Editorials

1921 Is Change in Albuminuria a Surrogate Marker for Cardiovascular and Renal Outcomes in Type 1 Diabetes?
Bradley S. Dixon
See related article on page 1969.

1924 Crackles and Comets: Lung Ultrasound to Detect Pulmonary Congestion in Patients on Dialysis is Coming of Age
Richard A. Sherman
See related article on page 2005.

1927 Are Ambulatory Care–Sensitive Conditions the Fulcrum of Hospitalizations for CKD Patients?
Jeffrey C. Fink
See related article on page 2022.

1929 Fractures in Patients with CKD: Time for Action
Sharon M. Moe and Thomas L. Nickolas
See related article on page 2032.

1932 Recurrent FSGS Postkidney Transplant: Moving the Needle Forward
Sandra Amaral and Alicia Neu
See related article on page 2041.

Original Articles

Acute Kidney Injury

1935 Development of a Multicenter Ward–Based AKI Prediction Model
Jay L. Koyner, Richa Adhikari, Dana P. Edelson, and Matthew M. Churpek

1944 Incidence, Severity, and Outcomes of AKI Associated with Dual Renin-Angiotensin System Blockade
Paul M. Palevsky, Jane H. Zhang, Stephen L. Seliger, Nicholas Emanuele, and Linda F. Fried, for the VA NEPHRON-D Study

Chronic Kidney Disease

1954 Use of Electronic Health Data to Estimate Heart Failure Events in a Population-Based Cohort with CKD
James S. Floyd, Robert Wellman, Sharon Fuller, Nisha Bansal, Bruce M. Psaty, Ian H. de Boer, and Delia Scholes

1962 Cardiovascular Disease Risk Factors and Left Ventricular Hypertrophy in Girls and Boys With CKD
Rebecca L. Ruebner, Derek Ng, Mark Mitsnefes, Bethany J. Foster, Kevin Meyers, Bradley Warady, and Susan L. Furth

Diabetes and the kidney

1969 Albuminuria Changes and Cardiovascular and Renal Outcomes in Type 1 Diabetes: The DCCT/EDIC Study
Ian H. de Boer, Xiaoyu Gao, Patricia A. Cleary, Ionut Bebu, John M. Lachin, Mark E. Molitch, Trevor Orchard, Andrew D. Paterson, Bruce A. Perkins, Michael W. Steffes, and Bernard Zinman, for the Diabetes Control and Complications Trial/Epidemiology of Diabetes Interventions and Complications (DCCT/EDIC) Research Group
See related editorial on page 1921.
Epidemiology and Outcomes

1978 NT-proBNP and Echocardiographic Parameters for Prediction of Cardiovascular Outcomes in Patients with CKD Stages G2–G4
Kathrin Untersteller, Nicolas Girerd, Kevin Duarte, Kyrill S. Rogacev, Sarah Seiler-Mussler, Danilo Fliser, Patrick Rossignol, and Gunnar H. Heine

1989 Fibroblast Growth Factor 23 and Risk of CKD Progression in Children
Anthony A. Portale, Myles S. Wolf, Shari Messinger, Farzana Perwad, Harald Jüppner, Bradley A. Warady, Susan L. Furth, and Isidro B. Salusky

ESRD and Chronic Dialysis

1999 Association of Peritonitis with Hemodialysis Catheter Dependence after Modality Switch
Timmy Lee, Mae Thamer, Yi Zhang, Qian Zhang, and Michael Allon

2005 The Agreement between Auscultation and Lung Ultrasound in Hemodialysis Patients: The LUST Study
See related editorial on page 1924.

Geriatric Nephrology

2012 Prevalence of Barriers and Facilitators to Enhancing Conservative Kidney Management for Older Adults in the Primary Care Setting
Helen Tam-Tham, Kathryn M. King-Shier, Chandra M. Thomas, Robert R. Quinn, Karen Fruetel, Sara N. Davison, and Brenda R. Hemmelgarn

Health Services Research

2022 Potentially Preventable Hospitalization among Patients with CKD and High Inpatient Use
See related editorial on page 1927.

Mineral Metabolism/Bone Disease

2032 Trabecular Bone Score and Incident Fragility Fracture Risk in Adults with Reduced Kidney Function
See related editorial on page 1929.

Renal Transplantation

2041 Long-Term Outcome of Kidney Transplantation in Recipients with Focal Segmental Glomerulosclerosis
Anna Francis, Peter Trnka, and Steven J. McTaggart
See related editorial on page 1932.

2047 Delays in Prior Living Kidney Donors Receiving Priority on the Transplant Waiting List
Jennifer L. Wainright, David K. Klassen, Anna Y. Kucheryavaya, and Darren E. Stewart

Erratum

2053 Correction
A 32-year-old woman with end-stage renal disease of unknown etiology underwent deceased donor renal transplantation. She was given induction with basiliximab and was on tacrolimus, mycophenolate mofetil and prednisolone. She was discharged with a creatinine of 1.7 mg/dl. She developed new-onset diabetes after transplantation controlled with insulin. Three months later she developed fever, abdominal pain, graft tenderness and worsening renal function. Lab investigations revealed Hb 7.1gm/dl, white blood cell count 17900/mcL, and creatinine 4.0mg/dl. Liver function tests, serum amylase and lipase were normal. Blood cultures were negative and she was placed on broad spectrum antibiotics. Doppler flow imaging of the graft kidney showed absent arterial flow and a nephrectomy was performed. Histology revealed extensive coagulative necrosis of the kidney which was infiltrated by aseptate broad fungal hyphae with irregular, non-parallel contours which branched irregularly at right angles. The fungus invaded blood vessel walls, consistent with mucormycosis. Following the nephrectomy, this patient received liposomal Amphotericin B but she expired 3 weeks later due to overwhelming sepsis. Mucormycosis is a systemic fungal infection caused by members of the class Zygomycetes. The infection occurs mostly in immunocompromised individuals. The organism gains entry through inhalation, ingestion, contamination of skin wounds or via vascular channels such as intravenous drips. They are angioinvasive and can cause vascular thrombosis, tissue infarction and necrosis. There are 5 forms of the disease: rhinocerebral, pulmonary, gastrointestinal tract, cutaneous and disseminated disease. Renal mucormycosis, which is usually a part of disseminated disease, is a rare complication of kidney transplantation with a high mortality rate. Diagnosis is usually made by demonstration of characteristic fungal hyphae in the infected tissue on histopathological examination. The treatment is based on early recognition of the disease, surgical resection of necrotic tissue and appropriate antifungal therapy. (Cover image and text provided by Anila Kurien and Ramanathan Vijayakumar, Center for Renal and Urological Pathology, Chennai, Tamil Nadu, India.)