Patient Voice

333 COVID-19 and Palliative Care: Observations, Extrapolations, and Cautions
Edward V. Hickey III and Paul T. Conway
See related article on page 342.

Editorials

335 Growing Understanding of the Clinical and Serologic Effects of COVID-19 Vaccines in Patients Undergoing Long-Term Dialysis
Gregory L. Hundemer and Manish M. Sood
See related articles on pages 395 and 403, respectively.

338 Exploring the Role of Inflammation toward the Pathogenesis of Calcium Nephrolithiasis
Khashayar Sakhaee
See related article on page 414.

340 Will New Treatment Options for Lupus Nephritis Be Affordable?
Y.K. Onno Teng and Ton J. Rabelink
See related article on page 385.

Original Articles

Acute Kidney Injury and ICU Nephrology

342 Utilization of Palliative Care for Patients with COVID-19 and Acute Kidney Injury during a COVID-19 Surge
Jennifer S. Scherer, Yingzhi Qian, Megan E. Rau, Qandeel H. Soomro, Ryan Sullivan, Janelle Linton, Judy Zhong, Joshua Chodosh, and David M. Charytan
See related Patient Voice on page 333.

Chronic Kidney Disease

350 Comparison of Aptamer-Based and Antibody-Based Assays for Protein Quantification in Chronic Kidney Disease
Carolina Lopez-Silva, Aditya Surapaneni, Josef Coresh, Jochen Reiser, Chirag R. Parikh, Wassim Obeid, Morgan E. Grams, and Teresa K. Chen

Clinical Nephrology

361 Potential Effects of Elimination of the Black Race Coefficient in eGFR Calculations in the CREDENCE Trial
David M. Charytan, Jie Yu, Meg J. Jardine, Christopher P. Cannon, Rajiv Agarwal, George Bakris, Tom Greene, Adeera Levin, Carol Pollock, Neil R. Powe, Clare Arnott, and Kenneth W. Mahaffey, on behalf of the CREDENCE study investigators

Cystic Kidney Disease

374 Volume Progression and Imaging Classification of Polycystic Liver in Early Autosomal Dominant Polycystic Kidney Disease
Glomerular and Tubulointerstitial Diseases

385 The Cost-Effectiveness of Belimumab and Voclosporin for Patients with Lupus Nephritis in the United States
Olena Mandrik, James Fotheringham, Shijie Ren, Jeffrey A. Tice, Richard H. Chapman, Matthew D. Stevenson, Steven D. Pearson, Serina Herron-Smith, Foluso Agboola, and Praveen Thokala
See related editorial on page 340.

Maintenance Dialysis

395 Vaccination and COVID-19 Dynamics in Dialysis Patients
Khalil El Karoui, Maryvonne Hourmant, Carole Ayav, François Glowacki, Cécile Couchoud, and Nathanaël Lapidus,
on behalf of the REIN Registry
See related editorial on page 335.

403 Seroresponse to SARS-CoV-2 Vaccines among Maintenance Dialysis Patients over 6 Months
See related editorial on page 335.

Nephrolithiasis

414 Inflammatory Cells in Nephrectomy Tissue from Patients without and with a History of Urinary Stone Disease
Pegah Dejban, Elena M. Wilson, Muthuvel Jayachandran, Loren P. Herrera Hernandez, Zejfa Haskic, Linda E. Wellik, Sutapa Sinha, Andrew D. Rule, Aleksandar Denic, Kevin Koo, Aaron M. Potretzke, and John C. Lieske
See related editorial on page 338.

