Patient Voice

357  Responsive Designed Interventions Are Needed to Support Positive Outcomes of Children and Adolescents with CKD
Lori M. Hartwell
See related article on page 387.

Editorials

359  The Enigma of Blood Pressure Measurement in Children with CKD
Bonita Falkner
See related article on page 422.

361  Intensive Hemodialysis Fails to Reduce Plasma Levels of Uremic Solutes
Tammy L. Sirich and Timothy W. Meyer
See related article on page 436.

363  Rest Easy with Intravenous Iron for Dialysis Patients?: High Dose IV Iron Safety
Xiaojuan Li and Abhijit V. Kshirsagar
See related article on page 457.

Original Articles

Acid/Base and Electrolyte Disorders
366  Serum Sodium and Cognition in Older Community-Dwelling Men
Kristen L. Nowak, Kristine Yaffe, Eric S. Orwoll, Joachim H. Ix, Zhiying You, Elizabeth Barrett-Connor, Andrew R. Hofman, and Michel Chonchol

Chronic Kidney Disease
375  Person-Centered Integrated Care for Chronic Kidney Disease: A Systematic Review and Meta-Analysis of Randomized Controlled Trials
Pim P. Valentijn, Fernando Abdalla Pereira, Marinella Ruospo, Suetonia C. Palmer, Jörgen Hegbrant, Christina W. Sterner, Hubertus J.M. Vrijhoef, Dirk Ruwaard, and Giovanni F.M. Strippoli

Clinical Nephrology
387  Neurocognitive and Educational Outcomes in Children and Adolescents with CKD: A Systematic Review and Meta-Analysis
Kerry Chen, Madeleine Didsbury, Anita van Zwieten, Martin Howell, Siah Kim, Allison Tong, Kirsten Howard, Natasha Nassar, Belinda Barton, Suncica Lah, Jennifer Lorenzo, Giovanni Strippoli, Suetonia Palmer, Armando Teixeira-Pinto, Fiona Mackie, Steven McTaggart, Amanda Walker, Tonya Kara, Jonathan C. Craig, and Germaine Wong
See related Patient Voice on page 357.

Diabetes and the Kidney
398  Kidney Biomarkers and Decline in eGFR in Patients with Type 2 Diabetes
Katherine G. Garlo, William B. White, George L. Bakris, Faiez Zannad, Craig A. Wilson, Stuart Kupfer, Muthiah Vaduganathan, David A. Morrow, Christopher P. Cannon, and David M. Charytan
Glomerular and Tubulointerstitial Diseases

406  Mycophenolate Mofetil in Combination with Steroids for Treatment of C3 Glomerulopathy: A Case Series
Rupali S. Avasare, Pietro A. Canetta, Andrew S. Bomback, Maddalena Marasa, Yasar Caliskan, Yasemin Ozluk, Yi Fu Li, Ali G. Gharavi, and Gerald B. Appel

414  An Outcomes-Based Definition of Proteinuria Remission in Focal Segmental Glomerulosclerosis
Jonathan P. Troost, Howard Trachtman, Patrick H. Nachman, Matthias Kretzler, Cathie Spino, Radko Komers, Sarah Tuller, Kalyani Perumal, Susan F. Massengill, Elaine S. Kamil, Gia Oh, David T. Selewski, Patrick Gipson, and Debbie S. Gipson

Hypertension

422  Twenty-Four–Hour Ambulatory Blood Pressure versus Clinic Blood Pressure Measurements and Risk of Adverse Outcomes in Children with CKD
Elaine Ku, Charles E. McCulloch, Bradley A. Warady, Susan L. Furth, Barbara A. Grimes, and Mark M. Mitsnefes
See related editorial on page 359.

