Editorials

1637 Aldosterone Breakthrough during Angiotensin Receptor Blocker Use: More Questions than Answers?  
Sankar D. Navaneethan and Emmanuel L. Bravo  
See related article on page 1694.

1640 Changes in Body Weight and Subsequent Mortality: Are We Any Closer to Knowing How to Deal with Obesity in ESRD?  
Csaba P. Kovesdy and Kamyar Kalantar-Zadeh  
See related article on pages 1734 and 1725.

1643 Dancing around Elephants  
Thomas A. Golper  
See related article on page 1741.

1645 Better Understanding Live Donor Risk through Big Data  
Krista L. Lentine and Dorry L. Segev  
See related article on page 1773.

Original Articles

Acute Kidney Injury /Acute Renal Failure

1649 Use of Peritoneal Dialysis in AKI: A Systematic Review  
Chang Yin Chionh, Sachin S. Soni, Fredric O. Finkelstein, Claudio Ronco, and Dinna N. Cruz

1661 AKI in Hospitalized Children: Epidemiology and Clinical Associations in a National Cohort  
Scott M. Sutherland, Jun Ji, Farnoosh H. Sheikh, Eric Widen, Lu Tian, Steven R. Alexander, and Xuefeng B. Ling

1670 Efficacy and Safety of a Citrate-Based Protocol for Sustained Low-Efficiency Dialysis in AKI Using Standard Dialysis Equipment  
Enrico Fiaccadori, Giuseppe Regolisti, Carola Cademartiri, Aderville Cabassi, Edoardo Picetti, Maria Barbagallo, Tiziano Gherli, Giuseppe Castellano, Santo Morabito, and Umberto Maggiore

1679 Piecewise Analysis of Patient Survival after Onset of AKI  
Jane H. Zhang, Paul M. Palevsky, Glenn M. Chertow, John Hartigan, Theresa Z. O’Connor, Peter Guarino, and Bingqing Zhou

Chronic Kidney Disease

1685 Socioeconomic Measures and CKD in the United States and The Netherlands  
Priya Vart, Ron T. Gansevoort, Josef Coresh, Sijmen A. Reijneveld, and Ute Bültmann

Clinical Nephrology

1694 Determinants and Changes Associated with Aldosterone Breakthrough after Angiotensin II Receptor Blockade in Patients with Type 2 Diabetes with Overt Nephropathy  
Olivier Moranne, George Bakris, Coraline Fafin, Guillaume Favre, Christian Pradier, and Vincent L.M. Esnault  
See related editorial on page 1637.

1702 Elevated Subclinical Double-Stranded DNA Antibodies and Future Proliferative Lupus Nephritis  
Stephen W. Olson, Jessica J. Lee, Lisa K. Prince, Thomas P. Baker, Patricia Papadopoulos, Jess Edison, and Kevin C. Abbott
1709 Renal Survival in Proteinase 3 and Myeloperoxidase ANCA-Associated Systemic Vasculitis
Anoek A.E. de Joode, Jan Stephan F. Sanders, and Coen A. Stegeman

Diabetes and the Kidney
1718 The Modern Spectrum of Renal Biopsy Findings in Patients with Diabetes
Shree G. Sharma, Andrew S. Bombac, Jai Radhakrishnan, Leal C. Herlitz, Michael B. Stokes, Glen S. Markowitz, and Vivette D. D’Agati

Epidemiology and Outcomes
1725 Influence of Body Mass Index on the Association of Weight Changes with Mortality in Hemodialysis Patients
Iván Cabezas-Rodriguez, Juan Jesús Carrero, Carmine Zoccali, Abdul Rashid Qureshi, Markus Ketteler, Jürgen Floege, Gérard London, Francesco Locatelli, José Luis Gorrit, Boleslaw Rutkowski, Dimitrios Memmos, Aníbal Ferreira, Adrian Covic, Vladimir Teplan, Willem-Jan Bos, Reinhard Kramer, Drasko Pavlovic, David Goldsmith, Judit Nagy, Miha Benedik, Dierik Verbeelen, Christian Tieleman, Rudolf P. Wüthrich, Pierre-Yves Martin, Carlos Martínez-Salgado, José Luis Fernández-Martín, and Jorge B. Cannata-Andia
See related editorial on page 1640.

