In 2017, we established an annual celebration of articles that our editorial team designated as “Editors’ Choice” selections. The editors are delighted to recognize the articles listed below that have been selected to receive the 2021 Editors’ Choice Award. Congratulations to all the authors!

Relative and Absolute Risk Reductions in Cardiovascular and Kidney Outcomes With Canagliflozin Across KDIGO Risk Categories: Findings From the CANVAS Program by Brendon L. Neuen, Toshiaki Ohkuma, Bruce Neal, David R. Matthews, Dick de Zeeuw, Kenneth W. Mahaffey, Greg Fulcher, Jaime Blais, Qiang Li, Meg J. Jardine, Vlado Perkovic, and David C. Wheeler (January 2021)

From the authors: Canagliflozin reduces the risk for cardiovascular and kidney outcomes in patients with type 2 diabetes. This post hoc analysis of the phase 3 randomized placebo-controlled CANagliflozin cardioVascular Assessment Study (CANVAS) Program (n = 10,142) assessed the effect of canagliflozin on these outcomes in participants with different levels of risk for chronic kidney disease outcomes, defined by the KDIGO (Kidney Disease: Improving Global Outcomes) classification based on estimated glomerular filtration rate and urinary albumin-creatinine ratio. The relative effects of canagliflozin on cardiovascular and kidney outcomes were similar across KDIGO risk categories, but absolute risk reductions were likely greater for individuals within higher-risk KDIGO categories. The KDIGO classification system may be able to be used to identify individuals who would derive greater benefits for end-organ protection from treatment with canagliflozin.


From the authors: Despite frequent poor outcomes, there is limited evidence to guide the way in which we prioritize care after acute kidney injury (AKI). This study validates 2 clinical risk models for outcomes in hospital survivors and AKI survivors. We used decision curve analysis to compare which decision strategies provide more benefit than harm. We found that risk models predicting death or readmission and chronic kidney disease have the potential to assist follow-up decisions after AKI and could be superior to alternative strategies such as prioritizing AKI severity or kidney recovery alone. We also found that many patients currently receive little or no postdischarge monitoring after AKI. This indicates possible opportunities for the implementation of decision support to guide postdischarge care for people hospitalized with AKI.
Social Determinants of Cardiovascular Health in African American Children With CKD: An Analysis of the Chronic Kidney Disease in Children (CKiD) Study by Kristen Sgambat, Jennifer Roem, Tammy M. Brady, Joseph T. Flynn, Mark Mitsnefes, Joshua A. Samuels, Bradley A. Warady, Susan L. Furth, and Asha Moudgil (July 2021)

From the authors: African American children with chronic kidney disease (CKD) are disproportionately affected by socioeconomic disadvantages compared with White children. The degree to which cardiovascular markers differ by race is influenced by disease etiology. African Americans with nonglomerular CKD have increased left ventricular mass index (LVMI), more ambulatory hypertension, and favorable lipid profile, but attenuation in magnitude after adjustment for socioeconomic factors (SES) was observed. African Americans with glomerular CKD had increased LVMI, which persisted after SES adjustment. As many social determinants of health were not captured, future research should examine effects of systemic racism on cardiovascular health in this population.


From the authors: Although several well-known anatomical and physiological changes during pregnancy could contribute to kidney stone formation, the evidence that these changes increase the risk of kidney stones during pregnancy is lacking. In a population-based case-control study using 945 female first-time symptomatic stone formers and 1,890 aged-matched female controls in Olmsted County, MN, pregnancy was associated with an increased risk of a symptomatic kidney stone, starting during the second trimester, peaking around the time of delivery, and persisting until 1 year after delivery. Awareness of the higher risk of symptomatic kidney stones during pregnancy and the postpartum period informs diagnostic and preventive strategies in women, particularly for women who are already at high risk for kidney stones.
From the authors: In this nationally representative sample of US adults, we found that although CKD awareness was higher among persons with higher 5-year kidney failure risk, approximately half the participants with $\geq 15\%$ risk for developing kidney failure within 5 years were unaware of having kidney disease. Additionally, no statistically significant trends over time were observed in CKD awareness for any risk groups except among those with minimal-risk CKD, but this trend was not significant in adjusted analyses. After adjustment for demographic factors and comorbid conditions, we found that higher predicted kidney failure risk was associated with increased odds of CKD awareness.