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1930 Carotid Intima-Media Thickness in Children with CKD: Results from the CKiD Study  
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1947 Differential Diagnosis of Lupus and Primary Membranous Nephropathies by IgG Subclass Analysis  
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1956 Attitudes Toward Strategies to Increase Organ Donation: Views of the General Public and Health Professionals  
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1964 Urinary Albumin Excretion Patterns of Patients with Cast Nephropathy and Other Monoclonal Gammopathy–Related Kidney Diseases  
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1969 Outcomes of Male Patients with Alport Syndrome Undergoing Renal Replacement Therapy

1977 Dialysis Dose Scaled to Body Surface Area and Size-Adjusted, Sex-Specific Patient Mortality
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1988 Association of Modality with Mortality among Canadian Aboriginals
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1996 Determinants and Short-Term Reproducibility of Relative Plasma Volume Slopes during Hemodialysis
Sanjiv Anand, Arjun D. Sinha, and Rajiv Agarwal

2002 Quality of Life and Survival in Patients with Advanced Kidney Failure Managed Conservatively or by Dialysis
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2010 Habitual Physical Activity Measured by Accelerometer and Survival in Maintenance Hemodialysis Patients
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2017 FGF-23 and the Progression of Coronary Arterial Calcification in Patients New to Dialysis
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2023 How to Overcome Barriers and Establish a Successful Home HD Program
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On the Cover

What’s the diagnosis? Renal amyloidosis is characterized by deposition of amorphous, acellular material, usually affecting all compartments of kidney parenchyma. At least 27 different kinds of proteins with amyloid properties have been described in humans, although most common proteins in renal amyloidosis include light and/or heavy chain immunoglobulins (primary amyloidosis) and serum amyloid A (secondary, reactive amyloidosis). On ultrastructural examination, these proteins all have in common the formation of irregular deposits with non-branching, randomly arranged fibrillary substructures of 8-12 nm in diameter. On light microscopy, Congo red stain reveals orange-red deposits that show the characteristic apple-green birefringence when viewed under polarized light (front page image). The left side of the image shows orange deposits in the glomeruli, tubulointerstitium, and the vasculature. On the right, the same area of the parenchyma is viewed under polarized light and one can appreciate apple-green color of the amyloid deposits; an area of interstitial fibrosis can also be appreciated in this portion of the image, with white color of the focal collagen deposits. Congo red-stained sections should always be evaluated under polarized light to look for the presence of apple-green birefringence. The origin of amyloid deposits should further be characterized by immunofluorescence microscopy or immunohistochemistry methods. (Image and text provided by Vanesa Bijol, MD, Brigham and Women’s Hospital)