Patient Voice

1539 Fatigue While Undergoing Long-Term Hemodialysis
Henning Sondergaard
See related editorial and article on pages 1546 and 1614, respectively.

Editorials

1541 How Safe Is a Native Kidney Biopsy?
Abbal Koirala and J. Ashley Jefferson
See related articles on pages 1587 and 1595, respectively.

1543 Not All Sepsis-Associated Acute Kidney Injury Is the Same: There May Be an App for That
Samantha Gunning and Jay L. Koyner
See related article on page 1557.

1546 Moving the Science of Patient-Reported Outcome Measures Forward: Measuring Fatigue in Hemodialysis Patients
Sarah J. Ramer and Jennifer S. Scherer
See related Patient Voice and article on pages 1539 and 1614, respectively.

Original Articles

Acute Kidney Injury and ICU Nephrology

1549 Prevalence of Kidney Injury and Associations with Critical Illness and Death in Patients with COVID-19
Xizi Zheng, Hongyu Yang, Xiaolong Li, Haichao Li, Lingyi Xu, Qi Yu, Yaping Dong, Youlu Zhao, Jinwei Wang, Wanyin Hou, Xin Zhang, Yang Li, Feng Hu, Hong Gao, Jicheng Lv, and Li Yang

1557 Utilization of Deep Learning for Subphenotype Identification in Sepsis-Associated Acute Kidney Injury
See related editorial on page 1543.

Chronic Kidney Disease

1566 Combination Treatment with Sodium Nitrite and Isoquercetin on Endothelial Dysfunction among Patients with CKD: A Randomized Phase 2 Pilot Trial

1576 Effect of Urate-Lowering Therapy on Cardiovascular and Kidney Outcomes: A Systematic Review and Meta-Analysis
Qi Chen, Zi Wang, Jingwei Zhou, Zhenjie Chen, Yan Li, Shichao Li, Hukang Zhao, Sunil V. Badve, and Jicheng Lv
Clinical Nephrology

1587 Major Bleeding and Risk of Death after Percutaneous Native Kidney Biopsies: A French Nationwide Cohort Study
Jean-Michel Halimi, Philippe Gatault, Hélène Longuet, Christelle Barbet, Arnaud Bisson, Bénédicte Sautenet, Julien Herbert, Matthias Buchler, Leslie Grammatico-Guillon, and Laurent Fauchier
See related editorial and article on pages 1541 and 1595, respectively.

1595 Systematic Review and Meta-Analysis of Native Kidney Biopsy Complications
Emilio D. Poggio, Robyn L. McClelland, Kristina N. Blank, Spencer Hansen, Shweta Bansal, Andrew S. Bomback, Pietro A. Canetta, Pascale Khairallah, Krzysztof Kryluk, Stewart H. Lecker, Gearoid M. McMahon, Paul M. Palevsky, Samir Parikh, Sylvia E. Rosas, Katherine Tuttle, Miguel A. Vazquez, Anitha Vijayan, and Brad H. Rovin, for the Kidney Precision Medicine Project
See related editorial and article on pages 1541 and 1587, respectively.

Maintenance Dialysis

1603 Trends in Mineral Metabolism Treatment Strategies in Patients Receiving Hemodialysis in the United States
Rasheeda Hall, Alyssa Platt, Jonathan Wilson, Patti L. Ephraim, Angelina S. Hwang, Angel Chen, Daniel E. Weiner, L. Ebony Boulware, Jane Pendergast, and Julia J. Scialla, on behalf of The Comparative Effectiveness Studies in Dialysis Patients Group

1614 Validation of a Core Patient-Reported Outcome Measure for Fatigue in Patients Receiving Hemodialysis: The SONG-HD Fatigue Instrument
Angela Ju, Armando Teixeira-Pinto, Allison Tong, Alice C. Smith, Mark Unruh, Sara N. Davison, Juan Dapueto, Mary Amanda Dew, Richard Fluck, Michael J. Germain, Sarbjit V. Jassal, Gregorio T. Obrador, Donal O’Donoghue, Andrea K. Viecelli, Giovanni Strippoli, Marinella Ruospo, Delia Timofte, Ankit Sharma, Eric Au, Martin Howell, Daniel S.J. Costa, Samaya Anumudu, Jonathan C. Craig, and Claudia Rutherford
See related Patient Voice and editorial on pages 1539 and 1546, respectively.

