

of 96 months, not finding significant differences in these last two groups (log-rank >0.05).

CONCLUSION: Most of the patients older than 60 years on hemodialysis in NephroCare-Chile reach a survival of >10 years, being similar to the data published in the international literature. Hemodialysis patients >85 years present indicators of adequacy, nutrition and survival that justify their admission and permanence in it. Our results confirm that replacement therapy significantly prolongs life expectancy in older patients, including those who start their therapy aged 85 years or older [5].

MO828 THE HUMORAL RESPONSE OF SARS-COV-2 VACCINE IN HAEMODIALYSIS

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BACKGROUND AND AIMS: Although vaccination against COVID-19 infection in dialysis patients is an urgent issue of worldwide concern, literature data regarding the antibody level and their kinetics over time and the efficacy towards complete COVID-19 vaccination and booster dose in these patients is inconclusive.

METHOD: We retrospectively assessed the response to COVID-19 vaccination, after the completion of vaccine series and after a booster dose in haemodialysis (HD) patients. IgG antibodies to the spike protein S1 subunit of SARS-CoV-2 were measured using ELISA at least 15 days after completion of a vaccination series, 1 month and finally 15–30 days after the booster dose.

RESULTS: Among the 28 vaccinated HD patients (mean age = 59.8 years, 100% male) with two doses of mRNA vaccine, a seroconversion was documented in all the patients (100%) with a median antibody titre of 3270.6 U/mL (IQR: 94–40,000). We recorded 9 out of 28 early responders (peak level at 2 weeks) and 19/28 late responders (peak level at 1 month). The early responders were younger (56.25 years versus 61.63; $P = 0.07$), without cardiovascular history (88% versus 44%; $P = 0.042$) or diabetes (100% versus 63%; $P = 0.042$), compared with late responders. On multivariate analysis, combined haemoperfusion and haemodialysis (HR = 0.167, 95% confidence interval: 0.034–0.826; $P = 0.028$) was an independent prognostic factor for early responders. After 6 months, all the patients received a booster mRNA dose. The patients presented median antibody levels of 33,939 U/mL (IQR: 1112–181,223), much higher titre than the first peak. Finally, four patients, all from the late responders group, presented COVID-19 infection during the vaccination period (two patients in the early period <1 month and two patients in the late period >5 months).

CONCLUSION: HD patients develop a substantial humoral response against SARS-CoV2 and the booster dose much higher response. The early responders presented more rapidly and more efficacious antibody levels, while the combined haemoperfusion and haemodialysis emerged as a positive predictor factor.

MO829 HEPATITIS C PREVALENCE, INCIDENCE AND TREATMENT IN CHINESE HEMODIALYSIS PATIENTS: RESULTS FROM THE DIALYSIS OUTCOMES AND PRACTICE PATTERNS STUDY-CHINA (2019–21)

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BACKGROUND AND AIMS: Prior work from the Dialysis Outcomes and Practice Patterns Study (DOPPS) showed the HCV incidence and prevalence in China in 2012–15 to be the second highest and upper third, respectively, among 15 different countries/regions. With direct-acting antivirals (DAA) approved in 2017 in China, we have utilized the DOPPS-China study to: (1) determine if HCV prevalence and incidence in Chinese HD patients has changed after DAAs became available and (2) to understand how HCV is treated, monitored and managed in Chinese HD facilities and non-dialysis chronic kidney disease (CKD) clinics.

METHOD: Detailed data for 1700 HD patients were collected from 39 randomly selected HD facilities in Beijing, Shanghai and Guangzhou participating in the DOPPS

Table 1. HCV prevalence and incidence among Chinese HD Patients in DOPPS, at baseline by study phase

DOPPS study phase	Time frame	Prevalence	N Pts	Incidence	N Pts
4 ^a	2009–11	14.8%	1223	–	
5 ^a	2012–5	11.5%	967	2.1	450
7 (current study)	2019–21	7.4%	1279	1.2	1197

Prevalence weighted by facility sampling fraction, excluding facilities that did not accept HCV + patients.

^aFrom previously published results in Jadoul et al. *Kidney International* 2019; **95**: 939–947.

Table 2. Estimated percentage of clinic HCV + patients treated with anti-HCV medications, for HD versus ND-CKD Chinese patients (DOPPS-China Medical Director HCV survey, 2021)

	HD-tx waitlisted	HD-not tx waitlisted	CKD stage 3	CKD stage 4
Percentage of patients treated	(Percentage of 39 clinics)	(Percentage of 39 clinics)	(Percentage of 38 clinics)	(Percentage of 39 clinics)
0%	56.4	46.2	44.7	48.7
1%–5%	10.3	20.5	18.4	15.4
6%–10%	0.0	5.1	7.9	7.7
11%–25%	0.0	2.6	2.6	2.6
26%–50%	10.3	7.7	2.6	5.1
>50%	23.1	17.9	23.7	20.5

7-China study (2019–21). Study site medical directors completed a survey regarding HCV treatment and management practices for HD and ND-CKD patients. HCV prevalence was calculated based on an initial cross-section ($n = 1279$) of study patients, and HCV incidence was based on 1197 patients who were HCV negative at baseline, had ≥ 2 HCV antibody measurements during follow-up, and were treated in facilities accepting HCV + patients. The median study follow-up was 1.2 years.

RESULTS: HCV prevalence in this 2019–21 cohort was 7.4% (Table 1), which was <14.8% and 11.5% HCV prevalences reported in DOPPS-China for the 2009–11 and 2012–5 cohorts, respectively (Jadoul et al. 2019). HCV incidence was also lower in the 2019–21 cohort (1.2 cases/100 pt-years) versus that in the 2012–5 cohort (2.1 cases/100 pt-years). Although nearly all study site medical directors indicated that all or nearly all HCV + patients should be treated for HCV (data not shown), medical directors indicated that relatively few HCV + patients have been treated as yet at most dialysis units (Table 2). The DOPPS 7-China study appeared to have excellent programs in place for frequent monitoring of patients and staff for HCV, education of staff and referral of HCV cases in most HD units to infectious disease, gastroenterology and liver disease specialists. Liver biopsies were not commonly performed in HCV + HD patients. HCV genotyping was also rarely performed. Admittedly, data were not collected from the specialist clinics where genotyping may have occurred.

CONCLUSION: HCV continues to be prevalent among Chinese HD patients despite the prevalence appearing to be lower now than that seen in the 2009–15 DOPPS-China cohorts. However, most HCV + HD patients remain untreated, which may be due to financial/cost reimbursement barriers and patients' non-acceptance of HCV treatment. If such barriers can be overcome, then Chinese HD facilities and associated specialists, as described here in DOPPS 7, appear to be well-equipped and organized to successfully treating and managing their HCV + HD and CKD patients in order to achieve the WHO goal of eliminating HCV by 2030.

MO830 EVALUATION OF PHYSICAL AND EMOTIONAL SYMPTOMS IN CHRONIC HEMODIALYSIS PATIENTS

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BACKGROUND AND AIMS: Hemodialysis patients experience physical and psychosocial symptoms caused by comorbid illnesses and the psychosocial impacts of living with end-stage renal disease. The Dialysis Symptom Index (DSI) is the most frequently used instrument to assess symptoms of end-stage renal disease. The aim of this study was to evaluate the frequency and severity of symptoms experienced in patients on maintenance hemodialysis.

METHOD: Data were collected using a face-to-face interview method with a dialysis symptom index. Laboratory tests were recorded from the patients' file.