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The American Journal of Nephrology is a peer-reviewed journal that focuses on timely topics in both basic science and clinical research. Papers are divided into several sections, including:

- Original reports, spanning clinical, basic and outcome research
- In-depth topic reviews on specific topics selected by the Editor and Associate Editors
- Invited debates – selected on “hot topics” determined by the editorial board

Responding to the ever increasing pace in research, the *American Journal of Nephrology* adheres to a very tight publication schedule: accepted papers appear online within 5–6 weeks of acceptance.

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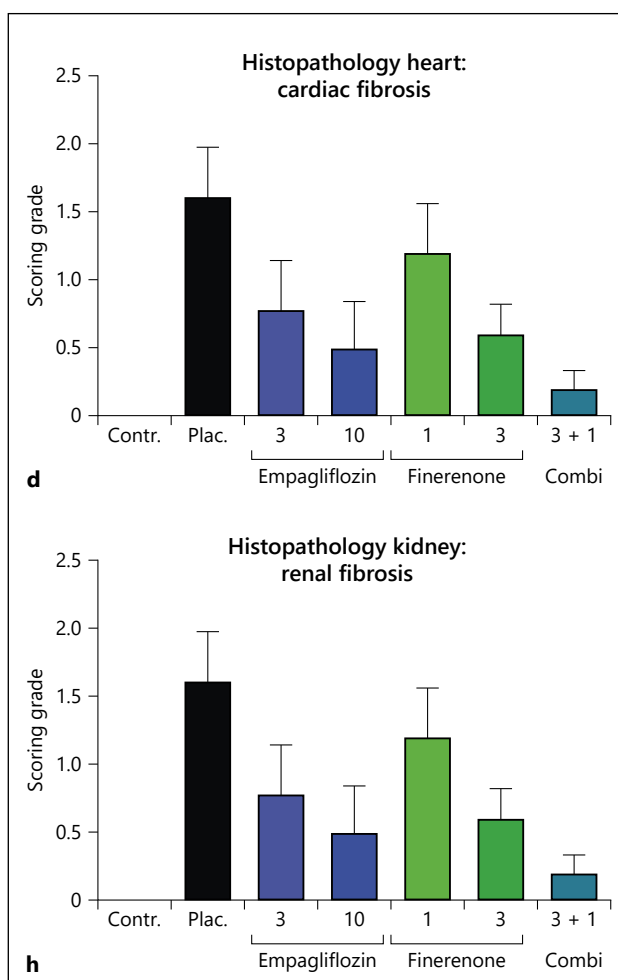
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Effects of Finerenone Combined with Empagliflozin in a Model of Hypertension-Induced End-Organ Damage

Kolkhof, P.; Hartmann, E.; Freyberger, A.; Pavkovic, M.; Mathar, I.; Sandner, P.; Droebner, K.; Joseph, A.; Hüser, J.; Eitner, F.

Nonsteroidal MR antagonism by finerenone and SGLT2 inhibition by empagliflozin confer cardiovascular protection in preclinical hypertension-induced cardiorenal disease. Combination of these two independent modes of action at low dosages revealed efficacious reduction in important functional parameters such as proteinuria and blood pressure, plasma markers including creatinine and uric acid, cardiac and renal lesions as determined by histopathology, and mortality indicating a strong potential for combined clinical use in cardiorenal patient populations.

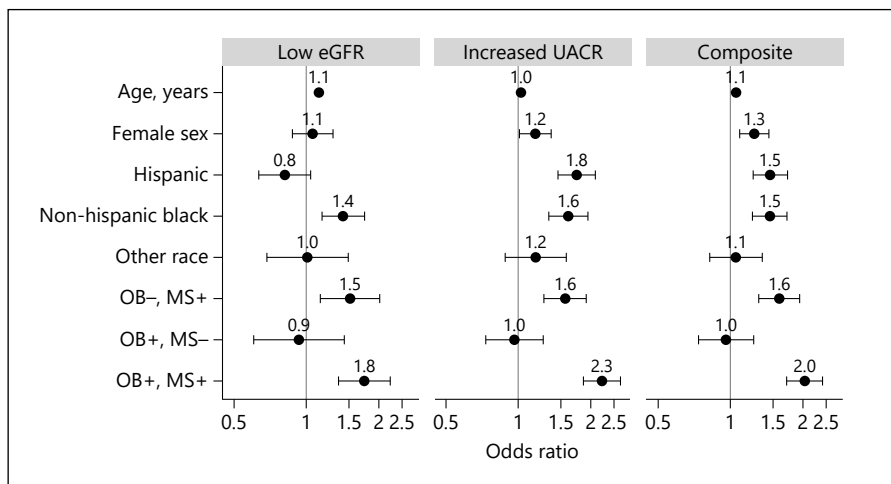
This article has an accompanying commentary, DOI: 10.1159/000516214, pp. 605–607.



Metabolic Syndrome, and Not Obesity, Is Associated with Chronic Kidney Disease

Ciardullo, S.; Ballabeni, C.; Trevisan, R.; Perseghin, G.

