Conclusion. In this limited population, it appears FMT may predispose to weight gain, which may reflect improved health with CDI cure. However, effects of FMT on patient's microbiomes must also be considered. As this intervention becomes more widely used we must be increasingly aware of possible metabolic side effects and ensure documentation of weight changes as part of FMT protocols.

Disclosures. All authors: No reported disclosures.

126. Comparison of Fidaxomicin and Vancomycin for Recurrent Clostridium difficile Infections in Outpatients

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Background. Fidaxomicin is a narrow spectrum macrocyclic antibiotic used for the treatment of Clostridium difficile infection (CDI). The objective of this study is to compare the recurrence and mortality rates of patients with CDI who received either vancomycin or fidaxomycin at Stony Brook University Hospital.

Methods. A retrospective chart review was performed to identify all hospitalized patients who received fidaxomycin and vancomycin for the period 2011-2015. Inclusion criteria included patient age ≥18 years, stool positive PCR test for C. difficile and being treated ≥10 days of either fidaxomycin or vancomycin orally. Clinical recurrence was defined as a return of diarrhea, a positive test for C. difficile toxin A and/or B and a need for retreatment for CDI within 90 days of cessation of therapy.

Results. A total of 55 (52.7% male) and 74 (51.4% male) cases met inclusion criteria in the 2 groups. Fidaxomycin (1 of 37) and vancomycin (1 of 33) patients were excluded due to failure to meet inclusion criteria. The mean age was 65.9 ± 1.88 and 63.7 ± 1.86 years in group F and V respectively (P = 0.4). Median length of hospitalization was 14 and 9 days for F and V respectively (P = 0.6). Both groups had similar proportions on the following variables: immunosuppression (V 36.5% vs. F 36.4%; P = 0.9), ≥1 prior episode of CDI (V 59.5% vs. F 61.8%; P = 0.8), sepsis on admission (V 29.7%, F 36.4%; P = 0.4), the use of any antibiotic during the last 30 days (Y 74.3%, 71% P = 0.7), and treatment with additional anti-CDI therapy (V 24.3%, F 29.1%; P = 0.5). CDI recurrence rate was 24% (V) and 40% (F, P = 0.057). The 90-day mortality rate was 4.1% in the vancomycin group and 10.9% in the fidaxomycin group (P = 0.13).

Conclusion. Fidaxomicin had a higher recurrent CDI than vancomycin in this tertiary medical center.

Disclosures. All authors: No reported disclosures.

126. Factors Affecting Effectiveness of Fecal Microbiota Transplant

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Background. Fecal microbiota transplant (FMT) is an effective treatment for relapsing Clostridium difficile infection (CDI). With more widespread use of this intervention, variable cure rates (70–95%) have been observed. We conducted this study to compare the cost effectiveness of FMT delivered via colonoscopy vs. blunt nasogastric tube (NGT) in outpatients. We hypothesized that FMT by NGT would be cost-effective given its low risk and simplicity.

Methods. A decision-analytic simulation model compared the cost effectiveness of FMT by colonoscopy vs. NGT from a third-party payer perspective. Our base case cure rates were derived from a cohort receiving outpatient RCDDI treatment at our institution. Cure was defined as resolution of symptoms for ≥ 90 days. Procedural cost and consultation was defined by average reimbursement to a large southeastern medical center in 2016 USD based on current procedural terminology (CPT) codes, and cost of disease states were derived from published literature. Health utilities (QALY) were defined by quality of life year (QALY) based on published literature. Incremental Cost Effectiveness ratio (ICER) was defined as the cost per additional QALY gained. We assumed a 90 day time horizon. One-way sensitivity analysis was performed on all variables using ranges defined by published literature. We used TreeAge Software (Williamstown, MA).

Results. In the base case, FMT by colonoscopy was dominant (more effective and less costly) than NGT, with cost of $1,568/QALY vs. $1,910/QALY respectively. Cure rates of FMT by colonoscopy vs. NGT (100% vs. 87%) had the largest impact on ICER based on one-way sensitivity analysis. Therefore, a subsequent two-way sensitivity analysis was conducted to compare cure rates of both delivery methods and found that NGT delivery is cost effective as cure rates approach colonoscopy delivery cure rates within 5 percentage points.

Conclusion. Contrary to our hypothesis, our decision model supports FMT by colonoscopy as the preferred delivery method in outpatients with RCDDI relative to NGT delivery. Additional costs of colonoscopy delivery are off-set by the improved cure rate leading to lower overall costs. As cure rates from NGT delivery are optimized, NGT may become the preferred FMT delivery.

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126. Ribotypes Matter, Significance of Clostridium difficile Ribotypes in Cancer Patients with Diarrhea

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Background. Cancer patients are at increased risk for Clostridium difficile infection (CDI) due to frequent health care contact, chemotherapy, use of antibiotics, and immunosuppression. Distinct ribotypes are associated with CDI adverse outcomes. Fecal microbiota transplant (FMT) is the preferred treatment for recurrent CDI (RCDI). The contribution of C. difficile ribotypes to CDI severity, response to therapy and outcomes in this population is unknown.

Methods. Demographic and clinical data were collected from 90 cancer patients with a first episode or first recurrence of CDI identified by two-step PCR followed by EIA for A/B toxins. Fluorescent PCR ribotyping (FPCR) was performed on fecal isolates. We identified 27 distinct ribotypes between October 2016 and January 2017. Clinical outcomes were studied in three FPCR subgroups. Group I (G1, n = 27) included 23 ribotypes with the highest (G1I, n = 17) and lowest (G1II, n = 10) iFPR values. Group II (GII, n = 17) included virulent types 002, 027, 078-136, 244 and group III (GIII, n = 46) included the rest. Treatment failure was defined as no response after at least 3 days of a CDI treatment regimen. CDI severity was determined using Zar’s criteria, presence of bacteremia and ICU stay.

Results. The proportion of patients ≥50 yrs. old, with health care onset CDI (31%), primary CDI (92.2%), and on active chemotherapy (70%) was similar across