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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
      Joseph Lunyera and Clarissa Jonas Diamantidis
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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
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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?
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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,
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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
      See related Patient Voice and editorial on pages 1777 and 1779, respectively.

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

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1842 Facility-Level Variations in Kidney Disease Care among Veterans with Diabetes and CKD
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1851 Duration of Treatment with Corticosteroids and Recovery of Kidney Function in Acute Interstitial Nephritis
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1859 Adrenocorticotropic Hormone for Childhood Nephrotic Syndrome: The ATLANTIS Randomized Trial
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1866 Health Insurance in the First 3 Months of Hemodialysis and Early Vascular Access
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1876 Procurement Biopsies in the Evaluation of Deceased Donor Kidneys

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1886 Prevalence of Opioid, Gabapentinoid, and NSAID Use in Patients with CKD
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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.

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(Images and text provided by Telma Santos, Centro Hospitalar e Universitário de Coimbra EPE - Nephrology, Coimbra, Portugal; João Fraga, Centro Hospitalar e Universitário de Coimbra EPE - Pathology, Coimbra, Portugal; Carolina Figueiredo, Centro Hospitalar e Universitário de Coimbra EPE - Nephrology, Coimbra, Portugal; Hélder Moreira, Centro Hospitalar e Universitário de Coimbra EPE - Pathology, Coimbra, Portugal; Andreia Borges, Centro Hospitalar e Universitário de Coimbra - Nephrology, Coimbra, Portugal; and Rui Alves, Centro Hospitalar e Universitário de Coimbra EPE - Nephrology, Coimbra, Portugal)