Maintenance Dialysis

429  Effectiveness and Cost of Weekly Recombinant Tissue Plasminogen Activator Hemodialysis Catheter Locking Solution
Brenda R. Hemmelgarn, Braden J. Manns, Steven D. Soroka, Adeera Levin, Jennifer MacRae, Karthik Tennankore, Jo-Anne S. Wilson, Robert G. Weaver, Pietro Ravani, Robert R. Quinn, Marcello Tonelli, Mercedeh Kiaii, Paula Mossop, and Nairne Scott-Douglas

436  Extended Duration Nocturnal Hemodialysis and Changes in Plasma Metabolite Profiles
Sahir Kalim, Ron Wald, Andrew T. Yan, Marc B. Goldstein, Mercedeh Kiaii, Dihua Xu, Anders H. Berg, Clary Clish, Ravi Thadhani, Eugene P. Rhee, and Jeffrey Perl
See related editorial on page 361.

445  Weekly Standard Kt/V_urea and Clinical Outcomes in Home and In-Center Hemodialysis

457  Safety of Intravenous Iron in Dialysis: A Systematic Review and Meta-Analysis
Ingrid Hougen, David Collister, Mathieu Bourrier, Thomas Ferguson, Laura Hochheim, Paul Komenda, Claudio Rigatto, and Navdeep Tangri
See related editorial on page 363.

Perspectives

Brendan B. McCormick and Christopher T. Chan for the ORN Home Dialysis Research Group

471  A View of the Bundle from a Home Dialysis Perspective: Present at the Creation
Thomas A. Golper
See related article on page 474.

474  The Dialysis Facility Compare Five-Star Rating System at 2 Years
Alyssa Pozniak and Jeffrey Pearson
See related article on page 471.

477  Need to Reclassify Etiologies of ESRD on the CMS 2728 Medical Evidence Report
Bryan M. Tucker and Barry I. Freedman

480  The Affordable Care Act, Medicaid Expansion, and Disparities in Kidney Disease
Amal N. Trivedi and Benjamin D. Sommers

Kidney Case Conference: How I Treat

483  Crafting the Prescription for Patients Starting Peritoneal Dialysis
Isaac Teitelbaum
On the Cover

What's the diagnosis?
A 53-year-old man presented with progressive lower extremity edema and acute kidney injury with serum creatinine 9.6 mg/dl (baseline 2.5 mg/dl). Urinalysis/urine sediment was strongly positive for proteinuria (3+) and mild hematuria without dysmorphic RBCs or RBCs casts. Twenty-four-hour urine protein was 7.1 g. Kidney ultrasound was normal. AntiPLA2R antibody assay was strongly positive with a titer of 1500 relative units/ml. Complement levels were normal. All other serologies were negative with no monoclonal gammopathy and negative malignancy workup. Kidney biopsy demonstrated evidence of membranous nephropathy along with crescents. The patient was diagnosed with primary crescentic membranous nephropathy. He was started on lisinopril along with prednisone monotherapy. Patient declined using any other immunosuppression agents. The patient's serum creatinine returned to baseline and protein/creatinine ratio improved to 2.4 g/24 hr within four months. Light microscopy showed mesangial matrix expansion, thickened of the capillary walls, and active cellular crescents (Figures 1 and 2). Electron microscopy demonstrated diffuse effacement of the podocyte foot processes involving 80—90% of the capillary surfaces with subepithelial deposits (Figure 2).

Primary crescentic membranous nephropathy with negative serology is a rare disease and was reported in only a handful of prior case report/series. Patients usually present with nephrotic range proteinuria, hematuria and acute decline in kidney function. Kidney biopsy confirms the diagnosis. Currently there are no guidelines regarding the ideal treatment in these cases. Unlike typical membranous nephropathy, crescentic membranous nephropathy usually progresses long-term, even if patients experience initial positive response to therapy.

(Images and text provided by Mohamad Hanounah, MD, Steven Menez, and Duvuru Geetha, MBBS, MD, Johns Hopkins University, Department of Medicine, Baltimore, Maryland)

Reference