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Editorials

1917 Removing Financial Disincentives to Organ Donation: An Acceptable Next Step?

Alexander C. Wiseman

See related article on page 1956.

1920 Optimizing the Measurement of Dialysis: Which Denominator?

Tom Depner

See related article on page 1977.

1924 Deny Dialysis or “D-NI” Dialysis? The Case for “Do Not Initiate; Do Not Ignore” Orders

Rachel Carson

See related article on page 2002.

1927 Physical Activity in ESRD: Time to Get Moving

Stephen L. Seliger

See related article on page 2010.

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

See related editorial on page 1917.

1964 Urinary Albumin Excretion Patterns of Patients with Cast Nephropathy and Other Monoclonal Gammopathy-Related Kidney Diseases

Nelson Leung, Morie Gertz, Robert A. Kyle, Fernando C. Fervenza, Maria V. Irazabal, Alfonso Eirin, Shaji Kumar, Stephen S. Cha, S. Vincent Rajkumar, Martha Q. Lacy, Steve R. Zeldenrust, Francis K. Buadi, Suzanne R. Hayman, Samih H. Nasr, Sanjeev Sethi, Marina Ramirez-Alvarado, Thomas E. Witzig, Sandra M. Herrmann, and Angela Dispenzieri

Epidemiology and Outcomes

1969 Outcomes of Male Patients with Alport Syndrome Undergoing Renal Replacement Therapy

Johanna Temme, Anneke Kramer, Kitty J. Jager, Katharina Lange, Frederick Peters, Gerhard-Anton Müller, Reinhard Kramar, James G. Heaf, Patrik Finne, Runolfur Palsson, Anna V. Reisæter, Andries J. Hoitsma, Wendy Metcalfe, Maurizio Postorino, Oscar Zurriaga, Julio P. Santos, Pietro Ravani, Faical Jarraya, Enrico Verrina, Friedo W. Dekker, and Oliver Gross

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
See related editorial on page 1920.

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

ESRD and Chronic Dialysis

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
See related editorial on page 1924.

2010 Habitual Physical Activity Measured by Accelerometer and Survival in Maintenance Hemodialysis Patients

Ryota Matsuzawa, Atsuhiko Matsunaga, Guoqin Wang, Toshiki Kutsuna, Akira Ishii, Yoshifumi Abe, Yutaka Takagi, Atsushi Yoshida, and Naonobu Takahira
See related editorial on page 1927.

2017 FGF-23 and the Progression of Coronary Arterial Calcification in Patients New to Dialysis

Abigail May Khan, Julio A. Chirinos, Harold Litt, Wei Yang, and Sylvia E. Rosas

2023 How to Overcome Barriers and Establish a Successful Home HD Program

Bessie A. Young, Christopher Chan, Christopher Blagg, Robert Lockridge, Thomas Golper, Fred Finkelstein, Rachel Shaffer, and Rajnish Mehrotra, on behalf of the ASN Dialysis Advisory Group

Nephrolithiasis

2033 Response to Dietary Oxalate after Bariatric Surgery

Leila Froeder, Carlos Haruo Arasaki, Carlos Alberto Malheiros, Alessandra Calábria Baxmann, and Ita Pfeferman Heilberg

Attending Rounds

2041 AKI in a Patient with Cirrhosis and Ascites

Andrew Davenport

Ethics Series

2049 The Ethics of End-of-Life Care for Patients with ESRD

Sara N. Davison

In-Depth Review

2058 Common Infections in Kidney Transplant Recipients

Shamila Karuthu and Emily A. Blumberg

Moving Points in Nephrology

2071 Obstetric Nephrology: Pregnancy and the Kidney—Inextricably Linked

Phyllis August

2073 Obstetric Nephrology: Renal Hemodynamic and Metabolic Physiology in Normal Pregnancy

Ayodele Odutayo and Michelle Hladunewich

2081 Obstetric Nephrology: Pregnancy in Women with Diabetic Nephropathy—The Role of Antihypertensive Treatment

Elisabeth R. Mathiesen, Lene Ringholm, Bo Feldt-Rasmussen, Peter Clausen, and Peter Damm

2089 Obstetric Nephrology: Lupus and Lupus Nephritis in Pregnancy

Todd J. Stanhope, Wendy M. White, Kevin G. Moder, Andrew Smyth, and Vesna D. Garovic

2100 Obstetric Nephrology: AKI and Thrombotic Microangiopathies in Pregnancy

Fadi Fakhouri, Caroline Vercel, and Véronique Frémeaux-Bacchi

2107 Obstetric Nephrology: Preeclampsia—The Nephrologist's Perspective

Jason G. Umans

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)