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1743 Preeclampsia and Risk for Subsequent ESRD in Populations of European Ancestry  
Amret T. Hawfield and Barry I. Freedman  
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1746 L-Carnitine for Anemia in Hemodialysis Patients: A Last Resort  
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1761 The Association of Albumin/Creatinine Ratio with Postoperative AKI in Children Undergoing Cardiac Surgery  
Michael Zappitelli, Steven G. Coca, Amit X. Garg, Catherine D. Krawczeski, Heather Thiessen Philbrook, Kyaw Sint, Simon Li, Chirag R. Parikh, and Prasad Devarajan, for the TRIBE-AKI Consortium  
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1777 CKD, Plasma Lipids, and Common Carotid Intima-Media Thickness: Results from the Multi-Ethnic Study of Atherosclerosis  

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1801 **Physical Exercise, Fasting Glucose, and Renal Hyperfiltration in the General Population: The Renal Iohexol Clearance Survey in Tromsø 6 (REINS-T6)**  
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1811 **Dietary Acid Load and Metabolic Acidosis in Renal Transplant Recipients**  
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1819 **Familial Factors in the Association between Preeclampsia and Later ESRD**  
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1827 **Association of Smoking with Cardiovascular and Infection-Related Morbidity and Mortality in Chronic Hemodialysis**  
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1836 **L-Carnitine Treatment in Incident Hemodialysis Patients: The Multicenter, Randomized, Double-Blinded, Placebo-Controlled CARNIDIAL trial**  
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1852 **Parietal Epithelial Cell Activation Marker in Early Recurrence of FSGS in the Transplant**  
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1859 **Association of Pre–Kidney Transplant Markers of Mineral and Bone Disorder with Post-Transplant Outcomes**  
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1897 Dialysis Outcomes and Practice Patterns Study (DOPPS): Its Strengths, Limitations, and Role in Informing Practices and Policies
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1907 ESRD Networks: Past, Present, and Challenges for the Future
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Erratum

1915 Correction

On the Cover
What’s the diagnosis? Urine microscopy in the upper left panel demonstrates a cast filled with decoy cells (BK virus infected renal tubular epithelial cells), while the upper right panel shows the lymphocytic reaction to BK virus with renal epithelial cells containing large nuclei indicative of viral infection. The lower left panel is an SV-40 stain of renal tissue showing BK virus infected nuclei. The BK viral particles are seen on electron microscopy in the lower right panel. BK virus-associated nephropathy describes kidney injury that develops in a renal allograft as a result of the polyoma virus BK virus. Infection with BK virus occurs primarily in patients treated with potent immunosuppressive agents. The renal manifestations closely resemble those of acute rejection including either acute kidney injury or a slowly progressive decline in kidney function. In general, the process occurs at a mean period of 10 to 13 months following transplantation. Urinalysis and microscopy most commonly reveal pyuria, hematuria, and/or cellular casts consisting of renal tubular epithelial (RTE) cells and inflammatory cells, findings consistent with interstitial nephritis. Decoy cells may be identified in the spun urine sediment or on urine cytology. The most characteristic abnormality is RTE cells with an enlarged nucleus with a single large basophilic intranuclear inclusion. These cellular changes are suggestive of polyoma virus infection. However, decoy cells are not entirely sensitive or specific for BK virus infection. RTE cell casts with features of polyoma virus infection were observed on urine microscopy in seven of eight patients with biopsy-confirmed BK virus-associated nephropathy. Renal biopsy is very helpful in diagnosing BK virus-associated nephropathy. Large, intranuclear inclusions within RTE cells are highly suggestive while a positive immunohistochemical stain against SV-40 T-antigen is highly specific for polyoma virus, of which BK is the most common. In situ hybridization to identify viral DNA or proteins within renal tissue is another specific test to diagnose BK virus-associated nephropathy. Electron microscopy of infected renal tubular cells may demonstrate the viral particles, as seen in this case. (Images and text provided by Jose Antonio Tesser Poloni, Irmandade da Santa Casa de Misericordia de Porto Alegre, Porto Alegre, Brazil, and Gilbert Moeckel and Mark A. Perazella, Yale University, New Haven, Connecticut)