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.