Patient Voice

177  Barriers to Kidney Transplantation in Racial/Ethnic Minorities
Monica Fox
See related article on page 262.

Editorials

179  Steroid Regimen for Children with Nephrotic Syndrome Relapse
Anna Elizabeth Williams and Rasheed A. Gbadegesin
See related article on page 225.

182  Assessing Genetic Risk for IgA Nephropathy: State of the Art
Sindhuri Prakash and Ali G. Gharavi
See related article on page 213.

185  Mind the Gap: Acknowledging Deprivation Is Key to Narrowing Kidney Health Disparities in Both Children and Adults
Aviva M. Goldberg and O. N. Ray Bignall II
See related article on page 194.

188  Optimizing Utilization of Kidneys from Hepatitis C–Positive Kidney Donors
Venkatesh K. Ariyamuthu and Bekir Tanriover
See related article on page 251.

191  Opportunities for Improvement in Quality of Care of PD-Related Peritonitis in Children
Enrico Vidal
See related article on page 233.

Original Articles

Clinical Nephrology

194  Associations between Deprivation, Geographic Location, and Access to Pediatric Kidney Care in the United Kingdom
Lucy A. Plumb, Manish D. Sinha, Anna Casula, Carol D. Inward, Stephen D. Marks, Fergus J. Caskey, and Yoav Ben-Shlomo
See related editorial on page 185.

Cystic Kidney Disease

204  Use of the Urine-to-Plasma Urea Ratio to Predict ADPKD Progression
Judith E. Heida, Ron T. Gansevoort, A. Lianne Messchendorp, Esther Meijer, Niek F. Casteleijn, Wendy E. Boertien, and Debbie Zittema, on behalf of the DIPAK Consortium

Genetics

213  Exome Chip Analyses and Genetic Risk for IgA Nephropathy among Han Chinese
Xu-jie Zhou, Lam C. Tsoi, Yong Hu, Matthew T. Patrick, Kevin He, Celine C. Berthier, Yanming Li, Yan-na Wang, Yuan-yuan Qi, Yue-miao Zhang, Ting Gan, Yang Li, Ping Hou, Li-jun Liu, Su-fang Shi, Ji-cheng Lv, Hu-ji Xu, and Hong Zhang
See related editorial on page 182.
Glomerular and Tubulointerstitial Diseases

**225** Short-Duration Prednisolone in Children with Nephrotic Syndrome Relapse: A Noninferiority Randomized Controlled Trial
Deepika Kainth, Pankaj Hari, Aditi Sinha, Shivam Pandey, and Arvind Bagga
See related editorial on page 179.

Maintenance Dialysis

**233** Variability in Culture-Negative Peritonitis Rates in Pediatric Peritoneal Dialysis Programs in the United States
T. Keele Davis, Kristina A. Bryant, Jonathan Rodean, Troy Richardson, Rangaraj Selvarangan, Xuan Qin, Alicia Neu, and Bradley A. Warady
See related editorial on page 191.

Transplantation

**241** Sex Disparity in Deceased-Donor Kidney Transplant Access by Cause of Kidney Disease
Patrick Ahearn, Kirsten L. Johansen, Jane C. Tan, Charles E. McCulloch, Barbara A. Grimes, and Elaine Ku

**251** Trends in Discard of Kidneys from Hepatitis C Viremic Donors in the United States
Su-Hsin Chang, Massini Merzkani, Krista L. Lentine, Mei Wang, David A. Axelrod, Siddiq Anwar, Mark A. Schnitzler, Jason Wellen, William C. Chapman, and Tarek Alhamad
See related editorial on page 188.

**262** Social Determinants of Health and Race Disparities in Kidney Transplant
Hannah Wesselman, Christopher Graham Ford, Yuridia Leyva, Xingyuan Li, Chung-Chou H. Chang, Mary Amanda Dew, Kellee Kendall, Emilee Croswell, John R. Pleis, Yue Harn Ng, Mark L. Unruh, Ron Shapiro, and Larissa Myaskovsky
See related Patient Voice on page 177.

