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1917 Removing Financial Disincentives to Organ Donation: An Acceptable Next Step? 
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1920 Optimizing the Measurement of Dialysis: Which Denominator? 
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1924 Deny Dialysis or “D-NI” Dialysis? The Case for “Do Not Initiate; Do Not Ignore” Orders 
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1927 Physical Activity in ESRD: Time to Get Moving 
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Original Articles

Chronic Kidney Disease

1930 Carotid Intima-Media Thickness in Children with CKD: Results from the CKiD Study 
Tammy M. Brady, Michael F. Schneider, Joseph T. Flynn, Christopher Cox, Joshua Samuels, Jeffrey Saland, 
Colin T. White, Susan Furth, Bradley A. Warady, and Mark Mitsnefes

1938 Association between Albuminuria, Kidney Function, and Inflammatory Biomarker Profile in CKD in CRIC 
Jayanta Gupta, Nandita Mitra, Peter A. Kanetsky, Joe Devaney, Maria R. Wing, Muredach Reilly, Vallabh O. Shah, 
Vaidyanathapura S. Balakrishnan, Nicolas J. Guzman, Matthias Girndt, Brian G. Periera, Harold I. Feldman, 
John W. Kusek, Marshall M. Joffe, and Dominic S. Raj, for the CRIC Study Investigators

Clinical Immunology and Pathology

1947 Differential Diagnosis of Lupus and Primary Membranous Nephropathies by IgG Subclass Analysis 
Young Soo Song, Kyueng-Whan Min, Ju Han Kim, Gheun-Ho Kim, and Moon Hyang Park

Clinical Nephrology

1956 Attitudes Toward Strategies to Increase Organ Donation: Views of the General Public and 
Health Professionals 
Lianne Barnieh, Scott Klarenbach, John S. Gill, Tim Caulfield, and Braden Manns 
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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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and Angela Dispenzieri
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1977 Dialysis Dose Scaled to Body Surface Area and Size-Adjusted, Sex-Specific Patient Mortality
Sylvia Paz B. Ramirez, Alissa Kapke, Friedrich K. Port, Robert A. Wolfe, Rajiv Saran, Jeffrey Pearson, Richard A. Hirth, Joseph M. Messana, and John T. Daugirdas
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1988 Association of Modality with Mortality among Canadian Aboriginals
Manish M. Sood, Brenda Hemmelgarn, Claudio Rigatto, Paul Komenda, Karen Yeates, Steven Promislow, Julie Mojica, and Navdeep Tangri

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
Maria Da Silva-Gane, David Wellsted, Hannah Greenshields, Sam Norton, Shahid M. Chandna, and Ken Farrington
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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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2033 Response to Dietary Oxalate after Bariatric Surgery
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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)