1734 Pre-ESRD Changes in Body Weight and Survival in Nursing Home Residents Starting Dialysis
Shobha Stack, Glenn M. Chertow, Kirsten L. Johansen, Yan Si, and Manjula Kurella Tamura
See related editorial on page 1640.

ESRD and Chronic Dialysis
1741 Neighborhood Socioeconomic Status and Barriers to Peritoneal Dialysis: A Mixed Methods Study
Suma Prakash, Adam T. Perzynski, Peter C. Austin, C. Fangyun Wu, Mary Ellen Lawless, J. Michael Paterson, Rob R. Quinn, Ashwini R. Sehgal, and Matthew James Oliver
See related editorial on page 1643.

1750 Preoperative Venous Intimal Hyperplasia, Postoperative Arteriovenous Fistula Stenosis, and Clinical Fistula Outcomes
Michael Allon, Michelle L. Robbin, Carlton J. Young, Mark H. Deierhoi, Jeremy Goodman, Michael Hanaway, Mark E. Lockhart, and Silvio Litovsky

Genetics
1756 Length Polymorphism in Heme Oxygenase-1 and Cardiovascular Events and Mortality in Hemodialysis Patients
Yu-Hsin Chen, Szu-Chun Hung, and Der-Cherng Tarng

Mineral Metabolism/Bone Disease
1764 Single FGF-23 Measurement and Time-Averaged Plasma Phosphate Levels in Hemodialysis Patients
Sarah Seiler, Gaetano Lucisano, Philipp Ege, Lisa H. Fell, Kyrill S. Rogacev, Anne Lerner-Gräber, Matthias Klingele, Matthias Ziegler, Danilo Fliser, and Gunnar H. Heine

Renal Transplantation
1773 Comorbidity Burden and Perioperative Complications for Living Kidney Donors in the United States
Jesse D. Schold, David A. Goldfarb, Laura D. Buccini, James R. Rodrigue, Didier A. Mandelbrot, Emily L.G. Heaphy, Richard A. Fatica, and Emilio D. Poggio
See related editorial on page 1645.

Commentaries
1783 Five Policies to Promote Palliative Care for Patients with ESRD
Manjula Kurella Tamura and Diane E. Meier

1791 Re-envisioning Fistula First in a Patient-Centered Culture
Amanda Gomes, Rebecca Schmidt, and Jay Wish
Moving Points in Nephrology

1798 Cardiorenal Syndrome: Introduction
Andrew A. House
See related article on pages 1800, 1808 and 1816.

1800 Cardiorenal Syndrome: A Cardiologist's Perspective of Pathophysiology
Inder S. Anand

1808 Cardiorenal Syndrome: New Developments in the Understanding and Pharmacologic Management
Andrew A. House

1816 Cardiorenal Syndrome: Ultrafiltration Therapy for Heart Failure—Trials and Tribulations
Amir Kazory

Special Feature

1829 Type 2 Translational Research for CKD

Erratum

1839 Correction

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On the Cover
What’s the diagnosis? 64 year old man with abdominal pain, diarrhea, and guaiac-positive stool on post-operative day 7 from aortic root replacement and pericardectomy secondary to pericardial tuberculosis, aortic valve insufficiency, and aortic root aneurysm. Coronal reformatted image from a contrast-enhanced CT scan showed evidence of ischemic colitis in the descending colon and sigmoid (barely visible on provided image), but also an abnormal enhancement pattern in the kidneys. The renal medulla demonstrates normal, symmetric perfusion (*), however, there is no perfusion of the renal cortex in either kidney. This is seen as a thin band of low attenuation along the periphery of each kidney (white arrows). Notably, there are a few areas of thin linear enhancement along the renal capsule bilaterally (white arrowheads), due to the separate blood supply to the renal capsule versus the renal cortex. The patient had anuric renal failure on post-operative day 1, suspected secondary to acute tubular necrosis with documented intra-operative hypotension and had been on CVVH since that time. This CT contrast enhancement pattern showing persistent enhancement of the renal medulla and renal capsule, but lack of perfusion of the renal cortex is diagnostic of acute cortical necrosis. (Image and text provided by Cheryl A. Sadow, MD, Abdominal Imaging and Intervention Division, Department of Radiology, Brigham and Women’s Hospital, Harvard Medical School).