Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Conclusions: TEM suggests hypercoagulability in patients with CKD compared to controls despite the presence of anaemia and lower platelets, with more marked changes in patients on established HD.

TEM is unlikely to be a useful tool for assessing bleeding risk and qualitative platelets defects but may have a role for predicting vascular access thrombosis or future cardiovascular risk, which cannot be assessed using standard coagulation tests.

Conflict of Interest: This abstract was submitted to the UKKW 2020.

POS-467

RENAL AND HEPATIC OUTCOMES AFTER REMDESIVIR THERAPY IN COVID-19 POSITIVE PATIENTS WITH RENAL DYSFUNCTION AT BASELINE OR AFTER STARTING THERAPY

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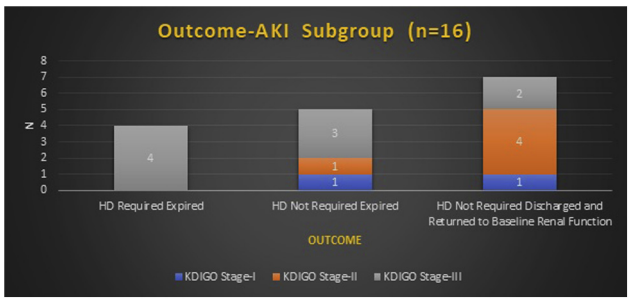
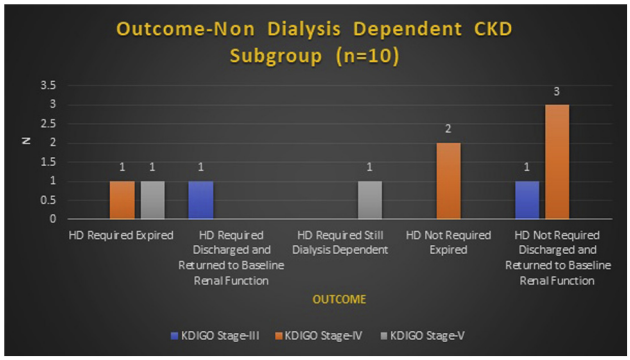
Introduction: The ACTT-1 study found a significant benefit in time to recovery evaluating the use of Remdesivir in COVID-19. However, it excluded patients with stage 4 CKD or those requiring dialysis.- Through this small study, we report our findings of Remdesivir therapy in patients with AKI or CKD at baseline or after starting therapy.

Methods: Aim: 1. To study the effect of Remdesivir therapy on renal and hepatic function in COVID-19 patients with renal dysfunction at baseline or after starting therapy. 2. To identify factors, if any, related to efficacy of Remdesivir therapy on patient outcome. Design: A prospective observational study conducted from 30th July to 7th November, 2020. Inclusion Criteria: Patients meeting all the below criteria irrespective of baseline GFR (including those already on Maintenance Hemodialysis) or baseline deranged LFT. 1. Age >18yrs. 2. COVID-19 RT-PCR positive. 3. Meeting criteria for administration of Remdesivir-(any one of the following) a.COVID-19 pneumonia with RR >30/min or SP02 <94% on room air. b.ARDS. 4. Renal dysfunction at baseline,during or within 48hrs of completion of therapy. Dose: eGFR >30ml/min or on dialysis- 200mg on day1, followed by 100mg per day for 4 days. eGFR <30ml/min,but not on dialysis- 200mg on day 1, followed by 100mg alternate day for 4 doses.

Results: 34 patients had renal dysfunction at baseline or developed it after Remdesivir therapy-16 were AKI, 10 CKD, 4 CKD5D and 4 were post renal transplant. Mean age was 58.65±12.59 yrs (27-90 yrs.) with 23 (67.6 %) Males. Before therapy, ARDS severity was Mild-4 (11.76%), Moderate-14 (41.17%) and severe-16 (47.05%) with 11 (32.35%) on BMV,13 (38.23%) on CPAP and 10 (29.41%) on Invasive ventilation. Mean duration of symptom onset before starting therapy was 6.79±2.23 days (1-12 days). Mean follow up period was 15.6 days (3-42 days). Overall mortality was 18/34 (52.9%). Renal Outcome: 4 were already on HD before therapy (all were CKD5D). 8/30(26.66%) needed HD during or after therapy-15 expired and among 15 survivors, 14 returned to their baseline renal function after cessation of therapy, 01 is still dialysis dependent.





In the dialysis dependent CKD (n=4) subgroup, 3 expired and 01 was discharged. In the post Renal transplant (n=4) group, all developed AKI during or after completion of therapy. None required HD, 2 returned to their baseline renal function, 2 expired. Hepatic Outcome: Only 5 had ALT elevation(x1 ULN) during or within 48 hrs of completion of therapy-3 expired, 2 returned to baseline.

	HEPATIC DYSFUNCTION AT BASELINE	HEPATIC DYSFUNCTION AFTER REMDESIVIR THERAPY
N	02	05
AKI		03
CKD		02
CKD5D	02	00
HD REQUIRED		01
OUTCOME		
EXPIRED	02	03
DISCHARGED		02
RETURNED TO BASELINE		02

Lower PaO^2/FiO^2 (severe ARDS) (p=0.0001), higher CRP (p=0.022), higher serum LDH (p=0.038) and duration of symptoms before starting therapy (p=0.05) were statistically significant variables at baseline associated with higher mortality.

Conclusions: Overall Mortality was 52.9% (18/34), with non survivors having statistically significant poor prognostic indicators: severe ARDS, higher inflammatory markers & duration of symptoms before therapy. All AKI survivors showed complete recovery of renal function. All except one AKI on CKD survivors showed return of serum creatinine to baseline. Only 5 patients developed mild hepatic dysfunction. Remdesivir may be tried in patients with renal dysfunction at baseline or during therapy if the benefits outweigh the risks.However larger, well-controlled studies evaluating its safety and efficacy in patients with AKI and CKD is needed.

No conflict of interest

POS-468

PROTEINURIA AND VENOUS THROMBOEMBOLISM IN PREGNANCY: A POPULATION-BASED COHORT STUDY

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Introduction: Pregnancy associated venous thromboembolism (VTE) is associated with high morbidity and mortality. Identification of risk factors of VTE may lead to improved maternal and fetal outcomes Proteinuria confers a pro-thrombotic state; however, its association with VTE in pregnancy remains unknown. We set out to assess the association of proteinuria and VTE during pregnancy.

Methods: Population-based, retrospective cohort study of all pregnant women (≥ 16 years old) with a proteinuria measure within 20 weeks of