Patient Voice

519 An Evolving Continuum of Care for the Kidney Disease Patient Will Help the Transplant Center Patient Navigator
Richard A. Knight
See related editorial and article on pages 529 and 620.

Editorials

521 Community-Based CKD Screening in Black Americans
Keith C. Norris and Susanne B. Nicholas
See related article on page 551.

524 Clear the Fog around Parathyroid Hormone Assays: What Do \textit{iPTH} Assays Really Measure?
Berthold Hocher and Shufei Zeng
See related article on page 569.

527 The Role of Bicarbonate in Cognition: Acidosis May Be Corrosive to the Brain
Stephen M. Sozio and Mara McAdams-DeMarco
See related article on page 596.

529 What Else Can We Do to Ensure Transplant Equity for High-Risk Patients?
Amy D. Waterman and Jennifer L. Beaumont
See related Patient Voice and article on pages 519 and 620.

Original Articles

Acute Kidney Injury and ICU Nephrology

531 Fibroblast Growth Factor 23 Associates with Death in Critically Ill Patients

542 Attributable Risk and Time Course of Colistin-Associated Acute Kidney Injury
Todd A. Miano, Ebbing Lautenbach, F. Perry Wilson, Wensheng Guo, Yuliya Borovskiy, and Sean Hennessy

Chronic Kidney Disease

551 Black Americans’ Perspectives of Barriers and Facilitators of Community Screening for Kidney Disease
Ebele M. Umeukeje, Marcus G. Wild, Saugar Maripuri, Teresa Davidson, Margaret Rutherford, Khaled Abdel-Kader, Julia Lewis, Consuelo H. Wilkins, and Kerri Cavanaugh
See related editorial on page 521.

560 Associations of Plasma Amino Acid and Acylcarnitine Profiles with Incident Reduced Glomerular Filtration Rate
Feijie Wang, Liang Sun, Qi Sun, Liming Liang, Xianfu Gao, Rongxia Li, An Pan, Huaixing Li, Yueyi Deng, Frank B. Hu, Jiarui Wu, Rong Zeng, and Xu Lin

569 Association of Nonoxidized Parathyroid Hormone with Cardiovascular and Kidney Disease Outcomes in Chronic Kidney Disease
Sarah Seiler-Mussler, Anne S. Limbach, Insa E. Emrich, John W. Pickering, Heinz J. Roth, Danilo Fliser, and Gunnar H. Heine
See related editorial on page 524.
577 Association of FGF-2 Concentrations with Atheroma Progression in Chronic Kidney Disease Patients
Milica Bozic, Angels Betriu, Marcelino Bermudez-Lopez, Alberto Ortiz, Elvira Fernandez, Jose M. Valdivielso, and on behalf of the NEFRONA investigators

585 Central Blood Pressure and Cardiovascular Outcomes in Chronic Kidney Disease
Mahboob Rahman, Jesse Yenchih Hsu, Niraj Desai, Chi-yuan Hsu, Amanda H. Anderson, Lawrence J. Appel, Jing Chen, Debbie L. Cohen, Paul E. Drawz, Jiang He, Pan Qiang, Ana C. Ricardo, Susan Steigerwalt, Matthew R. Weir, Jackson T. Wright Jr., Xiaoming Zhang, and Raymond R. Townsend, for the CRIC Study Investigators

596 Serum Bicarbonate Concentration and Cognitive Function in Hypertensive Adults
See related editorial on page 527.

604 \(\beta\)-Blocker Dialyzability in Maintenance Hemodialysis Patients: A Randomized Clinical Trial
Alvin Tieu, Thomas J. Velenosi, Andrew S. Kucey, Matthew A. Weir, and Bradley L. Urquhart

612 Metabolic and Hypertensive Complications of Pregnancy in Women with Nephrolithiasis
Jessica Sheehan Tangren, Camille E. Powe, Jeffrey Ecker, Kate Bramham, Elizabeth Ankers, S. Ananth Karumanchi, and Ravi Thadhani

620 Transplant Center Patient Navigator and Access to Transplantation among High-Risk Population: A Randomized, Controlled Trial
See related Patient Voice and editorial on pages 519 and 529.

