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.

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hour urine collection revealed total creatinine 722mg and total protein 4.2 grams. His serum albumin was 2.5g/dL.

Sorologic workup for glomerular disease was unrevealing. Patient underwent a renal biopsy. Most striking feature was prominent lipid deposition by electron microscopy (Figure 2). There were no electron dense deposits to suggest immune complex deposition. Examination by light microscopy showed 2/15 sclerosed glomeruli and occasional mesangial widening in a vaguely nodular fashion. He was started on losartan and his proteinuria improved to 380 mg/24 hrs 7 months after his initial presentation.

We describe a rare case of nephrotic range proteinuria due to hepatic glomerulosclerosis. Mainstay of treatment is supportive care with ACE-I/ARB therapy. There is no disease specific treatment. The kidneys to conserve potassium, thus hypokalemia is a stimulus for renal ammoniagenesis. An ammonia level was checked and noted to be 185 umol/L. Nephrology was consulted and continuous venovenous hemodialysis (CVVHD) was started for clearance of ammonia. Patient received CVVHD from hospital day 21 - 25. His ammonia levels declined (figure 1) and subsequently mental status improved. From day 26 to day 38, dialysis was intermittently held due to surgical/radiologic procedures. When RRT was paused, his ammonia levels would increase and his mental status would subsequently deteriorate.

In our CKD and KTx population: 1. Patients at a increased risk for contracting and dying from COVID19 due to older age are more likely to have ESRD from DML, and had fewer cardiac comorbidities. Median (IQR) time on dialysis was 1.51 (0.76, 3.00) years. By access type, median (IQR) length of AVF was 0.86 (0.92 - 3.37), AVG 0.87 (0.28 - 4.77), PD catheters 1.07 (0.55 - 1.91), venous catheters 0.63 (0.24 - 1.55), and multimodal 2.31 (1.37, 3.55). Among recipients of LDKT who were on dialysis for less than 1.5 years, 21.9% had an AVF or AVG. Recipients of preemptive or non-preemptive LDKT differed by several baseline characteristics. We found no evidence that dialysis or vascular access type affected likelihood of graft failure. Thus, venous catheter or PD can be considered a viable short-term alternative to AVF in patients with living donor availability.

We retrospectively extracted data on 580 LDKT recipients over 18 years old transplanted between January 2016 and July 2019 at UCSF, including dialysis access type (arteriovenous fistula [AVF], arteriovenous graft [AVG], peritoneal dialysis catheter [PD], and venous catheter), duration of dialysis, and clinical characteristics by chart review. Among non-preemptive transplant recipients, we evaluated length of dialysis by access type. Kaplan-Meier log-rank survival analysis was used to compare the probability of allograft failure among various dialysis modalities.
COVID-19 related complications. 2. Older pts feel less threatened by COVID than younger pts, despite their increased risk. 3. Older pts avoid leaving their home more than younger pts, which may allow them to feel less threatened by COVID-19. In part this may be due to older pts being retired or unemployed with younger pts having to leave home for work. 4. Older pts are more likely to believe that vitamin can prevent COVID-19 and are more likely to take a vitamin supplement than younger pts. This misinformation may also lead them to feel less threatened by COVID-19, although their acceptance of public health recommendations seems equal to that of younger pts. 5. Further examination of the beliefs, knowledge, and practices relating to COVID-19 in this high-risk population is warranted to create educational programs for them in order to best protect them during the current and future pandemics.

**166 CLINICAL PRACTICE GAP ANALYSIS OF CKD IN T2D FROM IDENTIFICATION TO DIAGNOSIS TO MANAGEMENT:**

Amy Larkin1, Kelly Hanley1, Anne Le1, George Bakris2; 1Medscape Education, New York, NY, United States; 2University of Chicago Medicine, Chicago, IL, United States.

Understanding clinical practice gaps in the identification, diagnosis and management of CKD in patients with T2D can inform development of tools to improve physician practices.

A survey instrument of 25 multiple choice, knowledge- and case-based questions allowed participants to assess their knowledge, attitudes, and confidence with regard to CKD in T2D. The survey was available online to physicians across the globe without monetary compensation or charge. Respondent confidentiality was maintained and responses were de-identified and aggregated prior to analyses. Initial data collection occurred from February 26, 2020, to April 20, 2020.

