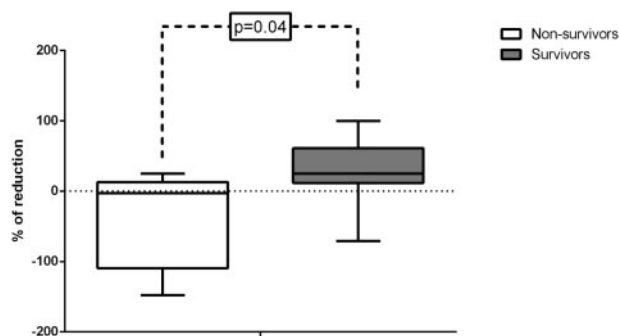


RESULTS: Sixteen patients were included (13 males, mean age 72 ± 15 years). Four patients (25%) died. Factors associated to mortality were dialysis vintage ($p=0.01$), the presence of infiltrates in chest X-ray ($p=0.032$), serum C-reactive protein ($p=0.05$) and lactate dehydrogenase ($p=0.02$) at one week, the requirement of oxygen therapy ($p=0.02$) and the use of anticoagulation ($p<0.01$). At admission, post-dialysis interleukin-6 levels were higher ($p<0.01$) in non-survivors and these patients differed from survivors in the reduction of interleukin-6 levels during the dialysis session despite using a PMMA filter (survivors vs non survivors $25 [17-53]\%$ vs $-3 [-109-12]\%$, $p=0.04$).

CONCLUSION: In hemodialysis COVID-19 patients, a positive balance of interleukin-6 during the session was associated to higher mortality.



MO664 Figure 1: Median reduction in serum interleukin-6 during the first hemodialysis session with a PMMA filter at admission was higher in surviving than in non-surviving COVID-19 patients. A negative value means that serum interleukin-6 increased during dialysis.

MO664 **DYNAMIC ASSESSMENT OF INTERLEUKIN-6 DURING HEMODIALYSIS AND MORTALITY IN COVID 19**

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BACKGROUND AND AIMS: The impact of the newly discovered severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing coronavirus disease-19 (COVID-19) in hemodialysis patients remains poorly characterized. Some hemodialysis techniques reduce systemic inflammation but their impact on COVID-19 has not been addressed. The aim of this prospective study was to evaluate factors associated to mortality in COVID-19 hemodialysis patients, including the impact of reducing interleukin-6 using a cytokine adsorbent filter.

METHOD: This is a prospective single-center study including 16 hemodialysis patients with COVID-19. All were dialyzed using a polymethyl methacrylate (PMMA) filter. Interleukin-6 levels were obtained before and after the first admission hemodialysis session and at one week. Also we collected serum samples from 8 patients of our unit as controls: 4 in online hemodiafiltration (OLHDF) and 4 in high-flux hemodialysis. Baseline comorbidities, laboratory values, chest X-ray and treatments were recorded and compared between survivors and non-survivors.