Patient Voice

171 Advancing Patient-Centered Research: Enabling the Patient Voice to Be Heard
Kevin John Fowler
See related article on page 215.

Editorials

173 Induction Therapy in Immunologically Well-Matched Recipients: Less May Be More
Vishnu S. Potluri and Roy D. Bloom
See related article on page 271.

176 What Patients Teach Us About Patient Engagement in Research
Laura M. Dember
See related article on page 215.

179 Improved Survival after Acute Kidney Injury: Past and Future
Kianoush Kashani and Andrew D. Rule
See related article on page 184.

182 A Heartwarming Role of the Proximal Tubules
Michael L. Granda and Bryan Kestenbaum
See related article on page 228.

Original Articles

Acute Kidney Injury and ICU Nephrology

184 In-Hospital and 1-Year Mortality Trends in a National Cohort of US Veterans with Acute Kidney Injury
Ryann Sohaney, Huiying Yin, Vahakn Shahnian, Rajiv Saran, Nilka Rios Burrows, Meda E. Pavkov, Tanushree Banerjee, Chi-yuan Hsu, Neil Powe, Diane Steflick, Kara Zivin, and Michael Heung, on behalf of the Centers for Disease Control and Prevention Chronic Kidney Disease Surveillance Team
See related editorial on page 179.


Chronic Kidney Disease

205 Health-Related Quality-of-Life Trajectories over Time in Older Men and Women with Advanced Chronic Kidney Disease
Nicholas C. Chesnaye, Yvette Meuleman, Esther N.M. de Roij, Ellen K. Hoogeveen, Friedo W. Dekker, Marie Evans, Agneta A. Pagels, Fergus J. Caskey, Claudia Torino, Gaetana Porto, Maciej Szymczak, Christiane Drechsler, Christoph Wanner, Kitty J. Jager, and the EQUAL Study Investigators

215 Patient and Caregiver Experiences and Attitudes about Their Involvement in Research in Chronic Kidney Disease
Talia Gutman, Ayano Kelly, Nicole Scholes-Robertson, Jonathan C. Craig, Shilpanjali Jesudason, and Allison Tong
See related Patient Voice on page 171 and editorial on page 176.
Clinical Nephrology

Assessment of Proximal Tubular Function by Tubular Maximum Phosphate Reabsorption Capacity in Heart Failure
Johanna E. Emmens, Martin H. de Borst, Eva M. Boorsma, Kevin Damman, Gerjan Navis, Dirk J. van Veldhuisen, Kenneth Dickstein, Stefan D. Anker, Chin C. Lang, Gerasimos Filippatos, Marco Metra, Nilesh J. Samani, Piotr Ponikowski, Leong L. Ng, Adriaan A. Voors, and Jozine M. ter Maaten
See related editorial on page 182.

Cystic Kidney Disease

Curcumin Therapy to Treat Vascular Dysfunction in Children and Young Adults with ADPKD: A Randomized Controlled Trial
Kristen L. Nowak, Heather Farmer-Bailey, Wei Wang, Zhiying You, Cortney Steele, Melissa A. Cadnapaphornchai, Jelena Klawitter, Nayana Patel, Diana George, Anna Jovanovich, Danielle E. Soranno, Berenice Citomer, and Michel Chonchol

Diabetes and the Kidney

Association between TNF Receptors and KIM-1 with Kidney Outcomes in Early-Stage Diabetic Kidney Disease

Glomerular and Tubulointerstitial Diseases

Automatic Evaluation of Histological Prognostic Factors Using Two Consecutive Convolutional Neural Networks on Kidney Samples
Elise Marechal, Adrien Jaugey, Georges Tarris, Michel Paindavoine, Jean Seibel, Laurent Martin, Mathilde Funes de la Vega, Thomas Crepin, Didier Ducloux, Gilbert Zanetta, Sophie Felix, Pierre Henri Bonnot, Florian Bardet, Luc Cormier, Jean-Michel Rebibou, and Mathieu Legendre

Transplantation

Use and Outcomes of Induction Therapy in Well-Matched Kidney Transplant Recipients
Rhys D.R. Evans, James H. Lan, Matthew Kadatz, Sandeep Brar, Doris T. Chang, Lachlan McMichael, Jagbir Gill, and John S. Gill
See related editorial on page 173.