628 Association of Serious Fall Injuries among United States End Stage Kidney Disease Patients with Access to Kidney Transplantation
Laura C. Plantinga, Raymond J. Lynch, Rachel E. Patzer, Stephen O. Pastan, and C. Barrett Bowling

638 Correlation of Urine Ammonium and Urine Osmolal Gap in Kidney Transplant Recipients
Kalani L. Raphael and Joachim H. Ix

641 Treatment of Severe Hyponatremia
Richard H. Sterns
See related commentary on page 650.

650 Commentary on Treatment of Severe Hyponatremia
Stephen Seliger and Bryan Kestenbaum
See related article on page 641.

652 Evaluation and Management of CKD in the Nonkidney Solid Organ Transplant Recipient
Karen M. Warburton and Alden M. Doyle
**Feature**

**655** Systems Thinking and Leadership: How Nephrologists Can Transform Dialysis Safety to Prevent Infections  
Leslie P. Wong  
See related articles on pages 663, 666, 669 and 671.

**Perspectives**

**663** Urgent: Stop Preventable Infections Now  
Allan J. Collins and Alan S. Kliger  
See related articles on pages 655, 666, 669 and 671.

**666** Addressing the Problem of Multidrug-Resistant Organisms in Dialysis  
Erika M.C. D’Agata  
See related articles on pages 655, 663, 669 and 671.

**669** What We Learned from Ebola: Preparing Dialysis Units for the Next Outbreak  
John M. Boyce and Jeffrey L. Hymes  
See related articles on pages 655, 663, 666 and 671.

**671** 100% Use of Infection Control Procedures in Hemodialysis Facilities: Call to Action  
Anitha Vijayan and John M. Boyce  
See related articles on pages 655, 663, 666 and 669.

**On the Cover**

*What’s the diagnosis?*
We report a case of a 66-year-old man with history of recurrent sinusitis, asthma, hepatitis C and hepatitis B who presented with gait instability, progressive lower extremity edema and dyspnea. He was found to have AKI with serum creatinine of 2.0 mg/dL (baseline 0.8 mg/dL) and WBCs count of 10.2 with peripheral eosinophilia 23%. Urinalysis was positive for proteinuria (2+) and mild hematuria without dysmorphic RBCs or RBC casts. Urine protein/creatinine ratio was 1.8 g. Kidney ultrasound was unremarkable. Hepatitis B and HIV viral loads were undetectable. Complement levels were normal. RF and serum cryoglobulin were negative. Patient had positive p-ANCA (1:640) and MPO antibodies (1:103). Other serologies were negative. CT of the chest showed multiple lung nodules. Kidney biopsy demonstrated evidence of eosinophilic granulomatosis with polyangiitis (EGPA) along with arteritis, crescents and necrotizing GN. Patient received cyclophosphamide and prednisone. The patient’s serum creatinine returned to baseline and protein/creatinine ratio improved to 0.6 g.

Figures 1 and 2 demonstrate diffuse interstitial inflammation with eosinophils, identifiable by their characteristic H&E staining pattern. Specifically the eosin, an acidic dye which is negatively charged, stains the basic cytoplasm of these cells a granular pink color. Focal necrotizing arteritis with eosinophils are also seen in figure 1. Figure 3 shows glomerulonephritis with focal crescents using silver stain. EGPA is necrotizing vasculitis that affect small and medium vessels. Clinical manifestations can include asthma, sinusitis, lung infiltrates/nodules, neuropathy, and glomerulonephritis. Diagnosis is confirmed by biopsy. Treatment is a combination of prednisone and cyclophosphamide or rituximab.

*(Images and text provided by Mohamad Hanouneh, MD, Diana S. Najjar, MD, and Duvuru Geetha, MBBS, MD, Johns Hopkins University, Department of Medicine, Baltimore, Maryland)*