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In this issue—2020 draws to a close

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As 2020 draws to a close, our last issue of *Kidney International* for this year is focused on the consequences of the pandemic for patients receiving renal replacement therapy. We offer our readership 7 original manuscripts, 4 letters to the editor, 1 editorial, 1 review, and 2 commentaries for their consideration. These curated articles were chosen because they report on large populations that the editors felt provided more accurate estimates of incidence, prevalence and consequences of the disease. Early in the pandemic the rush to get information into the public consciousness led many to question the veracity of the data.

Without question, coronavirus disease 2019 (COVID-19) has affected every person in every country of the world, either directly, or through its wake of economic, political, and social upheaval. It is fair to say that patients living on dialysis or with a kidney allograft have been particularly devastated by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Mortality of patients on dialysis from Europe and the United States is about 20% to 30%, but for those 75 years of age and older, mortality is higher. Kidney transplant recipients were also hit hard, with mortality in the 20% to 40% range and allograft loss occurring in about 6% of patients. In New York, the mortality of patients who received transplants was about 28% higher than that of matched patients on dialysis.

These articles and discussions, though sobering, outline what we as nephrologists should be thinking about and doing for our patients to lessen the impact of SARS-CoV-2, knowing that the pandemic will be around for the foreseeable future. Even as this issue goes to press, we are seeing surges occurring in the United States and Europe. Especially helpful in this regard is the review article on the ethics of kidney care during the pandemic, providing a roadmap for the nephrologist confronting the need for sometimes uncomfortable decision making amid a background of media noise. To be clear, however, the data also show some pleasantly surprising findings, not the least of which is that patients who are on immunosuppression for a kidney allograft can develop antibodies to the virus, an encouraging prospect as vaccine development proceeds at an unprecedented pace.

The Editorial Board hopes these articles foster discussion and further development of best practices in the nephrology community. We also realize that while our contributors were faced with immense challenges, contributions to *KI* were never interrupted and the journal was able to continue to provide cutting edge information on all aspects of nephrology, not just COVID-19. Thank you all for this, and we look forward to 2021 with optimism.

Brad H. Rovin¹

¹Division of Nephrology, Ohio State University Wexner Medical Center, Columbus, Ohio, USA

Correspondence: Brad H. Rovin, Division of Nephrology, Ohio State University Wexner Medical Center, Ground Floor, 325 W. 12th Avenue, Columbus, Ohio 43210, USA. E-mail: Rovin.1@osu.edu