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1870 25 (OH) Vitamin D Levels and Renal Disease Progression in Patients with Type 2 Diabetic Nephropathy and Blockade of the Renin-Angiotensin System
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1877 Urine Creatinine Excretion and Clinical Outcomes in CKD
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1884 Alternative Complement Pathway Activation Products in Urine and Kidneys of Patients with ANCA-Associated GN
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Diabetes and The Kidney

1892 Short-Term Changes after a Weight Reduction Intervention in Advanced Diabetic Nephropathy
Allon N. Friedman, Mary Chambers, Lisa M. Kamendulis, and Joan Temmerman
1899  Effect of Renin-Angiotensin System Blockade on Soluble Klotho in Patients with Type 2 Diabetes, Systolic Hypertension, and Albuminuria
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Epidemiology and Outcomes
1907  Albuminuria and Cognitive Decline in People with Diabetes and Normal Renal Function
Joshua I. Barzilay, James F. Lovato, Anne M. Murray, Jeff Williamson, Faramaz Ismail-Beigi, Diane Karl, Vasilios Papademetriou, and Lenore J. Launer

1915  Association of Cholesterol Levels with Mortality and Cardiovascular Events among Patients with CKD and Different Amounts of Proteinuria
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ESRD and Chronic Dialysis
1927  Carbamylation of Serum Albumin and Erythropoietin Resistance in End Stage Kidney Disease
Sahir Kalim, Hector Tamez, Julia Wenger, Elizabeth Ankers, Caitlin A. Trottier, Joseph J. Deferio, Anders H. Berg, S. Ananth Karumanchi, and Ravi I. Thadhani

1935  Bacteria-Derived DNA Fragment in Peritoneal Dialysis Effluent as a Predictor of Relapsing Peritonitis
Cheuk-Chun Szeto, Ka-Bik Lai, Bonnie Ching-Ha Kwan, Kai-Ming Chow, Chi-Bon Leung, Man-Ching Law, Vincent Yu, and Philip Kam-Tao Li

1942  Clinical Factors and the Decision to Transfuse Chronic Dialysis Patients
Cynthia B. Whitman, Sanatan Shreay, Matthew Gitlin, Martijn G. H. van Oijen, and Brennan M. R. Spiegel

Hypertension
1952  Dietary Sodium Restriction and Association with Urinary Marinobufagenin, Blood Pressure, and Aortic Stiffness
Kristen L. Jablonski, Olga V. Fedorova, Matthew L. Racine, Candace J. Geolfos, Phillip E. Gates, Michel Chonchol, Bradley S. Fleenor, Edward G. Lakatta, Alexei Y. Bagrov, and Douglas R. Seals

Nephrolithiasis
1960  Randomized Controlled Trial of Febuxostat Versus Allopurinol or Placebo in Individuals with Higher Urinary Uric Acid Excretion and Calcium Stones
David S. Goldfibr, Patricia A. MacDonald, Lhanoo Gunawardhana, Solomon Chefo, and Lachy McLean

Renal Transplantation
1968  Fibroblast Growth Factor 23 and Cardiovascular Mortality after Kidney Transplantation
Leandro C. Baia, Jelmer K. Humalda, Marc G. Vervloet, Gerjan Navis, Stephan J.L. Bakker, and Martin H. de Borst, on behalf of the NIGRAM Consortium

Attending Rounds
1979  A Patient with Nephrotic-Range Proteinuria and Focal Global Glomerulosclerosis
Fernando C. Fervenza

Commentary
1988  Medication Reconciliation and Therapy Management in Dialysis-Dependent Patients: Need for a Systematic Approach
Amy Barton Pai, Katie E. Cardone, Harold J. Manley, Wendy L. St. Peter, Rachel Shaffer, Michael Somers, and Rajnish Mehrotra, on behalf of the Dialysis Advisory Group of the American Society of Nephrology

Ethics Series
Ann Rinehart
On the Cover

What’s the diagnosis? A young man with a renal carcinoma but no history of kidney stones or malabsorption underwent a nephrectomy and the non-neoplastic kidney parenchyma of the kidney was examined. The cortex was completely unremarkable. The image shows several large calcium phosphate deposits at the tip of papilla with associated medullary interstitial fibrosis. The calcium phosphate deposits are also present in the lumens of several tubules, suggesting a dystrophic type of calcifications that occur in the setting of cellular injury, as opposed to metastatic calcifications that are seen in the setting of hypercalcemic states and characterized by deposition along the tubular basement membranes. Interstitial calcium phosphate deposits, sometimes with associated interstitial fibrosis, have been identified in patients with kidney stones who have undergone biopsy during percutaneous stone removal. Some patients, typically those with an ileostomy or who have had a small bowel resection or gastric bypass surgery, may also have crystal deposits that plug the ducts of Bellini and inner medullary collecting ducts. The current hypothesis is that this interstitial calcium phosphate eventually erodes through the papillary epithelium to form a Randall’s plaque. Calcium oxalate and calcium phosphate then deposit on the plaque and grow into what is clinically recognized as a kidney stone. Thus, this interstitial process (which may also seen in individuals who have not formed a kidney stone), related to low urine volume and high urine calcium but for which the exact mechanism remains unknown, may be the initiating event for the common forms of calcium nephrolithiasis. (Images and text provided by Vanesa Bijol, MD, Brigham and Women’s Hospital)