Editorials

1029 **Kidney Function Can Predict Pregnancy Outcomes**
   Petter Bjornstad and David Z.I. Cherney
   See related article on page 1048.

1032 **Are Peritoneal Dialysis Center Characteristics a Modifiable Risk Factor to Improve Peritoneal Dialysis Outcomes?**
   Mark Lambie and Simon J. Davies
   See related article on page 1090.

1035 **The Potential of Pharmacogenomics to Advance Kidney Disease Treatment**
   Kelly A. Birdwell and Cecilia P. Chung
   See related article on page 1128.

1038 **Infection Monitoring in Dialysis Units: A Plea for “Cleaner” Data**
   Dana C. Miskulin and Ambreen Gul
   See related article on page 1139.

Original Articles

Clinical Nephrology

1040 **Post Hoc Analyses of Randomized Clinical Trial for the Effect of Clopidogrel Added to Aspirin on Kidney Function**
   Jesse C. Ikeme, Pablo E. Pergola, Rebecca Scherzer, Michael G. Shlipak, Oscar R. Benavente, and Carmen A. Peralta

1048 **Midterm eGFR and Adverse Pregnancy Outcomes: The Clinical Significance of Gestational Hyperfiltration**
   Sehoon Park, Seung Mi Lee, Joong Shin Park, Joon-Seok Hong, Ho Jun Chin, Ki Young Na, Dong Ki Kim, Kook-Hwan Oh, Kwon Wook Joo, Yon Su Kim, and Hajeong Lee
   See related editorial on page 1029.

1057 **Renal Functional Outcomes after Surgery, Ablation, and Active Surveillance of Localized Renal Tumors: A Systematic Review and Meta-Analysis**

1070 **A Systematic Review of the Prevalence and Associations of Limited Health Literacy in CKD**
   Dominic M. Taylor, Simon D.S. Fraser, J. Andrew Bradley, Clare Bradley, Heather Draper, Wendy Metcalfe, Gabriel C. Oniscu, Charles R.V. Tomson, Rommel Ravanah, and Paul J. Roderick, on behalf of the ATTOM investigators

Geriatric and Palliative Nephrology

1085 **Characteristics and Outcomes of In-Hospital Palliative Care Consultation among Patients with Renal Disease Versus Other Serious Illnesses**
   Vanessa Grubbs, David O’Riordan, and Steve Pantilat
Maintenance Dialysis

1090 Multicenter Registry Analysis of Center Characteristics Associated with Technique Failure in Patients on Incident Peritoneal Dialysis
Htay Htay, Yeoungjee Cho, Elaine M. Pascoe, Darsy Darssan, Annie-Claire Nadeau-Fredette, Carmel Hawley, Philip A. Clayton, Monique Borlace, Sunil V. Badve, Kamal Sud, Neil Boudville, Stephen P. McDonald, and David W. Johnson
See related editorial on page 1032.

1100 Factors Associated with Frailty and Its Trajectory among Patients on Hemodialysis
Kirsten L. Johansen, Lorien S. Dalrymple, Cynthia Delgado, Glenn M. Chertow, Mark R. Segal, Janet Chiang, Barbara Grimes, and George A. Kaysen

1109 Longitudinal Associations among Renal Urea Clearance–Corrected Normalized Protein Catabolic Rate, Serum Albumin, and Mortality in Patients on Hemodialysis

1118 Association of Parameters of Mineral Bone Disorder with Mortality in Patients on Hemodialysis according to Level of Residual Kidney Function
Mengjing Wang, Yoshitsugu Obi, Elani Streja, Connie M. Rhee, Wei Ling Lau, Jing Chen, Chuanming Hao, Takayuki Hamano, Csaba P. Kovacs, and Kamyar Kalantar-Zadeh

1128 Calcium-Sensing Receptor Genotype and Response to Cinacalcet in Patients Undergoing Hemodialysis
Sharon M. Moe, Leah Wetherill, Brian Scott Decker, Dongbing Lai, Safa Abdalla, Jin Long, Matteo Vatta, Tatiana M. Foroud, and Glenn M. Chertow
See related editorial on page 1035.

See related editorial on page 1038.

Transplantation

1148 A Kidney Graft Survival Calculator that Accounts for Mismatches in Age, Sex, HLA, and Body Size
Valarie B. Ashby, Alan B. Leichtman, Michael A. Rees, Peter X.-K. Song, Mathieu Bray, Wen Wang, and John D. Kalbfleisch

Erratum

1161 Correction

Glomerular Diseases: Update for the Clinician

1162 Anti-Glomerular Basement Membrane Disease
Stephen P. McAdoo and Charles D. Pusey

Kidney Case Conferences

Attending Rounds

1173 A Woman with ESRD with Increasing Need for Erythropoietin to Maintain Hemoglobin
Holly M. Koncicki and Steven Fishbane

Nephrology Quiz and Questionnaire

1176 Paroxysmal Atrial Fibrillation in a Patient on Hemodialysis
Charmaine E. Lok
On the Cover

What’s the diagnosis? A 43-year-old man with a history of human immunodeficiency virus presented to the hospital with abdominal pain and weakness. He was not on Highly Active Antiretroviral Therapy (HAART). He had acute kidney injury with a serum creatinine of 2.2 mg/dl without prior history of chronic kidney disease. His initial urinalysis was significant for 30 milligrams per deciliter of proteinuria, 3-5 red blood cells per high powered field and 20-50 white blood cells per high powered field. A chest computed tomography scan revealed a cavitary lung mass. He was persistently febrile. Lumbar puncture was performed and was positive for Cryptococcus antigen. Amphotericin was started for treatment of cryptococcal meningitis and presumed pulmonary involvement. The patient decompensated and was intubated for hypoxic respiratory failure. Renal function continued to worsen and a biopsy was performed. He was started on renal replacement therapy.

Renal biopsy showed severe tubulointerstitial injury. Organisms consistent with Cryptococcus were present in the glomeruli (Figure 1), interstitium and tubules. The renal parenchyma was markedly distorted, making it difficult to identify glomeruli. Electron microscopy revealed no subepithelial, intramembranous, subendothelial, or mesangial deposits. Slides stained positive with a special mucicarmine stain (Figure 2). A mucicarmine stain is generally used to identify organisms with polysaccharides in the cell wall, characteristic of Cryptococcus neoformans.

He had no history of antecedent exposure to non-steroidal anti-inflammatory medications, beta lactam antibiotics or sulfonamides. He had no history of systemic lupus erythematosus or sarcoidosis. Human immunodeficiency virus associated nephropathy (HIVAN) was considered but the patient did not have the nephrotic syndrome. No electron dense deposits were present on electron microscopy to suggest human immunodeficiency virus immune complex mediated glomerulonephritis (HIVICK). The patient was receiving amphotericin, a well described nephrotoxin, but due to the presence of acute kidney injury at initial presentation coupled with the glomerular and tubulointerstitial changes, his renal injury was attributed to cryptococcal infection.

The patient continued on renal replacement therapy with no recovery of renal function. He died related to complications from disseminated cryptococcal infection two weeks after presentation.

Cryptococcus can lead to meningitis, especially in immunocompromised patients. Renal involvement is rare. To our knowledge, these findings have not previously been reported. (Images and text provided by Sandy Gibson MD, Mid Atlantic Nephrology Associates, Richmond, Virginia and Nadia Yousef MD, Todd Gehr MD and Jason Kidd MD, Virginia Commonwealth University School of Medicine, Richmond, Virginia.)