephSAP and ASN adhere to the following policies and standards. Please contact the [editorial office](#) if you have any questions.

### Continuing Medical Education Requirements

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) requirements for continuing medical education (CME) activities, ASN has the following guidelines for authors as you develop your nephSAP article.

#### 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 the 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.
- Content must be valid, relevant, scientifically rigorous, and evidence-based, with appropriate supporting references provided, and address medical and scientific advances in both clinical and basic science research, ethical and social issues, and professional development.

#### Disclosures

At the time of content development, all authors must disclose any planned discussion of investigational or off-label use of pharmaceutical products or devices. The use of products or devices outside U.S. Food

and Drug Administration (FDA) approved labeling should be considered experimental. For approved indications, consult current product or device information.

## Commercial Bias

- To ensure a fair and balanced approach without promotion of a specific product, device, or pharmaceutical, ASN requires adherence to the following:
  - An objective and balanced presentation of all accepted therapeutic options must be given and must be based on current scientific methods and evidence generally accepted in the medical community.
  - Generic names must be used when talking about technologies, programs, products, devices, drugs, and services.
  - Trade names may be used only for initial clarification when necessary, using generic names after that clarification. Whenever a trade name is mentioned, trade names of several competitive products should be used to provide fair balance.
  - No promotional material may be presented or discussed during the activity.

## Research

- **Animal studies.** If animal studies are described in a nephSAP submission, they must comply with U.S. National Institutes of Health Guide to the Care and Use of Laboratory Animals
  - <https://olaw.nih.gov/resources/tutorial/relevant.htm#2a>
- **nephSAP Scientific Misconduct Policy** (separate document)
- **Clinical trials** described in nephSAP submissions must comply with the U.S. Health and Human Services Common Rule
  - <https://www.hhs.gov/ohrp/regulations-and-policy/regulations/finalized-revisions-common-rule/index.html>
- **Conflict of Interest** (ACCME)  
nephSAP staff and the nephSAP Editorial Director review all disclosures to ensure that the educational content of nephSAP is free of bias according to the guidelines of the ACCME and ASN. ASN and nephSAP have the right to withdraw any submission if authors fail to fully disclose or amend disclosures as appropriate at proof stage. You will be required to submit disclosures for all authors, and to ensure all authors review those disclosures again when you receive your proofs. If no disclosures are provided, a line will be included **for each author** with your section that reads "Dr. \_\_ reported no disclosures."
  - [ACCME Financial Relationships and Conflicts of Interest](#)
- **Copyright and permissions**
  - ASN requires authors of submitted papers to assign to ASN copyright of their published contributions.



- Permissions: Authors must include letters of permission to reprint from the publisher of any previously printed or adapted material. They should be appended at the end of the submission.
- Submissions of original artwork by authors will be licensed by ASN for use in nephSAP, thereby allowing authors to submit their original artwork elsewhere.
- ASN supports the **Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects**
  - <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>
- ASN supports the **Declaration of Istanbul on Organ Trafficking and Transplant Tourism**
  - <https://declarationofistanbul.org/>
- **HIPAA.** Submissions to nephSAP must comply with all standards relative to the U.S. Health and Human Services guidelines to protect patient information and confidentiality.
  - <https://www.hhs.gov/hipaa/for-professionals/index.htm>

If for any reason a nephSAP admission requires inclusion of identifiable patient information, the submission must be accompanied by this form signed by the patient, or parent or guardian.

- **ICMJE.** nephSAP supports the principles outlined by the International Committee of Medical Journal Editors.
  - <http://www.icmje.org/recommendations/>
- **Retractions and errata.**
  - If, after publication, nephSAP determines that any author failed to provide complete disclosures of potential conflict, and/or failed to update disclosures at proof stage if appropriate, ASN reserves the right to sanction authors for their failure to accurately and completely report the potential financial conflicts of interest. The sanctions may range from issuing a statement of concern or correction, reporting to the authors' institution, banning authors from submitting work to ASN publications for varying lengths of time, and/or retraction of the published work.

# Article Writing Guidelines

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## Format

1. Identify **the most important articles published in the past two years.**
2. **For each new article** to be discussed:
  - a. **Provide a frame of reference.** Discuss briefly what was known in the field before the article was published. Provide references for the background but try to keep the writing succinct.
  - b. **THEN discuss the new article** in much greater detail. In most cases you should **try to include the actual data rather than just the author's conclusion.**
  - c. Finally **discuss how and if the new data changed our understanding of the field, or our clinical practice.** Here you could discuss the caveats about the new study/data. Are the data convincing? Is it worth changing practice?
  - d. It is important to **summarize** and **explain the new data** for the average user. Explain exactly how to incorporate the new data into clinical practice if applicable.
- 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 focus should be on clinical science (epidemiology, diagnosis, prognosis, and treatment) with only limited coverage of laboratory-based science (animal and in-vitro experimentation).
- Original article manuscripts will be provided a word limit in the author invitation letter.
- In addition, the nephSAP editorial office will provide limits for references, learning objectives, and test questions.
- **The literature reviewed in the article 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 article**, 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 should attempt 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.

- nephSAP strongly supports the commitment senior nephrologists make to mentoring students, trainees and early career researchers gaining experience in writing for academic publications. We have provided a variety of resources in a separate document, **nephSAP Writing Resources for Authors**. If you are aware of other resources that have assisted people you have mentored, please send links to those to [nephsap@asn-online.org](mailto:nephsap@asn-online.org)
- 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 article, please use quotation marks when quoting verbatim from these sources.

## Reference Style

- In general, follow American Medical Association (AMA) style.
- In addition to the AMA Manual, refer to the following references for other style points:

Chicago Manual of Style (17th Edition)

Merriam Webster's Collegiate Dictionary (11th Edition)

Stedman's Medical Dictionary (28th Edition)

## Editing Resources for non-English Speakers

For non-English-speaking authors, a professional editing service may help improve the presentation of the submission. nephSAP submissions with substantial English language deficiencies may be returned without review. Listed below are several organizations offering professional editing services.

- American Journal Experts: <http://www.aje.com>
- Best Edit Proof: <https://besteditproof.com/>
- Editage: <https://www.editage.com/>
- Filipodia Publishing, LLC: <http://www.filipodia.com/>
- JournalEdit: <https://www.journaledit.com/>

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