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1777  Home-Based Care for CKD for High-Risk Populations
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1779  Novel Models for Health Care Delivery for CKD for Disadvantaged Populations
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1781  Monoclonal Gammopathies and Kidney Disease: Searching for Significance
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1783  Still Asking “Which Rate Is Right?” Years Later
Tyler B. Woodell and Dena E. Rifkin
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1785  Treatment of Drug-Induced Acute Tubulointerstitial Nephritis: The Search for Better Evidence
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1788  Does What Goes Around Always Come Around?
Howard Trachtman
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Original Articles

Acute Kidney Injury and ICU Nephrology

1791  Acute Kidney Injury among Hospitalized Children in China
Xin Xu, Sheng Nie, Aihua Zhang, Jianhua Mao, Hai-Peng Liu, Huimin Xia, Hong Xu, Zhangsuo Liu, Shipin Feng, Wei Zhou, Xuemai Liu, Yonghong Yang, Yuhong Tao, Yunlin Feng, Chunbo Chen, Mo Wang, Yan Zha, Jian-Hua Feng, Qingchu Li, Shuwang Ge, Jianghua Chen, Yongcheng He, Siyuan Teng, Chuanming Hao, Bi-Cheng Liu, Ying Tang, Wenjuan He, Pinghong He, and Fan Fan Hou

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1801  Home-Based Kidney Care, Patient Activation, and Risk Factors for CKD Progression in Zuni Indians: A Randomized, Controlled Clinical Trial
Robert G. Nelson, V. Shane Pankratz, Donica M. Ghahate, Jeanette Bobelu, Thomas Faber, and Vallabh O. Shah
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1810  Association of Monoclonal Gammopathy with Progression to ESKD among US Veterans
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**1816** PTH, FGF23, and Intensive Blood Pressure Lowering in Chronic Kidney Disease Participants in SPRINT  

**1825** Sleep Quality and Sleep Duration with CKD are Associated with Progression to ESKD  
Ryohei Yamamoto, Maki Shinzawa, Yoshitaka Isaka, Etsuko Yamakoshi, Enyu Imai, Yasuo Ohashi, Akira Hishida and for the CKD-JAC Investigators

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**1833** Medicare’s New Prospective Payment System on Facility Provision of Peritoneal Dialysis  

**1842** Facility-Level Variations in Kidney Disease Care among Veterans with Diabetes and CKD  

See related editorial on page 1783.

**Glomerular and Tubulointerstitial Diseases**

**1851** Duration of Treatment with Corticosteroids and Recovery of Kidney Function in Acute Interstitial Nephritis  
Gema Fernandez-Juarez, Javier Villacorta Perez, Fernando Caravaca-Fontán, Luis Quintana, Amir Shabaka, Eva Rodriguez, Liliana Gadola, Alberto de Lorenzo, Maria Angeles Cobo, Aniana Oliet, Milagros Sierra, Carmen Cobelo, Elena Iglesias, Miguel Blasco, Cristina Galeano, Alfredo Cordon, Jesus Oliva, and Manuel Praga on behalf of the Spanish Group for the Study of Glomerular Diseases (GLOSEN)

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**1859** Adrenocorticotropic Hormone for Childhood Nephrotic Syndrome: The ATLANTIS Randomized Trial  

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**Maintenance Dialysis**

**1866** Health Insurance in the First 3 Months of Hemodialysis and Early Vascular Access  
Eugene Lin, Matthew W. Mell, Wolfgang C. Winkelmaier, and Kevin F. Erickson

**Transplantation**

**1876** Procurement Biopsies in the Evaluation of Deceased Donor Kidneys  

**Research Letter**

**1886** Prevalence of Opioid, Gabapentinoid, and NSAID Use in Patients with CKD  
Tessa K. Novick, Aditya Surapaneni, Jung-Im Shin, Shoshana H. Ballew, G. Caleb Alexander, Lesley A. Inker, Alex R. Chang, and Morgan E. Grams

**Erratum**

**1889** Correction
On the Cover

What’s the diagnosis?
A 73-year-old woman with controlled hypertension and CKD (3B) insidiously developed abdominal and loin discomfort, weight loss, resistant hypertension and rapid decline of GFR. The physical examination was remarkable for hypertension and low-grade fever. A PET-CT scan unmasked a hypermetabolic lesion of the abdominal aorta at the level of D12-L3, further characterized on MRI (Figure 1) as an aortic wall irregularity causing luminal occlusion; the lesion extended to the renal ostia (mainly the left) and the kidneys were asymmetrical and poorly differentiated. Differential diagnosis was vasculitis, atherosclerosis and rarer aortic neoplasm. The patient was considered unsuitable for endovascular procedure or surgery, given the extension of the disease. An empirical course of corticosteroids for vasculitis was tried. The patient deteriorated with hemodialysis dependent kidney failure, liver and intestinal ischemia and succumbed within days. The autopsy study (Figure 2) revealed a vegetative and necrotic aortic neoplasm arising from the intima, with involvement by the contiguity of left renal artery; on hematoxylin and eosin stain (Figure 3), the luminal surface had loosely cohesive cells forming aggregates, with a high nuclei/cytoplasm ratio, scarce cytoplasm and marked pleomorphism. There was hepatic, intestinal and pulmonary microembolization. Malignant renal artery stenosis is rare and has been described in patients with myeloproliferative neoplasms, retroperitoneal sarcoma and aortic intimal sarcoma. Clinical presentation is variable, often indistinguishable from infectious and noninfectious aortitis or atheroembolic disease. The radiomorphological pattern is nonspecific and diagnosis is commonly achieved only after resection. The prognosis is poor. When dealing with abdominal pain, uncontrolled hypertension and kidney failure, vascular disease should be suspected and ruled out.

Disclosures: None.

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