To date, 193 nephrologists completed the full assessment. Physicians demonstrated gaps in the following areas:

- **Insert Figure**

  When asked how satisfied nephrologists were with current treatment approaches for managing CKD in patients with T2D, 10% selected very satisfied, 74% selected moderately-mostly satisfied, and 16% slightly-not satisfied.

  This educational research on assessment of physicians’ clinical practices yielded important insights into clinical gaps related to identification, screening, diagnosis, and management of CKD in patients with T2D. Further studies are planned to assess the effect of medical education on decreasing these clinical practice gaps.

**167 IMPROVING KNOWLEDGE AND CONFIDENCE OF NEPHROLOGISTS RELATIVE TO MRAS FOR CKD IN T2D WITH CURRICULUM-BASED ONLINE EDUCATION:**

Amy Larkin1, Kelly Hanley1, Anne Le1; 1Medscape Education, New York, NY, United States

The goal of continuing medical education (CME) is professional growth and improved patient care. We developed a series of online continuing medical education (CME) activities in the goal of improving the clinical knowledge, competence, and confidence of nephrologists related to hyperkalemia management. This is the interim assessment data focusing on knowledge and confidence changes.

The online CME curriculum consists of 5 online activities. For this interim report, 3 of the 5 have been posted online. All 3 of these activities used repeated pairs pre-/post-assessment study design was used and McNemar’s test (P <.05 is considered significant) to assess educational effect. The activities launched in 2020 and data were collected for up to 12 weeks.

So far, the combined 3 activities have reached over 5,000 physicians, including >400 nephrologists.

Overall, knowledge improved by 11% (relative improvements, N=1,085, P<.001) by nephrologists.

Specific improvements:

- 37% relative increase in recognizing the broader impact of hyperkalemia (P<001)
- 33% relative increase in optimizing RAAS inhibitors in patients with hyperkalemia (P<.001)
- Of the nephrologists who were included (N=147), 27% had a measurable increase in confidence in managing hyperkalemia.

This interim assessment shows that education has thus far been successful at improving knowledge related to hyperkalemia management. We look forward to the final results in the future.

**168 INTERIM ASSESSMENT OF CURRICULUM-BASED ONLINE EDUCATION AIMED AT IMPROVING NEPHROLOGISTS’ KNOWLEDGE OF HYPERKALEMIA MANAGEMENT:**

Amy Larkin1, David Anderson1, George Boutsalis1; 1Medscape Education, New York, NY, United States

The goal of continuing medical education (CME) is professional growth and improved patient care. We developed a series of online continuing medical education (CME) activities in the goal of improving the clinical knowledge, competence, and confidence of nephrologists related to hyperkalemia management. This is the interim assessment data focusing on knowledge and confidence changes.

The online CME curriculum consists of 5 online activities. For this interim report, 3 of the 5 have been posted online. All 3 of these activities used repeated pairs pre-/post-assessment study design was used and McNemar’s test (P <.05 is considered significant) to assess educational effect. The activities launched in 2020 and data were collected for up to 12 weeks.

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- Of the nephrologists who were included (N=147), 27% had a measurable increase in confidence in managing hyperkalemia.

This interim assessment shows that education has thus far been successful at improving knowledge related to hyperkalemia management. We look forward to the final results in the future.

**169 ONLINE CME IS SUCCESSFUL AT IMPROVING KNOWLEDGE RELATED TO EMERGING AGENTS FOR HEPATORENAL SYNDROME BY NEPHROLOGISTS:**

Amy Larkin1, Donald Blatherwick1, George Boutsalis1; 1Medscape Education, New York, NY, United States

Clinicians need to understand clinical profiles of emerging agents in order to use safely and effectively when available to improve their patient management of HRS. We sought to determine if online continuing medical education (CME) could improve the clinical knowledge of nephrologists related to emerging treatments for HRS.

The effect of an online, 15-minute, CME-certified summary of a satellite symposium presented at the American Transplant Congress