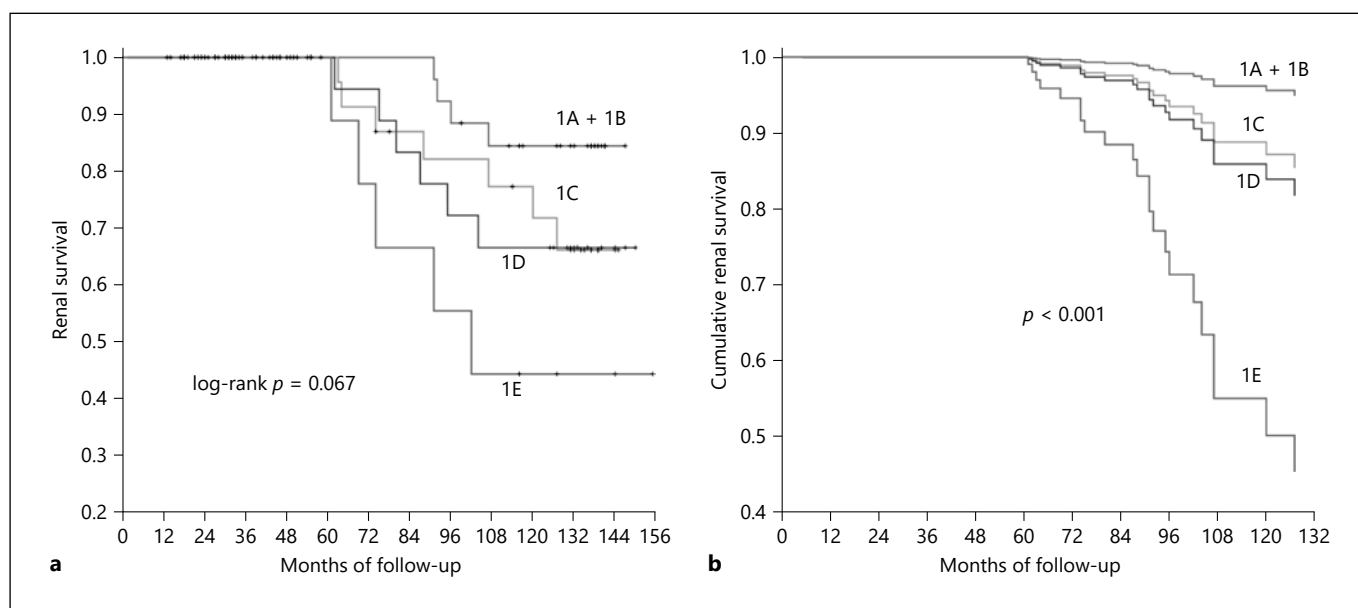
This large cross-sectional study suggests that metabolic syndrome and not obesity is associated with kidney damage and that the phenotype of obesity without metabolic syndrome does not seem to carry an increased risk of kidney disease.

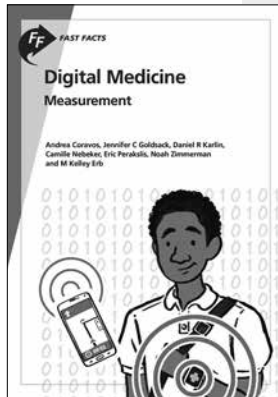
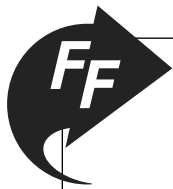


Predicting Future Renal Function Decline in Patients with Autosomal Dominant Polycystic Kidney Disease Using Mayo Clinic Classification

Borrego Utiel, F.J.; Esteban de la Rosa, R.J.; Merino García, E.; Medina Benítez, A.; Polo Moyano, A.; Moriana Domínguez, C.; Morales García, A.I.; Bravo Soto, J.A.

The investigators utilized the Mayo Clinic classification and were able to identify subjects who underwent a more rapid decline in kidney function in a cohort of Spanish patients with ADPKD. A limitation of the equation was that the rate of eGFR decline can underestimate the actual rate presented by patients of 1C, 1D and 1E class.





**Andrea Coravos, Jennifer C. Goldsack, Daniel R. Karlin,
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Technology is changing how we practice medicine. Sensors and wearables are getting smaller and cheaper, and algorithms are becoming powerful enough to predict medical outcomes. Yet despite rapid advances, healthcare lags behind other industries in truly putting these technologies to use. A major barrier is the cross-disciplinary approach required to create digital tools, a process that requires knowledge from many people across a range of fields. Fast Facts: Digital Medicine – Measurement aims to overcome that barrier, introducing the reader to core concepts and terms and facilitating dialogue. Contrasting ‘clinical research’ with routine ‘clinical care,’ this short colorful book describes types of digital measurement and how to use and validate digital measures in different settings. And with the burgeoning development of digital medicine tools, the authors provide a timely overview of the security, ethical, regulatory and legal issues to be considered before a product can enter the market.

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