**275** Pretransplant Calculated Panel Reactive Antibody in the Absence of Donor-Specific Antibody and Kidney Allograft Survival
James H. Lan, Matthew Kadatz, Doris T. Chang, Jagbir Gill, Howard M. Gebel, and John S. Gill

Research Letters

**284** Characteristics of Acute Kidney Injury in Hospitalized COVID-19 Patients in an Urban Academic Medical Center

**287** Effect of Sickle Cell Trait and APOL1 Genotype on the Association of Soluble uPAR with Kidney Function Measures in Black Americans
Alexander P. Reiner, Laura M. Raffield, Nora Franceschini, Paul L. Auer, Ethan M. Lange, Deborah A. Nickerson, Neil A. Zakai, Adolfo Correa, Nels Olson, and National Heart, Lung, and Blood Institute Trans-Omics for Precision Medicine Consortium

**290** Prolonged SARS-CoV-2 Viral RNA Shedding and IgG Antibody Response to SARS-CoV-2 in Patients on Hemodialysis
Aisha Shaikh, Etti Zeldis, Kirk N. Campbell, and Lili Chan

Erratum

**293** Correction: Systematic Review and Meta-Analysis of Native Kidney Biopsy Complications

Genomics of Kidney Disease

**294** APOL1 Nephropathy: From Genetics to Clinical Applications
David J. Friedman and Martin R. Pollak
On the Cover

What is the diagnosis?

A 43-year-old woman, with diffuse cutaneous systemic sclerosis on oral steroids for past 6 months, presented with acute onset breathlessness and newly detected accelerated hypertension. On examination, there was skin tightening involving her neck, chest, and upper and lower limbs with hypopigmented lesions over her limbs and oral mucosa. Her BP was 170/100 mmHg with bilateral papilledema. Laboratory evaluation revealed microcytic hypochromic anemia (hemoglobin, 7.7 g/dl). Urinalysis showed 2+ proteinuria with occasional white blood cells, and her spot urine protein-creatinine ratio was 0.9. Serum creatinine was 9.7 mg/dl, sodium and potassium were 141 and 2.8 mmol/L, respectively, and lactate dehydrogenase was 489 IU/L. Her antinuclear antibodies, anti–U1 ribonucleoprotein autoantibodies, anti–Scl-70 (also called anti–topoisomerase I) antibodies, and anti-Ro52 antibodies were positive.

Radiologic evaluation showed normal-sized kidneys with preserved corticomedullary differentiation, and the renal blood flow (as detected by renal Doppler study) was normal. She was initiated on hemodialysis, and a kidney biopsy was performed. The patient was treated with angiotensin-converting enzyme inhibitors (20 mg of enalapril per day, which was slowly tapered to 5 mg/day) and thrice weekly hemodialysis. A month later, she developed flash pulmonary edema and passed away.

Image Description:

Left: The biopsy specimen showed severe concentric, myxoid intimal proliferation, giving an “onion-skin” appearance, with almost total obliteration of the vascular lumen. Hematoxylin and eosin stain. Original magnification, ×200.

Right: Shown is the prominent juxtaglomerular apparatus and ischemic wrinkling of the glomerular capillaries. Jones methenamine silver stain. Original magnification, ×400. These biopsy specimen findings are consistent with scleroderma renal crisis.

Teaching Points:

Scleroderma renal crisis occurs in about 5%–10% of patients with diffuse cutaneous systemic sclerosis. It has an abrupt onset with moderate to severe hypertension, AKI, and relatively bland urine sediment with minimal proteinuria. Risk factors include rapidly progressive diffuse cutaneous disease within 5 years of diagnosis, palpable tendon friction rubs, pericardial effusion, and thrombocytopenia. Anti–Scl-70 and anti–RNA polymerase 3 positivity increases the risk. High-dose corticosteroid treatment is also known to increase the risk of scleroderma renal crisis. The histologic picture of scleroderma renal crisis is that of a thrombotic microangiopathy process with myxoid intimal changes, thrombi, onion-skin lesions, and fibrointimal and adventitial sclerosis involving mainly the small vessels. Kidney biopsy helps in confirming the clinical diagnosis and also in excluding superimposed diseases that might lead to AKI. Nearly half of the patients progress to kidney failure. Renin-angiotensin-aldosterone system activation plays a critical role in the pathogenesis of scleroderma renal crisis, and use of angiotensin-converting enzyme inhibitors, along with kidney replacement therapy, helps reduce the mortality rate.

(Images and text provided by Anila Abraham Kurien, Department of Pathology, Renopath, Center for Renal and Urological Pathology, Chennai, India; and Badri Kannan and Gopalakrishnan Natarajan, Department of Nephrology, Madras Medical College, Chennai, India.)