Research Letters

Kidney Disease Prevalence in Transgender Individuals
Han E. Eckenrode, Orlando M. Gutierrez, Gunars Osis, Anupam Agarwal, and Lisa M. Curtis

Effects of the 2021 CKD-EPI Creatinine eGFR Equation among a National US Veteran Cohort
L. Parker Gregg, Peter A. Richardson, Julia Akeroyd, Michael E. Matheny, Salim S. Virani, and Sankar D. Navaneethan

Kidney Transplantation: Long-Term Management Challenges

Long-Term Infectious Complications of Kidney Transplantation
Akansha Agrawal, Michael G. Ison, and Lara Danziger-Isakov

Long-Term Care of the Pediatric Kidney Transplant Recipient
Hilda E. Fernandez and Bethany J. Foster

Kidney Case Conferences: How I Treat

The Use of Serological Tests in the Care of Patients with Lupus Nephritis
Isabelle Ayoub and Brad H. Rovin

Blood Pressure Management in the Patient with Chronic Kidney Disease
Paul Muntner, William C. Cushman, and Edgar V. Lerma

Perspective

Introducing Nephrocardiology
Parta Hatamizadeh

Feature

Use of Race in Kidney Research and Medicine: Concepts, Principles, and Practice
Dinushika Mohottige, L. Ebony Boulware, Chandra L. Ford, Camara Jones, and Keith C. Norris
On the Cover
What is the Diagnosis?
A 74-year-old man with hypertension and type 2 diabetes presented for evaluation of AKI. He denied any symptoms, and physical exam was unremarkable. Laboratory data revealed serum creatinine of 3.31 mg/dl (baseline 1.5 mg/dl). Urinalysis showed >100 isomorphic red blood/HPF. Twenty-four-hour urine protein was 0.5 g; there was negative serology workup, including serum free light chains ratio, urine and serum electrophoresis with immunofixations. Kidney biopsy showed fibrillary glomerulonephritis and moderate parenchymal fibrosis. Further imaging studies for malignancy screening were negative. The patient was diagnosed with idiopathic fibrillary glomerulonephritis and received rituximab 1000 mg every 2 weeks for a total of two doses. At 6 months follow-up, serum creatinine returned to baseline.

Image Description:
Light microscopy showed mesangial matrix expansion and thickening of the capillary walls (left image). Immunohistochemical staining for DNA-J heat-shock protein family member B9 was positive in the mesangium and along capillary walls (middle image). Electron microscopy revealed randomly arranged fibrils in the mesangium with a mean diameter of 17.3 nm (right image).

Teaching Points:
Fibrillary glomerulonephritis manifestations include hematuria, proteinuria, and AKI. The diagnosis can be confirmed by kidney biopsy with pathogenic staining for DNA-J heat-shock protein family member B9 and recognizing random fibrillar deposits in the mesangium and glomerular capillary walls, which are often 16 to 24 nm in diameter on electron microscopy. Secondary causes include malignancies, monoclonal gammopathy, autoimmune diseases, hepatitis C, and HIV. If a secondary cause is established, treatment of the underlying cause is warranted. The optimal treatment for idiopathic fibrillary glomerulonephritis in patients with abnormal kidney function or nephrotic range proteinuria is not well established. However, results from some studies support the use of rituximab.

(Images and text provided by Faten Aqeel, Johns Hopkins School of Medicine, Department of Medicine, Division of Nephrology, Baltimore, Maryland; Mohamad Hanouneh, Johns Hopkins School of Medicine, Department of Medicine, Division of Nephrology, Baltimore, Maryland, and Nephrology Center of Maryland, Baltimore, Maryland; Avi Z Rosenberg, Department of Pathology, Johns Hopkins Medical Institutions, Baltimore, Maryland; Bernard G. Jaar, Johns Hopkins School of Medicine, Department of Medicine, Division of Nephrology, Baltimore, Maryland, and Nephrology Center of Maryland, Baltimore, Maryland and Johns Hopkins Bloomberg School of Public Health, Department of Epidemiology, Baltimore, Maryland and Johns Hopkins Medical Institutions, Welch Center for Prevention, Epidemiology, and Clinical Research, Baltimore, Maryland)