1622 Trends in Use and In-Hospital Outcomes of Subcutaneous Implantable Cardioverter Defibrillators in Patients Undergoing Long-Term Dialysis
Patrick H. Pun, Craig S. Parzynski, Daniel J. Friedman, Gillian Sanders, Jeptha P. Curtis, and Sana M. Al-Khatib

1631 Association of VA Payment Reform for Dialysis with Spending, Access to Care, and Outcomes for Veterans with ESKD
Virginia Wang, Shailender Swaminathan, Emily A. Corneau, Matthew L. Maciejewski, Amal N. Trivedi, Ann M. O’Hare, and Vincent Mor

Research Letter

1640 QT Interval in Adult with Chronic Hypokalemia due to Gitelman Syndrome: Not so Frequently Prolonged
Pierre-Yves Courand, Pedro Marques, Rosa Vargas-Pousso, Michel Azizi, Anne Blanchard, and the GITAB study investigators

Genomics of Kidney Disease

1643 Genome-Wide Association Studies of CKD and Related Traits
Adrienne Tin and Anna Köttgen

Kidney Case Conference: Nephrology Quiz & Questionnaire

1657 Pain Management in a Patient with Kidney Failure
Louise Moist
Perspectives

1660 Revisiting Filtration Fraction as an Index of the Risk of Hemofilter Clotting in Continuous Venovenous Hemofiltration
   Parta Hatamizadeh, Ashita Tolwani, and Paul Palevsky

1663 Delivering High-Quality Peritoneal Dialysis: What Really Matters?
   Isaac Teitelbaum

1666 The Curious Story of Cerebral Salt Wasting: Fact or Fiction?
   Joseph G. Verbalis

Feature

1669 Health Policy for Dialysis Care in Canada and the United States
   Marcello Tonelli, Raymond Vanholder, and Jonathan Himmelfarb

Review

1678 Decision Algorithm for Prescribing SGLT2 Inhibitors and GLP-1 Receptor Agonists for Diabetic Kidney Disease
   Jiahua Li, Oltjon Albajrami, Min Zhuo, Chelsea E. Hawley, and Julie M. Paik

On the Cover

What is the diagnosis?

We report on a 46-year-old Japanese woman admitted for kidney failure. The patient was 164 cm tall and weighed 120 kg; her BMI was 44.6 kg/m². At admission, blood pressure was 186/86 mm Hg; creatinine, 5.7 mg/dl; serum glucose, 81 mg/dl; HbA1c, 5.1%; and urinary protein excretion, 4.1 g/d. She had neither history of smoking nor diabetic retinopathy, and had been severely obese with a weight of more than 110 kg since the age of 20.

Image Description:

Light microscopy of a kidney biopsy specimen showed multiple nodules (arrow) on the peripheral capillaries of the glomeruli (left image), immunofluorescence showed mild linear staining for IgG, and electron microscopy showed a marked increase (small arrow) in the mesangial matrix and a thickening (large arrow) of the glomerular basement membrane to 800 to 950 nm (right image).

Teaching Points:

If this patient had a history of diabetes, kidney biopsy would be diagnosed as nodular diabetic nephropathy. However, in the absence of diabetes, the diagnosis is idiopathic nodular glomerulosclerosis. Idiopathic nodular glomerulosclerosis resembles nodular diabetic nephropathy and has been reported to occur in nondiabetic smokers. This case indicates that long-standing severe obesity may contribute to idiopathic nodular glomerulosclerosis via hyperfiltration, similar to diabetic nephropathy, even in nondiabetic nonsmokers.

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