

ASDIN Guidelines for the Development of a Position Paper

Position Paper- This is a scholarly manuscript which addresses research or clinical issues in interventional nephrology. The paper should be written based on a thorough review of the literature with application of Classification of Recommendations (COR) and Level of Evidence (LOE). A Position paper typically examines clinical issues where there is controversy or where there are multiple practice or therapeutic choices. After presenting both sides, a logical argument based on the evidence is presented in which a “position” is endorsed. Such a position may defend a preference for one type of therapy or support a choice of therapies. A position paper represents more than the opinion or consensus of the authors; it reflects the current thinking and practices which are supported by the ASDIN. Therefore, position papers will require the approval of the Council of the ASDIN before being submitted for publication.

Outline for developing an ASDIN Position Paper

1. Ideas and topics for Position Papers may come from any ASDIN committee or ASDIN member
 - a. Considerations in choosing which topics should be undertaken shall include
 - i. Impact on the practice and discipline of diagnostic and interventional nephrology.
 - ii. Existing and current clinical practice guidelines or position papers by other specialty organizations.
 - iii. Existing and recent science since publication of last guidelines.
 - iv. Levels of evidence of current literature.
 - v. Degree of applicability of recommendations to various practice settings.
2. Topics should be formally reviewed by ASDIN Council and if approved forwarded to the Clinical Practice Committee (CPC) for manuscript development
3. The CPC will form a “workgroup” for the writing project. Experts on the subject may be invited to participate on the paper (both ASDIN members and professionals from outside our Society).
4. Authorship and Contributorship

An “author” is generally considered to be someone who has made substantive intellectual contributions to a published study, and biomedical authorship continues to have important academic, social, and financial implications. (1) In the past, readers were rarely provided with information about contributions to studies from those listed as authors and in acknowledgments. (2) Some journals now request and publish information about the contributions of each

person named as having participated in a submitted study, at least for original research.

Editors are strongly encouraged to develop and implement a contributorship policy, as well as a policy on identifying who is responsible for the integrity of the work as a whole.

While contributorship and guarantorship policies obviously remove much of the ambiguity surrounding contributions, it leaves unresolved the question of the quantity and quality of contribution that qualify for authorship. The International Committee of Medical Journal Editors has recommended the following criteria for authorship; these criteria are still appropriate for those journals that distinguish authors from other contributors.

Authorship credit should be based on 1) substantial contributions to conception and design, or acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for important intellectual content; and 3) final approval of the version to be published. Authors should meet conditions 1, 2, and 3.

When a large, multi-center group has conducted the work, the group should identify the individuals who accept direct responsibility for the manuscript (3). These individuals should fully meet the criteria for authorship/contributorship defined above and editors will ask these individuals to complete journal-specific author and conflict of interest disclosure forms. When submitting a group author manuscript, the corresponding author should clearly indicate the preferred citation and should clearly identify all individual authors as well as the group name. Journals will generally list other members of the group in the acknowledgements. The National Library of Medicine indexes the group name and the names of individuals the group has identified as being directly responsible for the manuscript.

Acquisition of funding, collection of data, or general supervision of the research group, alone, does not justify authorship.

All persons designated as authors should qualify for authorship, and all those who qualify should be listed.

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

Some journals now also request that one or more authors, referred to as "guarantors," be identified as the persons who take responsibility for the integrity of the work as a whole, from inception to published article, and publish that information.

Increasingly, authorship of multi-center trials is attributed to a group. All members of the group who are named as authors should fully meet the above criteria for authorship/contributorship.

The group should jointly make decisions about contributors/authors before

submitting the manuscript for publication.

The corresponding author/guarantor should be prepared to explain the presence and order of these individuals. It is not the role of editors to make authorship/contributorship decisions or to arbitrate conflicts related to authorship.

Contributors Listed in Acknowledgments

All contributors who do not meet the criteria for authorship should be listed in an acknowledgments section. Examples of those who might be acknowledged include a person who provided purely technical help, writing assistance, or a department chair who provided only general support. Editors should ask corresponding authors to declare whether or not they had assistance with study design, data collection, data analysis, or manuscript preparation. If such assistance was available, the authors should disclose the identity of the people that provided this assistance and the entity that supported it in the published article. Financial and material support should also be acknowledged.

Groups of persons who have contributed materially to the paper but whose contributions do not justify authorship may be listed under a heading such as “clinical investigators” or “participating investigators,” and their function or contribution should be described—for example, “served as scientific advisors,” “critically reviewed the study proposal,” “collected data,” or “provided and cared for study patients.”

Because readers may infer their endorsement of the data and conclusions, all persons must give written permission to be acknowledged.

5. Conflict of Interest for each member of the workgroup will be reviewed and resolved per ASDIN bylaws. Members of the workgroup should sign a conflict of interest disclosure form before beginning work on a position paper.
6. Gathering and Review of the literature will take place, followed by grading of the literature based on Class of Recommendations (I. Benefit >>> Risk; IIa, IIb; III. Harm or No benefit) and Level of Evidence (A, B, and C based on size of population studied and type of research)
7. A timeline will be set for manuscript development.
8. A monthly conference call or email communication summary will occur to assess manuscript progress
9. Conflict Resolution: If there is lack of consensus on any aspect of the paper, then the workgroup will vote and the majority will rule.

10. Drafts- use Microsoft Word with Track changes. A primary writing editor will be appointed and all changes, additions, deletions will be submitted via track changes to this individual who will be responsible for the drafts and final paper edit. The writing editor will be responsible for maintaining the bibliography. (Note: The writing editor must also meet authorship guidelines to be listed as an author.)
11. Final Draft-: Will be submitted to ASDIN Council for approval or disapproval. If approved the final draft will be submitted for publication.