Research Letters

423 Renin-Angiotensin-Aldosterone System Inhibitors and the Risk of AKI in COVID-19 Compared with Influenza
Bethany C. Birkelo, Sharidan K. Parr, Amy M. Perkins, Robert A. Greevy Jr., Juan Pablo Arroyo, Adriana M. Hung, Andrew J. Vincz, Shailja C. Shah, Tarun Kapoor, Michael E. Matheny, and Edward D. Siew

426 Effect of the Refitted Race-Free eGFR Formula on the CKD Prevalence and Mortality in the Danish Population
Søren Viborg Vestergaard, Uffe Heide-Jørgensen, Henrik Birn, and Christian Fynbo Christiansen

Insights from the USRDS

429 Catheter-Associated Bloodstream Infections among Patients on Hemodialysis: Progress before and during the COVID-19 Pandemic
Kirsten L. Johansen, David T. Gilbertson, James B. Wetmore, Yi Peng, Jiannong Liu, and Eric D. Weinhandl

Kidney Transplantation Long-Term Management Challenges

434 De Novo Malignancies after Kidney Transplantation
David Al-Adra, Talal Al-Qaoud, Kevin Fowler, and Germaine Wong

444 Managing Patients with Failing Kidney Allograft: Many Questions Remain
Scott Davis and Sumit Mohan

Kidney Case Conference: How I Treat

452 How I Treat Complement-Mediated TMA
C. John Sperati

Perspective

455 Hyperkalemia with Mineralocorticoid Receptor Antagonist Use in People with CKD: Understanding and Mitigating the Risks
Murray Epstein, Roberto Pecoits-Filho, Catherine M. Clase, Manish M. Sood, and Csaba P. Kovesdy
On the Cover

What is the Diagnosis?

A 58-year-old female with a history of Samter's triad (asthma, chronic sinusitis, and aspirin allergy) and chronic hepatitis C presented with 2 months of worsening cervical lymphadenopathy. Blood work noted elevated creatinine from 0.7 to 1.3 mg/dl. Computed tomography of the abdomen revealed diffuse lymphadenopathy and bilateral kidney masses. A basic infectious and autoimmune workup including hepatitis, tuberculosis, Epstein–Barr virus, syphilis, and antinuclear antibody serologies were negative. A superficial cervical lymph node biopsy showed acute inflammatory histiocytosis, positive for S-100 staining and plasma cells with emperiplois—a term describing the presence of intact lymphocytes engulfed in the cytoplasm of the histiocytes—which is a hallmark of Rosai-Dorfman disease (RDD). The patient was diagnosed with RDD, and no further kidney workup was pursued. The patient was started on 70 mg/d prednisone with taper and experienced resolution of imaging and laboratory abnormalities over the next 3 months.

Image Description:
Left image and center image show contrast-enhanced computed tomography scan with bilateral kidney involvement with low attenuation, 1–2 cm lesions, which efface normal kidney parenchyma and cortical ribbons, suggesting infiltrative masses. There is also diffuse retroperitoneal lymphadenopathy. And the right image shows various histiocytes with pale cytoplasms and engulfed lymphocytes (emperiplois) suggestive of RDD.

Teaching Points:
Rosai-Dorfman disease is a benign disease with histiocytosis, massive lymphadenopathy, and multivisceral involvement that has excellent response to steroid therapy. Characteristic histological findings include S100 positive, large pale histiocytes with or without emperiplois. Sixteen percent of all kidney masses are nonmalignant, yet their diagnosis leads to avoidable invasive procedures. RDD is often diagnosed after kidney biopsies or nephrectomies, but this can be prevented by maintaining a high index of suspicion for this benign pathology, particularly in patients with atypical presentation or chronic inflammatory conditions. This can help avoid unnecessary invasive procedures leading to precious tissue loss.

(Text and images provided by Mairj Qazi, Cleveland Clinic, Nephrology, Cleveland, Ohio; Huma Qazi, Army Medical College, Rawalpindi, Punjab, Pakistan; Sudipto Mukherjee, Cleveland Clinic, Cleveland, Ohio; Priyesh Patel, Cleveland Clinic, Radiology, Cleveland, Ohio; Ali Mehd, Cleveland Clinic Foundation, Hypertension and Nephrology, Cleveland, Ohio; Jonathan Talercio, Cleveland Clinic, Nephrology, Cleveland, Ohio; and Georges Nakhoul, Cleveland Clinic, Nephrology, Cleveland, Ohio)